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Exploring indigenous health care practitioners' strategies in managing women with infertility in the Ngaka Modiri Molema Health District

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Dissertation submitted in fulfilment of the requirements for the degree *Master of Nursing Science* at the North West University

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DECLARATION

I, Banabotlhe Grace Baakeleng, hereby declare that this dissertation titled Exploring indigenous health care practitioners' strategies in managing women with infertility in the Ngaka Modiri Molema Health District is the work carried out by myself and to the best of my knowledge except where due reference is made. I declare that all the sources quoted in this study are presented in the bibliography.

Grace Baakeleng

October 2019

Acknowledgements

- Firstly, I thank the almighty God for his everlasting love, guidance and protection throughout my study.
- I am sincerely thankful to the continuous support from the chairperson of North West Dingaka Association who referred me to the known experts in the field of infertility; I also would like to thank those experts. I gratefully acknowledge support and assistance from my supervisors, Prof. Pienaar and Ms. Sithole, the North-West University, Nursing Department.
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- Finally, I thank my family for their love and support throughout this study.

Summary

Title: Exploring Indigenous Health Care Practitioners' strategy in managing infertility in women in the Ngaka Modiri Molema Health District.

Infertility is a major reproductive problem in society which has been overlooked despite the negative effect on women. Inevitably it is the woman who bears the blame of for infertility and consequently, they are often the ones who seek medical help.

It is further reported that a high number of the African community still consult with Indigenous practitioners for various ailments including infertility. Thus, despite the availability of modern infertility treatments, it is often the Indigenous practitioner who is consulted for help. Further, amongst most communities' infertility is perceived as a result of witchcraft or a curse.

The researcher's interest was to explore strategies used by various Indigenous practitioners to manage infertility. To achieve that, a qualitative-exploratory-descriptive and contextual research design was used where Indigenous Health Care Practitioners (IHCPs) in Ngaka Modiri Molema health district were purposively selected for the reason that they specialise in infertility management. This was done to acquire in-depth information on how IHCPs manage issues of infertility.

In addition to the practitioners, health care users who have consulted with indigenous health care practitioners due to infertility issues were included. Data was collected through semi-structured interviews from both the practitioners and users. The data was analysed using Tech's steps of data analysis. The results revealed that Indigenous Health Care Practitioners have specific strategies they employ to treat infertility, these include the use of massaging techniques and prescription of plant-medicine. Adding to massaging and medication, these strategies also incorporates cleansing rituals and counselling which ensures holistic treatment of health care user. It can therefore be concluded that Indigenous Health Care Practitioners are capable of managing infertility as confirmed by those who were considered infertile and now have children. Hence, the researcher recommended the promulgation of public health policies that promote co-existence between indigenous and conventional health care systems.

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List of Acronyms and Abbreviations

IHCP	- Indigenous Health Care Practitioner
IHCU	- Indigenous Health Care User
NMM	- Ngaka Modiri Molema
PHC	- Primary Health Care
TCM	- Traditional Chinese Medicine
WHCP	- Western Health Care Practice

1. SECTION ONE: OVERVIEW OF THE RESEARCH

1.1 Introduction

Infertility is considered a devastating reproductive defect that has adverse effects on the entire family specifically on the women (Cong, *et al.*, 2016: 2). The effects of this are not limited to the affected family, but extend to society as a whole. Cong *et al.* (2016: 2) further argue that as much as this is acknowledged as a societal problem, infertility is often overlooked in scholarly discourses and even though there are numerous conventional methods to manage this, only a few can afford it. It has been established that infertility affects 8 - 12% of all couples in the world (Sarkar & Gupta, 2016:123). Considering the worldwide statistics, infertility is increasing at an alarming rate in Sub-Saharan Africa. However, figures differ from one region to the other, the highest being in the so-called infertility belt of Africa that encompasses Nigeria (Panti & Sununu, 2014: 7).

Despite the availability of modern fertility techniques, women often resort to seek help from Indigenous Health Care Practitioners [IHCP]. According to literature, IHCP such as herbalists, diviners, indigenous midwives and faith healers were regarded as the leading treatment option for women with infertility. Chetana and Shilpa (2016), Dimka and Dein (2013) and Ried (2015) indicate that a higher percentage of women became fertile following consultation and treatment from IHCP in comparison to those who consulted Western Practitioners.

Research indicates that in Sub-Saharan Africa at least 20 - 50% of couples of reproductive age have experienced episodes of infertility, with 30% being diagnosed as infertile. Within South Africa the range is between 15 - 20% for couples of reproductive age (Pedro & Andipatin, 2014: 328).

1.2 Background

In many cultures it is expected that a woman should be a mother, thus infertility causes high stress levels for many as it is usually the woman who is held accountable for the couples' inability to conceive. Resultantly they are usually the first to seek out medical assistance (Tahiri, *et al*, 2015: 269).

A study conducted in Iran revealed that of 1783 women across 28 provinces, 24.9% were infertile indicating that the prevalence of infertility is alarming (Behboodi-Moghadam, *et al*, 2013: 42). This reflects that infertility impacts large numbers of people and remains a serious concern. In Europe, Nicolai (2017: 8) reported that more than 25 million European citizens are infertile and the women seek help from a variety of available treatment methods including those traditional methods. In France, infertility rates are at 18%, Italy at 15%, Romania 17.5%. In India, the reason that fifty percent of the affected women consult non-allopathic practitioners such as traditional doctors, Ayush (an acronym for the non- allopathic medical system in India, it includes Ayurveda, Yoga, Unani, Siddha and Homeopathy) or other religious treatments can be attributed to accessibility and unaffordability of new technologies to manage infertility by underprivileged communities according to Sarkar and Gupta (2016: 131); Singh and Shukla (2015: 7) and Chethana and Shilpa (2016: 2889). In rural Jordan, infertile women consult both western and traditional treatments to promote fertility by using up-to-date technology whilst remaining in touch with those offered by indigenous health practitioners within the community (Daibes, *et al*, 2017: 11). In Egypt, allopathic fertility treatments range from medical investigations, to hormonal treatment and in vitro fertilization (IVF) (Yakout, *et al*, 2016: 147).

Infertility has its disadvantages for both men and women in the same manner, however in the patriarchal societies it is the women who are criticized and held accountable for the couple's infertility hence it is reported that they consult both systems in an attempt to conceive (Tashan & Derya, 2013: 516). It is evident that IHCP have effective strategies which increasingly make them the preferred health care service providers for the treatment of infertility. In support of the previous assertions, Tashana and Derya (2013: 519) state that in Turkey usage of IHCPs by infertile women increased significantly from 27.3% to 71%. Whilst a study in Bangladesh revealed that 30% of the women consulted firstly with traditional healers

to resolve infertility issues and 36% consulted both IHCP and conventional health practitioners (Fatima, *et al.*, 2016: 142). This indeed shows that most women utilize indigenous health care strategies in their quest to treat infertility. Additionally, Read, *et al.*, (2014: 690) indicated that non-Western immigrants in Canada utilized culture specific methods of complementary and alternative medicine proposed by their culture's traditions of health and fertility.

In light of the previous argument, there is evidence that indigenous health care methods are effective. Heo, *et al.*, (2016: 671) reported in their findings that patients receiving IHCP treatment in Korea had a 1.74 % higher probability of conceiving than those receiving western medicine therapies. Findings by Ried (2015:122) concur with the previous authors by finding that pregnancy rates increased to 52% in the Chinese Herbal Medicine (CHM) group compared to 18% in the Western Medicine (WM) group, and tubal patency was restored in 78% of women in the CHM group compared to 32% in the WM group.

A study conducted in South Australia indicated IHCPs have effective skills in treating infertility in women. This was shown by a 60% achievement of pregnancy over four months from IHCP treatment as compared to 30% by Western medicine over 12 months (Ried & Stuart 2011:26). Additionally, in Australia, Traditional Chinese Medicine herbal therapy for female infertility revealed a 2 to 3.5-fold higher likelihood of pregnancy within a four-month treatment period compared with Western Medical drug therapy (Ried & Alfred 2013:2).

Infertility is part of global problem widely recognized as a public health issue worldwide (Kochhar, *et al.*, 2017: 69). Access to conventional modes of treatment is mostly limited to those who can afford it. Most health care services –including family planning– are free or are heavily subsidised by government in most developing countries, but infertility does not enjoy the same privilege (Dattijo *et al.*, 2016:107). Hence a staggering 80% women prefer the long standing competencies of the Dais (traditional birth attendants in Karachi) in the treatment of infertility (Sonia, *et al.*, 2016:1229). According to Nazik, *et al.*, (2015: 22), consulting indigenous midwives, visiting mausoleums where religious leaders are buried and praying, consulting religious leaders, carrying written amulets, sacrificing animals and using traditional drugs are among the commonly used traditional practices for the treatment of

infertility in Turkey. Herbalists and indigenous healers were considered the leading treatment option for women (Chethana & Shilpa, 2016: 2888).

Sub-Saharan Africa is no exception when it comes to issues of infertility but its prevalence differs widely from 9% in Gambia, 21.2% in north western Ethiopia, between 20 and 30% in Nigeria and 27.6 % Ghana (Tabong & Adongo, 2013: 1). With that being said, IHCPs have been reported to be supreme sources of help as they are the first line of consultation for fertility treatment (Dimka & Dein, 2013:113). Tabong and Adongo (2013: 8), concur and state in Ghana IHCPs are significant in the diagnosis and management of infertility. However, in Nigeria it is reported that IHCPs are not the main source of help, but rather it is the churches who are considered capable of treating infertility (Dimka & Dein, 2013: 115). In complete contrast, Osei (2016: 126) reported that there is a fraction of women in Ghana some who believe that infertility is miraculous, and consequently disapprove of the services of either mainstream, traditional or religious healers for assistance.

