ORIGINAL RESEARCH ARTICLE

Exploring the lived experiences of women with infertility using traditional healthcare services in Harare urban, Zimbabwe

DOI: 10.29063/ajrh2024/v28i7.7

Thokozile Mashaah[1], Exnevia Gomo[2], Julita Chideme Maradzika[1,3], Mugove Gerald Madziyire[4], James January[1,5]

Department of Global Public Health and Family Medicine, Faculty of Medicine and Health Sciences, University of Zimbabwe[1]; Department of Laboratory Diagnostic and Investigative Sciences, Faculty of Medicine and Health Sciences, University of Zimbabwe[2]; Department of Health Sciences, Africa University[3]; Department of Child, Adolescent and Women's Health, Faculty of Medicine and Health Sciences, University of Zimbabwe[4]; Department of Psychiatry and Mental Health, Kamuzu University of Health Sciences, Malawi[5]

*__For Correspondence__: Email: *thokozilemashaah@gmail.com*; Phone: +263773839697

Abstract

Infertility has a significant impact on the lives of women. Therefore, affected women often consider the treatment options available to deal with their condition, including traditional healthcare services (THS). The aim of this phenomenological study was to explore the lived experiences of women with infertility problems who sought help from traditional health practitioners in Harare, Zimbabwe. Data from interviews with five women with infertility was explicated using a simplified version of Hycner (1985) five step explication process. Two major themes and eight sub themes emerged from the findings. The major themes were traditional diagnosis experiences and traditional treatment experiences. Consultation and divination were the diagnosis methods experienced by the women with infertility. The THS offered comprehensive management of infertility through couples therapy, as well as pre- and post-natal therapies, which include lifestyle counselling. The findings also showed that women with infertility commonly receive concurrent treatment, including both allopathic and traditional medicine. This presents an opportunity to explore the convergence of traditional and allopathic approaches in the management of infertility in women. *(Afr J Reprod Health 2024; 28 [7]: 61-70).*

Keywords: Infertility; lived experiences; Traditional medicine; Traditional healthcare services; Women

Résumé

L'infertilité a un impact significatif sur la vie des femmes. Par conséquent, les femmes affectées envisagent souvent les options de traitement disponibles pour faire face à leur maladie, y compris les services de santé traditionnels (THS). Le but de cette étude phénoménologique était d'explorer les expériences vécues de femmes souffrant de problèmes d'infertilité qui ont demandé l'aide de praticiens de santé traditionnels à Harare, au Zimbabwe. Les données provenant d'entretiens avec cinq femmes infertiles ont été expliquées à l'aide d'une version simplifiée du processus d'explication en cinq étapes de Hycner (1985). Deux thèmes majeurs et huit sous-thèmes ont émergé des résultats. Les thèmes principaux étaient les expériences de diagnostic traditionnel et les expériences de traitement traditionnel. La consultation et la divination étaient les méthodes de diagnostic expérimentées par les femmes infertiles. Le THS proposait une prise en charge complète de l'infertilité grâce à une thérapie de couple, ainsi que des thérapies prénatales et postnatales, qui comprennent des conseils sur le mode de vie. Les résultats ont également montré que les femmes souffrant d'infertilité reçoivent généralement un traitement concomitant, comprenant à la fois la médecine allopathique et la médecine traditionnelle. Cela présente l'occasion d'explorer la convergence des approches traditionnelles et allopathiques dans la gestion de l'infertilité chez la femme. *(Afr J Reprod Health 2024; 28 [7]: 61-70).*

Mots-clés: Infertilité; expériences vécues; Médecine traditionnelle; Services de santé traditionnels; Femmes

Introduction

Globally, infertility in women remains a major reproductive health problem. Women with infertility tend to pursue numerous strategies to manage their condition, with traditional healthcare services (THS) being an important option[1]. The World Health Organisation defines traditional medicine (TM) as the "sum total of the knowledge, skill and practices based on the theories, beliefs,

and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness"[2]. The provision of THS to communities depends heavily on traditional health practitioners (THPs). These THPs prevent, diagnose, and treat medical conditions using traditional approaches. THS are said to provide holistic (physical, emotional, and spiritual aspects) approaches of managing reproductive health conditions such as infertility, amenorrhea, dysmenorrhea, fibroids, polycystic ovarian syndrome (PCOS) amongst others[3–9]. Holistic approaches consider the overall well-being and health of the patient that is the body, mind and spirit unlike focusing on the symptoms. Studies in South Africa have shown that women with infertility who sought THS were provided with traditional medicine, counselling services including for their partners, diet and lifestyle changes as well as spiritual interventions[10,11].

