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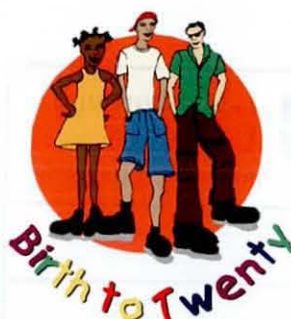


Fieldworker training manual

RESEARCH FIELDWORKER TRAINING MANUAL

Health-seeking behaviour for
childhood illnesses in
Johannesburg & Soweto

March 04 – May 04



This manual precedes any changes which were
made to the study design and the questionnaires

The fieldworker training information provided in this manual is taken from the United Nations University's and WHO's field guide for the study of health-seeking at the household level:

Dawson, S., Manderson, L., & Tallo, V. (1993). *A manual for the use of focus groups. Methods for social research in disease*. WHO Social and Economic Research (SER); UNDP / World Bank / WHO Special Programme for Research and Training in Tropical Diseases (TDR) Boston, MA: International Nutrition Foundation for Developing Countries (INFDC).

URL: <http://www.unu.edu/unupress/food2/UIN03/uin03e00.htm> Accessed 26/03/03.

Scrimshaw, S., & Hurtado, E. (1984). Field guide for the study of health-seeking at the household level. *Food and Nutrition Bulletin*, 6(2). Tokyo, Japan: United Nations University Press and WHO.

URL: <http://www.unu.edu/unupress/food/8F062e/8F062E05.htm> Accessed 26/03/03.

The following manual was also drawn upon for training of the survey instrument:

Murray, J., & Manoncourt, S. (1998). *Integrated health facility assessment manual: Using local planning to improve the quality of child care at health facilities*. Published for the U.S. Agency for International Development by the Basic Support for Institutionalizing Child Survival (BASICS) Project. Arlington, Va.

URL: http://www.basics.org/Publications/pubs/hfa/hfa_toc.htm Accessed 26/03/03.

1. Objectives of study

The rationale for conducting this study included the need to look at the appropriateness of health-seeking in order to improve child health through responsible care-seeking. Child health statistics show that further goals are yet to be reached in improving child health, particularly that of the Black South African population. A further reason for studying health-seeking in South Africa is to find out whether health services are meeting the needs of the study population. There is also limited data on health-seeking behaviour for children under 6 in South Africa, without which improvements cannot be made.

Research Questions:

- What is the nature of health-seeking in this population for the most prevalent childhood illnesses?
- Who are the providers from which such care is sought?
- What are the predictors/barriers of health care seeking?

Main Objective:

- To develop a deeper understanding of the health-seeking process in the new South Africa

2. Details of responsible investigator

Natalie Spark-du Preez (Ph.D Student)

Human Sciences Dept, Loughborough University, Leicestershire, LE11 3TU

N.L.Spark-duPreez@lboro.ac.uk

Tel: +44 1509 223034

3. Proposed start and finish date and duration of fieldwork

Start date: March 2004

Finish date: June 2004

Duration: 3 months

4. Study design

A positivist approach using a semi-structured questionnaire will be used to capture quantitative information on childhood morbidity and health-seeking behaviour in the first 5 years of children's lives. To overcome issues of recall bias, 2-week diaries will also be given to parents or guardians to obtain data on patterns of resort. However this approach assumes that human behaviour can be measured quantitatively. Listing items in measurement scales may be unsatisfactory as not all answers may be pertinent to each individual and patients are more likely to report being satisfied in response to a pre-coded question (Cohen *et al.* 1996; Cartwright & Anderson, 1981). These data will also lack in-depth information on concepts of illness, community perceptions of the health care service and how childhood illness is managed. Furthermore, most people are reticent about revealing that they visit a *sangoma* or *inyanga*, therefore information on the use of

traditional medicine is likely to be under-reported and a more in-depth qualitative methodology is required to investigate these factors.

Before collecting the quantitative data, exploratory data will be generated using IDIs and FGDs. IDIs with parents or guardians will focus on personal experiences of childhood illness and how this is managed within different ethnic and socio-economic groups and related to the socio-cultural context at large. FGDs with parents/guardians of children under the age of 6 will be exploratory in nature and will be used to develop the semi-structured questionnaires and in-depth interviews should any new themes or hypotheses arise.

In order to develop health services or measure the patient's outcome of health care, the up-take of services and adherence to therapies, it is necessary to understand how people's beliefs and expectations about health, illness, and medicines might conflict with those of health professionals (Bowling, 1997). IDIs with traditional healers and birth attendants will focus on their treatment of childhood illnesses, how they interact with the modern health care system and how this has changed since the end of apartheid. Western perspectives on traditional medicine and the health-seeking behaviour of their patients (from Doctors and nurses of different ethnic groups) will also be investigated. Faith healers and pharmacists will also be interviewed as providers of health care. Participant recruitment is purposive and is driven by understanding and interpretation, and not generalisation. If resources permit, theoretical sampling will be used whereby more focus groups and in-depth interviews will be used if theoretical saturation has not occurred.

FGDs and IDIs will be conducted in the language of the respondent, therefore questionnaires and question guides will be translated into IsiZulu and Sesotho.

Qualitative data collection:

Focus Group Participant Selection

Type of respondents, total number, stratification and selection criteria for FGDs are outlined in the table below:

Focus Group Discussions					
Respondents		Sample size	Stratification		Interviewer
Primary care-giver BT20 & non-BT20	1	1 group x 10 participants	Black	(low SES*)	Black female + Transcriber
	2	1 group x 10 participants	Black	(medium SES*)	Black female + Transcriber
	3	1 group x 10 participants	Black	(high SES*)	Black female + Transcriber
	Total = 3 x 10 = 30 participants				
*determined by caregiver's occupation/partner's occupation					

In-depth Interview Participant Selection

Type of respondents, total number, stratification and selection criteria for IDIs interviews are outlined in the table below:

In-depth Interviews				
Respondents	Target No. of respondents	Stratification	Recruitment/Selection	Duration of interviews
Black BT20 care-givers (aged 18+) with a child < 6 years	6	1. SES: Low/Medium/High	Through Manager of Birth to Twenty. Caregivers with children < 6 yrs will be invited to participate.	40min – 1 hr
Healers (Sangoma/Inyanga)	2	None	From Healer's clinics where care-giver interviews take place	40min – 1 hr
Traditional Birth Attendant (TBA)	2	None	By word of mouth	40min – 1 hr
Faith healer	2	None	By word of mouth	40min – 1 hr
Nurse	3	1. Sector: 2 Public/ 1Private	Through Practice Manager/Head of Clinic where care-giver interviews take place	40min – 1 hr
Doctor	2	1. Sector: Public/Private	Through Practice Manager/Head of Clinic /Department	40min – 1 hr
Pharmacist	2	None	Through Practice Manager /Head of Clinic /Department	40min – 1 hr
Total	19			

Quantitative data collection:

Interviews				
Respondents	Total number of respondents	Stratification	Recruitment/Selection	Duration of interviews
Healer's patients (Primary care-giver non-BT20 (aged 18+)) with a child < 6	Target: 75 Diary given to at least 50%	1. Ethnic group: Black Zulu / Sotho speakers	Through Traditional Healer. Caregivers waiting in queues on busy days (on 'baby days' or at healers who specialise in children's illnesses).	20 – 30 min
Clinic patients (Primary care-giver non-BT20 (aged 18+)) with a child < 6	Target: 75 Diary given to at least 50%	1. Ethnic group: Black Zulu / Sotho speakers	Through Practice Manager/Head of Clinic. Caregivers waiting in queues on busy days who have a child < 6yrs. If no time is available on day, participants can come to the BT20 offices for an interview.	20 – 30 min
Private patients (Primary care-giver non-BT20 (aged 18+)) with a child < 6	Target: 75 Diary given to at least 50%	1. Ethnic group: Black Zulu / Sotho speakers	Through Practice Manager/Head of surgery	20 – 30 min
BT20 care-givers (aged 18+) with a child < 6	Target: 75 Diary given to all	1. Ethnic group: Black Zulu / Sotho speakers 2. SES: Low / Medium / High	Through Manager of Birth to Twenty. Caregivers with children < 6 yrs will be invited to participate.	20 – 30 min

Timetable for data collection

Gantt Chart												
Tasks to be performed	March				April				May			
	1	2	3	4	1	2	3	4	1	2	3	4
Participants, fieldworkers & venue will be identified												
Train research assistant. Field-test & develop questionnaires & pilot FGDs												
Focus Group Discussions												
Transcription and Translation of FGDs												
Finalise translated and developed survey questionnaires												
Quantitative survey with care-givers												
Collect diaries												
IDI with Primary care-givers												
IDI with TMP												
IDI with Nurses												
IDI with Doctors												
IDI with TBAs												
IDI with Faith Healers												
IDI with Pharmacists												
Transcription and Translation of IDIs												

5. Focus Group Discussion Training

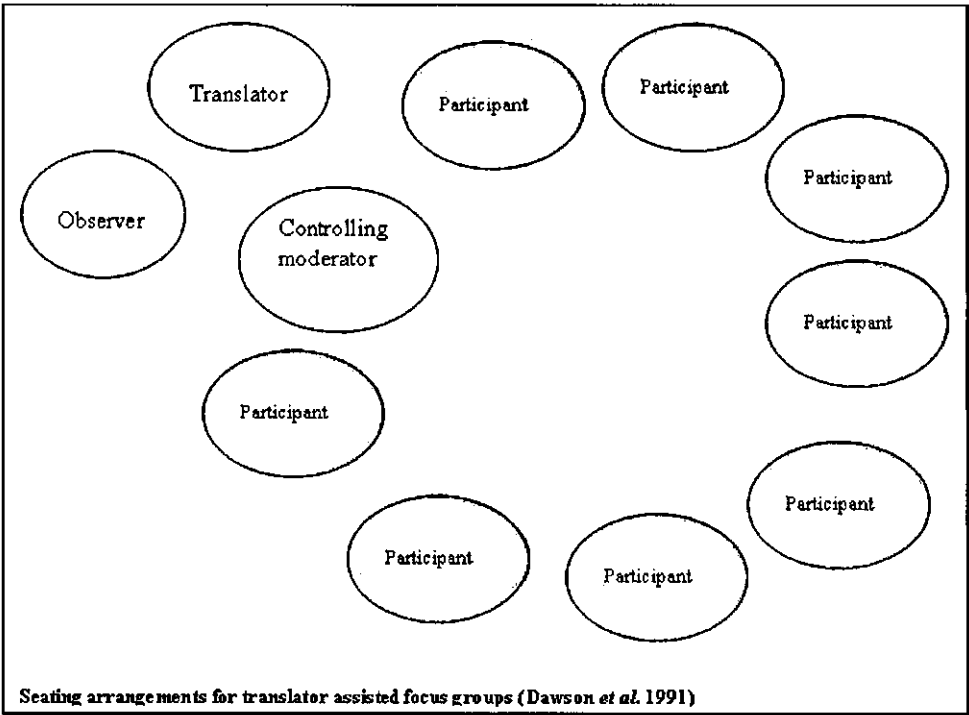
Contacting participants and activities for the reception of participants

Contact participants

This may be done a day or even a week before the focus group. However, in some circumstances, participants may be contacted as late as the day of the focus group. Consider the daily activities of the participants and be sensitive to the amount of time they would have available to give up for a one hour session. Never pressure people into attending. People who are anxious about duties awaiting them at home will not be good participants anyway. You can encourage participation by offering child care at the session.

Before the participants arrive

The team should arrive before the appointed time to make sure the place where the focus group discussion is to be held is ready. The checklist you will have prepared should also cover these preparations, so always refer to it before the session. If you have already arranged the session a day or two ahead, it is worth phoning the participants to remind them if this is at all possible. The seating needs to be arranged to encourage a group discussion (in a circle) and the equipment set up and tested once more.



As the participants arrive

The reception time is designed to get to know the participants and to put them at ease. The role of the team is rather like hosting a gathering of friends or neighbours. Small talk is ideal at this point. It is best to talk about minor issues. You should be aware that issues that will be raised in the focus group should not be discussed before the session begins. Sometimes people will only be prepared to express their views once. Controversial topics should also be avoided! We must maintain the "neutral" appearance at all times so people will be free to express themselves later. If participants did not register beforehand (on the phone), then this would be the time to complete that task. In some communities it is a good idea to give participants name tags. It will help the moderator a great deal to be able to remember participants' names, and it creates a friendly, warm atmosphere. It also helps the observer identify responses of certain participants. Make tent cards for on tables – with the name on both sides – ask respondent for what they prefer to be called. The reception time is also a time to observe the participants to see how they communicate with each other. Talkative or dominating people should be seated next to the moderator so that he or she can turn away from the dominator should the situation arise that they are taking over the session. Shy people can be seated opposite the moderator to enable maximum eye contact. The observer should greet participants at the door while the moderator/s are conducting the "small talk". Should participants ask questions about the topic to be discussed, it is important not to give them too much information. If participants have a detailed idea of what information we require, when the questions are asked they may not respond in a natural way.

Deciding when to start

The ideal number of participants is eight. Should only some of the participants turn up, be prepared to start with as little as four. This is not really as productive, but we must respect the fact that those participants who have come, may have done so at the expense of their normal activities. They must be made to feel important, and we can do this by demonstrating that their views are still worth listening to. Should less than four participants arrive, then it is not a waste of time to sit casually with them and discuss the same questions. They may be able to give you some new information that can help with the study. Even talking like this can provide you with valuable information.

What to do if too many people arrive for the focus group?

Discretion in discouraging extra people will be left to the team's knowledge of the area and local custom. Be aware of the need for flexibility in this matter. In one study, extra people were asked to leave, but a second focus group was arranged the following day so that the moderator could talk to them also.

Beginning the focus group discussion

Introduction

This part of the session is important as it sets the atmosphere for the whole focus group. It needs to be casual, but people need to be aware that there will be some structure and that we need to follow a semi-planned format. It is important not to appear too casual as people may not take the session too seriously. On the other hand, too much formality may restrict the flow of conversation.

Points for introducing the session

- Welcome the participants and thank them for coming. Introduce and explain the different roles of the team.
- Explain use of tape recorder early on in a matter-of-fact way. Make sure people understand that the session will be confidential.
- Explain team's work. Provide a simple explanation of the project without giving away the exact nature of the research questions.
- Explain why the participants were chosen. Include the importance of their contribution to the study and the community.
- Explain how the focus group works and "ground rules":
 - All cell phones to be switched off;
 - No eating during the session – before and after;
 - A group discussion that is built around certain questions;
 - Session lasts for around an hour and a half;
 - Because of the need for translation and tape recording it is essential that only one person talks at a time (if appropriate);
 - At certain times, the observer may need to check a point with the moderator, so please be patient;
 - Try to keep the conversation "in the group" as other conversations going on between a couple of group members may distract the flow of discussion;
 - Tell participants you would like to hear from ALL of them about their feelings on the subject. Anything they want to say is important. Remember to give all in the group the chance to speak;
 - Because there is much information to get through in one hour, explain you may need to move onto the next question before the group has really explored one area;

- Vague comments cannot provide the group with adequate information. Ask participants to clarify points when necessary. "I agree" comments will usually be followed by requests for explanation. "It is difficult to..." may need to be explained a bit more, such as why is it difficult.

The group members introduce themselves.

Ask for any questions.

Start the session off with a question that will put the participants at ease. This can be a question that demonstrates that they all have something in common and can be comfortable about speaking freely. Or, it could be simply a very general question that is easy to answer and gets the group relaxed. This question may be rather long, certainly longer than in a survey questionnaire. This is because in general this encourages fuller answers in response. For example: "As I've explained, I am interested in finding out about the child health problems of people in this area. I wonder if you could tell me what you think the main child health problems are here?"

Moderator skills: Asking questions

Introduction

The research team will have carefully prepared questions for the focus groups. The question lines have been created to meet specific needs to obtain the right information as quickly as possible. During the pilot sessions it may become obvious that some of these need to be revised, as the participants are not able to understand what is wanted of them. The most important thing to remember is that the questions need to be asked in exactly the same way as they have been prepared. If you change the order or think that something is wrong, check with the team first.

Types of questions used

The questions used in focus groups are what we call open-ended. This means that the question could be answered in a variety of ways. This helps the participants to answer what is important to them rather than in a specific way.

We start the session with very open-ended and general questions, but begin to get more specific as we get onto the topic of interest. This allows us to get the information we are really after.

Focus groups *avoid* yes/no questions. We phrase a question to encourage a discussion. If you ask "do you..." or "is..." questions, then you may simply get a yes/no answer.

Focus groups *rarely use* "why" questions. This is because it suggests a sensible answer, and the participants may tend to answer in whatever way they think is correct, or what they think you want to hear.

"Accidental" questions may become necessary to ask once the focus group has begun. This happens when we have not anticipated the direction of the discussion, and a topic of great interest emerges during the session. If you think of any such extra or "accidental" questions, and

are moderating with a controlling moderator, let them know before you explore the topic further. We usually try and ask these questions at the end of the session in the last five to ten minutes, but it may be necessary to ask them at the time they are suggested.

Encouraging and controlling the discussion

Introduction

Perhaps the area that requires the most practice is the control of the focus group. You will not be able to remember all of these techniques at first, but with each new focus group try to practice another skill. Perhaps the most powerful tool for encouraging participation by the group is to explain adequately at the beginning of the session the purpose of the study (in general terms) and how important their contribution is to the study. The following list is not necessarily complete.

Encouraging discussion

Atmosphere

Wherever possible maintain a friendly and warm attitude to make the participants feel comfortable. As previously mentioned, being non judgemental and open can help a lot. Also as mentioned before, aim to be somewhat casual, but not too much so in case the participants do not take the session seriously.

Pauses and prompts

Pausing to allow a participant to think more on the topic being discussed is a very useful technique. It can also allow a new speaker to comment. Some participants who are shy may not compete for time to speak, but these people will often talk if there is a break in the discussion. This technique is very difficult to do if you are nervous about the success of the focus group. It is natural to want to fill in the gaps in conversation. Try practicing this on family and friends to see how it works. With confidence in the technique, you will be able to use it more effectively. The pause should not last more than five seconds (which can seem like a lifetime if you are anxious!). The pause used with confidence will also stop you rushing onto the next topic too quickly.

You can also use the pause to make eye contact with someone. This can encourage that person to speak. Just try not to embarrass anyone, particularly the shy ones. Establishing eye contact can also be a means of prompting someone to continue to talk. Raising your eyebrows, nodding, and other gestures (which vary from culture to culture) may also encourage people to continue to talk. Other prompts are verbal - some have meaning ("I see, that's interesting, keep on ..."), others are simply reassuring sounds ("mmm", "uh-huh") to encouraging a speaker to continue his or her line of response.

The probe

This technique is so important, that we will need to prepare probes for each question we ask should no one respond. Generally, we try to avoid vague comments, and the probe can encourage a speaker to give more information. For example:

"Could you explain further?"

"Would you give me an example of what you mean?"

"I don't understand..."

The general probe is used often at the beginning of the discussion. This helps the participants know that we want precise answers.

Rephrasing

A question can be rephrased if the group members are finding it difficult to answer. Be very careful not to change the meaning of the original question and do not hint at the answer.

"I was referring to access to the clinic. What I meant to ask you was, are there any factors that either prevent you going to the clinic or make it easy for you?"

Reminder questions

This technique is supposed to keep the conversation lively. It also reminds the group of the question being asked. "Mrs X, you told us that you cannot always take your child to the clinic because transport is difficult. Mrs Y (who has not yet said anything), does anything stop you from taking your child to the clinic?"

Hypothetical questions

Sometimes it is helpful to give an example of a particular subject (for example, a possible intervention, or a set of symptoms) in order to test the knowledge and attitudes of the group or to clarify the generalisability of a previous comment. Suppose, for example, you want to try to determine if treatment differs depending on whether a child has a simple fever, or other symptoms which might indicate malaria. You could ask:

"You've suggested that babies who have fever should be treated by the local healer. But suppose that a baby had a bad fever, and was shivering and very cold, and didn't seem to be getting any better: what would you do then?"

The box below gives examples of a number of different styles of questions which you might use within a single focus group.

Moderator question styles

M: I wonder if you could tell me about the different kinds of illnesses your children get? **[general question]**

M: So there's a special sort of fever when the child gets very cold and is really shivering, and the child could die? **[repetition]**

M: Suppose the child had a fever, and was very cold, and then complained of a very bad headache? What do you think might be wrong with it? **[clinical vignette]**

M: Let's suppose you took this child to the local store, and you were given some tablets gave those to her, but she didn't get any better. Now what would you do? **[hypothetical]**

M: You all think that's true then? Mrs Y, what about you? **[prompt]**

Mrs Y: Well, not really. You see my brother-in-law helps out...

M: That's interesting, how? **[probe]**

Mrs Y: Well, he would lend me the money so that I could take the baby to the clinic.

M: Can he always do that? **[check for generalisability of specific person's experience]**

M: What do the rest of you do if you have no money? Do you borrow from someone, or do you do something else? **[check for generalisability within the group].**

Dealing with specific individuals

Not all participants will respond in the ideal way! For this reason we will look at some ways to deal with some of the more common group problems.

The expert

Often in groups there will be "experts". This can mean someone who is considered either by themselves or others to have a lot of knowledge on the topic in discussion.

Although "experts" can offer a lot of useful information, they should not be allowed to take over and they may prevent other group members from speaking. Opening statements should emphasise that all participants have knowledge on the subject, and that you want to hear everyone's opinions.

Sometimes, participants will have a special status in the community that you were not aware of. They might be the wife of an important person, be more affluent than other group members, or have any number of other qualities that prevent or restrict conversation from others. If you identify such a person you should try to limit attention to this fact, although the group members will be aware of it.

Dominant talkers

These are participants who want to answer all the questions for the group. They often answer questions immediately and prevent others from speaking.

Again, the introductory comments should emphasise the need for *all* participants' comments, and the initial discussion on this aspect should keep the potential problem alive in people's minds. Dominant talkers are identified, if possible, during the reception time and are seated next to the moderator. This is done so body language can be used! This means turning slightly away from the dominant talker and looking other group members in the eye. Should a dominant talker continue, then more drastic measures need to be taken!

- Look slightly bored while avoiding eye contact but be tactful.
- Thank the dominant talker for his or her comment, and ask for other comments from the group.

Shy respondents

There will always be shy people in a group. Again, try to identify these people in the reception time and seat them opposite the moderator to enable maximum eye contact. If this does not help, try *gently* to address them by name. *Be very careful* with this technique as it could embarrass them and prevent them from speaking again!

People who can't stop talking

These people talk on and on about a topic. They cease to provide good information, and will prevent others from speaking. As you only have about one hour for the discussion on several topics, it is essential that you keep these people under control. Deal with these people by stopping eye contact after 20 to 30 seconds. The observer and other team members, if present, should do the same. Look bored, look at other participants, but do not look at the participant of concern. As soon as the participant pauses, be ready to fire the next question at another participant, or repeat the same question, if necessary, to other members of the group.

Moderator and observer skills: Observing non-verbal messages

Introduction

As well as talking, people give many messages through body language. These are very important to understand if the meaning behind what people are saying is to be understood, and observers of focus groups need to take note of these as well as verbal responses to questions.

It is difficult to be expert at this without special training. Try to use common sense, by being aware of this. In the training and debriefing sessions, discuss body language, including common gestures and expressions used in your culture to indicate feeling or emotion.

The observer is the main team member watching body language and tone of voice. Although this will be a major part of his or her role, it is also important for all team members to consider body language during the discussion. The observer will note certain things during the session that he or she will want more information about, so practice observing signs people give that do not involve words and listen to what they are saying at the same time!

Things to watch for in "non-verbal" messages

Facial expression

The expressions people use whilst talking provide us with a lot of information about how they are feeling about what they are saying. Try writing a list of the types of facial expressions used to give certain impressions, and include the real message they are sending.

Body posture

This is as important as facial expressions. The way people are sitting can give you a lot of information about how they are feeling about the discussion. People use body language differently in different cultural settings. Try to list down some body postures that convey feelings (such as boredom, excitement, interest, impatience, anger or resentment, or lack of understanding), and include facial expressions in this exercise. If listing is difficult, try to demonstrate the body postures and facial expressions yourselves.