A study from Malawi also revealed that because of strong cultural pressure to bear children infertile people visit IHCPs assumed to have the ability to cure infertility (de Kok, 2008 as cited by Aseffa, 2011:13). African traditional societies view a woman's childlessness as a punishment for a social misbehaviour or attributes it to other factors including witchcraft and the disaffection of one's ancestors (Panti & Sununu 2017:9).

Furthermore, in the Sub-Saharan Africa region, infertility prevalence varies from 9% in Gambia, 21.2% in north-western Ethiopia, 20%-30% in Nigeria and 11.8% among women and 15.8% among men in Ghana (Chimbatata & Malimba, 2016: 97). In South Africa the majority of infertile women believe that either evil spirits or witchcraft causes infertility therefore they consult IHCPs for help (Dyer, 2006: 65). A study conducted by Mashamba (2009: 19) concluded that women firmly believe in divination for diagnosis and management of infertility due to the cause being attributed to witchcraft and other supernatural causes.

Evidently, in Africa more than 80% of the population use IHCPs' services because they are the only accessible primary health care (PHC) option, particularly for the African rural communities (Shewamene, *et al.*, 2017: 3). The World Health

Organization (WHO, 2002), estimated that more than 80% of the population in Africa consult IHCPs to cure health problems (Jali, 2012: 214).

When considering the previous arguments, it becomes evident that spirituality plays a critical role in the diagnosis and treatment of infertility in African communities in South Africa (Dimka & Dein, 2013: 111). However, little is known regarding IHCP' strategies used for managing infertility, specifically in the Ngaka Modiri Molema District of the North West Province in South Africa, this information gap has prompted the researcher to conduct a study to explore and describe IHCP' strategies in managing women globally with infertility.

1.3 Problem Statement

Infertility amongst women has adverse effects that impact on their social, physical, psychological and economic wellbeing. Despite the availability of western medicines, it has been reported that IHCP are effective in the management of infertility. With the experience of the researcher as a midwife in the primary health care setting, there is the realization that women have become pregnant after claiming to have consulted an IHCP for infertility. This is despite availability of safe new technologies in western infertility treatment being offered to women of child bearing age, on the contrary they still choose to consult with IHCPs. Some women avail themselves of both treatments but choose to assume that the IHCP are the ones who assisted them. Presently, little is known about the strategies used by IHCPs in managing infertility in women. Therefore, the researcher embarked on research which aimed to explore and describe those strategies used by IHCP in the management of female infertility.

1.4 Research Question

What are the strategies used by IHCPs in managing women with infertility?

1.5 Objective of the Study was to:

Explore and describe strategies used by IHCPs in managing women with infertility in Ngaka Modiri Molema Health District.

1.6 Layout of the study

This study followed thesis format as outlined in the North West University Manual for postgraduate studies, as well as the academic rules of the North West University.

Section One: Overview of the Research

This section begins with an introduction and background of the study. It further encompasses the research problem, research questions and the objective.

Section Two: Research Methodology

Section two provides a detailed discussion of the research process, the setting, population, sampling, data collection and analysis methods. Ethical considerations and trustworthiness are also presented in this section.

Section Three: Realisation of the results

Presented in this section are the results emanating from the data analysis process and the discussion of the emerging themes.

Section Four: Discussion of emerging strategies, Study Limitations and Recommendations

Section four presents the discussion of the emerged strategies utilised by IHCP in the management of infertility in women. It further presents limitations to the research and finally provides recommendations and conclusion to the whole study.

1.7 Conclusion

This section begins with an introduction and overview of the study by placing the study in the most recent body of knowledge. It further encompasses the research problem, research questions and the objective. Important concepts in the study were also discussed in this section where the researcher explained how they are going to be used in the context of this research. Lastly, the outline of the study is presented. The following section presents the research methodology.

2. SECTION TWO: RESEARCH METHODOLOGY

2.1 Introduction

This section presents the process followed in the undertaking of this research in a detailed description of the research design. Details of various stages followed in the process are discussed in the ensuing sub-sections. This includes the research setting, population and sampling, data collection and analysis methods. Finally, ethical considerations and trustworthiness principles adhered to in this study are outlined followed by conclusive remarks for this section.

2.2 Research Design

A qualitative-exploratory-descriptive and contextual research design was used. This design was considered of relevance to this study, which aimed at exploring and describing the strategies used by IHCPs to manage infertility in women in the NMM health district. So to achieve the aim of the research, in-depth descriptions about the phenomenon were attained from two sets of participants that comprised of IHCP who were known experts in the management of infertility within the community they reside and IHCUs who are women who had infertility issues and have successfully conceived after consulting IHCPs. This allowed the researcher to obtain thick descriptions of how infertility is managed in African indigenous communities, specifically within the context of Ngaka Modiri Molema district. Thereby providing the chance to give a holistic account of the problem (Creswell, 2014:235).

2.2.1 Research Setting

The research setting for this study is a natural real life situation that is not controlled and was chosen by the participants. It was a conducive and comfortable environment with no disturbances because it took place in the participants' homes within Ngaka Modiri Molema district. It is worth noting that the communities under this district are predominantly rural and it is home to Mahikeng, which is the capital of

the North West Province. This makes the study area most favourable for the phenomenon under inquiry because IHCPs the first line of health care access for rural dwellers. However, it must be mentioned that due to the nature of the data that was targeted in this study, the researcher did not include the exact names of the villages where this study took place in order to protect and respect patient-practitioner confidentiality.

2.2.2 Population

Population in this study consisted of IHCP affiliated to the North West Dingaka Association who are known to have expertise in the management of issues of infertility. The second set of participants comprised of all women who have had challenges conceiving before and consulted the above-mentioned IHCPs. According to Brink, *et al.*, (2015: 131), population is defined as the whole group of individuals or subjects that meet the criteria which the researcher is interested in studying.

2.2.3 Sampling

Sampling refers to the process of selecting a sample from a population to obtain information regarding a phenomenon in a way that represents the population of interest (Brink *et al.*, 2015: 132). The researcher included IHCPs that specialises in the management of infertility and are affiliated to the Dingaka Association an authoritative body aimed at registering authenticating IHCPs in the North West Province specifically the Ngaka Modiri Molema District (NMM). The second set of participants comprised of women who had challenges conceiving and have consulted the IHCPs (part of the sample) for treatment of infertility.

2.2.3.1 Sampling Approach

Non-probability sampling approach is a process in which not all elements of the population have an opportunity for selection in the sample (Burns & Grove, 2013:

701). The IHCP that have been included in this study were selected on the basis that they were considered as experts in the treatment of infertility. Some practitioners were excluded from the study as infertility was not their area of specialty. Women who were selected were those who had never conceived and have been trying prior consulting with the IHCPs. This means that the study followed purposive sampling approach.

2.2.3.2 Sampling Technique

Purposive sampling technique is a mode of sampling that involves selection of participants based on the fact that they have certain required characteristics or experience (Brink *et al.*, 2015: 139). The IHCPs has mutual relationship with the North West Dingaka Association's chairperson and they share common interests. Therefore the chairperson know those with expertise regarding the phenomenon under study. In order to have relevant participants, the chairperson of Dingaka Association in NMM district referred the researcher to potential participants who specialise in issues of infertility. While the IHCPs were referred to the researcher by the IHCPs because they were their patients. The IHCPs were requested to explain to the IHCPs the importance of research and to emphasise the principle of confidentiality and autonomy. It was further explained to the IHCPs that participation in the study was voluntary, they have the right not to answer questions which they felt are invasive (details about ethical issues are explained on detail in sub-heading 2.5).

The researcher therefore used the IHCPs that were able to manage women who were suffering from infertility and women who repeatedly failed to conceive prior them consulting the IHCPs. The IHCPs were purposefully selected in that they were able to describe strategies employed in the management of infertile women therefore expert sampling technique was used in the selection of IHCPs. While a Snow balling technique was used to then identify those women who had been assisted by IHCPs to conceive.

There are various categories of IHCPs who have varied specialities. Hence the researcher found it important to define the different categories of IHCPs and demarcate those who are part of this study.

Isangoma (diviner): The IHCP used Ukuhlola (divination) to discover the cause and source of illness, explain to patients and often carry out curative rituals for their patients (Zuma, 2016: 6).

Umthandazi (faith healer): Prayer and water are the main methods of healing, but minerals such as ash and salt could also be used in the process of healing (Zuma, 2016: 6).

Inyanga (Herbalist): Herbalist are practitioners with extensive knowledge on indigenous medicine, of plant, animal or mineral origin. Their extensive knowledge on indigenous medicine is coupled with comprehensive knowledge of various diseases (Zuma, 2016: 6).

Ababelethisi (Indigenous midwife): They are often elderly women who have quired their knowledge and skill from their mother or grandmother. They perfect their skill and expertise over the years of practice (Zuma, 2016: 6).

It must be noted that in some instances, these categories can overlap were an indigenous midwife can be a diviner as it was witnessed in this study.

2.2.3.3 Sample Size

The sample size was dictated by data saturation where there was no new information that emerged from the participants. For both sets of participants, data saturation was reached after five semi-structured interviews.