There is widespread reporting in the use of THS in the management of infertility in women with most women claiming seeking THS before allopathic healthcare services[1,10,12–16]. In an Indian study, 98.7% of the couples reported seeking treatment from THP as their first point of contact for infertility treatment[16]. Kaadaaga et al. (2014) in Uganda reported that 76.2% of women attending an infertility clinic used herbal medicine prior to seeking allopathic medical care[15]. The study also showed that majority (73.2%) of the participants had used herbal medicines prior to seeking allopathic healthcare[15]. In Nigeria, 95.4% of these women (mostly less educated with low income) had used traditional methods of infertility treatment while over a third (36.9%) used THS as the second option to allopathic services[1]. It has been noted that socio-cultural and economic factors, such as accessibility, price, and family and/or friends influence, trust in THPs as well as belief in the TM's perceived efficacy, encourage women with infertility to seek THS[10,17,18]. Some women with infertility in Nigeria, India, The Gambia and Uganda reported shunning allopathic healthcare approaches because it is perceived to be ineffective, unaffordable, inaccessible and because they had no/low awareness of the allopathic infertility care services[1,16,19–21]. Studies in Sierra Leone and Nigeria have shown that women with infertility tend to concurrently use THS and allopathic healthcare services[1,17].

Use of THS in Zimbabwe has increased, mostly attributed to the economic meltdown[22,23], that has negatively impacted on the public health care systems[24–26]. In Zimbabwe there is a dearth of literature on women with infertility and utilisation of THS, despite the reported general increase in utilisation of THS. However studies on use of traditional medicine during pregnancy, delivery and postpartum period show that 28% to 59.9% of women were utilising THS[27–29]. Hence the opportunities for exploiting this widely used and under-recognised healthcare service for women with infertility remain unexplored. We recently showed that THPs in Harare urban manage infertility, with some concepts unique to traditional medicine and others similar to allopathic medicine[7]. The present study explored the lived experiences of women with infertility in Harare urban who have sought infertility management services from the THPs we interviewed in the earlier study[7]. The study provides additional evidence to inform traditional health practice and institutionalisation of traditional healthcare into national healthcare systems.

Methods

Study Design

This paper presents the study design, analysis, and results in line with the Consolidated Criteria for Reporting Qualitative Research (COREQ) Guidelines[30]. The study used a phenomenological hermeneutic approach, which allows the researcher to interpret and understand the experiences of women seeking infertility management services at THS[31]. The approach provides cultural and social contextual meanings of the phenomena, thus providing rich insights on infertility in women in traditional healthcare.

Study setting and participants

The study was conducted in Harare Urban, the capital city of Zimbabwe, where the majority of registered THPs operate. The women with infertility were recruited from THPs who specialize

in infertility. These THPs are registered with the Ministry of Health and Child Care Traditional Medical Practitioners' Council (TMPC). The researcher targeted women who fell within the inclusion criteria—women who have sought or are currently seeking infertility services from THPs in Harare urban[7]. In addition, consenting women regardless of their backgrounds, ethnicity, or social and economic status were included. The researchers were provided with the names of the women by the THPs and reached out to a total of nine women to participate in the study. Saturation was reached with five women. The sample size fell within the parameters of 3–25 participants, as suggested for phenomenological studies by Creswell[32] and in line with recommendations for student phenomenological research projects by Smith *et al* which recommend 4-10 participants[33].

Research team and reflexivity

The lead author (Research Administrator) and a research assistant (Research Nurse), both of whom are female PhD candidates at the University of Zimbabwe and have prior experience conducting qualitative studies at postgraduate level and have also taken part in research methods training provided by the university. Prior to joining the institution, the researchers were also involved in research projects.

Data collection method

Recruitment and interviews were held from September 2023 to February 2024. Participants were initially invited into the study through telephone calls to be briefed about the study, to allow them to make an informed choice to participate in the study, and to set up appointments (date and venue) for the interviews. All interviews took place in private at a location that the participants chose, which was typically their home or place of employment. The participants were taken through the written consent process prior to beginning the interviews, and rapport was also established to make them comfortable. For each woman, two interviews were held mainly in Shona. The first interview was done using a semi structured interview guide that had been pre-tested prior to the interviews. The researchers also sought to gain a more detailed comprehension of the participants' experiences. The first interview, which was face-to-face, captured the women's lived experiences of seeking THS. The interviews took between 40 and 90 minutes. After the first interviews, the audio recorded conversations were transcribed verbatim. An independent translator then translated the Shona transcripts into English. The second interview was held via telephone for the purposes of seeking further clarification and checking credibility of the interview summaries and themes from the participants. All the women agreed that the captured information reflected their true lived experiences. We took field notes to document observations and thoughts from the interviews.