List

Observer skills: Recording the session

Introduction

There are many ways of recording focus group discussions, but whatever method you choose for your project, it is the responsibility of the observer to record the session. The interpretation of information relies on the quality of the recording of the session, and so it is a very important part of the project.

*FGD Respondent card to take short but specific notes (e.g. names, themes, person agrees / disagrees)

Note-taking

In many circumstances, you will not have access to tape recorders or video cameras, and must therefore rely on paper and pencil. This is perfectly satisfactory, although it will limit the amount of information you can manage as well as the detail in which you can examine the responses of participants. If you are only taking notes and have no other method of recording, then the quality of your notes becomes very important. Unless you have skills in shorthand (and most of us do

not) then you will find it near impossible to record each response from each participant. One way of getting as much as possible is to try and summarise each participant's response. You should try and include direct quotes where interesting statements are made, or even to show a common response. Also be aware that if you are taking notes only, it is your interpretation of the response that you are recording through the summary. Be very careful to keep the summary true to what the participant intended. Do not record a quote that could take on a different meaning if read away from the discussion in which it was said.

If you are taking notes as well as recording the session, then the way you write your notes will change a little. If you have a tape recording that will be used to produce a full written or typed transcript of the whole session, then all you need to do is jot down words that can be used during the debrief to remind you of what was said, and by whom. If the taped recording is used to provide a record that will be used only if necessary, then your notes should be as full as possible.

Immediately after the session if possible, and certainly within 24 hours, you need to write up your notes in detail. This is especially important where your analysis will rely on these notes. Always ensure that you have the session written up before the next focus group. As you can't always remember details from one or two sessions ago, it is very easy to get confused. Check with the moderator: she or he may be able to remember some details you have forgotten, or have a different interpretation of various gestures or statements. Do not forget to include your observations of the non-verbal messages in your notes. These can be of great assistance later for analysis.

Tape recording

This is a particularly useful method of recording the session. It can be used as a complete and accurate record when there are questions or confusions about responses or their meaning. Perhaps the most effective use of the tape recording is the full written transcript. As it takes one full working day to produce a transcript of a 90 minute focus group, not many offices will be able to use this method. However, it is recommended if it is at all possible as it will improve the quality of your results quite significantly. The observer should set up and test the tape recording equipment in the field even if it was tested in the home office. It is also recommended to have two tape recorders so that each session has a back up recording should one of the recorders fail. Also, if you start one tape recorder about three minutes before the other, then you will not lose any of the session while turning the tapes around. However, good note taking skills can help you fill in the missing information. You should always ask permission to record the session. It is probably better to use small microphones, as large ones can be a distraction especially if there are children around. Place the microphones in the centre of the group, and try to ensure that the voices of all participants will be heard. Always take at least two sets of spare batteries, and a spare microphone if possible. You should have extra cassettes too in case the session is very successful and goes on longer than you expected.

Closing the discussion and meeting

Introduction

Closing the discussion and having refreshments together can be as important as the discussion itself. This is for two main reasons. People should feel that their contribution has been worthwhile, and that you are really interested in them as people in the community. The participants should leave the meeting feeling satisfied that the time taken from their daily duties was well invested.

Closing the focus group discussion

The last five to ten minutes of the discussion should be reserved for any extra questions that appeared necessary during the discussion. The observer may want to ask a question or may want to use this time to check that her or his notes are correct.

After the last question has been asked and adequately covered, and there is a pause in the discussion, advise the participants that the discussion is formally closed. Thank them very much for their valuable contribution and invite them to join you for refreshments and informal conversation.

Some participants may want to leave immediately, and should be made to feel comfortable about this. Assure people that they are welcome to join you for refreshments, but they are free to get back to their duties if necessary.

Refreshment time

This time should be used to answer questions asked by the participants. It is not really possible to predict what types of questions will be asked, but as you progress with the focus groups you can decide how best to answer any common questions concerning the study. Participants will often want to know whether they have provided the "right" information. Always reassure them that they were extremely helpful. This message should be given in a very sincere fashion, even if the session *seemed* to be of minimal value! It may turn out to be valuable during analysis later, so you can assure people with confidence.

Another purpose of this time is to listen carefully for any further information that is revealed that was not discussed in the session. Sometimes people may feel more comfortable about discussing things in this very informal time. You cannot write anything down during this time, so try hard to remember anything that seems important.

Some participants may want to stay and continue general conversation with their friends. Usually the focus group team can expect to stay with the participants for about half an hour. You will need to use your own judgement about the most appropriate time to leave.

The debrief

Introduction

A debrief is a meeting that is held after each focus group to discuss all aspects of the session. The debrief is a very useful activity to include in the focus group session. It is very tempting to limit the debrief sessions to a minimum, but it is extremely useful in evaluating the quality of the session, improving the skills of the team, checking the responses, and designing further question guides or changing question lines.

The full focus group debrief

You may need two hours for the debriefing of each focus group, especially in the early part of a project. All team members should be present for this meeting. If tape recordings are to be transcribed, then they will not be available for the debriefing session. For this reason, you will need to rely on the notes taken by the observer. Use these notes to check whether the focus group discussions are providing you with the information that you require to meet the objectives.

Points to discuss:

- Practical/logistical aspects of the focus group session (including equipment).
- Team skills and performance.
- Wording and comprehension of the questions.
- Information required by objectives being obtained.
- Cultural appropriateness of the session.

6. Questionnaire / Interviews

Basic ethnographic methods

In order to undertake this research, some primary techniques of anthropological field work should be followed. Ethnographic methods allow for the development of basic ethnography - detailed recording of the socio-cultural context in which health-seeking behaviour occurs. This is done in order to better understand and interpret this behaviour. Various techniques include the following:

1. **Formal interviewing:** A written series of questions concerning specific topics are asked of one individual (respondent) and recorded in detail.
2. **Informal interviewing:** More open-ended questions are asked on certain topics; the researcher follows a general outline, but additional subjects are easily incorporated as they come up. Several notes may be recorded.
3. **Conversations:** Important data can also be obtained through very informal conversations with individuals or with small groups. In some cases people are more at ease in these settings and talk more freely.
4. **Observation:** An anthropologist is always observing events and behaviour carefully. This provides valuable nonverbal clues as to what is actually occurring.
5. **Participant observation:** Just as the term implies, this involves the combination of participating in and observing the socio-cultural context of a household or community. Through this means the researcher gains important insights into the everyday life.

Specific procedures for this study

1. *Field notes*

Take brief notes during interviews except when you think that note-taking will inhibit the conversation (e.g., when an individual takes you aside and tells you something that she considers very confidential). The notes should include (in abbreviated form) the question and key words in the responses. Once in a while it is useful to note the exact words of the individual and write them in quotes: "I gave him even the last drop." You also note what you observe using brackets: "(She's telling me that one should not carry children too much but she has been holding her child since I came in an hour ago.)"

The same day expand on your brief notes. The key words in your notes should remind you of many phrases and ideas. While you are expanding on your notes add your impressions in brackets, e.g.: "(I saw that she seemed very upset because she only wanted to discuss the illness of the child. She did not want to sit down and she was twisting her hands constantly.)"

Specific methodological examples

Some suggestions and examples to assist in the ethnographic work follow:

1. *You must respect the confidentiality of the interview.*

You must be very careful not to make comments about one person you are studying (or their child) to the neighbours. The actual names and addresses of the families studied should be kept in a safe place.

2. *Don't influence (bias) responses.*

Example: Question: "Why is breast-milk good?" This question biases the response because you are already suggesting that it is good. The same question could be asked without introducing as much bias by asking, "Why are you giving breast-milk?" Answer: "Because it is good." Question: "Why is it good?" Another alternative would be to ask, "What do you think about breast-milk?"

3. *Don't influence (bias) with your attitudes and behaviour.*

Example: "Good morning, Mrs. Ann. How lovely and plump your little girl is. See how nicely she grows on breast-milk." With this greeting you are telling Mrs. Ann that you think that her child is healthy (looks good) and that breast-milk is the best milk. This influences and biases the study. Alternative form: "Good morning, Mrs. Ann, and how is your little girl?"

4. *Try to work in as much depth as possible.*

Avoid being satisfied with superficial answers or moving too quickly from one topic to the other. Work for detailed responses. Use phrases like: Why? How did you feel when that happened? Did you see that? Did you do that? What do you think or what did you think? What happened when? *Example:* "I spent all day yesterday at the Health Centre." Question: "Why do you think that happened?" (Listen for the response.) "How did you feel about spending the day there?" The probing questions should be neutral; that is to say, they should not influence the responses. Don't change the subject too abruptly and try not to interrupt your informant.

5. *Unsure of respondent's answer*

When you want to be sure that you have heard clearly what the informant was saying or that the informant really intended to say what you heard, you can avoid the necessity of repeating the question with the tactic of reflecting back the response.

Example: Question: "Why do you think your child became ill?" Answer: "Well, it's the man who lives next door. He gave her the evil eye." Question: "Oh, the man next door gave her the evil eye?" Answer: "Yes. You see, we were coming from the market with the little girl and he saw her and he admired her too much." Question: "How so, too much?" Answer: "Well, he came near and he exclaimed...(etc.)."

This technique can also be used when the informant asks a question. You can reflect the question back.

Example: "How old can you be and still have children?" Response: "What do you think, how old can you be and still have children?"

6. Bias

The previous example also illustrates a form of postponing answers to questions that are asked of you during the interview. If you give your opinion, you will not then know what the informant thinks on the topic because you will have influenced the response. In the same way you should postpone the behaviour which may interfere with the study.

Example: Taking a sick child to the health post. You should only do something like that in cases where the child appears to be at severe risk of dying and only after having discovered what the family would do without your influence.

7. Be patient.

It is not necessary to be asking and talking constantly. Sometimes you can pause to think, and you can pause to let your informant think. If you wait, sometimes your informant will feel more comfortable and will elaborate on a point.

8. Don't interrupt the work of your informant.

Your informant is doing you a favour by participating in the research. If she (for example) asks to interrupt the conversation to look after her children, tell her to continue. You can take advantage of this time to think, to look at your notes to see what else you would like to discuss, and to observe various aspects of the clinic/healers/hospital.

9. Time

Always note the hour when you initiate the interview and the hour when you finish, who went with you, who was nearby during the interview, and who your main informant(s) was(were).

10. Be familiar with your instruments (data collection guides)

Both in terms of the general themes as well as some specific questions you have in mind under each theme. This will facilitate the informal interviews sounding like natural conversations. In addition, this will help you avoid asking questions that are irrelevant to the central focus of the study.

11 Don't make false promises

...or give false ideas of the study in order to obtain the co-operation of the family selected.

Example: "They are going to build a health centre here and that's why I want to know what you think of...." This would bias the study and complicate things for any future research or programme.

Always tell the truth about your presence in the community, the purposes of the study, etc., in a manner understandable to your informants: "I want to know about illnesses of children here and how they are treated." Your relationship with informants and other people in the community should also be accompanied by the truth.

Example: The informant asks you: "What are you writing?" You answer: "What you are telling me, because I am very interested in this remedy." (You should be able to show your informant what you have been writing. When you wish to make notes you think might confuse the informant, it would be best to jot down a few key words and elaborate on them later.

12. For your interviews use a moderate tone of voice

Not too loud, not too soft; be natural. Do not ask the questions in an imperative tone as this can inhibit or bother the informant. Remember that he or she is doing you a favour by participating in the study. Conversations should be in friendly tones. The interviewer should use the local language and be very familiar with local customs.

Observations

In the context of ethnographic work, observe means to examine with all of your senses an object, one or several people, a social event, etc., with the objective of describing it. In this study the anthropologist will make general observations on the community, the health resources, and the people being studied.

In making observations during an interview you should try to:

- compare what the informant does with what she says;
- see how the mother (or relevant person) relates to her children (especially any sick child) - watch for signs of attention, affection, rejection, etc.;
- see how the child is fed - e.g., with the hand, with cup and spoon;
- note exactly what the mother (or relevant person) does when giving food or medicine to the child
- hygiene, quantity, type of contact with the child, whether the mother encourages eating or taking of the medicine or whether the child decides how much to eat or take;
- observe the relationship between the mother and her relatives, such as the baby's father, her mother-in-law, etc.; particularly, look for who influences or makes decisions in relation to health-seeking behaviour;

For example, if you are interviewing a mother and note that she is distracted from your discussion to look at her child, especially eye-to-eye, this indicates attention and love directed to the child. On the other hand, a mother with a child who is awake who hardly ever looks at that child during a long conversation, may not be focusing as much on her child. Are there any differences in treatment of male and female children? The meaning of things like tone of voice and eye-to-eye contact will vary from culture to culture, so be sure that your interpretations of the behaviours you are observing are culturally appropriate.

Other important observations

You should always note the condition of the children younger than five years. In particular, look for signs indicative of malnutrition such as: extreme thinness or swelling, illness, hair that looks brittle or has changes in colour or looks thin, hair that falls out easily, anorexia (disinterest in eating), apathy, irritability, etc. You should always observe as much as possible about the health care providers clinic – e.g.:

Patient and worker accommodation

1. Is there adequate seating for patients?
2. Is there a covered waiting area?
3. Is there potable water?
4. Is there a functional toilet or latrine?
5. Is there a functional waste disposal area/pit?
6. a Are health information posters displayed?
- 6 .b If YES, are they written in the local language?

Completion of questionnaires

It is important that the questionnaires be completed clearly and legibly. The following are important:

- Write legibly.
- Always use pencil to complete questionnaires.
- Make sure that tick marks do not overlap more than one answer.
- For questions where there is a *yes* or *no* response, circle **Y** for *yes* or **N** for *no*.
- If there is more than one possible answer, place a tick next to the one that most closely resembles the response given.
- If the caretaker or health worker gives a response other than those suggested, tick the space "*other*" and write in the response that is given.

Supplementary information

It is important that forms are filled out as simply as possible and that only the appropriate spaces are ticked. However, if you feel it is necessary to document any additional information that might be helpful, this information can be written in the margins.

Skipping questions

Depending on the response that the caretaker or health worker gives to some questions, it may be necessary to skip one or more questions. If so, it is important to skip to the number that is indicated. If there are no instructions, always go to the next question.

Courtesy

Survey teams should always be polite and respectful. In addition, they should try to complete the exit interviews with caretakers as quickly as possible so that they do not have to wait at health facilities for long periods of time. It is important to always thank caretakers for their cooperation and to answer any questions that they may have. If interviewers do not know the answers to questions asked by the caretaker, then they should check with their supervisor.

Exit interview / Queue interview for sick child < 6

It is important to be courteous to the caretaker during the interview. If the surveyor asks a question and the caretaker does not know the answer, the surveyor should go to the next question without criticizing the caretaker. If the caretaker has questions for the surveyor, it is best if he/she is asked to wait until the end of the interview.

For most questions, it is important that surveyors not prompt caretakers when asking these questions. Surveyors should wait for the caretakers to answer on their own. For some questions, it may be useful to encourage the caretaker to reply by saying, "Yes, is there anything else that you can think of?" or, "Is there anything else that you would like to say?" For a few questions, surveyors are **required** to prompt caretakers. For these questions, the surveyor needs to read every option listed to the caretaker and then record his/her response. Surveyors should ensure that they become familiar with the prompted questions during the training week.

Question-by-question discussion of survey instruments

This chapter discusses the survey questions contained in the questionnaire and offers instructions on how to complete them. Some of the questions and directions for answers will need to be adapted to the local context or according to specific objectives established during preparation for conducting the survey.

Identifying information

Every survey questionnaire has a box at the top for identifying information:

Date: _____
Interviewer: _____
Place of Interview: _____
Facility type / status: _____
Start Time of Interview: _____
End Time of Interview: _____
BTT Sibling ID _____
P.I.D. _____

Facility type and status

The facility **type** refers to the different categories of health facility being assessed (e.g., hospital, health centre, or traditional healer). The facility **status** refers to whether the health facility is a public or private institution. At the sampling stage, the facilities to be surveyed will have been identified, so their type and status are known in advance. Interview teams can, therefore, enter all facility information at the start of each workday in order to save time.

P.I.D. identification number

Participants will be assigned an ID number on their questionnaire and data will be stored against this code instead of participant names. Consent forms will be stored separately from the data and only the primary investigators on the project will be able to link the names with the ID numbers.

No information will be published which would allow individuals to be identified.

BTT sibling ID

This only applies if the Caregiver has a child in the Birth to Twenty Study.

Socio-demographic data of parent/guardian & household**Q. A1**

Defines population group of caregiver.

Q. A2

What is the main language spoken in the household.

Q. A3

Age in exact years, and date of birth (or just date of birth) of caregiver.

Q. A4

Do not need to ask this question.

Q. A5

Weigh caregiver on scales and write brief description of clothing/shoes.

Q. A6

Measure height of caregiver in centimetres.

Q. A7

Religion of caregiver.

Q. A8

Marital status of caregiver. If single, divorced or widowed and not living with another partner then skip next question on partner's residence.

Q. A9

Where spouse/partner lives most of the time.

Q.A10

Highest education level reached of the respondent.

Q.A11

Place of birth of the respondent.

Q.A12

Current area of residence in Johannesburg / Soweto.

Q.A13

Length of time respondent has lived in Johannesburg / Soweto (*identify recent immigrants*).

Q.A14

Ask how many children live in the respondent's household and also how many adults.

Q.A15

Number of children that the respondent has had that were born alive.

Q.A16

Number of children living in the household by age-group. Circle appropriate answer if either not applicable (N/A), 1 or 2. Numbers greater than 1 have to be filled in last column.

Q.A17

Find out about any child care support (money / health care/ child minding / transport) that the respondent gets from friends or relatives.

Q.A18

Fill in the number of adults in the household who have work and the number of adults who don't (unemployed).

Q.A19

Employment status of caregiver. If not in any form of employment then skip to A21.

Q.A20

List main jobs of caregiver (up to 3).

Q.A21

Tick the occupation of the head of the household. If the Caregiver is the head of the household then tick the box under the question.

Q.A22

To find out about socio-economic status of family, ask if household ever experiences hunger.

Q.A23

To find out about socio-economic status of family, tick next to any household item that the family has.

Q.A24

To find out about household income. The respondent does not need to answer this question. If they do they can answer either monthly or household income (money which all family members earn).

Q.A25

Type of dwelling that the Caregiver and children stay in.

Q.A26

How many bedrooms, kitchens and lounges are there for the respondent's household to live in. Do not include bathrooms, sheds, garages, stables.

Q.A27

Main source of drinking water.

Q.A28

Main type of toilet facility.

Q.A29

Main type of energy used for cooking - > write a C in bracket; main type of energy used for heating -> write an H in the bracket that applies.

Q.A30

Find out if family of Caregiver is covered by a medical aid scheme.

Q.A31

Find out if children in particular are covered by a medical aid scheme

Socio-demographic data of youngest child (<6 years) or child < 6 who is not well

Q.B1

Defines population group of child.

Q. B2

Age in exact years, and date of birth (or just date of birth) of child. If less than 12 months then cross out years. Also try to get date of birth (*look on Road to Health card if available*).

Q. B3

Sex of child - may need to ask this question if it is not obvious through name / clothing.

Q. B4

Birth weight of child (*get off Road to Health card if available and mother can't remember*).

Q. B5

Birth length of child (*get off Road to Health card if available and mother can't remember*).

Q. B6

Children under the age of 6 will be weighed and their height measured in the presence of their parent or guardian. These children are deemed too young to give written consent, therefore assent will be obtained from the parent or guardian. If the child shows signs of distress or discomfort whilst being measured and weighed, the researcher will halt the procedure. Weigh child on portable scales and write brief description of clothing / shoes.

Q. B7

Measure height of child in centimetres.

Q. B8

Find out about exclusive breastfeeding (breast milk only – no other liquids or solids) and how long this was done for.

Q. B9

Find out about full breastfeeding (breast milk and plain water only) and how long this was done for.

Q. B10

Find out if child is still being breast fed and what type of breast feeding.

Q. B11

Overall description of child's health since they were born.

Q. B12

Main reasons for child's poor health since birth. More than once answer can be ticked.

Q. B13

Find out if mother has the Road to Health card with her. If she does, look at which vaccinations the child has had. If no card present then go to question B14.

Q. B14

Tick vaccinations recorded on Road to Health card.

Q. B15

Find out if child had any other vaccinations not recorded on card. If there are, then tick these in B12, otherwise go to C1.

Q. B16

If caregiver does not have the Road to Health card then ask if child ever had any vaccinations to prevent him/her from getting diseases (if child is male then 'him', if female, 'her').

Q. B17

Ask about BCG vaccination (against TB). Also look to see if a scar is present on the arm or shoulder of the child. If child has had this vaccination then tick BCG in B12.

Q. B18

Ask about polio vaccination. If child has had this vaccination then tick Polio (0) in B12. If not had this then skip to B19.

Q. B19

Find out how many times the child has had polio drops in mouth.

Q. B20

Find out if first polio vaccination was given just after birth or later.

Q. B21

Find out if child had an injection at the same time as the polio drops (DPT – Diphtheria, Polio, Tetanus). If yes then tick DPT (1) in B12. If no DPT injection then skip to B21.

Q. B22

How many times has the child has his / hers DPT injection.

Q. B23

Find out if child has had a measles vaccination.

Q. B24

Find out if child has had a Hepatitis B vaccination. If yes then tick Hep B1 in B12. otherwise go to C1.

Q. B25

Find out how many times child has had Hep B vaccination.

Knowledge of child illnesses/causes/treatment & behaviour

Q. C1

Find out who makes decisions about healthcare in general in the family.

Q. C2

Find out who makes decisions about child healthcare in particular in the family.

Q. C3

Find out what the 3 most common childhood illnesses there are in the area.

Q. C4

Find out if the type of illness or symptoms govern where a caregiver takes their child for treatment.

Q. C5

Find out about causes and treatment for common childhood illnesses, as well as what treatment is sought if the child did not get better. Do not read out precoded answers. Fill in code for pre-coded answer that most closely resembles answer of respondent. If none do then fill in code for 'Other' and make note in margin of answer.

E.g. What do you think the cause of diarrhoea is? How would you treat your child if they had diarrhoea (what would you give them or where would you go?); If your child does not get better, or even gets worse, what would you do? And if there was still no change, where would you take your child?

Q. C6

Find out about respondent's experience of childhood illnesses (no matter how small / insignificant) in the previous 2 weeks. This question looks at:

- Symptom(s)
- How severe respondent thinks the symptom(s) is. If there is more than one symptom and the respondent thinks one was severe but the other not then you will need to fill in both

codes and draw lines between symptom box and severity box, or if you have 2 different colour pens, use these.

- If they went anywhere for treatment for their child's health problem, including home management.
- What treatment was administered, if any?

1) Today	A	0	1	2	X	X	5	6	7	8	9	10	11	12					
Severity	B	X	1	2	X	4	5												
Provider	C	X	1	2	3	4	5	6	7	8	9	X	11	12	13				
Treatment	D	0	X	2	3	4	5	6	X	8	9	10	11	12	13	14	X	16	17

The above indicates that today, the child had a runny nose and a cough. The caregiver did not think the runny nose was serious and had not gone to anyone about it or given the child any medicine. The caregiver did think that the cough was more serious as she had sought advice from others. The caregiver went to the Pharmacy and gave the child some cough medicine and also had a prayer/ceremony

Q. C6

This question finds out more about any health care providers (up to 5) that the respondent saw in the last 2 weeks when their child was ill. This question looks at:

- Health care provider seen (up to 5 with most recent provider last). If the respondent treated the child themselves, most of the following answers to the following questions will be N/A.
- Why the respondent took their child to see that health care provider and not the provider before (not applicable to 1A).
- Whether the respondent did all that the health care provider advised.
- How much the health care provider charged (rough cost) for the consultation.
- How long it took to get to that health care provider from home (one way) (rough idea).
- How satisfied the respondent was with what the health care provider did to the child / advised.
- Why the respondent was satisfied / not satisfied with what the provider did / advised.