2.3 Data Collection

Data collection is a specific process of collecting vital information relevant to the research objective (Burns & Grove, 2013: 691). Data was collected using semi

structured interviews with the IHCP and with the women who suffered from infertility. In order to attain the main objective of the study, techniques such as probing, clarifying, reflecting and para-phrasing was used during face to face interviews. The individual semi- structured interviews were conducted from 30th April to 13th July 2018. The IHCPs were interviewed regarding the strategies they use to assist women with infertility and IHCUs were interviewed to determine if in deed they were infertile and how did they become fertile. The average duration of each interview sessions was forty-five minutes and was conducted in Setswana as all the participants were Setswana speaking individuals. The researcher abides by the ethical principles of respecting the privacy and confidentiality of all the participants.

The interviews were structured in such a fashion that they encouraged participants to express themselves freely and it enhanced in-depth descriptions of the required phenomena. The individual interviews were conducted at the participant's home in a quiet room with comfortable chairs. The researcher was guided by a two schedules of semi-structured questions both IHCPs and IHCUs (see Appendix 5 and 6 respectively). The interviews were audio-taped with the consent of participants. The researcher wrote field notes on non-verbal communication shown in the interviews. Data was collected until the point when no new information was emerging from the participants. The interviews and field notes were analysed and verified by a co-coder. The collection of data took place from 30 April to 13 July 2018.

2.4 Data Analysis

Data analysis is an ongoing process during research that involves analysing data from participants, for this study the researcher used general analysis steps (Cresswell 2014: 261). Data was transcribed verbatim, and Tesch' steps of analysis were followed to analyse data. Tesch's method of open coding was used in that the researcher carefully read through all the transcripts in order to gain a sense of understanding data. According to Cresswell (2014: 248) the steps are as follows:

- Organising and preparation of data for analysis – all recorded interviews were transcribed and field notes information from the individual participants were arranged accordingly.

- Reading through the data – the researcher read the information to attain understanding of various views from the participants during the interview.
- Coding and analysis of data – following the understanding of the information gathered it was then organised in small components, coded and categorised.
- Topics were given codes to establish if any new categories and codes emerged.
- The most descriptive wording of topics was turned into categories and subcategories.

2.5 Ethical Considerations

Ethical considerations are codes that ensure good conduct throughout the research process (Rees, 2011: 231). The researcher ensured that the participants were both protected and respected by adhering to ethical principles. Real names will not be used and all collected information will remain confidential. Adding to that, due to the nature of the data that was targeted in this study, the researcher did not include the exact names of the villages where this study took place in order to protect and respect patient-practitioner confidentiality and further ensure the anonymity of the participants. The School of Nursing and the Research Committee approved the study and ethical clearance was obtained from the North-West University, where I am enrolled as a student prior to commencement of any data collection.

In order to access the participants in the respective areas, the researcher obtained permission from the gatekeepers. The gatekeepers are the people who control access into the village and their role is to give permission regarding the purpose of the visit. The following rights of the participants were observed: right to information, right to be treated with respect, and the right to participate or not in the study. The researcher ensured that all of the participants were advised about the research topic and understood the objectives and purpose of the study. All the participants were treated with human dignity and without discrimination. The voluntary consent form for participants in the study was explained prior to proceeding with the actual process. Permission was given through signing of the consent form. Further, participants were advised of their right to withdraw at any stage should they not feel comfortable to

continue. However, they were allowed to withdraw from the study if he/she doesn't want to continue. The consent form was translated to the participants' language to facilitate understanding, confidentiality of collected data and storage.

2.6 Trustworthiness

Trustworthiness refers to the confidence the researcher has in the obtained data by using aspects of credibility, dependability, conformability and transferability (Pilot & Beck, 2006: 511). Application of these aspects enhances the trustworthiness of the findings.

2.6.1 Credibility

The credible study results must reflect the experience and perceptions of the participants (Moule & Goodman, 2009: 387). Adding to the study reflecting insights of the participants under study, Anney (2014: 276) posit that among other criteria, prolonged engagement and triangulation helps the researcher establish authenticity and structural coherence of their findings. Aligning with the previous statements, the researcher prolonged engagement by first establishing a rapport with the participants and spending extended time with them during data collection to gain their trust and understanding of their context. The researcher further applied triangulation by including a second set of participants to the study which comprised of IHCUs who have consulted IHCPs due to them having infertility issues. This would increase the credibility of the data because the IHCUs confirmed the strategies used by IHCPs during their consultations. Creswell (2009: 191) concurs with the above by stating that the process of triangulating data from different sources ensures the credibility of a study. Lastly, for emphasising the credibility of the findings the researcher remained in the field until data saturation was reached.

2.6.2 Dependability

Brink *et al.* (2015: 172) defines dependability as the constancy of the data over similar conditions, in other words it must be repeatable for each participant. The

findings of this research have been reviewed by fellow research peers who are well conversant with qualitative inquiry and indigenous health. According to Anney (2014: 279), peer review permits the researcher to be honest about the findings and to have a “*deeper and reflexive analysis*” of the data. The stability stated by Brink *et al.* (2015: 172) was further ensured by keeping the recordings, field notes and transcriptions and other supporting documents to validate that the researcher has indeed conducted the research.

2.6.3 Confirmability

According to Moule and Goodman (2009: 388), confirmability is the researcher’s ability to demonstrate how objective the findings of the study are and that they do not reflect any of the researcher’s biases. The researcher took notes during interviews to capture nuances expressed by the participants and field notes which became part of the analysis.

2.6.4 Transferability

Transferability is the ability of applying the findings to other participants or groups. (Brink *et al.*, 2015:173). In this study the findings could be applied to other similar situations due to the fact that the researcher used participants who are experts (first set) in the treatment of infertility in women and the second set of participants are women who have had infertility issues prior consulting IHCP. Both sets of participants were purposively selected because they would provide thick descriptions of the phenomenon under inquiry.

2.7 Conclusion

Information in relation to research methodology, viz, population, sampling, data collection and data analysis was discussed in this section.

3. SECTION THREE: REALISATION OF THE RESULTS

3.1 Introduction

This section presents the realisation of the results emanating from the data analysis process. As it has been echoed throughout the study, the main objective of this study is to explore and describe strategies used by Indigenous Health Care Practitioners to manage women with infertility. A qualitative explorative, descriptive and contextual design was used to meet the objective of the study. Both sets of participants were purposively selected, based on their expertise in the management of infertility in women (IHCPs) and that they have had issues of infertility and consulted an IHCP (IHCUs). The previous section provided a detailed account of the research methodology. In this section the researcher presents the data collection process, data analysis and the results from the analysed data and the discussions thereof.

3.2 Data Collection

As previously mentioned, semi-structured individual interviews were conducted to collect data and an audio tape was used to record the proceeding after receiving consent from the participant. Adding to the tape recorder field notes were taken to document non-verbal nuances from the participant's responses. The semi-structured interviews were conducted in the respective homes as all of participants who reside in rural areas where indigenous health care services are mainly accessible and lasted for 45-60 minutes. In order to access the IHCPs the researcher made telephonic appointments with them after being referred to by the chairperson of the North West Dingaka Association in the Ngaka Modiri Molema District. There were no language barriers as the consent form was translated into the local language (Setswana) and the interviews were conducted in the language. The researcher is a Setswana speaking person and the participants were therefore comfortable in the language and able to understand. Data was collected from five IHCPs and five IHCUs. the interview schedule comprised of the following main questions for both sets of participants respectively:

3.2.1 Interview schedule for IHCPs

1. How do you realize your health care user struggle to conceive?
2. Why do women choose to consult with you?
3. What treatment do you provide to the women faced with this challenge?
4. Is there anything you would like to add?

3.2.2 Interview schedule for IHCUs

1. How did you realize you are struggling to conceive?
2. Why did you choose to consult with an indigenous health practitioner?
3. Describe the treatment you receive from the health care provider:
4. Is there anything you would like to add?

The above questions were combined with probing questions based on responses of each participant.

3.3 Data Analysis

Interviews were recorded and transcribed. Information was arranged, categorised and coded accordingly. Numbers were used to identify individuals to ensure ethical principle of confidentiality. Data from the two sets of participants was analysed using Tesch's method of qualitative data analysis. Themes and sub themes emerged as shown in Figure 1 (IHCP) and Figure 2 (IHCU) respectively and are discussed below.