Data analysis

The analysis of data was guided by a simplified version five steps process by Hycner (1985) and Groenewald (2004)[21]; (i) '*bracketing and phenomenological reduction'*, which involved repeatedly listening to the audio recording to familiarise oneself with the information as well as identifying potential biases and 'bracketing' them out of the interview and data analysis; (ii) *Delineating units of meaning* means extracting and isolating critical meanings from the data and eliminating redundant units[36]. Thus, content was considered based on the number of times a meaning was mentioned. (iii) *Clustering of units of meaning* to form themes, which involved grouping of units of meaning to form themes; (iv) *Summarising each interview*, validating, and modifying where the researcher conducted a validity check of the summarised interviews by returning it to the participants to check for credibility and additional information, and finally (v) *Extracting general and unique themes* from all the interviews and making a composite summary. In this paper the researchers present the themes emerging from the study, both common and uncommon, which described the lived experiences of women who sought infertility services at THS.

Scientific rigour

To evaluate the trustworthiness of the study, the Lincoln and Guba (1985) model was used[37,38]. Credibility was maintained through having two

independent people (the researcher and assistant) check and analyse the data and the use of audio recorders. In addition, the participants were engaged to verify the accuracy of the information generated during the interviews. To ensure transferability of this study, sufficient details of the research process including the study site, participants and data collection method have been provided. Dependability was achieved through the maintenance of an audit trail, which can be used for peer validation. Confirmability was ensured through the engagement of an independent translator and through independent analysis to agree on the final themes that came out of the study.

Ethical considerations

The researchers adhered to standard ethical requirements of informed written consent from the participants. The objectives, procedures and intended use of the data were explained to women. The women were also given the consent forms to read through and ask for clarifications where they needed it. The researchers ensured confidentiality and privacy of the participants. The participants were assigned study numbers and pseudonyms. Participants also selected the interview venues which they felt comfortable, safe and secure. Participants were free to withdraw from the interviews at any time. Further, the women were given the contact details of the researchers so that they could get in touch with any member for further information if needed. The study received ethical approval from the Joint Research and Ethics Committee of the University of Zimbabwe Faculty of Medicine and Health Sciences and Parirenyatwa Group of Hospitals (JREC/200/2020) and the Medical Research Council of Zimbabwe (MRCZ/A/2689).

Results

Characteristics of the Study Participants

Interviews were conducted with five women who had utilised services from THPs. At the time of recruiting, four of the women were divorced, and one was married. Additionally, all of them had received secondary or tertiary education. Four women successfully conceived and gave birth to their own biological children with the use of THS, while one woman was unable to have children of her own and instead fostered children initially and later decided to adopt children at a very young age, i.e., less than 20 days old. Three women stated that they had also sought an allopathic diagnosis for their infertility issue and they were variably diagnosed with polycystic ovary syndrome (PCOS), Blocked tubes, Endometriosis and fibroids. The researcher did not ask to examine the medical records to confirm the findings about the causes of infertility. All of the women reported that they had explored faith-based interventions, had sought treatment for at least two years or more, and had been recommended to THPs by their partners, mothers, neighbours, and friends who possessed prior knowledge of these THPs. They also mentioned that they trusted the THS due to the fact that they were referred by close acquaintances. Some participants stated that they were exposed to THS during their formative years within their households and had used the system without any adverse outcomes. The high costs of allopathic healthcare services was a significant factor that motivated women to seek alternatives. A summary of the profile of the participants is displayed in Table 1. Pseudonyms have been used.

Main Themes and Sub themes

Two main themes were extracted from the study, which are: traditional diagnosis experiences and traditional treatment experiences. Themes and subthemes are presented in Table 2.

Main theme 1: Traditional diagnosis experiences

The approach to diagnosing infertility in women through the lens of the participants was quite uniform. This was achieved either by divination or by following a consultation process.

Sub-theme 1: Divination

The participants who underwent divination reported that the THP employed mystical abilities to identify their issue. Consider the comments made by Mary below.