1A is always N/A as they didn't go anywhere previously

Provider													
1. Self	A	X	1	2	3	4	5	6	7	8			
	B	0	X	2									
	C	X	1	2	3	4	RAND						
	D	X	1	min				2	hour/s		3	4	
	E	X	1	2	3								
	F	0	1	X	3	4	5	6					
2. Pharmacist	A	0	1	2	3	X	5	6	7	8			
	B	0	X	2									
	C	X	1	2	3	4	RAND						
	D	0	X	15				min	2	hour/s		3	4
	E	0	1	X	3								
	F	0	1	2	3	4	5	X Medicine helped					

The above indicates that first the caregiver treated the child herself but then sought a second opinion from the pharmacist. The caregiver did all that the pharmacist advised and paid nothing for the consultation. It took 15 minutes to get to the pharmacist and the caregiver was satisfied with what the pharmacist advised because the medicine helped.

Q. C7

This question finds out more about the treatments (maximum 5) given to the child in the 2 weeks in which they were not well.

- Type of treatment given (up to 5 with most recent treatment last). If different treatments were given consecutively for different treatments make a note of this with an * or choose the main symptom (make a note that you are doing this).
- Whether the caregiver made the decision to give that treatment on their own or if someone else recommended it.
- Who recommended the treatment given?
- How much the treatment cost (rough cost)?
- Whether it made the child better, worse or the same.

Treatment																	
1. 12	A	X	1	2	3												
	B	0	1	2	X	4	5	6	7	8	9	10	11	12	13	14	15
	C	0	1	2	3	4	X	RAND 10									
	D	X	1	2	3												
2. 9	A	0	1	X	3												
	B	0	1	2	3	4	X	6	7	8	9	10	11	12	13	14	15
	C	0	1	2	3	4	X	RAND 25									
	D	0	1	2	X												

The above indicates that first the caregiver treated the child with some form of traditional medicine (make a note of which medicine in the margin if possible). A relative (note which if possible) recommended the traditional medicine and the caregiver paid R10 for it, however it did not work. The caregiver then gave the child cough medicine recommended by the pharmacist costing R25. This made the child better.

Use of traditional medicine

Q. D1

Has respondent ever given their child < 6 traditional medicine or any sort – this can include home-made herbal remedies. If respondent says they have never given their child traditional/herbal medicine then skip to question D3.

Q. D2

Where did the caregiver get the traditional medicine from?

Q. D3

How many times (if any) did the respondent visit a traditional healer last year for their child < 6 last year? If child newly born and this doesn't apply make a note in the margin. If they say they don't use traditional medicine then skip to D7.

Q. D4

What is the most common type of traditional healer that they visit for their child under 6?

Q. D5

Get the caregiver to think back to 1990 and see if they think their own use of traditional medicine / visiting a traditional healer has changed at all (to see whether reforms in the health system have changed how they health seek). If it has not changed then skip to D7.

Q. D6

This relates to D5 and finds out why they have changed their use.

Q. D7

Why or why doesn't the caregiver take their child under 6 to a traditional healer's?

Q. D8

Would the caregiver prefer traditional medicine to be packaged in a more modern and hygienic way?

Q. D9

Does the respondent prefer TMPs to be certified by a healer's association (e.g. NTHASA).

Q. D10

Find out if caregiver went to an antenatal clinic or classes during the pregnancy of her child under 6.

Q. D11

Did the caregiver visit a TBA at any time during the pregnancy of their child under 6 or after the birth? If not then skip to D12.

Q. D12

Find out why the respondent visited a TBA.

Q. D13

Find out if the caregiver took any herbal remedies during the pregnancy of her child under 6. If they did then try and get them to remember which ones and why they took them.

Perceptions of health services (opinions and feelings)

Q. E1

If money was not a problem, where would be the best place to go to make sure the child makes a good recovery (good outcome of treatment)? The respondent can give 3 answers in order of preference. If they only have one preference that is fine.

Q. E2

What is the closest or easiest place to go if their child < 6 is unwell?

Q. E3

What is the most difficult place to get to if their child < 6 is unwell?

Q. E4

What is their normal mode of transport that they use when they take their child to a TMP? If you know that they do not use traditional medicine then don't ask them this question and just tick N/A and skip to E6.

Q. E5

When they travel to the traditional healer when their child under 6 is not well, is it only for that reason?

Q. E6

What is their normal mode of transport that they use when they take their child to a doctor / clinic / hospital? If you know that they do not use western medicine then don't ask them this question and just tick N/A and skip to E7.

Q. E7

If a clinic was closer to the caregiver's house, would they use traditional medicine more or less often when their child under 6 was ill? If they respond that they do not use traditional medicine then skip to E9.

Q. E8

Find out if getting **treated** at a clinic is cheaper or more expensive than at a TMP.

Q. E9

Find out if traditional medicine (from TMP or market) is cheaper or more expensive than at a western medicine from a clinic or pharmacy.

Q. E10

If traditional medicines were more expensive would they use them less often? This question assumes that traditional medicine is generally cheaper.

Q. E11

If the caregiver takes their child under 6 to a traditional healer, how do they know they are good? How does the caregiver distinguish between a 'real' trained healer and a charlatan?

Q. E12

Find out what the caregiver thinks about faith healers for treating children under 6.

Q. E13

Find out what the caregiver thinks about the doctors at the health centre / hospital when they take their child under 6 for treatment (find out about attitudes of doctors and the way they treat patients). Respondent can give more than one answer.

Q. E14

Find out what the caregiver thinks about the nurses at the health centre / hospital when they take their child under 6 for treatment (find out about attitudes of doctors and the way they treat patients). Respondent can give more than one answer.

Q. E15

Find out what the caregiver thinks about the nurses for antenatal care / labour were like at the health centre / hospital. Respondent can give more than one answer.

Q. E16

Find out if the caregiver has ever complained if staff were rude or queues were long at the health centre / hospital. If they don't then skip to E18.

Q. E17

Who would the caregiver complain to? This is to assess the caregiver's reactions to inadequate quality of care.

Q. E18

Does the caregiver think that complaining makes a difference?

Q. E19

Find out if health care today is better or worse than when the respondent was a child.

Q. E20

In the respondent's opinion, how could child health care be improved in Soweto / Johannesburg?

END OF INTERVIEW

Ask the caregiver if they have any questions.

Ask them if they would be willing to fill in a diary over the next week about what decisions they make when their child under 6 is ill. Say someone from Birth to Twenty will come to pick it up who will give them another R30 worth of Nando's vouchers.

Referral Letter

Should any details be divulged or arise during the interviews about the participant or their child under 6 which has, has had, or will have an adverse affect on their health, physical or mental well-being, the participant will be referred to the appropriate services through the BT20 Referral/Clinical & Counselling Services.

Body mass index is a useful objective measure of the health/nutritional status of an individual. If either the child under 6 or parent/guardian has a BMI which is deemed to be outside the normal cut-off points set by the World Health Organisation (WHO, 1995) for overweight and underweight, this will be communicated to the parent/guardian and recorded on a standardised referral letter for the parent/guardian to pass on to their doctor.

Checklist (focus groups)

- | | |
|---------------------------------|--------------------------|
| ▪ Identity cards | <input type="checkbox"/> |
| ▪ Bag | <input type="checkbox"/> |
| ▪ 2 clipboards | <input type="checkbox"/> |
| ▪ 2 pens | <input type="checkbox"/> |
| ▪ 1 pencil | <input type="checkbox"/> |
| ▪ Labels | <input type="checkbox"/> |
| ▪ Tent cards | <input type="checkbox"/> |
| ▪ Question guide | <input type="checkbox"/> |
| ▪ Consent and information forms | <input type="checkbox"/> |
| ▪ FG Respondent card | <input type="checkbox"/> |
| ▪ Herbal remedies / medicines | <input type="checkbox"/> |
| ▪ Pictures | <input type="checkbox"/> |
| ▪ Vouchers | <input type="checkbox"/> |
| ▪ Tape recorder | <input type="checkbox"/> |
| ▪ Microphone | <input type="checkbox"/> |
| ▪ 2 spare batteries | <input type="checkbox"/> |
| ▪ Tapes | <input type="checkbox"/> |
| ▪ Food | <input type="checkbox"/> |
| ▪ Drink | <input type="checkbox"/> |
| ▪ Sweets | <input type="checkbox"/> |
| ▪ Receipt forms | <input type="checkbox"/> |

Checklist (interviews)

- | | |
|---------------------------------|--------------------------|
| ▪ Identity cards | <input type="checkbox"/> |
| ▪ Bag | <input type="checkbox"/> |
| ▪ 2 clipboards | <input type="checkbox"/> |
| ▪ 2 pens | <input type="checkbox"/> |
| ▪ 1 pencil | <input type="checkbox"/> |
| ▪ Questionnaires | <input type="checkbox"/> |
| ▪ Consent and information forms | <input type="checkbox"/> |
| ▪ Referral letters | <input type="checkbox"/> |
| ▪ 2 week diary | <input type="checkbox"/> |
| ▪ Vouchers | <input type="checkbox"/> |
| ▪ Tape recorder | <input type="checkbox"/> |
| ▪ Microphone | <input type="checkbox"/> |
| ▪ 2 spare batteries | <input type="checkbox"/> |
| ▪ Tapes | <input type="checkbox"/> |
| ▪ 2 stools | <input type="checkbox"/> |
| ▪ Crayons | <input type="checkbox"/> |
| ▪ Colouring-in pictures | <input type="checkbox"/> |
| ▪ Puzzles | <input type="checkbox"/> |
| ▪ Portable scales | <input type="checkbox"/> |
| ▪ Bathroom scales | <input type="checkbox"/> |
| ▪ Receipt form | <input type="checkbox"/> |
| ▪ Disposable camera | <input type="checkbox"/> |

A. Subject Information and Consent Forms: (In-depth interviews)

1. Primary care-giver of child under 6
2. Traditional Medical Practitioner
3. Nurses
4. Doctors
5. Pharmacists
6. Faith Healers
7. Head of Dept/Practice Manager/ Clinic Manager

B. Subject Information and Consent Forms: (Focus group discussions)

1. Primary care-giver of child under 6

C. Focus Group Discussion Guide

1. Primary care-giver of child under 6

D. Focus Group Discussion Guide

1. FGD participant background telephone questionnaire (short)

E. Informal / In-depth Interview Questionnaires

1. Primary care-giver of child under 6
2. Traditional Medical Practitioner
3. Nurses
4. Doctors
5. Pharmacists
6. Faith Healers

F. Diary for Primary care-giver of child under 6

G. Miscellaneous

1. Referral Letter
2. Focus Group Respondent Card
3. FGD report
4. Guide for phoning FGD participants
5. Guide for approaching participants for interviews

**Focus group discussion question lines and
participant background information questionnaire**

Focus Group Discussion (Caregivers of children <6): Time (1 hour)

Organisation:

- Check/test tape recorders and tapes (*Natalie*)
- Get participants to fill in background questionnaire, sign confidentiality forms and give information sheet (*Shirley & Observer*)
- Ask them what they prefer to be called the write name tags / tent cards (*Shirley & Observer*)
- Offer tea/orange juice or biscuits to participants. Don't discuss what we will talk about in FGD.
- The group should sit 'in the round'. Position louder, talkative people to your side and quieter ones opposite if you notice people like this before the group starts.

Introduction:

Facilitator thanks participants for coming

Good morning / Good afternoon and thank you all for coming to day to participate in this FGD. My name is Shirley and I am your Focus Group Leader. Seated over there we have _____ who will be taking some notes in case something goes wrong with our recorder and Natalie who is our housekeeper.

Confidentiality and taping discussion

In order for us to remember what is said and so we don't get things wrong, we will be taping the discussion. Only first names will be used during this discussion, and no one knows who says what. All information we discuss will be treated confidentially, so is it OK with everyone if we record the discussion?

The facilitator explains purpose of research and how their participation will benefit the study.

Before we begin I will just tell you a little bit about what we are here to talk about and a few of the rules of the discussion. Birth to Twenty and a research team from the UK are looking at mothers do, when their children under 6 are not well – so who they get advice from, where they go, what treatment is used and whether people are happy with the different types of health services in Johannesburg. This is so we can try and come up with ways to improve health services for children under 6 in Johannesburg.

The rules for the discussion are very simple:

- Firstly please can everyone turn off their cellphones.....thank you.
- Everyone must speak clearly and not interrupt if another person is speaking.
- Try to keep the conversation "in the group" as other conversations going on between a couple of group members may distract the flow of discussion.

- I would like to hear from ALL of you about their feelings on the subject as you all have different information we want to hear.
- Please feel free to answer in your mother tongue if you do not know the word in English, in fact we are very interested in finding out different expressions for things.

The main aim is for you all to discuss the issue amongst yourselves so I will not be saying very much, except to ask questions now and again. Sometimes the observer may need to check a point with us, so please be patient. The session will last for about an hour and then you will be given your vouchers and transport money.

DOES EVERYONE UNDERSTAND?

First I would like everyone to introduce themselves – if you could tell us your first name and maybe how many children under 6 you have yourself, or how many you have in your household – whether they are grandchildren or even cousins.

Prompt Questions:

NB: The moderator would not word the questions as formally as they are listed.

Part 1: Medicine Pile-sorting game (ice-breaker)

Now I would like you all as a group to sort the medicines in any way you wish. There are **NO RULES**.

DOES EVERYONE UNDERSTAND?

Moderator to note down groupings of medicines

Then ask questions about each specific group of medicines:

1. Now can you tell me why you have grouped the medicines in this way?
2. Do you all agree with how the medicines are grouped? Why / Why not?
3. Which medicines are 'traditional'; which are 'African' – what are the general names of the groups?
4. What do you call 'over-the-counter' medicines – the western ones from the pharmacy?
5. How do these medicines work? (*e.g. does baby cry, not cry, vomit, sleep, get well, get worse etc*) (*don't use the words side effects*)
6. How are these medicines mixed? - Is it possible to mix western medicines with traditional medicines?
7. How are products measured? (*especially Panado and ORS*) – *size of spoon or bottle; type of bottle*
8. What are you looking for when you choose medicines?
 - Does quantity matter?

- What about colour?
 - And the way a medicine tastes?
 - What about its texture?
9. Do you follow instructions for use – which instructions (*e.g. packet / from doctor or healer*)
 10. Is there anything else which isn't on the table that is important for illnesses in children under 6?
 11. Where do you go in Joburg / Soweto to buy these different types of medicines?
 12. Are there any medicines which are so strong, that they could be harmful to children?

END OF PILE SORT GAME

Part 2: Childhood illnesses, causes and treatment

Now we are going to talk about childhood illnesses, their causes and how you treat them:

Early childhood

1. What do you do to protect or strengthen the baby either before or after it is born?
2. What do you all understand by umkhondo / mohlala / and makgoma?
3. Where are dangerous places in Johannesburg and Soweto *for* umkhondo and mohlala
4. How long is a baby vulnerable to umkhondo / mohlala / and makgoma?
5. How would you describe a healthy baby/child?
6. When do you first give your baby water to drink?
7. What kind of illnesses, both natural and supernatural, are most common amongst children under 6 in your community? (*Moderator writes on board/ flipchart and gets group to explain what each one means.*)

For each illness mentioned ask:

- Could you tell me about the signs and symptoms of ____? Are there any other words used for this illness?
- What causes this?
- What is the most common treatment for this in your community?
- Where would be the best place to go if your children had this illness? Why?
- And if the child did not get better, what would you do?

Return to question 7 for next illness mentioned

8. For what OTHER reasons do people decide to try a different medicine or go to another doctor/healer? (*Get them to discuss personal experiences*)
 9. What would you do if you suspected your child had drunk paraffin or another poison?
 10. What would you do if your child burnt themselves?
 11. In your communities or families, who mostly makes decisions about health care in a family?
 - Is this different for children?
 12. When you choose a doctor/healer, what is the main thing you are looking for?
-

Part 3: The health care system in South Africa (allopathic and traditional)

Place a picture of a modern hospital, a picture of a traditional healer, a picture of a clinic, a picture of a faith healer and a picture of a pharmacy on the table in no particular order.

Here we have some pictures of different places where people go to treat their child under 6 when they are not well. They are not in any order.

1. What do you think of when you look at these pictures – the first things that spring to mind?
Make sure they mention which one they are talking about to help in transcription.

Now I want you to put these pictures in order, but only choose the main 3 and tell me:

2. Where 3 are the easiest places to go? (Easiest to travel to)
3. Which 3 are the closest places to go?
4. Which 3 the most difficult to get to? Why?
5. Which 3 are the best places to go? Why?
6. Which 3 are the worst places to go? Why?

CLEAR AWAY PICTURES

7. Who are the best people to get advice from if you don't know what to do?
8. In general, what are nurses/doctors like at your community clinic/hospital for treating children under 6? (attitude / quality of care)
9. Do you complain if staff are rude or queues are long? If yes, who do you normally complain to and what is done after?

Traditional medicine

Now we are going to talk about our traditional health care system:

1. What are the most common types of traditional healers in Soweto and Joburg for children under 6?
 - Do they have special names?
2. Why don't people like to admit that they use traditional medicine or visit a traditional healer?
3. If people don't go to a traditional healer where would they buy their traditional medicine from?
4. If you take your child under 6 to a Sangoma or Inyanga, how do you know they are good? Why would you take your child under 6 to see one?
5. What type of herbal remedies do woman take during pregnancy? What for and when during the pregnancy?
6. Is it common in your community for a Sangoma/Inyanga to refer your child under 6 to a Doctor at the hospital or clinic?

- Why? Why not?
 - Which illnesses?
7. Is it common in your community for a Doctor to refer your child under 6 to a Sangoma/Inyanga
 - Why? Why not?
 - Which illnesses?
 8. What do you think about Baborofeta / abathandazeli (*members of African Independent Churches who heal with the power of the Holy Spirit*)?
 9. Why would you take your child under 6 to see one if they were ill?
 - For which illnesses?
 10. Is faith healing popular for children under 6?
 11. Do you use both a faith healer and traditional healer?
-

Future health services

1. How is health care today different from when you were a child? How have things changed?
 2. How could health care be improved in Soweto/Johannesburg in the future? What you would like to see happen?
-

Conclusion:

Thank you all very much for coming today. We have learnt a lot about what caregivers do when their child under 6 is not well, what medicines they use, which health care providers they use and why and how we think health services could be improved.

Now if you would like something else to eat or drink please help yourself and don't forget to get your voucher and transport money from Natalie.

Volunteers for in-depth interviews and survey?

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Date: _____

Interviewer: _____

Venue of FGD: _____

Date of FGD: _____

Start Time of FGD: _____

BTT child ID: _____

P.I.D.: _____

Focus Group Participant Background Questionnaire

A. Background SES data for FGD participant

<p>A1. How would you describe yourself in terms of population group?</p> <p><input type="checkbox"/> 0. Black African</p> <p><input type="checkbox"/> 1. Coloured</p> <p><input type="checkbox"/> 2. Indian or Asian</p> <p><input type="checkbox"/> 3. White</p> <p><input type="checkbox"/> 4. Other (specify) _____</p>	<p>A7. What was your highest education level reached?</p> <p><input type="checkbox"/> 0. None</p> <p><input type="checkbox"/> 1. Some primary</p> <p><input type="checkbox"/> 2. Complete primary</p> <p><input type="checkbox"/> 3. Some secondary</p> <p><input type="checkbox"/> 4. Complete secondary</p> <p><input type="checkbox"/> 5. Grade 12/Standard 10</p> <p><input type="checkbox"/> 6. Higher</p>																																				
<p>A2. What language do you speak most often in your household?</p> <p><input type="checkbox"/> 0. Afrikaans</p> <p><input type="checkbox"/> 1. English</p> <p><input type="checkbox"/> 2. IsiNdebele</p> <p><input type="checkbox"/> 3. IsiXhosa</p> <p><input type="checkbox"/> 4. IsiZulu</p> <p><input type="checkbox"/> 5. Sepedi</p> <p><input type="checkbox"/> 6. Sesotho</p> <p><input type="checkbox"/> 7. Setswana</p> <p><input type="checkbox"/> 8. SiSwati</p> <p><input type="checkbox"/> 9. Tshivenda</p> <p><input type="checkbox"/> 10. Xitsonga</p> <p><input type="checkbox"/> 11. Other (specify) _____</p>	<p>A8. What is your place of birth?</p> <p><input type="checkbox"/> 0. Gauteng</p> <p><input type="checkbox"/> 1. Northern Province (Limpopo)</p> <p><input type="checkbox"/> 2. North West</p> <p><input type="checkbox"/> 3. Mpumalanga</p> <p><input type="checkbox"/> 4. KwaZulu-Natal</p> <p><input type="checkbox"/> 5. Western Cape</p> <p><input type="checkbox"/> 6. Eastern Cape</p> <p><input type="checkbox"/> 7. Northern Cape</p> <p><input type="checkbox"/> 8. Free State</p> <p><input type="checkbox"/> 9. other (specify) _____</p>																																				
<p>A3. What is your age in completed years (or date of birth)?</p> <p>_____ years</p> <p>__ / __ / __ (dd/mm/yy)</p>	<p>A9. Area of residence (suburb)</p> <p><input type="checkbox"/> 0. _____</p> <p><input type="checkbox"/> 1. None</p>																																				
<p>A4. Sex</p> <p><input type="checkbox"/> 0. Male</p> <p><input type="checkbox"/> 1. Female</p>	<p>A10. How long have you lived in Johannesburg/Soweto?</p> <p><input type="checkbox"/> 0. Less than 1 year</p> <p><input type="checkbox"/> 1. 1 – 5 years</p> <p><input type="checkbox"/> 2. 5 – 10 years</p> <p><input type="checkbox"/> 3. 10 years +</p> <p><input type="checkbox"/> 4. All my life</p>																																				
<p>A5. What religion (denomination) do you belong to?</p> <p><input type="checkbox"/> 0. _____</p> <p><input type="checkbox"/> 1. None</p>	<p>A11. How many people are there in your household?</p> <p>Children under 16 <input type="checkbox"/> _____</p> <p>Adults <input type="checkbox"/> _____</p>																																				
<p>A6. What is your marital status?</p> <p><input type="checkbox"/> 0. Single</p> <p><input type="checkbox"/> 1. Married</p> <p><input type="checkbox"/> 2. Divorced</p> <p><input type="checkbox"/> 3. Widowed</p> <p><input type="checkbox"/> 4. Living together like married partners</p>	<p>A12. How many children do you have aged:</p> <p>(circle answer for each age group or fill in number)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">0. < 1 year</td> <td style="width: 10%;">N/A</td> <td style="width: 10%;">1</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>1. 1 - 5 years</td> <td>N/A</td> <td>1</td> <td>2</td> <td>_____</td> <td></td> </tr> <tr> <td>2. 6 - 10 years</td> <td>N/A</td> <td>1</td> <td>2</td> <td>_____</td> <td></td> </tr> <tr> <td>3. 11 - 15 years</td> <td>N/A</td> <td>1</td> <td>2</td> <td>_____</td> <td></td> </tr> <tr> <td>4. 16 - 20 years</td> <td>N/A</td> <td>1</td> <td>2</td> <td>_____</td> <td></td> </tr> <tr> <td>5. 21 years +</td> <td>N/A</td> <td>1</td> <td>2</td> <td>_____</td> <td></td> </tr> </table>	0. < 1 year	N/A	1				1. 1 - 5 years	N/A	1	2	_____		2. 6 - 10 years	N/A	1	2	_____		3. 11 - 15 years	N/A	1	2	_____		4. 16 - 20 years	N/A	1	2	_____		5. 21 years +	N/A	1	2	_____	
0. < 1 year	N/A	1																																			
1. 1 - 5 years	N/A	1	2	_____																																	
2. 6 - 10 years	N/A	1	2	_____																																	
3. 11 - 15 years	N/A	1	2	_____																																	
4. 16 - 20 years	N/A	1	2	_____																																	
5. 21 years +	N/A	1	2	_____																																	