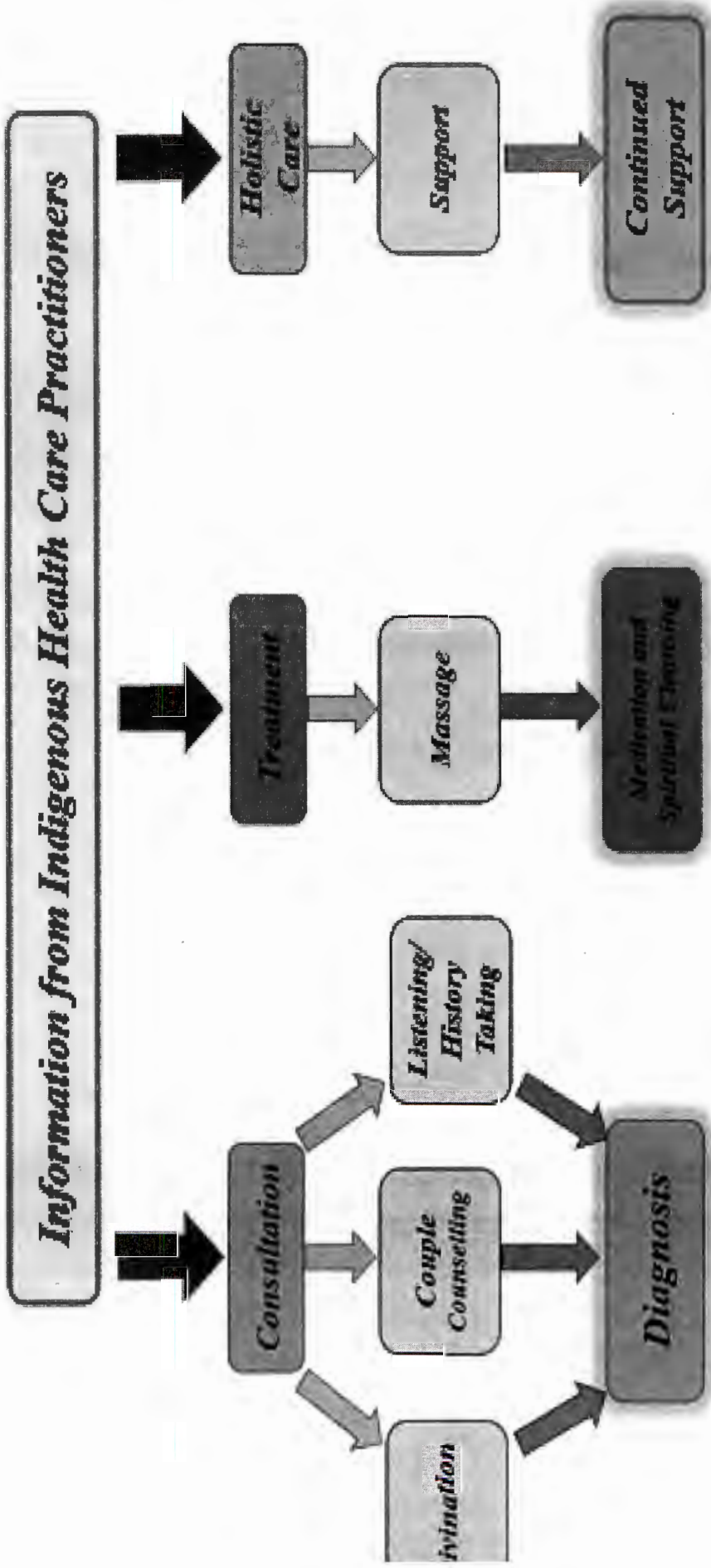


Figure 1: Themes for IHCP

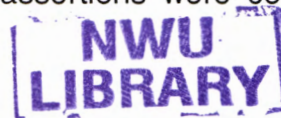
The use of indigenous medicine as an alternative for fertility care is becoming increasingly widespread due to failure to conceive and the efficacy of traditional herbal medicine becoming steadily more recognized (Heo *et al.*, 2016:671). The main objective of this study was to explore and describe strategies used by IHCPs in managing women with infertility. Data from the IHCPs was collected using semi-structured face to face individual interviews and Tesch's method of qualitative data analysis was used. The following themes emerged: indigenous consultation, treatment and holistic care. The themes illustrated in Figure 1 above will be discussed as follows:

3.3.1 Theme 1: Indigenous Consultation (Diagnosis)

This theme became evident when participants constantly spoke about a consultation process where the health care user is diagnosed.

3.3.1.1 Divination

This is the process where the IHCP consults with the spirit world in order to understand the root of the problem and to receive guidance with respect to treatment. Bennett (2017: 115) stated that apart from divination and asking questions, other IHCPs solicit the use of massage as an essential task to diagnose ailments in the body. The previous author's assertions were corroborated in this study where the IHCPs revealed that ...



"I massage her from head to toe and check if she has enough blood in the body and if not, I add medication for blood and can provide medication for her chronic conditions like hypertension or Diabetes".

"I consult with the spirit world by listening to what went wrong and how that can be corrected and I ask her to explain her challenges. The treatment will be based on what I see and heard from above".

This confirms that during consultation the IHCP has to examine the women to get a diagnosis. The IHCP routinely collect history from the woman and is guided by spiritual world to get answers and offer help especially if the infertility is thought to be caused by evil forces (Fongod, 2013: 725). Interestingly, (Masinde & Egesha 2016: 6) highlighted that spiritual forces can be called upon to interfere with woman's ovulation hence leading to inability to conceive. It is for such reasons that IHCPs would use divination in diagnosing the IHCU and establish the cause of their ailment.

3.3.1.2 Listening

IHCP use their listening skills and do history taking by asking the health care user questions pertaining to their health, during this period she would be guided by the spirit regarding the causes and method of treatment to be provided.

"I listen to her problems and ask her questions like, how is your menstrual cycle and if experiencing any menstrual pains during the cycle or is it a heavy flow with clots?"

"I ask her what her concern is and she struggled for how long then would start from there".

"As a healer you should be observant and listen at all times so that you can be able to interpret events or explain what you heard and provide treatment as directed".

According to Zuma *et al.* (2016:11), the IHCPs should possess listening skills that will also assist them in case of interpretation of warnings or instruction from the spirit world, misinterpretation can lead to her sufferings as a punishment. Literature further explains that the IHCP listens for guidance from above and act according to instructions without modifications as modifications can lead to aggravation of the problems (White 2015:3). However, it is worth noting that not all the IHCPs who were part of this study were diviners, so they would have to rely on their in-depth knowledge, skill and experience to properly diagnose the user from listening and probing. This has been affirmed by Dimka and Dein (2013: 111) who stated that IHCPs such as herbalists and indigenous midwives would usually identify health challenges of IHCU's by listening to the person before making herbal mixture for

them to take home and strict medicine administration instructions are given for better results.

3.3.1.3 Couple Counselling

Following the history taken from the woman the IHCP then asks about the husband or partner and if he is suffering from backache. The treatment is guided by the response, if the answer is yes, the husband is summoned and the IHCP will counsel them both. O'Reilly *et al.* (2014: 6) concurs by asserting that formal couple counselling is often carried out based on duration of infertility and the severity of the identified problems. Furthermore, Baloyi (2017: 6) reiterated that counselling and prayer are essential for the process of healing and emphasise that Pastors, in their respective denominations, should teach men regarding infertility that it affects couples not women only. So, even though the infertility might be as a result of one partner's reproductive defect, the IHCPs in this study indicated that both partners should be part of the treatment process.

"I ask the woman to come with her husband and explain the treatment schedule which is a once off for the male partner".

Sonia *et al.* (2016: 1230) affirms that men needs to attend consultations with their wives in order to understand, support and comply with treatment schedule. Couple counselling is one of the essential processes that is culturally practiced throughout the world. Tabong and Adongo (2013: 8), extends that according to Most African cultural beliefs, marriage is guided by ancestors who tend to punish couples who do not abide by culturally prescribed ethical conduct for married couples by causing infertility. Furthermore, management of infertile couple does not rely only on medication and massage but counselling plays a pivotal role in alleviating the burden of infertility (Ujaddughe *et al.*, 2015:8). This affirms that the IHCP should possess good counselling skills in order to offer proper counselling.

Summary of Theme One:

The researcher found specific techniques used in indigenous consultation and management as described under this theme. Counselling is an important concept in the management process as it incorporates listening and understanding. Literature subsequently confirmed these techniques as part of the indigenous diagnostic process.

3.3.2 Theme 2: Treatment

Interestingly, the findings of this study show that infertility can be treated in two ways by IHCPs depending on the diagnosis. If the woman has previously used contraceptives, then the woman will definitely have a rash in her uterus that needs medication to clear it, followed by the massage. The other way is when the woman has never used the contraceptives. In this way the IHCP will start by massaging the woman to establish how the uterus is positioned or if there is a growth inside. Categories that emerged are massage and medication.

3.3.2.1 Massage

There are various ways used by IHCPs to correct infertility that comprise of maintaining humoral balance, rectifying misalignment by repositioning the womb through the process of massage to allow conception. Furthermore, across Indonesia, massage is commonly understood to aid women's reproductive health during pregnancy, in preparation for and during childbirth and through the post-partum period (Bennette 2017:116). The IHCPs in this study used the word "search" to explain how they massage the women.

"when the woman comes I can only search her problem with my hands and correct it with or without any medication. Sometimes infertility is due to retroverted uterus only then I turn it to face straight downward to allow the seed to enter, that's all".

"when I massage with my hands, my hands search everywhere from head to toe, even the womb if is ok and check if is painful or not. So when I massage a woman I search for its position and find out how it is just feeling it with my hands".

This emphasize the fact that the IHCP should be capable to read the body through her hands (massaging) in order to trace and identify the abnormalities.

3.3.2.2 Medication and Spiritual Cleansing

The traditional remedies vary from sacrifices of animals to appease the ancestors for misconducts, to taking of local mixtures prepared from herbs. In some instances, rituals can be performed at a place where roads cross or at where ants live and this was the pronounced ritual (Tabong & Adongo, 2013:6).

“there are cases where the woman needs to be bathed with the blood of white chicken as an instruction from the above or restricted pass through a herd of cattle and she should abide or something bad can happen to her”.

“she can be directed to request the woman to be bathed naked in an open field then it should be done like that or else problem will worsen”.