Table 1: Participants profiles

Woman	1 (Tendai)	2 (Mary)	3 (Kundai)	4 (Sandra)	5 (Fadzai)
Current Age	56	27	35	44	35
Current marital status	Single (divorced)	Married	Single (divorced)	Single (divorced)	Single (divorced)
Level of Education	Secondary	Tertiary	Secondary	Tertiary	Tertiary
Monthly income (US$)	N/A	$317	$500	$500	$4,000
Number of biological Children	0 (3 adopted)	1	1	2	1
Medical diagnosis	N/A	PCOS	Tubal obstruction	N/A	Endometriosis and fibroids
Current marital status	Single (divorced)	Married	Single (divorced)	Single (divorced)	Single (divorced)
Duration of Marriage (years)	10	5	7	7	3
Duration of seeking treatment (years)	9	3	6	4	2

Table 2: Main and sub themes

MAIN THEMES	SUB THEMES
Traditional diagnosis experiences	Divination Consultative process
Traditional treatment experiences	Treatment procedures (womb cleansing) Couple treatment Medicinal plants (dosage and administration) Treatment side effects Pre-and post-natal service (medicines and lifestyle counselling services) Dual treatment (allopathic and traditional)

"*He* (THP) *had a glass and looked through it and said your problem is nothing happened to you spiritually, it's just a sickness….no one did anything to you*".

Some women expressed scepticism towards divination and instead informed the THP about their health issue that needed treatment.
Kundai mentioned "*I told him that sekuru* (THP) *I am not a traditional person I didn't want the whole traditional process of foretelling and everything. I just want help so that I can have a child so when I told him my problem and he said its ok*".

Sub-theme 2: Consultative process

Some of the participants had the opportunity to engage in consultation as a second method. The participants told the THP about their condition that required treatment and were not diagnosed by the practitioners.

Fadzai mentioned "*We sat down I spoke to him* (THP) *he asked me do you have a child I said no ….*"

Main theme 2: Traditional treatment experiences

The participants recounted their own experiences of the treatment protocols in THS and provided detailed account of the events that took place. This include the treatment techniques, the medicinal plants that they were given, and the services provided for both pre- and post-natal care, among other things.

Sub-theme 1: Treatment procedures (womb cleansing)

The participants indicated that cleansing the womb was the first procedure. This presented a chance to eliminate any contaminants in the uterus.

Mary stated that *"he* (THP) *then gave us just a little powder that he just put in* (on) *a newspaper and he said don't take it when you are going to work just take it when you are at home because it makes you to have a running stomach…..He said the running stomach will not be like any normal running stomach it will be cleaning your womb."*

Sandra added that *"I have been trying for years* (to conceive) *taking the herbs that he gave me* (for) *cleansing my system".*

Kundai also reiterated that *"I even explained to the healer that the doctors said I have blocked tubes and he said he will give me some medicine to cleanse the tubes."*

Sub-theme 2: Couple treatment

The provision of couple treatment varied across the participants, as some of them mentioned that their partners had children from previous relationships. Consequently, while seeking treatment services, these participants specifically requested treatment for themselves only. However, for one participant despite being the one diagnosed with infertility, when they attended the THS, her husband was also prescribed medication by the THP.

Mary said *"he also gave us another powder for us to put in porridge. We ate* (porridge with herbal medicine) *for about 3 or 4 days together with my husband".*

Sub-theme 3: Medicinal plants (dosage and administration)

Each participant received medicinal plants to treat infertility. They received information regarding the appropriate dosage and the proper method of administering the medication. The participants reported receiving medicinal powder, either packaged on a newspaper cutting or in a small bottle. They would consume the powder by either brewing it into a tea or adding it to porridge. Additionally, some participants were provided with therapeutic sticks, which they placed in containers filled with water for consumption. The treatment duration varied among the participants, ranging from a minimum of three days to a maximum of one year.

Kundai had this to say, *"He put on a newspaper, but the powder was very little I even complained about the quantity".* She also added that, *"I would put a small amount in porridge again or mahewu* (fermented liquid maize meal porridge). *For 3 days. I just used it for 3 days and I got pregnant."*

Fadzai shared that *"…1 teaspoon in hot water in granny* (grandmother) *teacups the ones with a saucer and teacup then you drink and go about your day".*

Sub-theme 4: Treatment side effects

Participants described their experiences with the traditional medication. Some participants reported having negative effects mostly associated with the medicine used for uterine cleansing. Nevertheless, the THP provided them with warning regarding the potential adverse consequences. The participants reported that the predominant adverse effect they encountered was diarrhoea, which often resolved within one to two days. Others did not experience any adverse reactions from the herbal remedies. Some participants claimed that the negative consequences they encountered from traditional medicine were more manageable compared to those from allopathic therapy.