<p>A13. Who makes decisions about what to do if your child is not well?</p> <p><input type="checkbox"/> 0. Mother of child</p> <p><input type="checkbox"/> 1. Father of child</p> <p><input type="checkbox"/> 2. Both parents</p> <p><input type="checkbox"/> 3. Other (specify) _____</p>	<p>A20. What is the occupation of the person who earns the most in the household?</p> <p><input type="checkbox"/> 0. Manager/senior official/legislator</p> <p><input type="checkbox"/> 1. Professional (doctor/lawyer/teacher/nurse)</p> <p><input type="checkbox"/> 2. Administrative / Secretarial</p> <p><input type="checkbox"/> 3. Retail / Services / Tertiary sector</p> <p><input type="checkbox"/> 4. Factory worker/Plant/machine operators</p> <p><input type="checkbox"/> 5. Construction / manual labour</p> <p><input type="checkbox"/> 6. Transport</p> <p><input type="checkbox"/> 7. Armed forces / police</p> <p><input type="checkbox"/> 8. Informal sector</p> <p><input type="checkbox"/> 9. Unemployed</p> <p><input type="checkbox"/> 10. Other (specify) _____</p>
<p>A14. Has your child/children under 6 been ill in the last few weeks?</p> <p><input type="checkbox"/> 0. Yes</p> <p><input type="checkbox"/> 1. No</p>	
<p>A15. Do you get any support from friends / relatives with child care? (money / health care / child minding / transport)</p> <p><input type="checkbox"/> 0. No support</p> <p><input type="checkbox"/> 1. Support from friends</p> <p><input type="checkbox"/> 2. Support from relatives</p> <p><input type="checkbox"/> 3. Support from friends and relatives</p>	<p>A21. Let us speak about the household and what it can afford. Would you say that people in your home are often, sometimes, seldom or never hungry?</p> <p><input type="checkbox"/> 0. Often</p> <p><input type="checkbox"/> 1. Sometimes</p> <p><input type="checkbox"/> 2. Seldom</p> <p><input type="checkbox"/> 3. Never</p> <p><input type="checkbox"/> 4. Missing</p>
<p>A16. How many adults in the household have got work or are unemployed (because they can't find work)?</p> <p>Got work <input type="checkbox"/></p> <p>Unemployed <input type="checkbox"/></p>	
<p>A17. Who is the head of the household?</p> <p><input type="checkbox"/> 0. Myself</p> <p><input type="checkbox"/> 1. My partner / husband / wife</p> <p><input type="checkbox"/> 2. Other (specify) _____</p>	<p>A22. What type of home do you stay in?</p> <p><input type="checkbox"/> 0. 4 rooms in township</p> <p><input type="checkbox"/> 1. Flat</p> <p><input type="checkbox"/> 2. Big house</p> <p><input type="checkbox"/> 3. Hostel</p> <p><input type="checkbox"/> 4. Shack</p> <p><input type="checkbox"/> 5. Traditional homestead</p> <p><input type="checkbox"/> 6. Rented room</p> <p><input type="checkbox"/> 7. Other (specify) _____</p>
<p>A18. What is your occupation?</p> <p><input type="checkbox"/> 0. Unemployed.....skip to A19</p> <p><input type="checkbox"/> 1. Self-employed</p> <p><input type="checkbox"/> 2. Employed part-time</p> <p><input type="checkbox"/> 3. Employed full-time</p> <p><input type="checkbox"/> 4. Housewife.....skip to A19</p> <p><input type="checkbox"/> 5. Student.....skip to A19</p> <p><input type="checkbox"/> 6. Pensioner / Too old to work.....skip to A19</p> <p><input type="checkbox"/> 7. Unable to work due to illness/disability.....skip to A19</p> <p><input type="checkbox"/> 8. Unspecified.....skip to A19</p>	<p>A23. Is your family covered by a Medical Aid or Medical Benefit Scheme?</p> <p>(Any scheme that helps you pay for health/drug services?)</p> <p><input type="checkbox"/> 0. Yes</p> <p><input type="checkbox"/> 1. No</p> <p><input type="checkbox"/> 2. Don't know</p>
<p>A19. What job/jobs do you have?</p>	<p>A24. Are your children covered by a Medical Aid or Medical Benefit Scheme?</p> <p><input type="checkbox"/> 0. Yes</p> <p><input type="checkbox"/> 1. No</p> <p><input type="checkbox"/> 2. Don't know</p>
	<p>A25. Would you be willing to be interviewed in more depth after the FGD?</p> <p><input type="checkbox"/> 0. Yes</p> <p><input type="checkbox"/> 1. No</p> <p><input type="checkbox"/> 2. Don't know</p>

In-depth interview questionnaires

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Interviewer: _____

Place of Interview: _____

Start Time of Interview: _____

End Time of Interview: _____

P.I.D. _____

Nurse Semi-structured In-depth Interview Guide

A. Socio-demographic data					
A1. What is your first /main language?	<input type="checkbox"/> 0. Afrikaans <input type="checkbox"/> 6. Sesotho <input type="checkbox"/> 1. English <input type="checkbox"/> 7. Setswana <input type="checkbox"/> 2. IsiNdebele <input type="checkbox"/> 8. SiSwati <input type="checkbox"/> 3. IsiXhosa <input type="checkbox"/> 9. Tshivenda <input type="checkbox"/> 4. IsiZulu <input type="checkbox"/> 10. Xitsonga <input type="checkbox"/> 5. Sepedi <input type="checkbox"/> 11. Other (specify) _____				
A2. Sex	<input type="checkbox"/> 0. Male <input type="checkbox"/> 1. Female				
A3. Age (date of birth)	____/____/____ (dd/mm/yy)				
A4. What religion (denomination) do you belong to?					
A5. How long have you been working as a Nurse?					
A6. What sector do you practise in?	<input type="checkbox"/> 0. Private sector <input type="checkbox"/> 1. Public sector				
A7. How many hours of work do you do per day?					
A8. How many children <6 do you treat per day? How do you find this?					
A9. On average, how long is a consultation (child<6)?					
A10. What is the average cost of a consultation? (without treatment) for a child<6?					
A11. What is the average cost of a treatment per patient (child<6)?					
A12. What are expensive illnesses to treat? What are cheaper illnesses to treat?					
A13. What is the average waiting time in your clinic? Does this vary during the year?					
A14. What are the opening hours in your clinic?	Mon				
	Tue				
	Wed				
	Thur				
	Fri				
	Sat				
	Sun				
A15. How many nurses and doctors work in your clinic?	____ Nurses ____ Doctors				

B. Work performed

B1. What are the main illnesses (both natural and supernatural) that you see in children under 6 coming to your clinic?				
What are the 4 main childhood illnesses (<6) that you see in your work? (Most common reasons for consultation)				
B2. Illness	1.	2.	3.	4.
B3. Signs and symptoms				
B4. Other words to describe illness/problem that caregivers use				
B5. What mother thinks cause is				
B6. Action normally taken /treatment used				
B7. Do you think that mothers would also see a TMP about this illness?	<input type="checkbox"/> 0. Yes before <input type="checkbox"/> 1. Yes after <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know	<input type="checkbox"/> 0. Yes before <input type="checkbox"/> 1. Yes after <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know	<input type="checkbox"/> 0. Yes before <input type="checkbox"/> 1. Yes after <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know	<input type="checkbox"/> 0. Yes before <input type="checkbox"/> 1. Yes after <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know
B8. Cost of treatment	<input type="checkbox"/> 0. ____Rand <input type="checkbox"/> 1. Paid in kind <input type="checkbox"/> 2. Nothing <input type="checkbox"/> 3. Don't know <input type="checkbox"/> 4. Other____	<input type="checkbox"/> 0. ____Rand <input type="checkbox"/> 1. Paid in kind <input type="checkbox"/> 2. Nothing <input type="checkbox"/> 3. Don't know <input type="checkbox"/> 4. Other____	<input type="checkbox"/> 0. ____Rand <input type="checkbox"/> 1. Paid in kind <input type="checkbox"/> 2. Nothing <input type="checkbox"/> 3. Don't know <input type="checkbox"/> 4. Other____	<input type="checkbox"/> 0. ____Rand <input type="checkbox"/> 1. Paid in kind <input type="checkbox"/> 2. Nothing <input type="checkbox"/> 3. Don't know <input type="checkbox"/> 4. Other____
B9. Do you know any examples of childhood illnesses that mothers say have natural causes? <i>What does this mean to you?</i>				
B10. Do you know examples of childhood illnesses that mothers say have supernatural causes? <i>What does this mean to you?</i>				
B11. Are there illnesses that you know of that are caregivers specifically go to a traditional healer to treat or use herbal medicines for?				
B12. Can you tell me about inyani? <i>How would you treat this in the clinic?</i> <i>How else do mothers treat inyani?</i>				
B13. What is the difference between inyani and hlogwana / phogwana? Do they have the same cause / symptoms?				
B14. What is 'ishasha'? <i>Apparently it goes hand in hand with inyani</i>				

<p>B15. What do mothers do to strengthen their baby either whilst they are pregnant or after it is born from <i>umkhondo</i> / <i>mohlahla</i> and <i>Magkoma</i>? <i>What do these things mean?</i></p>	
<p>B16. What is iphika and how would this be treated at the clinic? <i>What would tickling with an ostrich feather do?</i></p>	
<p>B17. Do you know what illnesses / symptoms in children under 6 can be caused by the following:</p>	<p>Ubuthakathi (bewitch)</p> <p>Umnyama /Tjhesa ('pollution')</p> <p>Amashwa (misfortune)</p> <p>Amadlozi (ancestors)</p> <p>Imikhondo yezinyamazane (tracks which infants inhale)</p> <p>Imimoya (tracks / bad spirits)</p> <p>Ukweqa (stepping over tracks)</p> <p>Isidliso (spiked food)</p>
<p>B13. When do mothers first give their babies water to drink?</p>	
<p>B14. What are parents/guardians looking for when they choose medicine for their child under 6? <i>e.g colour, texture, taste, smell, quantity?</i></p>	
<p>B15. Is it possible to mix traditional medicines with western medicines? <i>Which ones?</i></p>	
<p>B16. Why are the Dutch medicines so popular with caregivers for their children under 6?</p>	
<p>Would you say caregivers of children under 6 use the health services correctly when their children are not well? <i>Do they overuse health services? In what ways? What do they expect?</i></p>	

C. Perceptions of health providers		
C1. In your opinion, how could health care be improved in Soweto/Johannesburg?		
C2. Where are the easiest and most difficult places to go for treatment for a child (<6)? <i>Rank top 3</i>	EASIEST: <input type="checkbox"/> 0. Home treatment <input type="checkbox"/> 1. Sangoma <input type="checkbox"/> 2. Inyanga <input type="checkbox"/> 3. Private clinic /hospital <input type="checkbox"/> 4. Public clinic <input type="checkbox"/> 5. Public hospital <input type="checkbox"/> 6. Community Health Worker <input type="checkbox"/> 7. Faith Healer <input type="checkbox"/> 8. Muti shop <input type="checkbox"/> 9. Pharmacist <input type="checkbox"/> 10. Street trader <input type="checkbox"/> 11. Traditional midwife/birth attendant <input type="checkbox"/> 12. Other_____	MOST DIFFICULT: <input type="checkbox"/> 0. Home treatment <input type="checkbox"/> 1. Sangoma <input type="checkbox"/> 2. Inyanga <input type="checkbox"/> 3. Private clinic /hospital <input type="checkbox"/> 4. Public clinic <input type="checkbox"/> 5. Public hospital <input type="checkbox"/> 6. Community Health Worker <input type="checkbox"/> 7. Faith Healer <input type="checkbox"/> 8. Muti shop <input type="checkbox"/> 9. Pharmacist <input type="checkbox"/> 10. Street trader <input type="checkbox"/> 11. Traditional midwife/birth attendant <input type="checkbox"/> 12. Other_____
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C4. What do you think are the 3 main factors which govern what a mother does when her child is not well? <i>Please indicate 1 to 3 in the boxes</i>	<input type="checkbox"/> 0. Distance <input type="checkbox"/> 1. Cost <input type="checkbox"/> 2. Time (queues and travel) <input type="checkbox"/> 3. Attitudes of staff <input type="checkbox"/> 4. Depends on illness <input type="checkbox"/> 5. Relatives'/friends' advice <input type="checkbox"/> 6. Success of medicine on previous occasions <input type="checkbox"/> 7. Other_____	
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C9. How likely are you to refer children < 6 to TMPs and faith healers & how likely are you to receive referrals from TMPs or Faith healers?																			
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C10. If you have referred patients to a TMP or faith healer please could you indicate the reason for referral.																			
0. Traditional healer	<input type="checkbox"/> 0. Patient interest <input type="checkbox"/> 1. As a last resort (chronic/terminal illness) <input type="checkbox"/> 2. Knows therapist with good reputation <input type="checkbox"/> 3. Personally found it beneficial <input type="checkbox"/> 4. Other _____																		
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C11. Do TMPs or faith healers ever refer their patients to you? If yes, what are the 5 most common reasons for referral?	<table border="1"> <thead> <tr> <th></th> <th>Referral from TMP</th> <th>Referral from Faith healer</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> </tr> </tbody> </table>		Referral from TMP	Referral from Faith healer	1.			2.			3.			4.			5.		
	Referral from TMP	Referral from Faith healer																	
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2.																			
3.																			
4.																			
5.																			

C12. Why don't people like to admit that they use traditional medicine?		
C13. How can this be changed?		
C14. How have things changed for TMPs since the end of apartheid? Are things better or worse?		
C15. What do you think about the current regulation of traditional medicine?		
C16. What makes a good Nurse?		
C17. What problems do nurses face today in South Africa?		
C18. Why do caregivers complain about staff at public clinics?		
C19. What are the advantages and disadvantages of working in the public sector	Advantages	Disadvantages
C20. What are the advantages and disadvantages of working in the private sector	Advantages	Disadvantages
C21. Did you choose to work in the sector you are in?		
C22. How is health care today different from before apartheid ended?		

D. Incorrect use / Toxicity of medicine

<p>D1. Are there any western medicines that you know of which can be harmful if administered incorrectly to young children?</p> <p><i>(That you have seen happening)</i> <i>Which ones?</i></p>	
<p>D2. Are there any herbal/traditional medicines that you know of which can be harmful if administered incorrectly to young children?</p> <p><i>(That you have seen happening)</i> <i>Which ones?</i></p>	
<p>D3. How do you know if mothers are not administering medicine properly?</p> <p><i>What kind of question do you ask to get them to tell you what they are really doing?</i></p>	
<p>D4. Do you ever see cases of poisoning/sickness associated with the use western medicine in children?</p> <p><i>How would you identify these cases?</i> <i>How often?</i> <i>Can you give examples?</i></p>	
<p>D5. Do you ever see cases of poisoning/sickness associated with the use herbal medicine in children?</p> <p><i>How would you identify these cases?</i> <i>How often?</i> <i>Can you give examples?</i></p>	
<p>D4. What do you advise parents with children under the age of 6 to do concerning TMPs? Why?</p>	

INTERVIEWERS OBSERVATION

Comments about the respondent/s:

Comments on specific questions:

CONFIDENTIAL

Interviewer: _____

Place of Interview: _____

Start Time of Interview: _____

End Time of Interview: _____

P.I.D. _____

Pharmacist Semi-structured In depth Interview Guide

Key themes:

- A. Socio-demographic characteristics
- B. Practice particulars, case load, reasons for consultation, fee structure
- C. Perceptions of TMPs health care providers
- D. Toxicity of herbal remedies

Aim:

- Nurse's perceptions of TMPs and their work
- Quality of care in the public & private sectors

A. Socio-demographic data and work				
A1. Ethnic group				
A2. Sex	<input type="checkbox"/> 0. Male <input type="checkbox"/> 1. Female			
A3. Age (date of birth)	__ / __ / __ (dd/mm/yy)			
A4. Place of birth	<input type="checkbox"/> 0. Gauteng <input type="checkbox"/> 1. Northern Province (Limpopo) <input type="checkbox"/> 2. North West <input type="checkbox"/> 3. Mpumalanga <input type="checkbox"/> 4. KwaZulu-Natal		<input type="checkbox"/> 5. Western Cape <input type="checkbox"/> 6. Eastern Cape <input type="checkbox"/> 7. Northern Cape <input type="checkbox"/> 8. Free State <input type="checkbox"/> 9. other (specify) _____	
A6. Length of residency in Johannesburg/Soweto	<input type="checkbox"/> 0. Less than 1 year <input type="checkbox"/> 1. 1 – 5 years <input type="checkbox"/> 2. 5 – 10 years <input type="checkbox"/> 3. 10 years + <input type="checkbox"/> 4. All my life			
A7. What religion (denomination) do you belong to?				
A8. How long have you been working as a Pharmacist?				
A9. Type of pharmacy?	<input type="checkbox"/> 0. Private shop <input type="checkbox"/> 1. Dispensary at public hospital <input type="checkbox"/> 2. Muti shop			
A11. On average how many caregivers do you see per day about problems with their child under 6?				
A13. Do mothers ask for your advice before buying a medicine or do they know what they want?	<input type="checkbox"/> 0. They ask for advice <input type="checkbox"/> 1. They know what they want <input type="checkbox"/> 2. Other (specify) _____			
A14. What is the average cost of the following medicines for a (child<6)?	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 0. Dutch medicines R_____ </div> <div style="width: 50%;"> <input type="checkbox"/> 6. Baba Suur R_____ </div> <div style="width: 50%;"> <input type="checkbox"/> 1. Cough medicine R_____ </div> <div style="width: 50%;"> <input type="checkbox"/> 7. ORS sachet R_____ </div> <div style="width: 50%;"> <input type="checkbox"/> 2. Gripe water R_____ </div> <div style="width: 50%;"> <input type="checkbox"/> 8. Woodward's diarrhoea mixture R_____ </div> <div style="width: 50%;"> <input type="checkbox"/> 3. Muti Wenyoni R_____ </div> <div style="width: 50%;"> <input type="checkbox"/> 9. Baby's own tummy tablets R_____ </div> <div style="width: 50%;"> <input type="checkbox"/> 4. Syringe bulb R_____ </div> <div style="width: 50%;"> <input type="checkbox"/> 10. Teething powder / gel R_____ </div> <div style="width: 50%;"> <input type="checkbox"/> 5. Panado syrup R_____ </div> </div>			
A15. What is the average waiting time for medicine in your pharmacy?				
A16. What are the opening hours in your clinic?	Mon			
	Tue			
	Wed			
	Thur			
	Fri			
	Sat			
	Sun			

B. Work performed

B1. What are the main illnesses (both natural and supernatural) that you see in children under 6 in Soweto and Johannesburg?

What are the 4 main childhood illnesses (<6) that you see in your work? (Most common reasons for consultation)

B2. Illness	1.	2.	3.	4.
B3. Signs and symptoms				
B4. Other words to describe illness/problem that locals use				
B5. What mother thinks cause is				
B6. Action normally taken /treatment used				
B7. Do you think that mothers would also see a TMP about this illness?	<input type="checkbox"/> 0. Yes before <input type="checkbox"/> 1. Yes after <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know	<input type="checkbox"/> 0. Yes before <input type="checkbox"/> 1. Yes after <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know	<input type="checkbox"/> 0. Yes before <input type="checkbox"/> 1. Yes after <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know	<input type="checkbox"/> 0. Yes before <input type="checkbox"/> 1. Yes after <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know
B7. Cost of treatment	<input type="checkbox"/> 0. _____Rand <input type="checkbox"/> 1. Paid in kind <input type="checkbox"/> 2. Nothing <input type="checkbox"/> 3. Don't know <input type="checkbox"/> 4. Other_____	<input type="checkbox"/> 0. _____Rand <input type="checkbox"/> 1. Paid in kind <input type="checkbox"/> 2. Nothing <input type="checkbox"/> 3. Don't know <input type="checkbox"/> 4. Other_____	<input type="checkbox"/> 0. _____Rand <input type="checkbox"/> 1. Paid in kind <input type="checkbox"/> 2. Nothing <input type="checkbox"/> 3. Don't know <input type="checkbox"/> 4. Other_____	<input type="checkbox"/> 0. _____Rand <input type="checkbox"/> 1. Paid in kind <input type="checkbox"/> 2. Nothing <input type="checkbox"/> 3. Don't know <input type="checkbox"/> 4. Other_____

<p>B8. Do you know any examples of childhood illnesses that mothers say have natural causes?</p>	
<p>B9. Do you know examples of childhood illnesses that mothers say have supernatural causes?</p>	
<p>B10. What do mothers do to strengthen their baby either before or after it is born from <i>umkhondo / mohlaha</i> and <i>Magkoma</i>?</p>	
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C. Perceptions of health providers		
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C4. Please could you indicate your level of agreement with the following statements:		
Type of non-biomedical method:	Traditional Healing	Faith Healing
0. This non-biomedical method is quackery	<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Don't know	<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Don't know
1. This non-biomedical method has no true impact	<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Don't know	<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Don't know
2. This non-biomedical methods hold promise	<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Don't know	<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Don't know

<p>C5. Do you think that traditional medicine and faith healing is a threat or not to public health?</p>	<p>0. Traditional healer</p> <p>1. Faith healer</p>	<p><input type="checkbox"/> 0. Extreme threat <input type="checkbox"/> 1. Moderate threat <input type="checkbox"/> 2. No effect <input type="checkbox"/> 3. Moderate benefit <input type="checkbox"/> 4. Extreme benefit <input type="checkbox"/> 5. Don't know</p> <p><input type="checkbox"/> 0. Extreme threat <input type="checkbox"/> 1. Moderate threat <input type="checkbox"/> 2. No effect <input type="checkbox"/> 3. Moderate benefit <input type="checkbox"/> 4. Extreme benefit <input type="checkbox"/> 5. Don't know</p>			
<p>C6. Do you think that the use of non-biomedical therapy results in favourable or unfavourable treatment outcomes?</p>	<p>0. Traditional healer</p> <p>1. Faith healer</p>	<p><input type="checkbox"/> 0. Overall positive <input type="checkbox"/> 1. Some positive <input type="checkbox"/> 2. No effect <input type="checkbox"/> 3. Some negative <input type="checkbox"/> 4. Overall negative <input type="checkbox"/> 5. Don't know</p> <p><input type="checkbox"/> 0. Overall positive <input type="checkbox"/> 1. Some positive <input type="checkbox"/> 2. No effect <input type="checkbox"/> 3. Some negative <input type="checkbox"/> 4. Overall negative <input type="checkbox"/> 5. Don't know</p>			
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<p>C9. In your experience, why do women take their children (<6) to TMPs or faith healers? Indicate your level of agreement/disagreement to the following reasons.</p>					
<p>0. Customers want a traditional medicine</p> <p>1. Customers could not be cured at the clinics</p> <p>2. There are no clinics close to where the customers live</p> <p>3. Other medicines are too expensive</p> <p>4. Staff at clinic are rude/unhelpful/don't listen</p> <p>5. Queues are longer at clinics</p> <p>6. Other reason:</p> <p>7. Other reason:</p> <p>8. Other reason:</p>	<p>Disagree Strongly</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Disagree</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Do not know</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Agree</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Strongly Agree</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

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<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Don't know	<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Don't know	<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Don't know																	
<p>C14. If you have referred patients to a TMP or faith healer please could you indicate the reason for referral. <i>If not please skip to C15.</i></p>																			
<p>0. Traditional healer</p> <p>1. Faith healer</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="padding: 2px 5px; vertical-align: top;"> <input type="checkbox"/> 0. Patient interest <input type="checkbox"/> 1. As a last resort (chronic/terminal illness) <input type="checkbox"/> 2. Knows therapist with good reputation <input type="checkbox"/> 3. Personally found it beneficial <input type="checkbox"/> 4. Other _____ </td> </tr> <tr> <td style="padding: 2px 5px; vertical-align: top;"> <input type="checkbox"/> 0. Patient interest <input type="checkbox"/> 1. As a last resort (chronic/terminal illness) <input type="checkbox"/> 2. Knows therapist with good reputation <input type="checkbox"/> 3. Personally found it beneficial <input type="checkbox"/> 4. Other _____ </td> </tr> </tbody> </table>	<input type="checkbox"/> 0. Patient interest <input type="checkbox"/> 1. As a last resort (chronic/terminal illness) <input type="checkbox"/> 2. Knows therapist with good reputation <input type="checkbox"/> 3. Personally found it beneficial <input type="checkbox"/> 4. Other _____	<input type="checkbox"/> 0. Patient interest <input type="checkbox"/> 1. As a last resort (chronic/terminal illness) <input type="checkbox"/> 2. Knows therapist with good reputation <input type="checkbox"/> 3. Personally found it beneficial <input type="checkbox"/> 4. Other _____																
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<p>C15. Do TMPs or faith healers ever refer their patients to you? If yes, what are the 5 most common reasons for referral?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%;">Referral from TMP</th> <th style="width: 50%;">Referral from Faith healer</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1.</td><td></td><td></td></tr> <tr><td style="text-align: center;">2.</td><td></td><td></td></tr> <tr><td style="text-align: center;">3.</td><td></td><td></td></tr> <tr><td style="text-align: center;">4.</td><td></td><td></td></tr> <tr><td style="text-align: center;">5.</td><td></td><td></td></tr> </tbody> </table>		Referral from TMP	Referral from Faith healer	1.			2.			3.			4.			5.		
	Referral from TMP	Referral from Faith healer																	
1.																			
2.																			
3.																			
4.																			
5.																			