It is common belief that infertility is due to being cursed, hence IHCPs and faith healers manage infertility by sacrifices, prayer and fasting, and timing of intercourse to concur with the fertile period (Afolabi 2017:6).

IHCP explained that ...I can be guided to go to the field to look for medications for this particular person and bath her in an open area far from the village”.

According to Tashan & Derya (2013:520), women across the world use several available traditional practices to conceive, these encompasses various herbal drugs, consulting traditional healer, diet modification and some religious beliefs. The usual traditional practices in the present study are drinking herbal mixtures, spiritual cleansing, massage or application of both. Commonly, the herbalist would mix different herbs, animal fat and animal's skin such as lion's skin. These herbs cleanse the woman's womb clearing it for conception (Dimka & Dein 2013:111). Based on literature treatment will differ according to the category of IHCP and will be carried out as such.

Summary of Theme Two

The study findings revealed that the treatment options that are commonly used by IHCP are massage, herbs and spiritual cleansing. It is evident that the IHCP provide treatment that is guided by individual problems and is effective.

3.3.3 Theme 3: Holistic Care

Indigenous health care systems is known for its holistic approach to health care were practitioners go the extra mile in the provision of care to IHCUs.

3.3.3.1 Continuous Care and Support

Provision of care by the IHCP is of vital importance as that is the way of maintaining mutual relationship with the users.

"I also offer massage to everyone who needs it not only those with infertility and assess for other health challenges and treat them e.g. I offer them medication that can treat high blood pressure or diabetic mellitus".

She further explains that in cases where the condition needs medical doctors or patient is critically ill and she is unable to assist she explains to the family and advice the on possible options.

Shewemene *et al.* (2017:13) concluded that during consultation the IHCP also attends to different maternal health challenges including treatment of pregnancy related symptoms, induction of labor, facilitating breast milk secretion, inducing abortion, treatment of infertility and to ensure general wellbeing during pregnancy. Ried & Alfred (2013:7) women honour the service provided by IHCP as after consultation they feel psychologically, physically and emotionally healed especially for the fact that privacy is always maintained. This concurs with the findings in this study in a sense that the IHCPs provide their patients with comprehensive and holistic care which is not limited to the ailment the health care user came for, which in this case is infertility.

"I also attend mothers who have problems after delivery e.g. low blood, I give them medications. In some instances, I provide health education based on cultural obligations and request their husbands to be available, diet and explanation on what is expected of them during labour."

O'Reilly *et al.* (2014:2) alluded that IHCP provide couples with individualized, holistic infertility treatment including stress and lifestyle management. This has been affirmed in the findings of this study were the IHCU will be given a schedule detailing when she should come for follow-up visit and is taught how to modify their life style. During the visits the IHCP will check the position of the foetus, condition of the mother and questions if there are any health challenges that she can assist with. During consultation the IHCP will be inspiring and put them at ease through prayer and emphasize that she would provide her with treatment and support her throughout.

Abdillahi & van Staden (2013:593) further reported that IHCP provide holistic counselling and health education pertaining to other health challenges that may arise during pregnancy. The reports by the previous authors concurs with the findings in this study, were the IHCP was found to continuously counsel the IHCU until after delivery. Additionally, the women would continue consulting the IHCPs for post-natal rituals and other medication and for subsequent pregnancies.

Summary of Theme Three

Continuous care and support are basically the core elements of managing infertility as it affects psychosocial status of a woman. These elements should be practically implemented to obtain successful results.

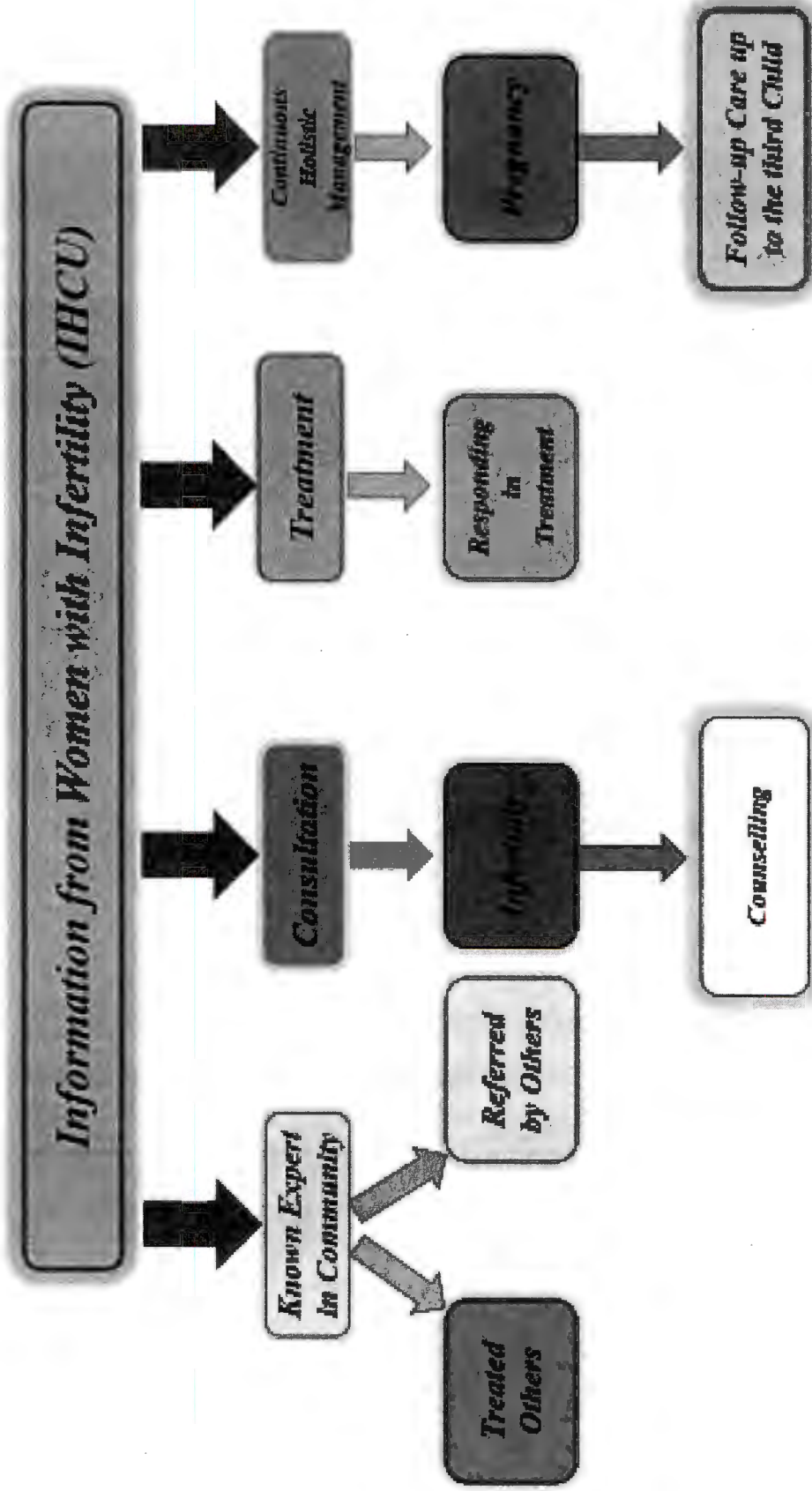


Figure 2: Themes for IHCU

3.4 Indigenous Health Care Users (Women - IHCU)

The researcher envisaged to explore and describe strategies used by IHCPs in managing women with infertility. Therefore, in order to gain comprehensive insights on the strategies utilised by IHCPs, the researcher included a second set of participants comprising of women who after struggling to conceive sought the help of IHCPs. This was done to explore the strategies utilised by IHCPs from the IHCUs' perspective and thereby corroborate the data from IHCPs. So, in order to achieve this, semi-structured individual interviews were conducted with 5 IHCUs. Tesch's method of qualitative data analysis was used and the following themes emerged: known expert in Indigenous ways, Indigenous counselling, and continuous holistic management. Themes and sub-themes from Figure 1 will be discussed as follows:

3.4.1 Theme 1: Known Expert in Indigenous Ways

The IHCP is a person recognised by the community where he or she lives as someone competent to provide health care through the use of plant, animal and mineral substances and other methods based on social, cultural and religious practices (WHO, 2000). They are known in terms of their ability to assist women who struggle because of a variety of individual problems to conceive.

3.4.1.1 Referred by other IHCU

According to Baardawel *et al.* (2013.6), family (husband, wife, sons, daughters, sisters and brothers) and relatives (grandfather, grandmother, uncle, aunt, nephew, and niece) are likely to be the main people who recommend IHCUs to specific IHCPs. The findings of this study confirmed the previous authors' findings were the IHCPUs revealed that they have been referred to the IHCP who helped them by a family member.



"I was referred to her by my mother in law and she praised her based on her work. I don't know if I deceive her but that woman she assisted me to conceive".

"My husband told me that we should try this granny who massage women to conceive and I agree to see her being hopeless as I have been travelling from east to west looking for help but still remains infertile".

The main aspects that make the IHCP highly recommended to the community is their affordability, availability, accessibility including the holistic service they provide. Hence the WHO established that 80% of the African population consult IHCPs for all health challenges (WHO, 2013:26). This explains the referral criteria demonstrated in this study and the fact that IHCP's are more than capable of providing effective health care services to the community. This further indicates the high level of customer satisfaction and trust, because the IHCPs after being successfully treated confidently refer other people.

"I have known this woman from long time ago when I was growing that she massages and assist women who struggles to conceive and I know few people whom she assisted".