Kundai said *"I was told not to go to work the day I take the medicine because the medicine causes one to have a runny tummy. I had a serious running tummy that day……watery black substances coming out."*

Mary stated that *"No nothing no side effects as compared to the medical side. I could get headaches like right now when I took Bromocriptine… the moment I started taking it eish I would feel nauseous with terrible headaches it's just excruciating pain.*"

Sub-theme 5: Pre-and post-natal service (medicines and lifestyle counselling services)

The participants reported receiving both pre- and post-natal care. They stated that they were administered medication to "*strengthen the pregnancy*" and prevent a miscarriage. They were also educated on the need of keeping a healthy lifestyle, which includes following a balanced diet. Additionally, some of the participants also received counselling sessions. Consequently, they had to make multiple visits to the THP both during the pregnancy and after giving birth to express their gratitude for the successful outcome of the pregnancy.

Mary stated that, *"the healer told me that the medicine was to strengthen the pregnancy so that I don't have a miscarriage."*

Kundai shared that *"It was after a month that I said let me test. I then bought a pregnancy test and tested, and the result showed that I was pregnant. I then called sekuru* (THP*) and he said you should come so that I can give you medicine to stabilize the pregnancy…. I kept on going back to him whilst pregnant."*

Sub-theme 6: Dual treatment (allopathic and traditional)

Some of the participants indicated that they actively pursued both allopathic and traditional treatments. According to their report, they successfully became pregnant after using traditional medicine and were prescribed medication to avoid miscarriages. However, they also returned to their gynaecologists for peri-natal care. Unique cases were of Fadzai who was being treated for endometriosis with contraceptives and taking traditional medicine concurrently which she attributes to have resulted in her conceiving, and Mary who was undergoing treatment for PCOS and had attempted IVF, but it was unsuccessful. After receiving treatment from a THP, she became pregnant. Unfortunately, her access to care from the THP for her pregnancy was discontinued due to the death of the THP. As a result, she made the decision to return to her IVF specialist for the management of her pregnancy.

Mary mentioned *"he* (IVF specialist) *knew my medical history, so he was like just take this so that, so you don't have a miscarriage… it increases the progesterone…. but I think the traditional healer had already given me herbs to prevent miscarriage"*.

Discussion

The study identified two primary themes from the interview data: 1) traditional diagnosis experiences, and 2) traditional treatment experiences. These findings contribute to the existing literature by presenting the real-life experiences of women who have sought infertility management services from THS in an urban setting. This offers a perspective on the delivery of these services as perceived by women who utilise the services. Our study also offered an understanding of the traditional diagnostic encounters for women with infertility who are seeking THS. The women experienced divination and consultation at the THS. The findings of this study corroborate with the findings of our earlier study on the 'Experiences of THPs in the management of infertility in women' in terms of diagnosis and treatment approaches[7]. In keeping with another study conducted in South Africa, divination and consultative processes were conducted[42]. Nevertheless, we observed that some of the women were already aware of their infertility issue, as they had already had allopathic diagnostic procedures. In certain instances, the THP would additionally validate the previous allopathic diagnosis by means of divination.

Our study uncovered several subthemes that are apparent in the traditional approach to managing infertility in women. The services offered included uterine cleansing, couples therapy, herbal medicine administration, management of treatment adverse effects, prenatal and postnatal care, and integrated treatment options that incorporate both allopathic and traditional medicine. Womb cleansing was a fundamental practice in traditional therapeutic treatments. The objective of this method was to remove any diseases or impurities in the womb to optimise the efficacy of medicinal herbs employed for enhancing fertility and thus resulting in successful conception in women. This concurs with a study carried out in South Africa which reported the use of traditional medicine for cleansing the womb[43]. Participants were provided with therapeutic herbs and given instructions on the appropriate dosages and methods of administration. This emphasises the THS's organised approach to managing health issues. This finding aligns with previous research conducted in Africa that also documented the utilisation of herbal remedies for the treatment of infertility in women[10,44–48].

It is crucial to highlight that our participants were not given any information about the ingredients or names of the medicinal herbs. They refrained from seeking information about it and instead placed their trust in the assurance provided by the THP that the medical plants would heal them. This exemplifies the trust that women have in THS.

Not being aware of the names or components of herbal medicines can have consequences for potential drug interactions that may occur if women are concurrently taking other prescriptions. Our investigation revealed that the women received comprehensive therapy for infertility, including perinatal and postnatal care, counselling services, and lifestyle education support. Similar findings were reported in a study conducted in South Africa by Baakeleng *et al*[10]. Another significant discovery that came out of our study, similarly to a study in Sierra Leone[17], was the dual utilisation of both allopathic and traditional healthcare approaches by women with infertility. In Ghana concurrent treatment patterns amongst participants was also reported however, specifically spiritual intervention being combined with either traditional or allopathic[13]. Noteworthy are the implications over the lack of disclosure by women who are simultaneously using both allopathic and traditional medications[17]. This has consequences for potential negative outcomes that may occur. Therefore, related studies have emphasised the necessity of robust collaboration between allopathic and traditional medicine practitioners in order to ascertain potential advantages and risks[1].