C16. Why don't people like to admit that they use traditional medicine?		
C17. How can this be changed?		
C18. How have things changed for TMPs since the end of apartheid? Are things better or worse?		
C19. What do you think about the current regulation of traditional medicine?		
D20. What makes a good Nurse?		
C21. I have spoken to caregivers and they tell me that the nurses in the public clinics are not very polite to them. Do you think this is true?		
C22. What are the advantages and disadvantages of working in the public sector	Advantages	Disadvantages
C23. What are the advantages and disadvantages of working in the private sector	Advantages	Disadvantages
C24. How is health care today different from before apartheid ended?		
C25. Why do some patients prefer to go to a private doctor, even if they can't afford it?		
C26. What problems do nurses face today in South Africa?		

D. Toxicity of herbal remedies

<p>D1. Are there any herbal remedies that you know of which can be harmful if administered incorrectly to young children? Which ones?</p>	
<p>D2. Are there any western medicines that you know of which can be harmful if administered incorrectly to young children? Which ones?</p>	
<p>D3. What do you advise parents with children under the age of 6 to do concerning TMPs? Why?</p>	
<p>D4. Do you ever see cases of poisoning/sickness associated with the use of traditional medicine in children? How often? Can you give examples?</p>	
<p>D5. How would you identify these cases?</p>	

INTERVIEWERS OBSERVATION

Comments about the respondent/s:

Comments on specific questions:

CONFIDENTIAL

Interviewer: _____

Place of Interview: _____

Start Time of Interview: _____

End Time of Interview: _____

P.I.D. _____

TMP Semi-structured In depth Interview Guide

Key themes:

- A. Socio-demographic
- B. Clientele
- C. Illnesses treated
- D. Causes of illnesses and treatment
- E. Perceptions of allopathic health service & Referrals
- F. Other TMPS and toxicity of herbal remedies

Aim:

- Find out who is using the services of TMPs
- What are the main childhood illnesses seen by TMPs, treatment and cost
- Find out the causes of the main childhood illnesses seen by TMPs and treatment given
- Find out about non-qualified TMPs in the area and knowledge of toxicity of herbal remedies

A. Background data	
A1. What is your first /main language?	<input type="checkbox"/> 0. Afrikaans <input type="checkbox"/> 6. Sesotho <input type="checkbox"/> 1. English <input type="checkbox"/> 7. Setswana <input type="checkbox"/> 2. IsiNdebele <input type="checkbox"/> 8. SiSwati <input type="checkbox"/> 3. IsiXhosa <input type="checkbox"/> 9. Tshivenda <input type="checkbox"/> 4. IsiZulu <input type="checkbox"/> 10. Xitsonga <input type="checkbox"/> 5. Sepedi <input type="checkbox"/> 11. Other (specify)_____
A2. Sex	<input type="checkbox"/> 0. Male <input type="checkbox"/> 1. Female
A3. Age in months (date of birth)	__ / __ / __ (dd/mm/yy)
A4. Place of birth (province)	<input type="checkbox"/> 0. Gauteng <input type="checkbox"/> 5. Western Cape <input type="checkbox"/> 1. Limpopo <input type="checkbox"/> 6. Eastern Cape <input type="checkbox"/> 2. North West <input type="checkbox"/> 7. Northern Cape <input type="checkbox"/> 3. Mpumalanga <input type="checkbox"/> 8. Free State <input type="checkbox"/> 4. KwaZulu-Natal <input type="checkbox"/> 9. Other (specify)_____
A5. Area of residence (suburb)	
A6. Length of residency in Johannesburg/Soweto	<input type="checkbox"/> 0. Less than 1 year <input type="checkbox"/> 1. 1 – 5 years <input type="checkbox"/> 2. 5 – 10 years <input type="checkbox"/> 3. 10 years + <input type="checkbox"/> 4. All my life
A7. Occupation/main job	<input type="checkbox"/> 0. <i>Sangoma</i> <input type="checkbox"/> 1. <i>Inyanga</i> <input type="checkbox"/> 2. TBA <input type="checkbox"/> 3. Other (please specify)_____
A8. Marital status	<input type="checkbox"/> 0. Single <input type="checkbox"/> 1. Married <input type="checkbox"/> 2. Separated <input type="checkbox"/> 3. Divorced <input type="checkbox"/> 4. Widowed <input type="checkbox"/> 5. Living together like married partners
A10. Highest education level reached	<input type="checkbox"/> 0. None <input type="checkbox"/> 4. Complete secondary <input type="checkbox"/> 1. Some primary <input type="checkbox"/> 5. Grade 12/Standard 10 <input type="checkbox"/> 2. Complete primary <input type="checkbox"/> 6. Higher <input type="checkbox"/> 3. Some secondary
A11. What religion (denomination) do you belong to?	
A12. How many years of training did it take for you to become a TMP?	
A13. How long have you been a TMP?	
A14. What do you specialise in?	

A15. Will you see a patient any time of day or night?					
A16. How many hours of work do you do per day? What are the opening and closing times of your surgery?	Mon				
	Tue				
	Wed				
	Thur				
	Fri				
	Sat				
	Sun				
A17. How many patients do you treat per day?	<input type="checkbox"/> adults <i>(cross through if this does not apply)</i> <input type="checkbox"/> children				
A18. On average, how long is a consultation?	<input type="checkbox"/> adults <i>(cross through if this does not apply)</i> <input type="checkbox"/> children				
A19. What is the average cost of a consultation? (without treatment)	<input type="checkbox"/> adults <i>(cross through if this does not apply)</i> <input type="checkbox"/> children				
A20. What is the average cost of a treatment per patient?	<input type="checkbox"/> adults <i>(cross through if this does not apply)</i> <input type="checkbox"/> children				
A21. Which category best describes your monthly income from traditional medicine? <i>(It is not necessary to answer this question)</i>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 0. Less than R200 <input type="checkbox"/> 1. R200 – R500 <input type="checkbox"/> 2. R500 – R1,000 <input type="checkbox"/> 3. R1,000 – R2,000 </div> <div> <input type="checkbox"/> 4. R2,000 – R3,000 <input type="checkbox"/> 5. R3,000 + <input type="checkbox"/> 6. Don't know/missing </div> </div>				
A22. Is this your only or main job?	<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No (specify other job) _____				
A23. Do you ever visit patients at their homes? When?					
A24. Why did you choose this profession?					
A25. Are you a member of a Traditional Healer's Association?	<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No.....Skip to A27				
A26. Which Traditional Healer's Association do you belong to?					
A27. Why do you / do you not belong to a Traditional Healer's Association? (What are the benefits / disadvantages?)					

B. Clientele	
B1. What is the main ethnic group of your clientele?	<input type="checkbox"/> 0. Zulu <input type="checkbox"/> 1. Sotho <input type="checkbox"/> 2. Xhosa <input type="checkbox"/> 3. Other (specify)_____
B2. Are your adult customers mostly male or female?	<input type="checkbox"/> 0. Male <input type="checkbox"/> 1. Female <input type="checkbox"/> 2. Both
B3. How far away do most of your customers live?	<input type="checkbox"/> 0. Live within 3km (within town) <input type="checkbox"/> 1. Live 3-5km away <input type="checkbox"/> 2. Live 5-10km away (another suburb) <input type="checkbox"/> 3. Live 10km+ away (out of town / other provinces)
B4. Do you think distance is important when people choose health services?	<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Other (specify)_____
B5. Are your customers mostly:	<input type="checkbox"/> 0. Low paid (unemployed / domestic worker) <input type="checkbox"/> 1. Average pay (teacher / nurse) <input type="checkbox"/> 2. Wealthy (Minister / Doctor / Lawyer / Businessman)
B6. Are your customers mostly:	<input type="checkbox"/> 0. Poorly dressed <input type="checkbox"/> 1. Average <input type="checkbox"/> 2. Well dressed
B7. Can most of your customers read or not?	<input type="checkbox"/> 0. Can read <input type="checkbox"/> 1. Can't read
B8. What is the main age group of the people you treat?	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 0. Mothers bringing <6 <input type="checkbox"/> 1. Mothers bringing 6+ <input type="checkbox"/> 2. Teenagers <19 <input type="checkbox"/> 3. Young adults 20-29 </div> <div> <input type="checkbox"/> 4. 30-39 <input type="checkbox"/> 5. 40-59 <input type="checkbox"/> 6. Older (60+) <input type="checkbox"/> 7. Other (please specify)_____ </div> </div>
B9. How many regular clients do you have?	
B10. Do your customers ask for the medicinal plants by name or do they describe their problem and ask you to prescribe the appropriate medicine?	<input type="checkbox"/> 0. Customers ask for a specific medicine by name <input type="checkbox"/> 1. Problem is described and prescription given <input type="checkbox"/> 2. Other (specify)_____

B11. What are the advantages of traditional medicine over Western medicine?					
B12. Indicate your level of agreement/disagreement to the following reasons why your customers might visit you instead of a clinic.					
	Disagree Strongly	Disagree	Do not know	Agree	Strongly Agree
0. Customers want a traditional medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Customers could not be cured at the clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There are no clinics close to where the customers live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Other medicines are too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff at clinic are rude/unhelpful/don't listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Queues are longer at clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other reason:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other reason:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13. Do you think your customers are comfortable coming to a traditional healer?	<input type="checkbox"/> 0. They are uncomfortable <input type="checkbox"/> 1. They appear comfortable <input type="checkbox"/> 2. Do not know <input type="checkbox"/> 3. Other _____				
B14. Why is it important for mothers with children under 6 to come to see you when their children are not well?					
B15. How readily do your customers accept price?	<input type="checkbox"/> 0. They bargain with you <input type="checkbox"/> 1. They accept your prices <input type="checkbox"/> 2. They leave if your prices are too high for them				
B16. Would you say that cost of medicine or treatment is important in deciding where to go when your child under 6 is ill?	<input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Other (specify) _____				
B17. If the medicinal plants the customers are looking for are not available, would you say customers would:	<input type="checkbox"/> 0. Settle for an alternative <input type="checkbox"/> 1. Leave the shop and look elsewhere <input type="checkbox"/> 2. Do not know				
B18. Would you say customers are concerned about ingredients when it comes to medicine?	<input type="checkbox"/> 0. Not concerned <input type="checkbox"/> 1. Very concerned <input type="checkbox"/> 2. Do not know				
B19. How would your customers react if traditional medicines were sold in modern packaging?	<input type="checkbox"/> 0. They would buy less <input type="checkbox"/> 1. They would buy more <input type="checkbox"/> 2. They would not change their use <input type="checkbox"/> 3. Do not know				

C. Illnesses treated				
C1. Are the main causes of the illnesses you treat in children under 6 natural or supernatural?		<input type="checkbox"/> 0. Natural cause <input type="checkbox"/> 1. Supernatural cause		
C2. Please can you give examples of childhood illnesses with a supernatural cause? How do you treat these?				
C3. Please can you give examples of childhood illnesses with a natural cause?				
C4. Are there any childhood illnesses you are not able to treat? Why? What do you do then?				
C5. Do you see many HIV+ mothers or children <6? What do you advise them?				
C6. Please can you describe the main roles in your job:				
1.	2.	3.	4.	5.
What are the most common kinds of childhood illnesses in this area?				
C7. Type of illness	a.	b.	c.	d.
C8. Signs and symptoms				
C9. Other words to describe illness?				
C10. Cause of illness				
C11. Action normally taken /treatment used				
C12. If child does not get better, or even gets worse, then what do you do?				
C13. Cost of treatment	<input type="checkbox"/> 0. ____Rand <input type="checkbox"/> 1. Paid in kind <input type="checkbox"/> 2. Nothing <input type="checkbox"/> 3. Don't know <input type="checkbox"/> 3. Other_____	<input type="checkbox"/> 0. ____Rand <input type="checkbox"/> 1. Paid in kind <input type="checkbox"/> 2. Nothing <input type="checkbox"/> 3. Don't know <input type="checkbox"/> 3. Other_____	<input type="checkbox"/> 0. ____Rand <input type="checkbox"/> 1. Paid in kind <input type="checkbox"/> 2. Nothing <input type="checkbox"/> 3. Don't know <input type="checkbox"/> 3. Other_____	<input type="checkbox"/> 0. ____Rand <input type="checkbox"/> 1. Paid in kind <input type="checkbox"/> 2. Nothing <input type="checkbox"/> 3. Don't know <input type="checkbox"/> 3. Other_____

D. Cause of illness/treatment

What are the causes of the following illnesses and what treatment do you give? *(Skip illness if already mentioned above)*

Illness	Causes of particular illnesses	Treatment (Type of treatment e.g. enema, injection and ingredients if possible)
D1. Diarrhoea		
D2. Blood in stools		
D3. Colds/Coughs		
D4. Fever		
D5. Vomiting		
D6. Weakness		
D7. Rash		
D8. Constipation		
D9. Worms		
D10. Inyoni		

D11. Do the type of symptoms / illness govern where a mother takes her child to be diagnosed or receive treatment?

E. Perceptions of health service /referrals

E1. In your opinion, how could health care be improved in Soweto/Johannesburg?

E2. Where is the easiest place to go for caregivers if their child under 6 is not well?

[] 0. Traditional midwife/birth attendant

[] 1. *Sangoma*

[] 2. *Inyanga*

[] 3. Public clinic

[] 4. Public hospital

[] 5. Private clinic / hospital

[] 6. GP

[] 7. Muthi shop

[] 8. Faith Healer

[] 9. Pharmacist

[] 10. Street trader /market

[] 11. Home treatment

[] 12. Other _____

E3. Where is the best place to go? Why?

E4. Do you ever refer children under 6 to the hospital or health centre? If yes when? If no, why not?

[] 0. Yes

[] 1. No

E5. Do doctors or nurses ever refer children under 6 to you? If yes, when?

[] 0. Yes

[] 1. No

E6. Why don't people like to admit they use traditional medicine?

E7. How can this be changed?

E8. How have things changed for TMPs since the end of apartheid? Are things better or worse?

E9. What do you think about the regulation of traditional medicine?

E10. What are the doctors/nurses like at the health centre/hospital?

If good, why?(Caring/provide medicine etc.) If bad, why? (Verbal/physical abuse etc.)

E11. What makes a TMP a good healer?

E12. What do you think about *abathandazeli* (members of African Independent Churches who heal with the power of the Holy Spirit)?

E13. How is health care today different from when you were a child?

F. Other TMPs and toxicity of herbal remedies													
F1. Are there many <i>sangomas</i> / <i>inyangas</i> / TBAs practising in your area?													
F2. Are there many TMPs who are not properly trained that you know of?													
F3. What are the problems with TMPs who are not properly trained?													
F4. Do TMPs charge different prices?													
F5. What happens if someone can't pay?													
F6. Are there any herbal remedies which can be harmful if administered incorrectly? Which ones?													
F7. Where do you get your ingredients from for your herbal remedies?													
F8. Is it true that some herbal remedies contain ingredients such as battery acid, vinegar or agri-chemicals? If yes, why?													
F9. Can you mix western medicines with African medicines? Which ones can be mixed?													
F10. If you give a child under 6 traditional / African medicines, how soon can you give them Western medicine?													
F9. Which medicines have you sold the most of in the last year for children under 6?	<table border="1"> <thead> <tr> <th>Name</th> <th>Use</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Use										
Name	Use												
F10. Have the sales of these medicinal plants changed or not in the last five years?													
F13 How do you package the medicine you sell?													

BECAUSE TRADITIONAL MEDICINE HAS AN IMPORTANT ROLE TO PLAY IN OUR HEALTH SERVICE, WOULD YOU BE WILLING TO LET ME INTERVIEW YOUR CLIENTS WHO HAVE A CHILD UNDER 6 TO FIND OUT HOW THEY MAKE DECISIONS ABOUT WHERE TO GO WHEN THEIR CHILD IS ILL? WE ARE ALSO INTERVIEWING MOTHERS AT OTHER TYPES OF HEALTH CARE PROVIDERS, SUCH AS THE PUBLIC CLINIC, PHARMACY AND PRIVATE CLINIC.

IT WOULD NOT INTERFERE WITH YOUR NORMAL BUSINESS, AND I CAN SHOW YOU A COPY OF THE QUESTIONS WE ASK THEM?

INTERVIEWERS OBSERVATION

Comments about the respondent/s:

Comments on specific questions:

In-depth interview guide with *muti* shop owner

1. How long have you had this shop?
2. How did you get into this business?
3. Where did you learn about traditional and herbal medicine?
4. What is your profession / What do you call yourself?
5. What are your opening hours here?
6. Do you have the same role as a pharmacy? How do you differ?
7. Are there many *muti* shops in Johannesburg / Soweto?
8. Who are your main customers? And from the general public?
9. Do people come in for advice when their children under 6 are not well?
10. What are the main illnesses of children under 6 that people want medicine / herbs for?
11. How would you treat these illnesses?
12. Are the main causes of the illnesses you treat in children under 6 natural or supernatural?
13. Please can you give examples of childhood illnesses with a supernatural cause?
How do you treat these?
14. Please can you give examples of childhood illnesses with a natural cause?
15. Are there any childhood illnesses you are not able to treat? Why? What do you do then?
16. Does the type of symptoms/illness govern where a mother takes her child to be diagnosed or receive treatment?
17. Caregivers use the sput with sunlight soap and water for treating diarrhea or constipation. Do you know what other treatments they can give, such as *impila*?
18. Do mothers / caregivers ask for your advice before buying a medicine or do they know what they want?
19. What is the main difference between going to a *muti* shop and an *Inyanga*?
20. Are you a member of a Traditional Healer's Association? How associations are there?
21. What are the advantages of belonging to a THA?
22. What do you do to become a member?
23. What are the main advantages of traditional medicine over western medicine?
24. What do customers get from traditional medicine that they can't get from Western medicine?
25. How readily do customers accept price?
26. Would you say that cost of medicine or treatment is important in deciding where to go when your child under 6 is ill?
27. Do TMPs charge different prices? What happens if someone can't pay?

28. Would you say customers are concerned about ingredients when it comes to medicine?
29. Why don't people like to admit they use traditional medicine?
30. How can this be changed?
31. What do you think about the regulation of traditional medicine?
32. What makes a TMP a good healer?
33. What do you think about *abathandazeli* (members of African Independent Churches who heal with the power of the Holy Spirit)?
34. Are there many TMPs who are not properly trained that you know of? What do the other traditional healers think of them?
35. What are the problems with TMPs who are not properly trained?
36. Are there any herbal remedies which can be harmful if administered incorrectly? Which ones?
37. Can you mix western medicines with African medicines? Which ones can be mixed? Which do caregivers normally give first?
38. If you give a child under 6 traditional / African medicines, how soon can you give them Western medicine?
39. Do you know much about the Dutch medicines and how these are used?
40. In your opinion, how could health care be improved in Soweto/Johannesburg?

BECAUSE TRADITIONAL MEDICINE HAS AN IMPORTANT ROLE TO PLAY IN OUR HEALTH SERVICE, WOULD YOU BE WILLING TO LET ME INTERVIEW YOUR CLIENTS WHO HAVE A CHILD UNDER 6 TO FIND OUT HOW THEY MAKE DECISIONS ABOUT WHERE TO GO WHEN THEIR CHILD IS ILL? WE ARE ALSO INTERVIEWING MOTHERS AT OTHER TYPES OF HEALTH CARE PROVIDERS, SUCH AS THE PUBLIC CLINIC, PHARMACY AND PRIVATE CLINIC.

IT WOULD NOT INTERFERE WITH YOUR NORMAL BUSINESS, AND I CAN SHOW YOU A COPY OF THE QUESTIONS WE ASK THEM?