Bennet (2017:117) added that indigenous midwives are well known females who has experience regarding infertility, its management particularly massage process and are experts in reproductive health. Dimka & Dein (2013:108) further assert that IHCPs such as herbalists are also experts in the field of infertility as they have inherited the gift of herbalism from their grandparents and travel long distances to the fields in search of medicinal plants to help those with health challenges.

"Sister knows her work I want to tell those with problems to conceive to come and consult with her. If it was not because of her I don't know if I could have kids, I know people whom she assisted to have kids".

This study affirms that IHCP are known and trusted by the community for their indigenous holistic health care services.

3.4.1.2 Referred by other IHCU

According to Baardawel *et al.* (2013.6), family (husband, wife, sons, daughters, sisters and brothers) and relatives (grandfather, grandmother, uncle, aunt, nephew, and niece) are likely to be the main people who recommend IHCUs to specific IHCPs. The findings of this study confirmed the previous authors' findings were the IHCPUs revealed that they have been referred to the IHCP who helped them by a family member.

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"My husband told me that we should try this granny who massage women to conceive and I agree to see her being hopeless as I have been travelling from east to west looking for help but still remains infertile".

3.4.1.3 Treated other People Known to the User

Adding to IHCUs being referred to practitioners by family or fellow community members, IHCUs get to witness IHCPs helping people know to the user. That leads to the IHCU consulting the IHCP for their own health issues.

"I consulted several medical specialists and they could not assist me to regain my fertility status. Later I met colleague of my husband and she told me how she travelled the long route of infertility before she met this granny who assisted her to conceive. I went to this granny and to my surprise I conceived after two months and was twin pregnancy".

Bennette (2017:115) reported that IHCP are expert in managing infertility and they believe that body massage is the key element in diagnosing infertility. They also provide herbal remedies, and some perform magic spells to attract a child or the spirit of a child to the mother, or alternatively to ward off evil forces acting as a barrier to conception.

"I know few people who confessed to me that they also struggled to conceive but they consulted with granny and ultimately they have children through her assistance."

These deliberations emphasize that the practitioner knows her work as it is evident that she has effectively assisted other women before.

Summary of theme one

Undoubtedly, IHCPs are known in the community for their indigenous health expertise and the effectiveness of their proficiency assisting several community members to restore their fertility. Noteworthy, this theme indicated a high level of trust in IHCPs' ability to manage infertility. Additionally, considering the chain of referrals, it can be deduced that IHCPs offer effective health care services, specifically in the management of infertility to a large number of people. These findings were consistent with a study conducted in Limpopo by Ngomane and Mulaudzi (2012: 37) who found that indigenous midwives are trusted for their knowledge and expertise and further accounted the preference of this practitioners to affordability, accessibility and the fact that they offer culture-relevant care.

3.4.2 Theme 2: Consultation

Consultation with an IHCP takes place when the woman is experiencing health challenges. The IHCU visits the practitioner for clarity and help. According to literature it has been concluded that IHCPs in most areas are considered major sources of help for management of minor ailments including infertility.

3.4.2.1 Infertility

Infertility is an impairment of the reproductive system that result in failure to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse (Sarkar & Gupta 2016:123).

"I tried to fall pregnant but nothing happened and I realized that I have a problem of infertility. Then after 2003 I never conceived but we tried and tried, we tried for ten years to have a baby and conceived in 2014 after we consulted with Granny".

This affirms that the IHCU experienced infertility for a long period and opted to seek help from indigenous practitioners which was of help to her. The other IHCU also affirms that ...

"I struggled to conceive since 2010, consulting with gynaecologists but could not conceive ... until 2017 when I consulted IHCP then I conceived twins."

Infertility is a compound condition influenced by many factors characterized by the absence of conception following one year of regular and unprotected sexual intercourse (O'Reilly *et al.*, 2014:1).

"Some time ago I mentioned to granny that I want to have children of my own but I did not seriously consult. Then it happens that I have a problem of an abscess on the groin and consult with her. She then at that time also treated me for infertility".

According to literature indeed these women were unable to conceive but after treatment they conceived and delivered healthy babies. Additionally, previous studies have indicated that infertility is a worldwide problem that can be treated.

3.4.2.2 Counselling

The IHCU4 in this study state that the IHCPs continually counsel them during face to face contact and even telephonically and they are also encouraged to pray.

"Granny started by explain the causes of my problems and reassured me that is not too late I will conceive after series of appointments and she continually asked me how I feel".

Ried & Alfred (2013:1 1) concluded that infertility has negative impact on individuals therefore support system is provided by practitioner including significant others. IHCPs in have been reported to advice women on diet modification and use of cupping therapy for their infertility treatment, respectively. Interestingly, of patients who had modified their diet or used cupping therapy, this has also facilitated the process of conception (Baardawel *et al.*, 2014: 5).

Summary of theme two

Infertility is a condition of reproductive system that lead to inability to conceive and can affect the woman psychologically, spiritually, financially and emotionally. It is a burden normally carried by women as they are often the ones who seek help. However, the findings in this study clearly indicate that IHCPs are aware of the emotional strain that comes with dealing with infertility, hence the involvement of male spouses in the counselling process.

3.4.3 Theme 3: Treatment

This is the manner in which the IHCPs manage infertility after assessment of their problems and consultation of the spirit world for guidance. In this study it is shown that treatments differ according to individual histories.

3.4.3.1 Responding to treatment

The response to treatment is in accordance with individual problems and in some instances through divination. The IHCP would explain the treatment plan and ask the IHCU if she agrees to commence with treatment.

"I remember during the massage I heard a sound 'korr'...from the colon and she told me that the sound was the uterus it was not in the right position and that she positioned it in the right way".

Additionally, the women who consulted the IHCUs report regularities pertaining to their menstrual cycle after 1 to 3 months on treatment including temperature and the blood flow. According to Ried & Alfred (2013: 8) this symbolises better fertility and that the possibilities of conception are high, and it is also a sign that the pregnancy might be viable.

"The treatment also assisted in correcting my cycle and the following month I conceived."

This confirms that their problems were resolved through traditional treatment. According to Fongod *et al.* (2013:33) preparation of plants and ingredients for the purpose of medication was by boiling or infusions and the treatment usually lasts for more than two months until the woman became pregnant.

"I took boiled medication from granny and requested to collect it again when finished, then I conceived on the third month".

Conversely, Osei (2014:100) reported that it is common in Ghana to see some women testifying in churches that they were infertile now they have been able to conceive and given birth through prayers.

Summary of theme 3

Findings of this study revealed that after series of massage and drinking of herbs the woman conceives no matter her duration of infertility. This therefore affirms that indigenous practices aimed at treating infertility do exist in rural communities.

3.4.4 Theme 4: Continuous Holistic Management

The IHCU's health challenges were attended to even if they were not matters of infertility. Interestingly the IHCUs only mentioned the present problems but the IHCPs managed to address other underlying problems which was infertility until after delivery and other subsequent pregnancies. The categories emerged were pregnancy and follow-up care to the third child. The IHCP continually support the

woman throughout pregnancy and during the post-natal care. Furthermore, Bennette (2017,117) alluded that IHCP's support for woman remains holistic and encompasses massage, guidance and emotional support throughout labor and to delivery and attend to any problem that may arise or act according to the norms that binds her in that situation.

3.4.4.1 Pregnancy

During pregnancy and procreation of other children the IHCP was of help to the IHCU for postnatal care and subsequent pregnancies. Therefore, all the IHCU that consulted IHCP regained their fertility even though the period as to when differed per individual. Riet & Alfred (2013:7) concluded that women are holistically supported through the process of conception to pregnancy. Additionally, within few months after the study was conducted some women gave birth to healthy babies through indigenous medications.

“Return to fertility is guaranteed after honouring series of massage and taking the medication. I conceive after three months of repeated massage and medication. It was explained to me that if the husband is not staying with me full time it can be three months or more hence I was patient as my husband works far from our home”.

Shewamene *et al.* (2017:8) mentioned that continuous consultation with IHCP guarantees the general wellbeing during pregnancy, fetal growth, prevention of breech presentations and postpartum haemorrhage. Ried (2015:122) affirms that women on herbal medications has increased chance of improved ovulation and favourable state of becoming pregnant.

3.4.4.2 Follow Up Care, Up to the Third Child

This study also found that IHCU continuously rely on the IHCP for subsequent pregnancy management until postnatal care for all the pregnancies.

"She assisted me throughout post-delivery and also attending to the baby, the child grew and has another one under her care and now I have the third one".

According to literature IHCP continues to assist the women with minor ailments post-delivery and provide continuous holistic care relating to future conception (Bennette 2017:118). It has become obvious that the IHCUs displayed complete trust in the IHCP as their source of help for mother and child in all their daily health challenges.

"When my first born started walking, as we had planned I conceived and we just informed her (IHCP), and she prepared the medication and advise me to come for massage and medication".

Indigenous medication is essential in the management of postpartum haemorrhaging, can be used to soothe postpartum abdominal pains, as a purgative to cleanse the womb after birth, and to promote lactation (Abdilliha & van Staden 2013:593). This study confirms the IHCP provides comprehensive care to individuals who consult.