Limitations

The scope of our study was restricted to women who were recommended to us by registered THPs in the urban area of Harare, specialising in infertility. Therefore, the treatment experiences of the women in our study may not be applicable to other settings. Nevertheless, it offered crucial insights into the management of infertility in women by THPs, as perceived by women themselves. This paper focused specifically on the experiences on provision of traditional healthcare services. However, it is imperative to investigate the socio-emotional and cultural encounters of these women as well to provide wholesome picture of the lived experiences of women with infertility challenges.

Conclusion

Women with infertility experienced comprehensive service provision in THS, including couple treatment, pre- and post-natal care, and lifestyle counselling. Although adverse effects of using traditional medicine are experienced, women with infertility find them more tolerable than the effects experienced from using allopathic medicine. Given the confidence and trust that women with infertility have in THS, it is imperative that THS be actively incorporated into national infertility intervention programmes.

Ethical approval

The study was ethically approved by the Joint Research and Ethics Committee of the University of Zimbabwe Faculty of Medicine and Health Sciences and Parirenyatwa Group of Hospitals (JREC/200/2020). It was also approved by the Medical Research Council of Zimbabwe (MRCZ/A/2689. Written consent for interviewing and audio recording was obtained from all participants.

Availability of data and materials

All the data, transcripts and supporting documents used for this current study are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

The author contributions are as follows: Conceptualisation - TM, JJ and EG; Writing - original draft TM; Writing – review and editing EG, JM, MGM, JJ. All the authors proof read the manuscript and also approved the final version.

Acknowledgements

The authors are grateful to the research assistant, independent translator, independent analyst, and women who participated in the study.

References

1. Nwosu IA, Njemanze VC, Ekpechu JO, Eteng MJ, Ukah JA, Eyisi EC, Ohuruogu B, Alo CA, Ordu GEO and

Ezeali TC. Prevalence and determinants of use of traditional methods of infertility treatment among women attending infertility clinic in Southeast Nigeria. African Journal of Reproductive Health. 2022 Mar;26(3):63–73.