Survey questionnaire

CONFIDENTIAL

Date: _____

Interviewer: _____

Place of Interview: _____

Facility type / status: _____

Start Time of Interview: _____

End Time of Interview: _____

ID _____

Primary Carer Interview Guide

A. Socio-demographic data of parent/guardian & household

A1. What language do you speak most often in your household?		A9. What is your place of birth?																															
<input type="checkbox"/> 0. Afrikaans <input type="checkbox"/> 6. Sesotho <input type="checkbox"/> 1. English <input type="checkbox"/> 7. Setswana <input type="checkbox"/> 2. IsiNdebele <input type="checkbox"/> 8. SiSwati <input type="checkbox"/> 3. IsiXhosa <input type="checkbox"/> 9. Tshivenda <input type="checkbox"/> 4. IsiZulu <input type="checkbox"/> 10. Xitsonga <input type="checkbox"/> 5. Sepedi <input type="checkbox"/> 11. Other (specify) _____		<input type="checkbox"/> 0. Gauteng <input type="checkbox"/> 1. Northern Province (Limpopo) <input type="checkbox"/> 2. North West <input type="checkbox"/> 3. Mpumalanga <input type="checkbox"/> 4. KwaZulu-Natal <input type="checkbox"/> 5. Western Cape <input type="checkbox"/> 6. Eastern Cape <input type="checkbox"/> 7. Northern Cape <input type="checkbox"/> 8. Free State <input type="checkbox"/> 9. other (specify) _____																															
A2. What is your age in completed years (or date of birth)?		A10. Area of residence (suburb)																															
_____ years __ / __ / __ (dd/mm/yy)		<input type="checkbox"/> 0. _____ <input type="checkbox"/> 1. None																															
A3. Sex		A11. How long have you lived in Johannesburg/Soweto?																															
<input type="checkbox"/> 0. Male <input type="checkbox"/> 1. Female		<input type="checkbox"/> 0. Less than 1 year <input type="checkbox"/> 1. 1 – 5 years <input type="checkbox"/> 2. 5 – 10 years <input type="checkbox"/> 3. 10 years + <input type="checkbox"/> 4. All my life																															
A4. Weight		A12. How many people are there in your household?																															
_____ (Kg)		Children under 16 <input type="checkbox"/> Adults (anyone aged 16+) <input type="checkbox"/> Pensioner <input type="checkbox"/>																															
A5. Height		A13. Have any of your children passed away? (Check road to health card if available)																															
_____ (cm)		<input type="checkbox"/> 0. Yes (ages) _____ <input type="checkbox"/> 1. No skip to A15																															
A6. What religion (denomination) do you belong to?		A14. Do you know the cause of their death?																															
<input type="checkbox"/> 0. _____ <input type="checkbox"/> 1. None		<input type="checkbox"/> 0. Yes (cause) _____ <input type="checkbox"/> 1. No																															
A7. What is your marital status?		A15. How many children are still alive aged: (circle answer for each age group or fill in number) (check road to health card if available)																															
<input type="checkbox"/> 0. Single <input type="checkbox"/> 1. Married <input type="checkbox"/> 2. Divorced <input type="checkbox"/> 3. Separated <input type="checkbox"/> 4. Widowed <input type="checkbox"/> 5. Living together like married partners		<table border="1"> <tr> <td>0. < 1 year</td> <td>N/A</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>1. 1 - 5 years</td> <td>N/A</td> <td>1</td> <td>2</td> <td>_____</td> </tr> <tr> <td>2. 6 - 10 years</td> <td>N/A</td> <td>1</td> <td>2</td> <td>_____</td> </tr> <tr> <td>3. 11 - 15 years</td> <td>N/A</td> <td>1</td> <td>2</td> <td>_____</td> </tr> <tr> <td>4. 16 - 20 years</td> <td>N/A</td> <td>1</td> <td>2</td> <td>_____</td> </tr> <tr> <td>5. 21 years +</td> <td>N/A</td> <td>1</td> <td>2</td> <td>_____</td> </tr> </table>		0. < 1 year	N/A	1			1. 1 - 5 years	N/A	1	2	_____	2. 6 - 10 years	N/A	1	2	_____	3. 11 - 15 years	N/A	1	2	_____	4. 16 - 20 years	N/A	1	2	_____	5. 21 years +	N/A	1	2	_____
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4. 16 - 20 years	N/A	1	2	_____																													
5. 21 years +	N/A	1	2	_____																													
A8. What was your highest education level reached?																																	
<input type="checkbox"/> 0. None <input type="checkbox"/> 4. Complete secondary <input type="checkbox"/> 1. Some primary <input type="checkbox"/> 5. Grade 12/Standard 10 <input type="checkbox"/> 2. Complete primary <input type="checkbox"/> 6. Higher <input type="checkbox"/> 3. Some secondary																																	

<p>A16. Do you get any support from friends / relatives with child care? (money / health care / child minding / transport)</p> <p><input type="checkbox"/> 0. No support</p> <p><input type="checkbox"/> 1. Support from friends</p> <p><input type="checkbox"/> 2. Support from relatives</p> <p><input type="checkbox"/> 3. Support from friends and relatives</p>	<p>A22. Do you own any of the following (in working condition):</p> <p><i>Tick all that apply</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 0. Car</td> <td><input type="checkbox"/> 6. Bicycle</td> </tr> <tr> <td><input type="checkbox"/> 1. Television</td> <td><input type="checkbox"/> 7. CD Player</td> </tr> <tr> <td><input type="checkbox"/> 2. Cell phone</td> <td><input type="checkbox"/> 8. Computer</td> </tr> <tr> <td><input type="checkbox"/> 3. Fridge</td> <td><input type="checkbox"/> 9. Radio</td> </tr> <tr> <td><input type="checkbox"/> 4. Stove</td> <td><input type="checkbox"/> 10. Telephone</td> </tr> <tr> <td><input type="checkbox"/> 5. Microwave</td> <td></td> </tr> </table>	<input type="checkbox"/> 0. Car	<input type="checkbox"/> 6. Bicycle	<input type="checkbox"/> 1. Television	<input type="checkbox"/> 7. CD Player	<input type="checkbox"/> 2. Cell phone	<input type="checkbox"/> 8. Computer	<input type="checkbox"/> 3. Fridge	<input type="checkbox"/> 9. Radio	<input type="checkbox"/> 4. Stove	<input type="checkbox"/> 10. Telephone	<input type="checkbox"/> 5. Microwave											
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<input type="checkbox"/> 5. Microwave																							
<p>A17. How many adults in the household have got work or are unemployed?</p> <p>Got work <input type="checkbox"/> <input type="checkbox"/></p> <p>Unemployed <input type="checkbox"/> <input type="checkbox"/></p> <p>Retired <input type="checkbox"/> <input type="checkbox"/></p>	<p>A23. What is the amount of income that comes into your house each month/year</p> <p><i>(all the money which all your family members may earn)</i></p> <p><i>The respondent does not have to answer this question</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Monthly income</th> <th style="text-align: left; padding: 5px;">Annual income</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 0. < R400 per month</td> <td><input type="checkbox"/> 0. < R 4,800</td> </tr> <tr> <td><input type="checkbox"/> 1. R400 – R800</td> <td><input type="checkbox"/> 1. R 4,800 – R 9,600</td> </tr> <tr> <td><input type="checkbox"/> 2. R800 – R1,500</td> <td><input type="checkbox"/> 2. R 9,600 – R18,000</td> </tr> <tr> <td><input type="checkbox"/> 3. R1,500 – R2,500</td> <td><input type="checkbox"/> 3. R 18,000 – R 30,000</td> </tr> <tr> <td><input type="checkbox"/> 4. R2,500 – R6,000</td> <td><input type="checkbox"/> 4. R 30,000 – R 72,000</td> </tr> <tr> <td><input type="checkbox"/> 5. R6,000 – R12,000</td> <td><input type="checkbox"/> 5. R 72,000 – R 144,000</td> </tr> <tr> <td><input type="checkbox"/> 6. R12,000 – R18,000</td> <td><input type="checkbox"/> 6. R 144,000 – R 216,000</td> </tr> <tr> <td><input type="checkbox"/> 7. R18,000 – R30,000</td> <td><input type="checkbox"/> 7. R 216,000 – R 360,000</td> </tr> <tr> <td><input type="checkbox"/> 8. R30,000+</td> <td><input type="checkbox"/> 8. R 360,000+</td> </tr> <tr> <td><input type="checkbox"/> 9. Don't know/Unspecified</td> <td><input type="checkbox"/> 9. Don't know/Unspecified</td> </tr> </tbody> </table>	Monthly income	Annual income	<input type="checkbox"/> 0. < R400 per month	<input type="checkbox"/> 0. < R 4,800	<input type="checkbox"/> 1. R400 – R800	<input type="checkbox"/> 1. R 4,800 – R 9,600	<input type="checkbox"/> 2. R800 – R1,500	<input type="checkbox"/> 2. R 9,600 – R18,000	<input type="checkbox"/> 3. R1,500 – R2,500	<input type="checkbox"/> 3. R 18,000 – R 30,000	<input type="checkbox"/> 4. R2,500 – R6,000	<input type="checkbox"/> 4. R 30,000 – R 72,000	<input type="checkbox"/> 5. R6,000 – R12,000	<input type="checkbox"/> 5. R 72,000 – R 144,000	<input type="checkbox"/> 6. R12,000 – R18,000	<input type="checkbox"/> 6. R 144,000 – R 216,000	<input type="checkbox"/> 7. R18,000 – R30,000	<input type="checkbox"/> 7. R 216,000 – R 360,000	<input type="checkbox"/> 8. R30,000+	<input type="checkbox"/> 8. R 360,000+	<input type="checkbox"/> 9. Don't know/Unspecified	<input type="checkbox"/> 9. Don't know/Unspecified
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<input type="checkbox"/> 9. Don't know/Unspecified	<input type="checkbox"/> 9. Don't know/Unspecified																						
<p>A18. What is your occupation?</p> <p><input type="checkbox"/> 0. Unemployed.....skip to A20</p> <p><input type="checkbox"/> 1. Self-employed</p> <p><input type="checkbox"/> 2. Employed part-time</p> <p><input type="checkbox"/> 3. Employed full-time</p> <p><input type="checkbox"/> 4. Housewife.....skip to A20</p> <p><input type="checkbox"/> 5. Student.....skip to A20</p> <p><input type="checkbox"/> 6. Pensioner / Too old to work.....skip to A20</p> <p><input type="checkbox"/> 7. Unable to work due to illness/disability.....skip to A20</p> <p><input type="checkbox"/> 8. Unspecified.....skip to A20</p>	<p>A24. What type of home do you stay in?</p> <p><input type="checkbox"/> 0. 4 rooms in township</p> <p><input type="checkbox"/> 1. Back room / garage attached to house</p> <p><input type="checkbox"/> 2. Flat</p> <p><input type="checkbox"/> 3. Big house</p> <p><input type="checkbox"/> 4. Hostel</p> <p><input type="checkbox"/> 5. Shack</p> <p><input type="checkbox"/> 6. Traditional homestead</p> <p><input type="checkbox"/> 7. Rented room</p> <p><input type="checkbox"/> 8. Other (specify) _____</p>																						
<p>A19. What job/jobs do you have?</p> 	<p>A25. How many rooms including kitchens are there for your household? (exclude bathrooms, sheds, garages, stables etc)</p> 																						
<p>A20. What is the occupation of the head of the household? (Who earns the most)</p> <p>Tick if respondent is the head of the household <input type="checkbox"/></p> <p><input type="checkbox"/> 0. Manager/senior official/legislator</p> <p><input type="checkbox"/> 1. Professional (doctor/lawyer/teacher/nurse)</p> <p><input type="checkbox"/> 2. Administrative / Secretarial</p> <p><input type="checkbox"/> 3. Retail / Services / Tertiary sector</p> <p><input type="checkbox"/> 4. Factory worker/Plant/machine operators</p> <p><input type="checkbox"/> 5. Construction / manual labour</p> <p><input type="checkbox"/> 6. Transport</p> <p><input type="checkbox"/> 7. Armed forces / police</p> <p><input type="checkbox"/> 8. Informal sector</p> <p><input type="checkbox"/> 9. Domestic worker / cleaner</p> <p><input type="checkbox"/> 10. Unemployed</p> <p><input type="checkbox"/> 11. Retired / Pensioner</p> <p><input type="checkbox"/> 12. Other (specify) _____</p>	<p>A26. Is anyone in your family covered by a Medical Aid or Medical Benefit Scheme?</p> <p><i>(Any scheme that helps you pay for health/drug services?)</i></p> <p><input type="checkbox"/> 0. Yes</p> <p><input type="checkbox"/> 1. No</p> <p><input type="checkbox"/> 2. Don't know</p>																						
<p>A21. Would you say that people in your home are often, sometimes, seldom or never hungry because there isn't enough food?</p> <p><input type="checkbox"/> 0. Often <input type="checkbox"/> 3. Never</p> <p><input type="checkbox"/> 1. Sometimes <input type="checkbox"/> 4. Missing</p> <p><input type="checkbox"/> 2. Seldom</p>																							

B. Socio-demographic & health data of youngest child (<6 yr)

B1. For what reason are you bringing your child here today? <input type="checkbox"/> 0. Immunisation <input type="checkbox"/> 1. Diarrhoea <input type="checkbox"/> 2. Constipation <input type="checkbox"/> 3. Vomiting <input type="checkbox"/> 4. Injury (wound /burn) <input type="checkbox"/> 5. Poisoning <input type="checkbox"/> 6. Cold / runny nose <input type="checkbox"/> 7. Cough / asthma <input type="checkbox"/> 8. Crying / restlessness <input type="checkbox"/> 9. Colic <input type="checkbox"/> 10. Meningitis <input type="checkbox"/> 11. Epilepsy / fits <input type="checkbox"/> 12. Bedwetting <input type="checkbox"/> 13. Jaundice <input type="checkbox"/> 14. Growth problems <input type="checkbox"/> 15. Disability <input type="checkbox"/> 16. Eye problems <input type="checkbox"/> 17. Ear problems <input type="checkbox"/> 18. Skin problems / Rash <input type="checkbox"/> 19. Teething <input type="checkbox"/> 20. Nyoni <input type="checkbox"/> 21. Ibala (red mark on back of head) <input type="checkbox"/> 22. Ishashaza (thrush in mouth) <input type="checkbox"/> 23. Umfalo wamadlozi (kwashiorkor) <input type="checkbox"/> 24. Other _____		B9. Was child fully breast fed? (Breastfeeding and plain water only). If yes, for how long? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. _____ months <input type="checkbox"/> 2. _____ years
B2. What is the child's age in completed years (or date of birth)? _____ years/months ____ / ____ / ____ (dd/mm/yy)		B10. Is child still being breast fed? <input type="checkbox"/> 0. N/A, never breastfed <input type="checkbox"/> 1. Yes, exclusively <input type="checkbox"/> 2. Yes, fully <input type="checkbox"/> 3. No
B3. Sex <input type="checkbox"/> 0. Male <input type="checkbox"/> 1. Female		B11. Since he/she was born, would you say that his/her health in general has been _____? <input type="checkbox"/> 0. Very good...skip to B13 <input type="checkbox"/> 1. Good.....skip to B13 <input type="checkbox"/> 2. Average <input type="checkbox"/> 3. Poor <input type="checkbox"/> 4. Very poor <input type="checkbox"/> 5. Not sure
B4. Current weight _____(Kg)		B12. Main reason for poor health since birth (tick all that apply) <input type="checkbox"/> 0. N/A <input type="checkbox"/> 1. Premature baby <input type="checkbox"/> 2. Stomach problems <input type="checkbox"/> 3. Chest problems <input type="checkbox"/> 4. Growth problems <input type="checkbox"/> 5. Ear problems <input type="checkbox"/> 6. Eye problems <input type="checkbox"/> 7. Heart problems <input type="checkbox"/> 8. Skin problems <input type="checkbox"/> 9. Crying / Restlessness <input type="checkbox"/> 10. Nyoni <input type="checkbox"/> 11. Ibala (red mark on neck) <input type="checkbox"/> 12. Colic <input type="checkbox"/> 13. Bedwetting <input type="checkbox"/> 14. Bad dreams <input type="checkbox"/> 15. Fits / Epilepsy <input type="checkbox"/> 16. Disability <input type="checkbox"/> 17. Other _____
B5. Current height _____(cm)		B13. Do you have a Road to Health Card with you today where your child's vaccinations are written down? <input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No.....Skip to B15.
B6. Birth weight (RTH card) _____(Kg)	B7. Birth height (RTH card) _____(cm)	B14. Please tick the vaccinations child has had so far. <input type="checkbox"/> 0. BCG <input type="checkbox"/> 1. Polio 0 (at birth) <input type="checkbox"/> 2. Polio 1 <input type="checkbox"/> 3. Polio 2 <input type="checkbox"/> 4. Polio 3 <input type="checkbox"/> 5. DPT 1 <input type="checkbox"/> 6. DPT 2 <input type="checkbox"/> 7. DPT 3 <input type="checkbox"/> 8. Hep. B 1 <input type="checkbox"/> 9. Hep. B 2 <input type="checkbox"/> 10. Hep. B 3 <input type="checkbox"/> 11. Hib 1 <input type="checkbox"/> 12. Hib 2 <input type="checkbox"/> 13. Hib 2 <input type="checkbox"/> 14. Measles
B8. How soon after birth was this child given a bottle? <input type="checkbox"/> 0. Not given yet <input type="checkbox"/> 1. Straight away <input type="checkbox"/> 2. After _____ days <input type="checkbox"/> 3. Other _____		B15. Did child ever receive any vaccinations to prevent him/her from getting diseases? <input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Don't know

C. Knowledge of child illnesses/causes/treatment & behaviour

C1. Who makes decisions about what to do if your child is not well?

- ☐ 0. Mother of child ☐ 2. Both parents
☐ 1. Father of child ☐ 3. Other (specify) _____

C2. What are the 3 most common kinds of child health problems your child under 6 has experienced?

- ☐ 0. Diarrhoea ☐ 8. Ring worm
☐ 1. Cold ☐ 9. Colic
☐ 2. Runny nose ☐ 10. Constipation
☐ 3. Cough ☐ 11. Teething
☐ 4. Fever ☐ 12. Injury
☐ 5. Vomiting ☐ 13. Other (specify) _____
☐ 6. Rash
☐ 7. Inyoni

C3. What symptoms would you consider to be serious for your child's health?

C4. When do you think a child under 6 would need a drip? Why do you / do you not think it is important?

C5. Which Staaps do you use for your child under 6?

- ☐ 0. Stuijdruppels
☐ 1. Haarlemensis
☐ 2. Behoedmiddel
☐ 3. Krampdruppels
☐ 4. Borsdruppels
☐ 5. Duiwelsdrek
☐ 6. Duiwelsdrekdruppels
☐ 7. Doepa
☐ 8. Entressdruppels
☐ 9. Essens Groen Amara
☐ 10. Jamaikagemmer
☐ 11. Balsen-Kopiva

C6. Which Staaps can you mix? Why do you mix them? (Write numbers from above)

C7. Where do you get most of your western medicines from?

- ☐ 0. Chemist
☐ 1. Supermarket

C8. Does the doctor or chemist explain the medicine instructions clearly to you?

- ☐ 0. Yes
☐ 1. No

C9. Now I would like you tell me what you would NORMALLY do if your child UNDER 6 had this symptom?

	What treatment would you FIRST give the child NORMALLY?	Then where would you go what would you do if problem continues?
1) Diarrhoea	A	B
2) Cough	A	B
3) Fever	A	B
4) Vomiting	A	B
5) Constipation	A	B
6) Cold / flu	A	B
7) Inyoni	A	B
8) Ibala	A	B
9) Crying / Restlessness	A	B
10) Teething	A	B

C10. A. Beginning last _____, what general health problems (natural or Bantu) has your child experienced in these last 7 days?	Problem		First started
B. When did the problem/s <u>first start</u> ?			
C. Has the problem been going on for longer than a week? – <u>For how long?</u>			
D. How <u>serious</u> do you think the problem is <u>today</u> ?	<input type="checkbox"/> 0. Not serious <input type="checkbox"/> 1. Quite serious <input type="checkbox"/> 2. Very serious		
E. How have your feelings about the problem changed since it started? (<u>On what day</u> did you begin to worry more and <u>why</u> ?)			
F. Did you <u>recognise</u> what the problem was straight away or did you have to ask someone for <u>advice</u> ?	<input type="checkbox"/> 0. Recognised problem straight away <input type="checkbox"/> 1. Had to ask someone for advice _____		
G. <u>Who</u> did you ask and <u>when</u> ?			
H. <u>Why</u> did you ask <u>that person</u> ?			
I. Has any <u>treatment</u> been given?	<input type="checkbox"/> 0. Treatment given <input type="checkbox"/> 1. No treatment given		
K. What was given and in what order? (<u>On what days</u> and <u>how many days</u> <u>apart</u> ?)	Day	Treatment	From where
J. <u>Where</u> did you get the <u>treatment</u> from?			
L. <u>Who</u> recommended this treatment?			
M. How many <u>different people</u> have you seen about this problem and <u>in what order</u> ?	1. 2. 3. 4. 5.		
N. <u>Why</u> did you speak to <u>different people</u> ?			
O. <u>Why</u> did you choose to come to <u>this health care provider today</u> ?			

D. Use of African traditional medicine

We think that traditional medicine is a very important part of South Africa's health care system and we are very interested to hear if you have had any experience with this.

D1. Have you ever given your child under 6 traditional/herbal medicine (*doesn't have to be from a traditional healer*)

- ☐ 0. Yes ☐ 1. No.....skip to D5

D2. Where do you normally get the traditional medicine from?

- ☐ 0. N/A ☐ 5. Bush / Garden
☐ 1. Traditional healer ☐ 5. Friend
☐ 2. Market ☐ 6. Relative _____
☐ 3. Pharmacist ☐ 7. Elsewhere (specify) _____
☐ 4. Muli shop _____

D3. Which are the main traditional medicines you have used for your child under 6 and for what reason?

Herbal Remedy	Use

D4. Do you normally give traditional medicine first or western medicine first?

- ☐ 0. Traditional medicine first
☐ 1. Western medicine first
☐ 2. No preference

D5. Can you give western and African medicines at the same time?

- ☐ 0. Yes ☐ 2. Depends on medicines
☐ 1. No ☐ 3. Depends on illness
☐ 2. Not sure ☐ 4. Other (specify) _____

D6. If you give a child African medicine, how soon can you give a child western medicine?

- ☐ 0. Straight away ☐ 3. Next day
☐ 1. Few hours later ☐ 4. Other (specify) _____
☐ 2. Later on in day

D7. Think back to 1990 (When Mandela was released). Have the number of times that **YOU** visit a traditional healer changed in the last few years?

- ☐ 0. N/A
☐ 1. I now go more often
☐ 2. I now go less often
☐ 3. I now go the same as before..... skip to D9
☐ 4. I don't go anymore

D8. If you have changed your use, why?

- ☐ 0. N/A ☐ 3. Waiting times at clinics
☐ 1. Free health care ☐ 4. Doctor / nurse said so
☐ 2. Attitudes of clinic staff ☐ 5. Other (specify) _____

D9. Why do you / do you not take your child under 6 to visit a traditional healer?

- ☐ 0. Association with witchcraft ☐ 4. Quality of care
☐ 1. Outcome of treatment ☐ 5. Access
☐ 2. Cost of treatment ☐ 6. Doesn't believe
☐ 3. Cost of consultation ☐ 7. Other (specify) _____

D10. Did you go to an antenatal clinic or classes at any time during your pregnancy of your child <6?

- ☐ 0. Yes ☐ 1. No

D11. Did you visit a TBA at any time during your pregnancy of your child <6 or after the birth (even an older female relative)?

- ☐ 0. Yes ☐ 1. No.....Skip to D13

D12. What was the reason for visiting the traditional midwife?

- ☐ 0. N/A ☐ 3. Easier to access
☐ 1. Treatment/medicine works ☐ 4. Other (specify)
☐ 2. Good quality of care

D13. Did you take any herbal remedies during your pregnancy of this child under 6? *If Yes Which ones? What for?*

- ☐ 0. No ☐ 1. Yes

Herbal Remedy	Use

E. Perceptions of health services (opinions/feelings)

E1. If money was not a problem, where would be the best place to go to make sure that your child makes a good recovery?

Read answers

- ☐ 0. N/A
- ☐ 1. Self (at home)
- ☐ 2. GP
- ☐ 3. Public clinic
- ☐ 4. Public hospital
- ☐ 5. Private western clinic/hospital
- ☐ 6. Pharmacist
- ☐ 7. Muli shop
- ☐ 8. Sangoma
- ☐ 9. Inyanga
- ☐ 10. Faith Healer
- ☐ 11. Street trader / Market
- ☐ 12. It depends on the treatment I need
- ☐ 13. It depends on the illness/problem (specify) _____
- ☐ 14. Other (specify) _____

E2. Why would this be the best?

- ☐ 0. Waiting time
- ☐ 1. Cost of treatment or medicine
- ☐ 2. Distance to travel
- ☐ 3. Staff attitudes
- ☐ 4. Belief in treatment / medicine
- ☐ 5. Enough doctors and nurses
- ☐ 6. Other (specify) _____

E3. In terms of what you can afford, where is the best place to go to make sure that your child makes a good recovery?

E4. Why would this be the best?

- ☐ 0. Waiting time
- ☐ 1. Cost of treatment or medicine
- ☐ 2. Distance to travel
- ☐ 3. Staff attitudes
- ☐ 4. Belief in treatment / medicine
- ☐ 5. Enough doctors and nurses
- ☐ 6. Other (specify) _____

E5. Which is the closest / easiest place to go from where you live if your child under 6 is not well?

E6. Which is the most furthest to get to from where you live if your child under 6 is not well?

E7. How do you normally travel to the doctor or traditional healer that you take your child to?

- ☐ 0. N/A
- ☐ 1. Walk
- ☐ 2. Family's own car
- ☐ 3. Taxi
- ☐ 4. Bus
- ☐ 5. Train
- ☐ 6. Lift with a friend/relative
- ☐ 7. Other (specify) _____

E8. Why do people think it is better to go straight to the hospital than to go to the public clinic?

- ☐ 0. Waiting time
- ☐ 1. Staff attitudes
- ☐ 2. Clinic has no drip
- ☐ 3. Clinic has no doctor
- ☐ 4. Clinic only gives you Panado
- ☐ 5. They don't know how to treat this problem at the clinic
- ☐ 6. Lack of equipment
- ☐ 7. Other (specify) _____

E9. Which is the most important when deciding where to take your sick child? **(CHOOSE ONE)**

- ☐ 0. Waiting time
- ☐ 1. Cost of treatment or medicine
- ☐ 2. Distance to travel
- ☐ 3. Staff attitudes
- ☐ 4. Belief in treatment / medicine
- ☐ 5. Do not know
- ☐ 6. Other (specify) _____

E10. Do you think traditional medicine is cheap, affordable or expensive?

- ☐ 0. Cheap ☐ 2. Expensive
- ☐ 1. Affordable ☐ 3. Don't know

E11. Do you ever shop around for cheaper prices for traditional medicine?

- ☐ 0. Yes ☐ 2. Sometimes
- ☐ 1. No

E12. If you / people you know take a child to a traditional healer, how do you know they are good?