4. SECTION FOUR: DISCUSSION OF THE EMERGING STRATEGIES, STUDY LIMITATIONS AND RECOMMENDATIONS

4.1 Discussion of the Emerging Strategies

The main objective of this study is to explore and describe the strategies used by IHCPs to manage women with infertility in Ngaka Modiri Molema health district. Strategies are plans of action designed to achieve a long term or overall aim (Murray, 2012: 1461). Infertility amongst women has adverse effects that impact on their social, physical, psychological and economic wellbeing. Despite the availability of western medicines, the findings revealed that IHCPs have developed specific plans through spiritual guidance, knowledge and skill gained through years of providing services in relation to the management of infertility based on individual causes. Women who have infertility problems consult with an IHCP who specializes in the restoration of fertility. In this study strategies that emerged from the themes are as follows: Indigenous consultation and diagnosis, treatment and holistic care.

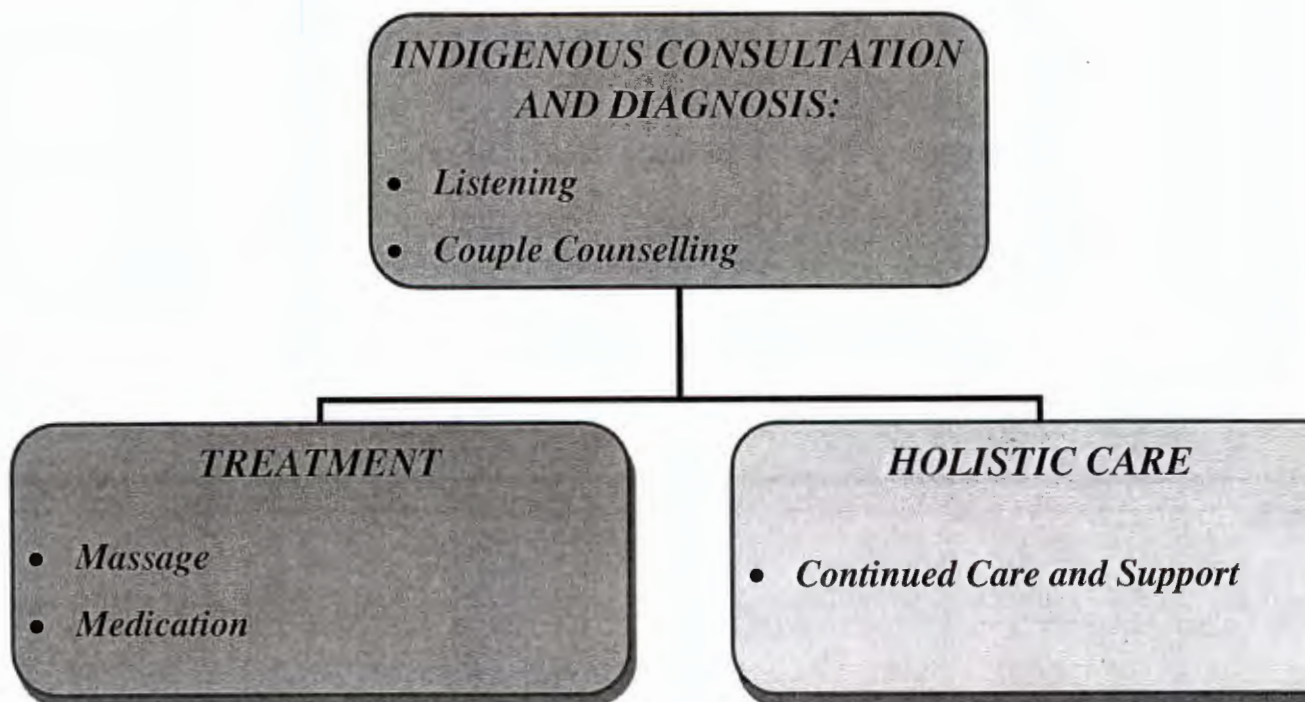


Figure 3: Emerging Strategies

4.1.1 Indigenous Consultation and diagnosis

The IHCP during consultations they use various methods like history taking, massage (it must be noted that massage used both as a diagnosing and treatment strategy) and divination in order to make a diagnosis for individuals. The woman is expected to come along with her partner for understanding, proper management and to provide couple counselling. This contribute to the fact that the woman's stress level will be minimised. Based on the findings of this study these methods have been proven to be effective as they apply the strategy of maintaining privacy throughout and treat them with respect and dignity. Tabong and Adongo (2013:7) and Aseffa (2013:39) alluded that the social stigma related to infertility issues lead to people being cautious about disclosing their reproductive issues to health care practitioners in hospital due to limited or lack of privacy. Additionally, there are no infertility facilities in most rural areas, so women with such issues will have to wait for the designated dates for infertility consultations in hospitals. This makes it easy for them to be recognised by fellow community members and that leads to further stigmatisation. Participants in the present study explained that in the Western practice there are repeated, time consuming appointments before the diagnosis can be confirmed for this reason they opt for consultation with IHCP. In contrast with literature it is evident that the IHCP are capable of managing infertility and they are the preferred practitioners rather than the western practitioners. Ried & Alfred (2013:6) concluded that the IHCP are major sources of help in relation to minor ailments including infertility in rural areas. Findings of this study confirms that the IHCP are widely consulted.

A consultation with an IHCP entails assessment of the woman's general health, menstrual history, use of contraception and lifestyle characteristics such as diet. Therefore, the practitioner will be guided by the spirit on the cause and management of the problem. Interestingly, based on the findings of this study the IHCP can diagnose infertility through massage and history taking. Such findings indicate the important role played by IHCPs in providing needed care to the community and validates the need for promotion of co-existence between indigenous and western care in the same system.

“Most of them their infertility is due to the uterus that is skew, so after few massage the woman conceives and those who used contraception for a longer period they need pots (boiled medication) to cleanse them first”.

The findings of this study have revealed majority of the women in the rural villages of NMM district consult with IHCPs for health challenges including infertility. This is deduced from the word of mouth referral or recommendations from either family members or other community members who have used the services of the IHCPs before. This also confirms that there is a wide array of strategies employed by IHCPs in combating illnesses presented by IHCUs. Nazik (2015:24) concurs this by highlighting that infertile women opt for Indigenous Health Care services in order to conceive and procreate. In rural areas series of indigenous practice are prevalent were IHCPs are the main source of health care (Nazik, 2015: 24). Ngunyulu (2014:695) went on to recommend that in order to improve the quality of health care, it is necessary for both indigenous and western practitioners to learn from each other and work together.

4.1.2 Treatment

Literature revealed that there are vital treatment techniques in the western practice that encompasses fertility drugs, artificial insemination (also known as Intrauterine Insemination or IUI), donor sperm/egg, In Vitro Fertilization (IVF), surrogacy and Zygote Intra-Fallopian Transfer (ZIFT) most of which are invasive (Singh et al 2015:3, Chetana 2016:2885). These treatments are mainly found in cities and that put rural people at a disadvantage in terms of accessibility. Another barrier is that this treatment are expensive thereby making it unaffordable.

According to the findings of this study the previous mentioned barriers do not exist in the communities under inquiry because IHCP are easily accessed within the community and they charge affordable prices to the IHCUs. Consequently, they are effective and safe as reported by IHCUs who has successfully conceived and delivered healthy babies after treatment. The IHCP usually use herbs, holy water and rituals according to individual needs. Nazik *et al.* (2015:24) highlighted that IHCP

medicinal efficacy is not proven safe has can be harmful to women. In contrast to literature the participants further elaborated that they have never experienced the complications in relation to their management. Treatment differs according to the practice as it has been described in literature.

Treatment will be given according to the problems identified and this would be guided by history taken. According to Aseffa and Adongo (2013:8) treatment options ranges from herbs, holy water and rituals to appease the ancestors.

"The treatment will depend on what you get from her after assessment as sometimes I identify other problems that she is not aware of like anaemia and other chronic conditions like diabetes, then I mix herbs for her."

In this study the IHCP further explained that...

"If the woman has used contraception she will be started with medication that will be changed if the woman conceives then massage will follow until she delivers. Secondly, treatment can also include the partner as when the woman has used contraception he is likely to suffer from backache. The partner will receive treatment that he alone will use and one that they will use both".

Chetana (2016:2884) concluded that infertile couples consult different traditional and religious practices, including visits to temples, abstain from visiting a place where women have delivered a child, wearing charms, participating in rituals.

"for others I just pray for them and massage and others I prepare pots and enema, and they don't take long within three months the woman conceives".

4.1.3 Holistic Care



In contrast to their experience with fertility facilities, women felt emotionally supported by the holistic approach of IHCPs in all stages, from preconception, to conception and throughout pregnancy including other arising minor or chronic conditions. The holistic approach incorporates non-invasive physiological judgement,

diet and lifestyle modification and advice, and was supported by continuity of care. As a consequence, women experience a feeling of being respected and developed (Ried & Alfred 2013:7).

Based on the findings of this study the participants mentioned that the IHCP continually assist, even after delivery she attends to the woman's needs up to the subsequent pregnancy and offer counselling where necessary. According to Baardawel et.al (2013:6) the IHCP provides comprehensive service according to assessment and guidance from spirit world to manage the woman holistically. The manner in which the IHCP conduct themselves and their relationship with the users, exempt them to be the service of preference. In addition, the participant was advised to come along with the baby for cultural rituals and massage. Holistic care is highly practiced as a way of attracting individuals for consultation as explained by the IHCP.

IHCP undoubtedly play a vital role in health care provision that is readily available and accessible, effective, as well as a more affordable health care for rural people (Adjei, 2013:100). This affirmed the fact that IHCP provide comprehensive care to the IHCUs as one practitioner eluded...