2. World Health Organization. WHO global report on traditional and complementary medicine 2019 [Internet]. Geneva: World Health Organization; 2019 [accessed 2024 Apr 22]. 226 p. Available from: https://iris.who.int/handle/10665/312342
3. Balamurugan S, Vijayakumar S, Prabhu S and Morvin Yabesh JE. Traditional plants used for the treatment of gynaecological disorders in Vedaranyam taluk, South India - An ethnomedicinal survey. Journal of Traditional and Complementary Medicine. 2018 Apr;8(2):308–23.
4. Josephine Ozioma EO and Antoinette Nwamaka Chinwe O. Herbal Medicines in African Traditional Medicine. In: F. Builders P, editor. Herbal Medicine [Internet]. IntechOpen; 2019 [accessed 2024 Mar 22]. Available from: https://www.intechopen.com/books/herbal-medicine/herbal-medicines-in-african-traditional-medicine
5. Khan M. Traditional Medicine: A Holistic Approach to Health and Healing. Alternative and Integrative Medicine. 2023;12(1).
6. Kim KH, Jang S, Lee JA, Go HY, Jung J, Park S, Lee MS and Ko SG. Characteristics and Outcomes of Female Infertility Treatment Programs Using Traditional Medicine in Korea: A Multisite Analysis. The Journal of Alternative and Complementary Medicine. 2018 Jun;24(6):570–7.
7. Mashaah T, Gomo E, Maradzika JC, Madziyire MG and January J. Experiences of traditional health practitioners in the management of female infertility in Harare urban areas: A qualitative study. African Journal of Reproductive Health. 2024 Jan 25;28(1):110–22.
8. Rizvi SAA, Einstein GP, Tulp OL, Sainvil F and Branly R. Introduction to Traditional Medicine and Their Role in Prevention and Treatment of Emerging and Re-Emerging Diseases. Biomolecules. 2022 Oct 9;12(10):1442.
9. White P. The concept of diseases and health care in African traditional religion in Ghana. HTS Teologiese Studies / Theological Studies [Internet]. 2015 Mar 11 [accessed 2018 Oct 11];71(3). Available from: http://www.hts.org.za/index.php/HTS/article/view/2762
10. Baakeleng BG, Pienaar AJ, Sithole PM and Mashego SL. Narratives of Women with Infertility Who Use Indigenous Practices to Conceive, North West Province, South Africa. The Oriental Anthropologist: A Bi-annual International Journal of the Science of Man. 2022 Dec 10;0972558X2211281.
11. Baakeleng BG, Pienaar AJ, Sithole PM and Mashego SL. Indigenous practitioners' views on causes of female infertility. Health SA Gesondheid [Internet]. 2023 Feb 8 [accessed 2023 Jun 9];28. Available from: https://hsag.co.za/index.php/hsag/article/view/2152
12. Tabong PTN and Adongo PB. Understanding the Social Meaning of Infertility and Childbearing: A Qualitative Study of the Perception of Childbearing and Childlessness in Northern Ghana. Wainberg M, editor. PLoS ONE. 2013 Jan 16;8(1):e54429.
13. Hiadzi RA and Boafo IM. Quest for Conception: Exploring Treatment Patterns Associated with Infertility in Ghana. African Journal of Reproductive Health. 2020 Jun;24(2):27–9.
14. Mire S. 'The child that *tiire* doesn't give you, God won't give you either.' The role of *Rotheca myricoides* in Somali fertility practices. Anthropology & Medicine. 2016 Sep;23(3):311–31.
15. Kaadaaga HF, Ajeani J, Ononge S, Alele PE, Nakasujja N, Manabe YC and Kakaire, O. Prevalence and factors associated with use of herbal medicine among women attending an infertility clinic in Uganda. BMC Complementary and Alternative Medicine. 2014;14(1):27.
16. Jadhav AS and Govil D. Treatment-seeking behaviour among infertile tribal women of Palghar district in India. Front Reprod Health. 2023 Oct 25;5:1115643.
17. James PB, Taidy-Leigh L, Bah AJ, Kanu JS, Kangbai JB and Sevalie S. Prevalence and Correlates of Herbal Medicine Use among Women Seeking Care for Infertility in Freetown, Sierra Leone. Evidence-Based Complementary and Alternative Medicine. 2018;2018:1–11.
18. Abdullahi A. Trends and Challenges of Traditional Medicine in Africa. Afr J Trad Compl Alt Med [Internet]. 2011 Jul 15 [accessed 2023 Jun 25];8(5S). Available from: http://www.ajol.info/index.php/ajtcam/article/view/67959
19. Patra S and Unisa S. An exploration of treatment seeking behavior of women experienced infertility and need for services in rural India. Front Reprod Health. 2022 Aug 30;4:978085.
20. Dierickx S, Balen J, Longman C, Rahbari L, Clarke E, Jarju B and Coene G. 'We are always desperate and will try anything to conceive': The convoluted and dynamic process of health seeking among women with infertility in the West Coast Region of The Gambia. Fledderjohann J, editor. PLoS ONE. 2019 Jan 31;14(1):e0211634.
21. Asiimwe S, Osingada CP, Mbalinda SN, Muyingo M, Ayebare E, Namutebi M and Muwanguzi PA. Women's experiences of living with involuntary childlessness in Uganda: a qualitative phenomenological study. BMC Women's Health. 2022 Dec 19;22(1):532.
22. Kidia KK. The future of health in Zimbabwe. Global Health Action. 2018 Jan;11(1):1496888.
23. Moyo F. Zimbabweans Turn to Traditional Medicine As Prescriptions Drug Prices Spike [Internet]. Global Press Journal. 2019 [accessed 2020 Feb 6]. Available from: https://globalpressjournal.com/africa/zimbabwe/zimbabweans-turn-traditional-medicine-prescriptions-drug-prices-spike/