- ☐ 0. N/A
- ☐ 1. Medicine they have given has worked in past
- ☐ 2. They listen and understand the problem
- ☐ 3. Recommended by relative/friend
- ☐ 4. Don't know
- ☐ 5. Other (specify) _____

<p>E13. What do you think about <u>abathandazeli</u> / <u>abaprofeti</u> for treating children under 6?</p> <p><input type="checkbox"/> 0. Healing works</p> <p><input type="checkbox"/> 1. Healing does not work</p> <p><input type="checkbox"/> 2. Depends on illness _____</p> <p><input type="checkbox"/> 3. Not sure</p> <p><input type="checkbox"/> 4. Maybe</p> <p><input type="checkbox"/> 3. Other (specify) _____</p>	<p>E17. What were the <u>nurses</u> like for <u>antenatal care/labour</u> etc?</p> <p>PUBLIC CLINIC / PUBLIC HOSPITAL / PRIVATE HOSPITAL</p> <p><input type="checkbox"/> 0. N/A</p> <p><input type="checkbox"/> 1. Caring/friendly</p> <p><input type="checkbox"/> 2. Helpful - spend enough time</p> <p><input type="checkbox"/> 3. Polite</p> <p><input type="checkbox"/> 4. Impolite (verbal abuse)</p> <p><input type="checkbox"/> 5. Impolite (physical abuse)</p> <p><input type="checkbox"/> 6. Unfriendly</p> <p><input type="checkbox"/> 7. Unhelpful – don't spend enough time</p> <p><input type="checkbox"/> 8. Other (specify) _____</p>
<p>E14. Have you ever taken your child under 6 to the <u>abathandazeli</u> / <u>abaprofeti</u> when they are not well?</p> <p><input type="checkbox"/> 0. Yes</p> <p><input type="checkbox"/> 1. No</p> <p><input type="checkbox"/> 3. Other (specify) _____</p>	<p>E18. Do you complain if staff are rude/queues are long at the health centre/hospital?</p> <p><input type="checkbox"/> 0. N/A</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No..... skip to E20</p>
<p>E15. What are the <u>doctors</u> like at the clinic when you take your child for treatment? i.e. do they treat you well / spend enough time with you? (can tick more than 1)</p> <p>PUBLIC CLINIC / PUBLIC HOSPITAL / PRIVATE HOSPITAL</p> <p><input type="checkbox"/> 0. N/A</p> <p><input type="checkbox"/> 1. There are a lack of doctors</p> <p><input type="checkbox"/> 2. Caring/friendly</p> <p><input type="checkbox"/> 3. Helpful - spend enough time</p> <p><input type="checkbox"/> 4. Polite</p> <p><input type="checkbox"/> 5. Impolite (verbal abuse)</p> <p><input type="checkbox"/> 6. Impolite (physical abuse)</p> <p><input type="checkbox"/> 7. Unfriendly</p> <p><input type="checkbox"/> 8. Unhelpful – don't spend enough time</p> <p><input type="checkbox"/> 9. Other (specify) _____</p>	<p>E19. Who do you complain to?</p> <p><input type="checkbox"/> 0. N/A</p> <p><input type="checkbox"/> 1. Others in queue</p> <p><input type="checkbox"/> 2. Suggestion box</p> <p><input type="checkbox"/> 3. Head of health centre</p> <p><input type="checkbox"/> 4. Other member of staff</p> <p><input type="checkbox"/> 5. Other (specify) _____</p> <p>E20. Do you think complaining to staff makes a difference?</p> <p><input type="checkbox"/> 0. Yes</p> <p><input type="checkbox"/> 1. No</p> <p><input type="checkbox"/> 2. Sometimes</p> <p><input type="checkbox"/> 3. Other (specify) _____</p>
<p>E16. What are the <u>nurses</u> like at the clinic when you take your child for treatment? i.e. do they treat you well / spend enough time with you? (can tick more than 1)</p> <p>PUBLIC CLINIC / PUBLIC HOSPITAL / PRIVATE HOSPITAL</p> <p><input type="checkbox"/> 0. N/A</p> <p><input type="checkbox"/> 1. There are a lack of nurses</p> <p><input type="checkbox"/> 2. Caring/friendly</p> <p><input type="checkbox"/> 3. Helpful - spend enough time</p> <p><input type="checkbox"/> 4. Polite</p> <p><input type="checkbox"/> 5. Impolite (verbal abuse)</p> <p><input type="checkbox"/> 6. Impolite (physical abuse)</p> <p><input type="checkbox"/> 7. Unfriendly</p> <p><input type="checkbox"/> 8. Unhelpful – don't spend enough time</p> <p><input type="checkbox"/> 9. Other (specify) _____</p>	<p>E21. In your opinion, how could child health care be improved in Soweto/Johannesburg?</p> <p><input type="checkbox"/> 0. Reduce waiting times</p> <p><input type="checkbox"/> 1. More doctors</p> <p><input type="checkbox"/> 2. Stop free health care – make people pay</p> <p><input type="checkbox"/> 3. Improve staff attitudes at clinics / hospitals</p> <p><input type="checkbox"/> 4. Integration of traditional and western medicine</p> <p><input type="checkbox"/> 5. Registration of traditional healers</p> <p><input type="checkbox"/> 6. Don't know</p> <p><input type="checkbox"/> 7. Other (specify) _____</p>

INTERVIEWERS OBSERVATION

Comments about the respondent/s or other information on Road to Health Card (illnesses etc):

Comments on specific questions:

Diaries

1 week diary for childhood illnesses



Child's DOB: __ / __ / __

Study ID number:

Aim:

The aim of this diary is to help you remember what you do when your child is ill – who you speak to, what advice you get, where you go (the inyanga, the clinic or do you treat the child yourself?), why you go there and what treatment is given. All the information you provide will help us to think of ways of improving the health service in South Africa!!

Traditional medicine plays a very important role in South Africa's health system and we are very interested to hear about your experiences with traditional healers as well any religious group you belong to, if they help when your child is not well. Even if you only buy traditional medicine from the market trader or Panado from the pharmacist, let us know! These people are also important providers in South Africa's health care system.

Instructions:

For the next 7 days starting today, please fill in each section, preferably each day (this should only take a minute or two). Keep the diary in a place where you won't forget it, such as by the telephone if you have one or next to where you sleep.

If the child has no symptoms of illness, all you have to write for that day is 'no symptoms'. If they have any problems, i.e. crying a lot, won't eat, diarrhoea, teething, runny nose. No matter how small you think it is, or how long it continues for, please tell us.

If you have any questions please contact Birth to Twenty on 0800-131818.

All information that you provide us with will be kept confidential.

Before today:

1. What symptom(s) does your child have today that started before today?

2. How serious do you think these symptoms are?

- ☐ Not serious – will get better without treatment
- ☐ Wait 24 hours and see what happens
- ☐ Quite worried – ask someone for advice
- ☐ Very worried – go seek help immediately
- ☐ Other (specify) _____

3. Have you ask anyone for advice before today? (Write number in box of all that you saw in order of when you saw them)

- ☐ No one
- ☐ Relative (specify) _____
- ☐ Neighbour
- ☐ Friend
- ☐ Inyanga
- ☐ Sangoma
- ☐ Private western doctor / nurse
- ☐ Doctor / nurse in the health clinic
- ☐ Doctor / nurse in the public hospital
- ☐ Faith Healer
- ☐ Muti shop
- ☐ Pharmacist
- ☐ Street trader / market
- ☐ Traditional birth attendant
- ☐ Other _____

4. Did you take the child anywhere for treatment? (Any of the above or did you yourself treat the child?)

5. What treatment was the child given?

6. Were you happy with the treatment and provider? (State reason(s) why)

- ☐ Yes _____
- ☐ No _____

DAY 1 (Today)

1. What symptom(s) has your child had today? (Symptoms may have continued from day before)

2. How serious do you think these symptoms were today?

- ☐ Not serious – will get better without treatment
- ☐ Wait 24 hours and see what happens
- ☐ Quite worried – ask someone for advice
- ☐ Very worried – go seek help immediately
- ☐ Other (specify) _____

3. Did you ask anyone for advice today?

- ☐ No one
- ☐ Relative (specify) _____
- ☐ Neighbour
- ☐ Friend
- ☐ Inyanga
- ☐ Sangoma
- ☐ Private western doctor / nurse
- ☐ Doctor / nurse in the health clinic
- ☐ Doctor / nurse in the public hospital
- ☐ Faith Healer
- ☐ Muli shop
- ☐ Pharmacist
- ☐ Street trader / market
- ☐ Traditional birth attendant
- ☐ Other _____

4. Did you take the child anywhere for treatment today? (Any of the above or did you yourself treat the child?)

5. What treatment was the child given?

6. Were you happy with the treatment and provider? (State reason(s) why)

- ☐ Yes _____
- ☐ No _____

DAY 2

1. What symptom(s) has your child had today? (Symptoms may have continued from day before)

2. How serious do you think they were today?

- ☐ Not serious – will get better without treatment
- ☐ Wait 24 hours and see what happens
- ☐ Quite worried – ask someone for advice
- ☐ Very worried – go seek help immediately
- ☐ Other (specify) _____

3. Did you ask anyone for advice today?

- ☐ No one
- ☐ Relative (specify) _____
- ☐ Neighbour
- ☐ Friend
- ☐ Inyanga
- ☐ Sangoma
- ☐ Private western doctor / nurse
- ☐ Doctor / nurse in the health clinic
- ☐ Doctor / nurse in the public hospital
- ☐ Faith Healer
- ☐ Muli shop
- ☐ Pharmacist
- ☐ Street trader / market
- ☐ Traditional birth attendant
- ☐ Other _____

4. Did you take the child anywhere for treatment today? (Any of the above or did you yourself treat the child?)

5. What treatment was the child given?

6. Were you happy with the treatment and provider? (State reason(s) why)

- ☐ Yes _____
- ☐ No _____

DAY 3

1. What symptom(s) has your child had today? (Symptoms may have continued from day before)

2. How serious do you think they were today?

- ☐ Not serious – will get better without treatment
- ☐ Wait 24 hours and see what happens
- ☐ Quite worried – ask someone for advice
- ☐ Very worried – go seek help immediately
- ☐ Other (specify) _____

3. Did you ask anyone for advice today?

- ☐ No one
- ☐ Relative (specify) _____
- ☐ Neighbour
- ☐ Friend
- ☐ Inyanga
- ☐ Sangoma
- ☐ Private western doctor / nurse
- ☐ Doctor / nurse in the health clinic
- ☐ Doctor / nurse in the public hospital
- ☐ Faith Healer
- ☐ Muli shop
- ☐ Pharmacist
- ☐ Street trader / market
- ☐ Traditional birth attendant
- ☐ Other _____

4. Did you take the child anywhere for treatment today? (Any of the above or did you yourself treat the child?)

5. What treatment was the child given?

6. Were you happy with the treatment and provider? (State reason(s) why)

- ☐ Yes _____
- ☐ No _____

DAY 4

1. What symptom(s) has your child had today? (Symptoms may have continued from day before)

2. How serious do you think they were today?

- ☐ Not serious – will get better without treatment
- ☐ Wait 24 hours and see what happens
- ☐ Quite worried – ask someone for advice
- ☐ Very worried – go seek help immediately
- ☐ Other (specify) _____

3. Did you ask anyone for advice today?

- ☐ No one
- ☐ Relative (specify) _____
- ☐ Neighbour
- ☐ Friend
- ☐ Inyanga
- ☐ Sangoma
- ☐ Private western doctor / nurse
- ☐ Doctor / nurse in the health clinic
- ☐ Doctor / nurse in the public hospital
- ☐ Faith Healer
- ☐ Muli shop
- ☐ Pharmacist
- ☐ Street trader / market
- ☐ Traditional birth attendant
- ☐ Other _____

4. Did you take the child anywhere for treatment today? (Any of the above or did you yourself treat the child?)

5. What treatment was the child given?

6. Were you happy with the treatment and provider? (State reason(s) why)

- ☐ Yes _____
- ☐ No _____

DAY 5

1. What symptom(s) has your child had today? (Symptoms may have continued from day before)

2. How serious do you think they were today?

- ☐ Not serious – will get better without treatment
- ☐ Wait 24 hours and see what happens
- ☐ Quite worried – ask someone for advice
- ☐ Very worried – go seek help immediately
- ☐ Other (specify) _____

3. Did you ask anyone for advice today?

- ☐ No one
- ☐ Relative (specify) _____
- ☐ Neighbour
- ☐ Friend
- ☐ Inyanga
- ☐ Sangoma
- ☐ Private western doctor / nurse
- ☐ Doctor / nurse in the health clinic
- ☐ Doctor / nurse in the public hospital
- ☐ Faith Healer
- ☐ Muli shop
- ☐ Pharmacist
- ☐ Street trader / market
- ☐ Traditional birth attendant
- ☐ Other _____

4. Did you take the child anywhere for treatment today? (Any of the above or did you yourself treat the child?)

5. What treatment was the child given?

6. Were you happy with the treatment and provider? (State reason(s) why)

- ☐ Yes _____
- ☐ No _____

DAY 6

1. What symptom(s) has your child had today? (Symptoms may have continued from day before)

2. How serious do you think they were today?

- ☐ Not serious – will get better without treatment
- ☐ Wait 24 hours and see what happens
- ☐ Quite worried – ask someone for advice
- ☐ Very worried – go seek help immediately
- ☐ Other (specify) _____

3. Did you ask anyone for advice today?

- ☐ No one
- ☐ Relative (specify) _____
- ☐ Neighbour
- ☐ Friend
- ☐ Inyanga
- ☐ Sangoma
- ☐ Private western doctor / nurse
- ☐ Doctor / nurse in the health clinic
- ☐ Doctor / nurse in the public hospital
- ☐ Faith Healer
- ☐ Muli shop
- ☐ Pharmacist
- ☐ Street trader / market
- ☐ Traditional birth attendant
- ☐ Other _____

4. Did you take the child anywhere for treatment today? (Any of the above or did you yourself treat the child?)

5. What treatment was the child given?

6. Were you happy with the treatment and provider? (State reason(s) why)

- ☐ Yes _____
- ☐ No _____

DAY 7

1. What symptom(s) has your child had today? (Symptoms may have continued from day before)

2. How serious do you think they were today?

- ☐ Not serious – will get better without treatment
☐ Wait 24 hours and see what happens
☐ Quite worried – ask someone for advice
☐ Very worried – go seek help immediately
☐ Other (specify) _____

3. Did you ask anyone for advice today?

- [] No one
[] Relative (specify) _____
[] Neighbour
[] Friend
[] Inyanga
[] Sangoma
[] Private western doctor / nurse
[] Doctor / nurse in the health clinic
[] Doctor / nurse in the public hospital
[] Faith Healer
[] Multi shop
[] Pharmacist
[] Street trader / market
[] Traditional birth attendant
[] Other

4. Did you take the child anywhere for treatment today? (Any of the above or did you yourself treat the child?)

5. What treatment was the child given?

6. Were you happy with the treatment and provider? (State reason(s) why)

- ☐ Yes _____
- ☐ No _____

Any comments you may wish to add:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Ucwaningo lwesonto elilodwa lwezifo eziphatha abantwana



Usuku lukuzalwa kwengane: __/__/__

Inombholo yencwandi yomazisi:

Inhloso:

Inhloso yalencwadi ukunceda ukuthi ukhumbule ukuthi wenzenjani uma ingane yakho igula-ukhuluma nobani, uthola siphilile iseluleko, uya kubani (inyanga, ikloniki noma uyayelapha wena ngokwakho na?), nesizathu sokuthi kungani uya kuleyondawo othola kuyo uncedo. Konke ozosithela kona kuzosiza wonke umuntu ukuze sicabange ngezindlela zokuthuthukisa ezempilo e South Africa!!

Imithi yesintu ibaluleke kakhulu kwezempilo e South Africa-futhi sizimisele ukuzwa amava enu ngokulapha ngesintu kanye nalabo abezenkolo eningamalunga abo ukuthi bona basiza njani uma ingane yakho ingaphilanga. Noma ngabe uthenga imithi yesintu kuphela kulabo abayithengisayo noma iPanado ekhemisi, sicela usazise! Bonke labantu babalulekile kuhlelo lwezempilo e South Africa!!

Imithetho/Imigomo yokulandela:

Emalangeni angu 7 alandelayo ukusukela namuhla, sicela ukuthi ugcwalise isection ngayinye usuku ngosuku, loku kuthatha (umzuzu owordwa noma emibili). Gcina incwajana endaweni lapho ongeke uyikhohlwe khone mhlawumbe eduze netelephone uma unayo, noma eduze kwalapho ulala khona.

Uma ingane ingenazo izimpawu zokugula, ukhumbule ukubhalela kulencwajana ukuthi nje "akukho mpawu zokugula". Uma ngabe inkinga ikhona njengokukhala kakhulu, akadli kahle, uyathulula, uyamilisa, unamafinyila. Noma ngabe yinto ebonakala iyancane kanjani sicela ukuthi usitshale ukuthi iqale nini.

Uma ungaba nemibuzo sicela usithinte e Birth to Twenty kulenombolo 0800 13 18 18.

Lonke ulwazi osinikeza lona luzobayimfihlo.

Lungakaqali usukulwanamhlanje:

1. Yiziphi izimpawu ingane yakho ebanazo kungakaqali usuku lwanamuhla? (Izimpawu ezihlanganise nozibonile ngaphambili)

2. Ingaba ucabanga ukuthi lezimpawu zinkukangakanani na?

- ☐ Kancane-ingane izobangcono ngaphandle kokwelashwa.
- ☐ Ngizolinda 24 hours ngibone ukuthi kwenzekani.
- ☐ Uma ukhathazekile-funa uncedo kwabanye.
- ☐ Uma ukhathazeke ngendlela engachazeki-hamba ufune usizo ngokushesha.
- ☐ Okunye (chaza) _____

3. Usuke wa cela usizo kwabanye na? (Bhala inombolo ngendlela yokulandelana kwa labantu osubabonile).

- ☐ Akekho
- ☐ Owomndeni (chaza) _____
- ☐ Umakhekwane
- ☐ Umhlobo
- ☐ Inyanga
- ☐ Sangoma
- ☐ Udokotela noma unesi wesilungu wangasese
- ☐ Udokotela noma unesi emtholampilo
- ☐ Udokotela noma unesi esibhedlela
- ☐ Umthandazeli
- ☐ Isitolo semithi yesintu
- ☐ Usokhemisi
- ☐ Imakethe
- ☐ Inyanga yesintu yokubelethisa
- ☐ Noma abanye (chaza) _____

4. Ingabe uyimukisile ingane kulezindawo ezibhalwe la ngaphezulu. (Noma uyelaphe ngokwakho?)

5. Ingaba ingane ithole luphi uhlobo lokwelashwa na? (Umuti wesilungu nomuti wesintu)

6. Ingaba wenelisekile ngendlela ingane ephathwe ngayo na? (chaza)

☐ Yebo (chaza) _____

☐ Cha (chaza) _____

USUKU 1

1. Yiziphi izimpawu ingane yakho ebanazo kusuku lwanamuhla? (Izimpawu ezihlanganise nozibonile ngaphambili)

2. Ingaba ucabanga ukuthi lezimpawu zinkulukangakanani namuhla na?

- ☐ Kancane-Ingane Izobangcono ngaphandle kokwelashwa.
- ☐ Ngizolinda 24 hours ngibone ukuthi kwenzekani.
- ☐ Uma ukhathazekile-funa uncedo kwabanye.
- ☐ Uma ukhathazeke ngendlela engachazeki-hamba ufune usizo ngokushesha.
- ☐ Okunye (chaza) _____

3. Usuke wa cela usizo kwabanye namuhla na? (Bhala inombolo ngendlela yokulandelana kwa labantu usobabonile).

- ☐ Akekho
- ☐ Owomndeni (chaza) _____
- ☐ Umakhelwane
- ☐ Umhlobo
- ☐ Inyanga
- ☐ Sangoma
- ☐ Udokotela noma unesi wesilungu wangasese
- ☐ Udokotela noma unesi emtholampilo
- ☐ Udokotela noma unesi esibhedlela
- ☐ Umthandazeli
- ☐ Isitolo semithi yesintu
- ☐ Usokhemisi
- ☐ Imakethe
- ☐ Inyanga yesintu yokubelethisa
- ☐ Noma abanye (chaza) _____

4. Ingabe uyimukisile ingane kulezindawo ezibhalwe la ngaphezulu. (Noma uyelaphe ngokwakho namuhla na?)

5. Ingaba ingane ithole luphi uhlobo lokwelashwa namuhla na? (Umuti wesilungu nomuti wesintu)

6. Ingaba wenelisekile ngendlela ingane ephathwe ngayo na? (chaza)

- ☐ Yebo (chaza) _____
- ☐ Cha (chaza) _____

USUKU 2

1. Yiziphi izimpawu ingane yakho ebanazo kusuku lwanamuhla? (Izimpawu ezihlanganise nozibonile ngaphambili)

2. Ingaba ucabanga ukuthi lezimpawu zinkulukangakanani namuhla na?

- ☐ Kancane-Ingane Izobangcono ngaphandle kokwelashwa.
- ☐ Ngizolinda 24 hours ngibone ukuthi kwenzekani.
- ☐ Uma ukhathazekile-funa uncedo kwabanye.
- ☐ Uma ukhathazeke ngendlela engachazeki-hamba ufune usizo ngokushesha.
- ☐ Okunye (chaza) _____

3. Usuke wa cela usizo kwabanye namuhla na? (Bhala inombolo ngendlela yokulandelana kwa labantu usobabonile).

- ☐ Akekho
- ☐ Owomndeni (chaza) _____
- ☐ Umakhelwane
- ☐ Umhlobo
- ☐ Inyanga
- ☐ Sangoma
- ☐ Udokotela noma unesi wesilungu wangasese
- ☐ Udokotela noma unesi emtholampilo
- ☐ Udokotela noma unesi esibhedlela
- ☐ Umthandazeli
- ☐ Isitolo semithi yesintu
- ☐ Usokhemisi
- ☐ Imakethe
- ☐ Inyanga yesintu yokubelethisa
- ☐ Noma abanye (chaza) _____

4. Ingabe uyimukisile ingane kulezindawo ezibhalwe la ngaphezulu. (Noma uyelaphe ngokwakho namuhla na?)

5. Ingaba ingane ithole luphi uhlobo lokwelashwa namuhla na? (Umuti wesilungu nomuti wesintu)

6. Ingaba wenelisekile ngendlela ingane ephathwe ngayo na? (chaza)

- ☐ Yebo (chaza) _____
- ☐ Cha (chaza) _____

USUKU 3

1. Yiziphi izimpawu ingane yakho ebanazo kusuku lwanamuhla? (Izimpawu ezihlanganise nozibonile ngaphambili)

2. Ingaba ucabanga ukuthi lezimpawu zinkulukanganani namuhla na?

- ☐ Kancane-ingane izobangcono ngaphandle kokwelashwa.
- ☐ Ngizolinda 24 hours ngibone ukuthi kwenzekani.
- ☐ Uma ukhathazekile-funa uncedo kwabanye.
- ☐ Uma ukhathazeke ngendlela engachazeki-hamba ufune usizo ngokushesha.
- ☐ Okunye (chaza) _____

3. Usuke wa cela usizo kwabanye namuhla na? (Bhala inombolo ngendlela yokulandelelana kwa labantu usobabonile).

- ☐ Akekho
- ☐ Owomndeni (chaza) _____
- ☐ Umakhe/wane
- ☐ Umhlobo
- ☐ Inyanga
- ☐ Sangoma
- ☐ Udokotela noma unesi wesilungu wangasese
- ☐ Udokotela noma unesi emtholampilo
- ☐ Udokotela noma unesi esibhedlela
- ☐ Umthandazeli
- ☐ Isitolo semithi yesintu
- ☐ Usokhemisi
- ☐ Imakethe
- ☐ Inyanga yesintu yokubelethisa
- ☐ Noma abanye (chaza) _____