"I attend to all her needs during pregnancy, post-nataly and perform rituals for them".

Zuma *et al.* (2016:8) indicates that IHCPs manage difficulties such as modification of diet and lifestyle, reconciling relationships and that they provided protection (through mediation) with ancestors and God to individual people or to families. Australian IHCPs who are experts in women's health reported comprehensive approaches to infertility as per individual needs (O'Reilly *et al.*, 2014:5). IH added that...

"I can also conduct deliveries because in some instances others came here having labour pains and she will ultimately deliver here because we will wait for an ambulance or the hired car for a longer period".

Furthermore, White (2015:3) mentioned that the healer attends to a person as a whole and provides treatment for physical, psychological, spiritual and social symptoms. The IHCPs do not detach the natural from the spiritual, or the physical from the supernatural. This has also been found in this study to be a pivotal aspect in the treatment of infertility as they address health issues from two main perspectives – spiritual and physical.

4.2 Limitations of the study

The clearest limitation of this study was that other IHCP found it difficult to explain the strategy she uses to manage infertility. Therefore, the researcher had to look for those who were open and willing to participate in this study.

4.3 Recommendations

Based on the findings of this study recommendations were made for policy, practice and education.

4.3.1 Recommendations for Policy

This study forms part of the existing body of knowledge and evidence that proves the effectiveness of indigenous health system through presenting evidence of the existence of strategies used to treat infertility by IHCPs. Hence the advocacy for fast-tracking of a Public Health Policy that promotes and implements the co-existence of both allopathic and indigenous health. The implementation of such a policy will ensure health care users are afforded a choice to choose between the two systems and that will ultimately increase universal access to health services including issues of infertility.

4.3.2 Recommendations for Nursing Practice

Couples experiencing infertility are faced with a multitude of stress, especially after a lengthy period of attempting to conceive and some of which is induced by societal stigma. Hence, based on the findings in this study the researcher recommends the inclusion of couple's counselling in the treatment process as this has proven to relieve the burden on the woman.

Throughout literature, allopathic health has been criticized for lengthy diagnostic procedures and expensive treatment (Dimka & Dein, 2013:115; Heo *et al.*, 2016:673). Therefore, the researcher recommends there should be cross-referral system where health care users are referred to IHCPs who are known to treat infertility effectively at low costs compared to allopathic health.

4.3.3 Recommendations for Nursing Education

The researcher recommends that the nursing education curriculum should be designed to include indigenous health practices in the management of infertility. Therefore, the researcher recommends two aspects which can form part of the curriculum: 1) Culture sensitivity which will conscientise student nurses about indigenous health practices in the management of infertility which will help them respect patients coming to hospitals having consulted IHCPs. 2) Reproductive health aspects should include aspects of infertility and the inclusion of indigenous techniques such as massaging can be included in partnership with IHCPs.

4.4 Conclusion

The main objective of the study was to explore and describe the strategies used by IHCPs to manage infertility in women. IHCPs are the custodians of cultural practices through spiritual guidance and provide holistic care to individuals with health challenges including infertility. Based on the findings the following strategies were identified: gift of a known expert, holistic and continuous care, indigenous

consultation and counselling. The findings of this study revealed that there is a mutual relationship between the practitioner and the user as affirmed by continuous consultation for physical, psychological, emotional and spiritual problems. Furthermore, it is clear that the IHCPs are widely used as the main sources of help for restoration of fertility and that they are accessible and affordable. Literature has indicated that even though infertility is a couple's problem it is the women who are the ones who bear the blame and are the first seek help. It is evident that the IHCPs have the ability to manage infertility.

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APPENDICES

Appendix 1: Ethical Certificate



NORTH-WEST UNIVERSITY
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ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the Health Science Ethics Committee (FAST-HSEC) on 30/01/2018 after being reviewed at the meeting held on 07/09/2017, the North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby approves your project as indicated below. This implies that the NWU-RERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Exploring indigenous health care practitioners' strategy in managing women with infertility in Ngaka Modiri Molema health district

Project Leader/Supervisor: Prof A Pienaar, Ms SH Khunou & Ms PM Sithole

Student: BG Baakeleng

**Ethics
number:**

N	W	U	-	0	0	6	8	9	-	1	7	-	A	9
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Institution

Project Number

Year

Status

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Application Type: Single study

Commencement date: 2017-09-07

Expiry date: 2020-09-06

Risk:

Minimal

Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HSEC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HSEC. Ethics approval is required BEFORE approval can be obtained from these authorities.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The principal investigator must report in the prescribed format to the NWU-RERC via HSEC:

Appendix 2: Consent Form



NORTH-WEST UNIVERSITY
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MAFIKENG CAMPUS

FACULTY OF HEALTH SCIENCES
SCHOOL OF NURSING SCIENCES

CONSENT FORM

Research Topic: Exploring Midwife's experiences regarding quality intrapartum care in North West province public hospital.

Objective of the study:

Explore and describe strategies used by IHCPs in managing women with infertility in Ngaka Modiri Molema Health District.

I _____ (**Participant number**) confirm that I am participating willingly in the study on Exploring indigenous health care practitioners' strategy in managing women with infertility in Ngaka Modiri Molema health district. The purpose, procedure, risks, benefits of the study have been explained to me. I have had time to ask questions and have no objection to participate in the study. I fully understand the following, which have been explained to me:

- That I will be interviewed for plus minus 45 minutes to 1hour in the area chosen by me to ensure my privacy
- The tape recorder will be used to capture the information that I give to the researcher
- That should I wish to discontinue with the study, my withdrawal will not affect me in any way.
- I am aware that the results of the study including my personal details will be anonymously processed to research reports.

Signature of the Participant : _____ **Date:**_____

Signature of the Researcher : _____ **Date:**_____

Appendix 3: Interview Transcription

Semi-structured individual interview with Indigenous Health Care Practitioner (IHCP).

R: Researcher

IHCP1, IHCP 2, IHCP 3 etc.: Participants names

R: Good morning

IHCP 3: Morning Mam

R: How are you today?

IHCP 3: I am well (smiling), and how are you doing?

R: I'm well thank you. My name is Banabotlhe Grace Baakeleng, a masters' student from the North-West University Mafikeng Campus. I kindly thank you for agreeing to participate in this research entitled "Exploring Indigenous Health Care Practitioners strategies in managing infertility in women. As per our agreement last week, when I was here. I only have three questions for you, and they are as follows: how did you realize your health care user struggle to conceive?, why do women choose to consult with you? And the last question is what treatment do you provide to the women faced with this challenge? Kindly feel free to participate in our discussion. The information that you give me will remain between us and I will not use your real name during this discussion; will name you as IHCP 4. The discussion will take 45 minute to 60 minutes. I have a consent form for you to confirm our agreement. Lastly you have the right to withdraw from the study at any given time. I hope you understand me.

Appendix 4: Language Editor Certificate



Supplier Database No: MAAA0450241

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19 December 2018

TO WHOM IT MAY CONCERN

This serves to confirm that the thesis for:

Master of Nursing Science

By: Ms BG **Baakeleng** - North-West University.

Entitled: **EXPLORING INDIGENOUS HEALTH CARE PRACTITIONERS' STRATEGY IN MANAGING WOMEN WITH INFERTILITY IN THE NGAKA MODIRI MOLEMA HEALTH DISTRICT**

Was edited by one of our accredited editors. The accuracy of the final work is still the student's own responsibility.

A & M Steyn

Appendix 5: Interview Schedule for Indigenous Health Care Practitioners



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MAFIKENG CAMPUS

FACULTY OF HEALTH SCIENCES
SCHOOL OF NURSING SCIENCES

Research topic: Exploring indigenous health care practitioners' strategies in managing women with infertility

Introductions:

- Introductions by both researcher and participant.
- Informing participants about the use of a recorder during the interview
- Informing participants about the confidentiality and privacy that will be respected throughout the study.
- Discussion of consent form and signing

Interview questions for IHCPs:

5. How do you realize your health care user struggle to conceive?
6. Why do women choose to consult with you?
7. What treatment do you provide to the women faced with this challenge?
8. Is there anything you would like to add?



Appendix 6: Interview Schedule for Indigenous Health Care Users



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FACULTY OF HEALTH SCIENCES
SCHOOL OF NURSING SCIENCES

Research topic: Exploring indigenous health care practitioners' strategies in managing women with infertility

Introductions:

- Introductions by both researcher and participant.
- Informing participants about the use of a recorder during the interview
- Informing participants about the confidentiality and privacy that will be respected throughout the study.
- Discussion of consent form and signing

Interview questions for IHCUs:

5. How did you realize you are struggling to conceive?
6. Why did you choose to consult with an indigenous health practitioner?
7. Describe the treatment you receive from the health care provider:
8. Is there anything you would like to add?

Appendix 7: Setswana translated Interview Schedule



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FACULTY OF HEALTH SCIENCES

SCHOOL OF NURSING SCIENCES

Research topic: Exploring indigenous health care practitioners' strategies in managing women with infertility

DIPOTSO

1. O lemoga jang gore mokopa- thuso o na le bothata jwa go ima?
2. O nagana gore ke eng se se dirang gore basadi ba ikgethele go kopa thuso mo go wena?
3. Mpolelela ka mekgwa e o e dirisang go thusa basadi b aba nang le kgwetlho e?
4. Go nale se le batlang go tlaleletsa ka sone?