24. Kasu TI, Mungure S, Menelik G and Mharakurwa S. The Interactions of Public Health Organisational Leadership with its Environment - A Case Study of the Sally Mugabe Central Hospital in Harare, Zimbabwe. Medical Journal of Zambia. 2021;48.
25. Mangundu M, Roets L and Es JVR. The Economic Crisis (2008-2019) and Health Care in Zimbabwe: A Structured Literature Review. TOPHJ [Internet]. 2023 Mar 20 [accessed 2024 Apr 3];16(1). Available from: https://openpublichealthjournal.com/VOLUME/16/EPUB-ABSTRACT/EA-TOPHJ-2022-216/
26. Meldrum A. Zimbabwe's health-care system struggles on. The Lancet. 2008 Mar;371(9618):1059–60.
27. Mudonhi N, Nunu WN, Sibanda N and Khumalo N. Exploring traditional medicine utilisation during antenatal care among women in Bulilima District of Plumtree in Zimbabwe. Sci Rep. 2021 Mar 25;11(1):6822.
28. Mawoza T, Nhachi C and Magwali T. Prevalence of Traditional Medicine Use during Pregnancy, at Labour and for Postpartum Care in a Rural Area in Zimbabwe. Clinics Mother Child Health. 2019;16(321).
29. Mureyi DD, Monera TG and Maponga CC. Prevalence and patterns of prenatal use of traditional medicine among women at selected harare clinics: a cross-sectional study. BMC Complement Altern Med. 2012 Dec;12(1):164.
30. Tong A, Sainsbury P and Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care. 2007 Sep 16;19(6):349–57.
31. Alsaigh R and Coyne I. Doing a Hermeneutic Phenomenology Research Underpinned by Gadamer's Philosophy: A Framework to Facilitate Data Analysis. International Journal of Qualitative Methods. 2021 Jan;20:160940692110478.
32. Creswell JW. Qualitative inquiry and research design: choosing among five approaches. 3rd ed. Los Angeles: SAGE Publications; 2013. 448 p.
33. Clarke V. Review of the book "Interpretative Phenomenological Analysis: Theory, Method and Research". Psychology Learning & Teaching [Internet]. 2010 Oct [accessed 2024 Jun 6];9(1). Available from: http://www.psychology.heacademy.ac.uk/s.php?p=55
34. Creswell JW. Designing a qualitative study. In: Qualitative inquiry and research design: Choosing among five approaches [Internet]. (2nd ed.). Thousand Oaks, CA: Sage.; 2007. p. 35–41. Available from: http://community.csusm.edu/pluginfile.php/21115/mod_resource/content/1/Creswell_J.W._2007_._Designing_a_Qualitative_Study_Qualitative_inquiry_and_research_design-_Choosing_among_5_approaches_2nd_ed._Thousand_Oaks_CA-_SAGE.pdf
35. Groenewald T. A Phenomenological Research Design Illustrated. International Journal of Qualitative Methods. 2004 Mar;3(1):42–55.
36. Creswell JW. Research design: qualitative, quantitative, and mixed method approaches. 2nd ed. Thousand Oaks, Calif: Sage Publications; 2003. 246 p.
37. Lincoln YS and Guba EG. Naturalistic inquiry. SAGE Publications; 1985.
38. Nowell LS, Norris JM, White DE and Moules NJ. Thematic Analysis. International Journal of Qualitative Methods. 2017;16:1–13.
39. Annan-Frey L, Boateng EA, Lomotey A, Lartey C and Dzomeku V. Lived experiences and coping strategies of persons seeking infertility treatment in the Kumasi metropolis: a descriptive phenomenological study. BMC Women's Health. 2023 Feb 20;23(1):74.
40. Van Balen F and Bos HM. The social and cultural consequences of being childless in poor-resource areas. Facts, views & vision in ObGyn. 2009;1(2):106.
41. Steinhorst J, Aglanu LM, Ravensbergen SJ, Dari CD, Abass KM, Mireku SO, Adu Poku JK, Enuameh YAK, Blessmann J, Harrison RA, Amuasi JH and Stienstra Y. 'The medicine is not for sale': Practices of traditional healers in snakebite envenoming in Ghana. Gutiérrez JM, editor. PLoS Negl Trop Dis. 2021 Apr 16;15(4):e0009298.
42. Mashamba T. Traditional Healers' Views On Fertility. Indilinga: Af J Indig Know [Internet]. 2009 Nov 26 [cited 2023 Jun 25];8(1). Available from: http://www.ajol.info/index.php/indilinga/article/view/48236
43. Thipanyane MP, Nomatshila SC, Oladimeji O and Musarurwa H. Perceptions of Pregnant Women on Traditional Health Practices in a Rural Setting in South Africa. Int J Environ Res Public Health. 2022;
44. Steenkamp V. Traditional herbal remedies used by South African women for gynaecological complaints. Journal of Ethnopharmacology. 2003 May;86(1):97–108.
45. Semenya S, Maroyi A, Potgieter M and Erasmus L. Herbal medicines used by Bapedi traditional healers to treat reproductive ailments in the Limpopo Province, South Africa. African Journal of Traditional, Complementary and Alternative Medicines [Internet]. 2013 Jan 18 [accessed 2017 May 17];10(2). Available from: http://www.ajol.info/index.php/ajtcam/article/view/84618
46. Akbaribazm M, Goodarzi N and Rahimi M. Female infertility and herbal medicine: An overview of the new findings. Food Science & Nutrition. 2021 Oct;9(10):5869–82.
47. Maroyi A. An ethnobotanical survey of medicinal plants used by the people in Nhema communal area, Zimbabwe. Journal of Ethnopharmacology. 2011 Jun;136(2):347–54.
48. Maroyi A. Traditional use of medicinal plants in south-central Zimbabwe: review and perspectives. J Ethnobiol Ethnomed. 2013 May 4;9:31.