4. Ingabe uyimukisile ingane kulezindawo ezibhalwe la ngaphezulu. (Noma uyelaphe ngokwakho namuhla na?)

5. Ingaba ingane ithole luphi uhlobo lokwelashwa namuhla na? (Umuthi wesilungu nomuthi wesintu)

6. Ingaba wenelisekile ngendlela ingane ephathwe ngayo na? (chaza)

- ☐ Yebo (chaza) _____
- ☐ Cha (chaza) _____

USUKU 4

1. Yiziphi izimpawu ingane yakho ebanazo kusuku lwanamuhla? (Izimpawu ezihlanganise nozibonile ngaphambili)

2. Ingaba ucabanga ukuthi lezimpawu zinkulukanganani namuhla na?

- ☐ Kancane-ingane izobangcono ngaphandle kokwelashwa.
- ☐ Ngizolinda 24 hours ngibone ukuthi kwenzekani.
- ☐ Uma ukhathazekile-funa uncedo kwabanye.
- ☐ Uma ukhathazeke ngendlela engachazeki-hamba ufune usizo ngokushesha.
- ☐ Okunye (chaza) _____

3. Usuke wa cela usizo kwabanye namuhla na? (Bhala inombolo ngendlela yokulandelelana kwa labantu usobabonile).

- ☐ Akekho
- ☐ Owomndeni (chaza) _____
- ☐ Umakhe/wane
- ☐ Umhlobo
- ☐ Inyanga
- ☐ Sangoma
- ☐ Udokotela noma unesi wesilungu wangasese
- ☐ Udokotela noma unesi emtholampilo
- ☐ Udokotela noma unesi esibhedlela
- ☐ Umthandazeli
- ☐ Isitolo semithi yesintu
- ☐ Usokhemisi
- ☐ Imakethe
- ☐ Inyanga yesintu yokubelethisa
- ☐ Noma abanye (chaza) _____

4. Ingabe uyimukisile ingane kulezindawo ezibhalwe la ngaphezulu. (Noma uyelaphe ngokwakho namuhla na?)

5. Ingaba ingane ithole luphi uhlobo lokwelashwa namuhla na? (Umuthi wesilungu nomuthi wesintu)

6. Ingaba wenelisekile ngendlela ingane ephathwe ngayo na? (chaza)

- ☐ Yebo (chaza) _____
- ☐ Cha (chaza) _____

USUKU 5

1. Yiziphi izimpawu ingane yakho ebanazo kusuku lwanamuhla? (Izimpawu ezihlanganise nozibonile ngaphambili)

2. Ingaba ucabanga ukuthi lezimpawu zinkulukangakanani namuhla na?

- ☐ Kancane-Ingane izobangcono ngaphandle kokwelashwa.
- ☐ Ngizolinda 24 hours ngibone ukuthi kwenzekani.
- ☐ Uma ukhathazeke-funa uncedo kwabanye.
- ☐ Uma ukhathazeke ngendlela engachazeke-hamba ufune usizo ngokushesha.
- ☐ Okunye (chaza) _____

3. Usuke wa cela usizo kwabanye namuhla na? (Bhala inombolo ngendlela yokulandelela kwa labantu usobabonile).

- ☐ Akekho
- ☐ Owomndeni (chaza) _____
- ☐ Umakhekwane
- ☐ Umhlobo
- ☐ Inyanga
- ☐ Sangoma
- ☐ Udokotela noma unesi wesilungu wangasese
- ☐ Udokotela noma unesi emtholampilo
- ☐ Udokotela noma unesi esibhedlela
- ☐ Umthandazeli
- ☐ Isitolo semithi yesintu
- ☐ Usokhemisi
- ☐ Imakethe
- ☐ Inyanga yesintu yokubelethisa
- ☐ Noma abanye (chaza) _____

4. Ingabe uyimukisile ingane kulezindawo ezibhalwe la ngaphezulu. (Noma uyelaphe ngokwakho namuhla na?)

5. Ingaba ingane ithole luphi uhlobo lokwelashwa namuhla na? (Umuti wesilungu nomuti wesintu)

6. Ingaba wenelisekile ngendlela ingane ephathwe ngayo na? (chaza)

- ☐ Yebo (chaza) _____
- ☐ Cha (chaza) _____

USUKU 6

1. Yiziphi izimpawu ingane yakho ebanazo kusuku lwanamuhla? (Izimpawu ezihlanganise nozibonile ngaphambili)

2. Ingaba ucabanga ukuthi lezimpawu zinkulukangakanani namuhla na?

- ☐ Kancane-Ingane izobangcono ngaphandle kokwelashwa.
- ☐ Ngizolinda 24 hours ngibone ukuthi kwenzekani.
- ☐ Uma ukhathazeke-funa uncedo kwabanye.
- ☐ Uma ukhathazeke ngendlela engachazeke-hamba ufune usizo ngokushesha.
- ☐ Okunye (chaza) _____

3. Usuke wa cela usizo kwabanye namuhla na? (Bhala inombolo ngendlela yokulandelela kwa labantu usobabonile).

- ☐ Akekho
- ☐ Owomndeni (chaza) _____
- ☐ Umakhekwane
- ☐ Umhlobo
- ☐ Inyanga
- ☐ Sangoma
- ☐ Udokotela noma unesi wesilungu wangasese
- ☐ Udokotela noma unesi emtholampilo
- ☐ Udokotela noma unesi esibhedlela
- ☐ Umthandazeli
- ☐ Isitolo semithi yesintu
- ☐ Usokhemisi
- ☐ Imakethe
- ☐ Inyanga yesintu yokubelethisa
- ☐ Noma abanye (chaza) _____

4. Ingabe uyimukisile ingane kulezindawo ezibhalwe la ngaphezulu. (Noma uyelaphe ngokwakho namuhla na?)

5. Ingaba ingane ithole luphi uhlobo lokwelashwa namuhla na? (Umuti wesilungu nomuti wesintu)

6. Ingaba wenelisekile ngendlela ingane ephathwe ngayo na? (chaza)

- ☐ Yebo (chaza) _____
- ☐ Cha (chaza) _____

Ingabe kunokunye ongathanda ukukwengeza.

1. Yiziphi izimpawu ingane yakho ebanazo kusuku lwanamuhla? (Izimpawu ezihlanganise nozibonile ngaphambili)

2. Ingaba ucabanga ukuthi lezimpawu zinkulungakanani namuhla na?

- [] Kancane-Ingane izobangcono ngaphandle kokwelashwa.
[] Ngizolinda 24 hours ngibone ukuthi kwenzekani.
[] Uma ukhathazekile-funa uncedo kwabanye.
[] Uma ukhathazeke ngendlela engachazeki-hamba ufune usizo ngokushesha.
[] Okunye (chaza)

3. Usume ka caka usizo kwabanye namuhla na? (Bhala inombolo ngendlela yokulandelelana kwa labantu usobabonile).

- [] Akekho
[] Owomndeni (chaza)
[] Umakhetwane
[] Umhlobo
[] Inyanga
[] Sangoma
[] Udokotela noma unesi wesilungu wangasese
[] Udokotela noma unesi emtholampilo
[] Udokotela noma unesi esibhedlela
[] Umthandazeli
[] Isifoto semithi yesintu
[] Usokhemisi
[] Imakethe
[] Inyanga yesintu yokubelethisa
[] Noma abanye (chaza)

4. Ingabe uyimukisile Ingane kulezindawo ezibhalwe la ngaphezulu. (Noma uyelaphe ngokwakho namuhla na?)

5. Ingabe ingane ithole luphi uhlobo lokwelashwa namuhla na? (Umuli wesilungu nomuli wesintu)

6. Ingaba wenelisekile ngendlela ingane ephathwe ngayo na? (chaza)

- [] Yebo (chaza) _____
- [] Cha (chaza) _____

[illegible]

**Beke e le nngwe (diary) tsa
tekolo ya mafu a bana**



Letsatsi la tswalo: __ / __ / __

Nomoro ya boitsebiso:

Sepheo:

Sepheo sa diary ena ke ho o thusa ho hopola bohato boo o bo nkang ha ngwana a kula, o bua le mang kapa dikeletso o di fumana kae? Ngakeng ya setho, kliniking kapa o oka ngwana lapeng, hobaneng o ya dibakeng tseo mme thuso eo o e fumanang ke ya mofuta ofe? Dintlha kapa tlhahiso leseding eo o tlang ho re fa yona e tla thusa ho ntlafatsa maphelo a bana ba Ma-Afrika.

Methokgo (meriana ya setso) e bapala karolo ya bohlokwa maphelong a bana ba Ma-Afrika. Ke ka hona re tjhesehellang ho tseba tseo o di tsebang mabapi le ngaka tsa setso le mokgatlo wa kereke eo o e kenang, ha e ba e nka karolo ho o thusa ha bophelo ba ngwana bo fokola. Re lakatsa ho tseba ha e ba o reka meriana ya setso kapa meriana lebenkelengle rekisang meriana (khemisting). Batho bana ke ba bohlokwa ntlafatsong ya maphelo a bana ba Ma-Afrika.

Ditaelo:

Matsatsing a 7 a latelang ho qala ka tsatsi la kajeno re kopa hore o tlatse dikgeo tse latelang tsatsi le leng le leng, hona ho tla nka motsotso ho isa ho e mmedi. Beha bukana ena moo o kekeng wa lebala joalo ka haufi le mohala.

Ha eba ngwana a sena matshwao a ho kula, hoo o hlohang ho ho ngola ke hore (ngwana o phetse hantle). Haeba ngwana a na le bothata ba ho lla haholo, ho se je, letshollo, ho medisa le dinko tse rothang mamina a metsi. Ho sa kgathaletsehe hore bohloko boo bo fokola ha kae kapa bonka nako e kae. Ka kopo re ka thabela ha o ka re jwetsa ka bona.

Ha e ba o na le dipotso o ka re letsetsa mohaleng ona o sa lefelliweng 0800 13 18 18. Dintlha tsohle tseo o fanang ka tsona di tla bolokwa e le lekunutu.

Pele ho tsatsi la kajeno:

1. Matshwao ao ngwana a bileng le ona ke a fe? Ho kenyeletsa letsatsi la kajeno le matsatsi a fileng?

2. Matshwao ao a o kgathaditse ho le ho kae?

- ☐ Ha a nkgathatsa - a tla iphella
- ☐ Ema hora tse 24 pele ke batla thuso
- ☐ A nkgathaditse - ke tla batla keletso
- ☐ A nkgathaditse haholo - ke hloka thuso hang-hang
- ☐ Ho hong (hlalosa) _____

3. A na ho na le motho eo o ileng wa mo kopa keletso? (Ngola dikarabo tsa potso ena ka tatelano)

- ☐ Ha ho motho
- ☐ Sehlobo (hlalosa) _____
- ☐ Moahaisani
- ☐ Motswalle
- ☐ Ngaka ya setso
- ☐ Mokoma / Sangoma
- ☐ Ngaka ya sekhowa ya poraefete / Mooki wa poraefete
- ☐ Ngaka kliniking / Mooki kliniking
- ☐ Ngaka sepetleleng sa mmoso / Mooki sepetleleng sa mmoso
- ☐ Moporofeta
- ☐ Lebenkele le rekisang methokgo
- ☐ Khemisting
- ☐ Motho ya rekisang seterateng / Marakeng
- ☐ Babelahisi
- ☐ Ho hong (hlalosa) _____

4. Ana ho na le moo o isitseng ngwana ho hlahlojwa? (Ebe karabo ke e nngwe ya tse ka hodimo, kappa o ikile ngwana ka bowena?)

5. O file ngwana pheko efe? (Meriana ya sekgowa kappa, meriana ya setho/setso)

6. Na o ile wa thabela pheko eo o e sebedisitseng? (bolela mabaka)

☐ Ee: (hlalosa) _____

☐ Tjhe: (hlalosa) _____

LETSATSI LA 1 (Kajeno)

1. Matchwao ao ngwana a bileng le ona kajeno ke a fe? Le ha eba a qadile matsatsi a fetileng.

2. Matchwao ao a o kgathaditse ho le ho kae?

- ☐ Ha a nkgathatsa - a tla iphella
- ☐ Ema hora tse 24 pele ke batla thuso
- ☐ A nkgathaditse - ke tla batla keletso
- ☐ A nkgathaditse haholo - ke hloka thuso hang-hang
- ☐ Ho hong (hlalosa) _____

3. A na ho na le motho eo o leng wa mo kopa keletso kajeno? (ngola dikarabo tsa potso ena ka tatelano)

- ☐ Ha ho motho
- ☐ Sehlobo (hlalosa) _____
- ☐ Moahaisani
- ☐ Motswalle
- ☐ Ngaka ya setso
- ☐ Mokoma / Sangoma
- ☐ Ngaka ya sekhowa ya poraefete / Mooki wa poraefete
- ☐ Ngaka kliniking / Mooki kliniking
- ☐ Ngaka sepetleleng sa mmoso / Mooki sepetleleng sa mmoso
- ☐ Moporofeta
- ☐ Lebenkele le rekisang methokgo
- ☐ Khemisting
- ☐ Motho ya rekisang seterateng / Marakeng
- ☐ Babelehisi
- ☐ Ho hong (hlalosa) _____

4. Ana ho na le moo o isitseng ngwana ho hlahlojwa kajeno? Ha eba karabo e se e nngwe ya tse ka hodimo, kappa o okile ngwana lapeng.

5. O ile ngwana pheko efe?

6. Na o ile wa thabela pheko eo o e sebedisitseng? (bolela mabaka)

☐ Ee: (hlalosa) _____

☐ Tjhe: (hlalosa) _____

LETSATSI LA 2

1. Matchwao ao ngwana a bileng le ona kajeno ke a fe? Le ha eba a qadile matsatsi a fetileng.

2. Matchwao ao a o kgathaditse ho le ho kae?

- ☐ Ha a nkgathatsa - a tla iphella
- ☐ Ema hora tse 24 pele ke batla thuso
- ☐ A nkgathaditse - ke tla batla keletso
- ☐ A nkgathaditse haholo - ke hloka thuso hang-hang
- ☐ Ho hong (hlalosa) _____

3. A na ho na le motho eo o leng wa mo kopa keletso kajeno? (ngola dikarabo tsa potso ena ka tatelano)

- ☐ Ha ho motho
- ☐ Sehlobo (hlalosa) _____
- ☐ Moahaisani
- ☐ Motswalle
- ☐ Ngaka ya setso
- ☐ Mokoma / Sangoma
- ☐ Ngaka ya sekhowa ya poraefete / Mooki wa poraefete
- ☐ Ngaka kliniking / Mooki kliniking
- ☐ Ngaka sepetleleng sa mmoso / Mooki sepetleleng sa mmoso
- ☐ Moporofeta
- ☐ Lebenkele le rekisang methokgo
- ☐ Khemisting
- ☐ Motho ya rekisang seterateng / Marakeng
- ☐ Babelehisi
- ☐ Ho hong (hlalosa) _____

4. Ana ho na le moo o isitseng ngwana ho hlahlojwa kajeno? Ha eba karabo e se e nngwe ya tse ka hodimo, kappa o okile ngwana lapeng.

5. O ile ngwana pheko efe?

6. Na o ile wa thabela pheko eo o e sebedisitseng? (bolela mabaka)

☐ Ee: (hlalosa) _____

☐ Tjhe: (hlalosa) _____

LETSATSI LA 3

1. Matchwao ao ngwana a bileng le ona kajeno ke a fe? Le ha eba a qadile matsatsi a fetileng.

2. Matchwao ao a o kgathaditse ho le ho kae?

- ☐ Ha a nkgathatsa - a tla iphella
- ☐ Ema hora tse 24 pele ke batla thuso
- ☐ A nkgathaditse - ke tla batla keletso
- ☐ A nkgathaditse haholo - ke hloka thuso hang-hang
- ☐ Ho hong (hlalosa) _____

3. A na ho na le motho eo o leng wa mo kopa keletso kajeno? (ngola dikarabo tsa potso ena ka tatelano)

- ☐ Ha ho motho
- ☐ Sehlobo (hlalosa) _____
- ☐ Moahaisani
- ☐ Motswalle
- ☐ Ngaka ya setso
- ☐ Mokoma / Sangoma
- ☐ Ngaka ya sekhowa ya poraefete / Mooki wa poraefete
- ☐ Ngaka kliniking / Mooki kliniking
- ☐ Ngaka sepetleleng sa mmoso / Mooki sepetleleng sa mmoso
- ☐ Moporofeta
- ☐ Lebenkele le rekisang methokgo
- ☐ Khemisting
- ☐ Motho ya rekisang seterateng / Marakeng
- ☐ Babelahisi
- ☐ Ho hong (hlalosa) _____

4. Ana ho na le moo o isitseng ngwana ho hlahlojwa kajeno? Ha eba karabo e se e nngwe ya tse ka hodimo, kappa o okile ngwana lapeng.

5. O ile ngwana pheko efe?

6. Na o ile wa thabela pheko eo o e sebedisitseng? (bolela mabaka)

☐ Ee: (hlalosa) _____

☐ Tjhe: (hlalosa) _____

LETSATSI LA 4

1. Matchwao ao ngwana a bileng le ona kajeno ke a fe? Le ha eba a qadile matsatsi a fetileng.

2. Matchwao ao a o kgathaditse ho le ho kae?

- ☐ Ha a nkgathatsa - a tla iphella
- ☐ Ema hora tse 24 pele ke batla thuso
- ☐ A nkgathaditse - ke tla batla keletso
- ☐ A nkgathaditse haholo - ke hloka thuso hang-hang
- ☐ Ho hong (hlalosa) _____

3. A na ho na le motho eo o leng wa mo kopa keletso kajeno? (ngola dikarabo tsa potso ena ka tatelano)

- ☐ Ha ho motho
- ☐ Sehlobo (hlalosa) _____
- ☐ Moahaisani
- ☐ Motswalle
- ☐ Ngaka ya setso
- ☐ Mokoma / Sangoma
- ☐ Ngaka ya sekhowa ya poraefete / Mooki wa poraefete
- ☐ Ngaka kliniking / Mooki kliniking
- ☐ Ngaka sepetleleng sa mmoso / Mooki sepetleleng sa mmoso
- ☐ Moporofeta
- ☐ Lebenkele le rekisang methokgo
- ☐ Khemisting
- ☐ Motho ya rekisang seterateng / Marakeng
- ☐ Babelahisi
- ☐ Ho hong (hlalosa) _____

4. Ana ho na le moo o isitseng ngwana ho hlahlojwa kajeno? Ha eba karabo e se e nngwe ya tse ka hodimo, kappa o okile ngwana lapeng.

5. O ile ngwana pheko efe?

6. Na o ile wa thabela pheko eo o e sebedisitseng? (bolela mabaka)

☐ Ee: (hlalosa) _____

☐ Tjhe: (hlalosa) _____

LETSATSI LA 5

1. Matshwao ao ngwana a bileng le ona kajeno ke a fe? Le ha eba a qadile matsatsi a fetileng.

2. Matshwao ao a o kgathaditse ho le ho kae?

- ☐ Ha a nkgathatsa - a tla iphella
- ☐ Ema hora tse 24 pele ke batla thuso
- ☐ A nkgathaditse - ke tla batla keletso
- ☐ A nkgathaditse haholo - ke hloka thuso hang-hang
- ☐ Ho hong (hlalosa) _____

3. A na ho na le motho eo o ileng wa mo kopa keletso kajeno? (ngola dikarabo tsa potso ena ka tatelano)

- ☐ Ha ho motho
- ☐ Sehlobo (hlalosa) _____
- ☐ Moahaisani
- ☐ Motswalle
- ☐ Ngaka ya setso
- ☐ Mokoma / Sangoma
- ☐ Ngaka ya sekhowa ya poraefete / Mooki wa poraefete
- ☐ Ngaka kliniking / Mooki kliniking
- ☐ Ngaka sepetleleng sa mmoso / Mooki sepetleleng sa mmoso
- ☐ Moporofeta
- ☐ Lebenkele le rekisang methokgo
- ☐ Khemisting
- ☐ Motho ya rekisang seterateng / Marakeng
- ☐ Babelahisi
- ☐ Ho hong (hlalosa) _____

4. Ana ho na le moo o isitseng ngwana ho hlahlojwa kajeno? Ha eba karabo e se e nngwe ya tse ka hodimo, kappa o okile ngwana lapeng.

5. O file ngwana pheko efe?

6. Na o ile wa thabela pheko eo o e sebedisitseng? (bolela mabaka)

☐ Ee: (hlalosa) _____

☐ Tjhe: (hlalosa) _____

LETSATSI LA 6

1. Matshwao ao ngwana a bileng le ona kajeno ke a fe? Le ha eba a qadile matsatsi a fetileng.

2. Matshwao ao a o kgathaditse ho le ho kae?

- ☐ Ha a nkgathatsa - a tla iphella
- ☐ Ema hora tse 24 pele ke batla thuso
- ☐ A nkgathaditse - ke tla batla keletso
- ☐ A nkgathaditse haholo - ke hloka thuso hang-hang
- ☐ Ho hong (hlalosa) _____

3. A na ho na le motho eo o ileng wa mo kopa keletso kajeno? (ngola dikarabo tsa potso ena ka tatelano)

- ☐ Ha ho motho
- ☐ Sehlobo (hlalosa) _____
- ☐ Moahaisani
- ☐ Motswalle
- ☐ Ngaka ya setso
- ☐ Mokoma / Sangoma
- ☐ Ngaka ya sekhowa ya poraefete / Mooki wa poraefete
- ☐ Ngaka kliniking / Mooki kliniking
- ☐ Ngaka sepetleleng sa mmoso / Mooki sepetleleng sa mmoso
- ☐ Moporofeta
- ☐ Lebenkele le rekisang methokgo
- ☐ Khemisting
- ☐ Motho ya rekisang seterateng / Marakeng
- ☐ Babelahisi
- ☐ Ho hong (hlalosa) _____

4. Ana ho na le moo o isitseng ngwana ho hlahlojwa kajeno? Ha eba karabo e se e nngwe ya tse ka hodimo, kappa o okile ngwana lapeng.

5. O file ngwana pheko efe?

6. Na o ile wa thabela pheko eo o e sebedisitseng? (bolela mabaka)

☐ Ee: (hlalosa) _____

☐ Tjhe: (hlalosa) _____

LETSATSI LA 7

1. Matchwao ao ngwana a bileng le ona kajeno ke a fe? Le ha eba a qadile matsatsi a fetileng.

2. Matshwao ao a o kgathaditse ho le ho kae?

- [] Ha a nkgathatsa - a tla iphella
[] Ema hora tse 24 pele ke batla thuso
[] A nkgathaditse - ke tla batla keletso
[] A nkgathaditse haholo - ke hloka thuso hang-hang
[] Ho hong (hialosa)

3. A na ho na le motho eo o ileng wa mo kopa keletso kajeno? (ngola dikarabo tsa potso ena ka tatelano)

- [] Ha ho motho
[] Sehlobo (hlalosa) _____
[] Moahaisani
[] Motswalle
[] Ngaka ya setso
[] Mokoma / Sangoma
[] Ngaka ya sekhowa ya poraefete / Mooki wa poraefete
[] Ngaka kliniking / Mooki kliniking
[] Ngaka sepetleleng sa mmoso / Mooki sepetleleng sa mmoso
[] Moporofeta
[] Lebenkele le rekisang methokgo
[] Khemisting
[] Motho ya rekisang seterateng / Marakeng
[] Babelahisi
[] Ho hong (hlalosa) _____

4. Ana ho na le moo o isitseng ngwana ho hlahlojwa kajeno? Ha eba karabo e se e nngwe ya tse ka hodimo, kapa o okile ngwana lapeng.

5. O file ngwana pheko efe?

6. Na o ile wa thabela pheko eo o e sebedisitseng? (bolela mabaka)

- [] Ee: (hialosa) _____
- [] Tjhe: (hialosa) _____

Ditlhaliso: (Ha eba ho na le seo o batlang ho se hlahisa, ngola mona)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Coding frames

Coding of common illnesses since birth

Bloated stomach Colic Constipation Stomach aches / cramps Stomach problems	COLIC / CONSTIPATION	GASTRO-INTESTINAL / DIGESTIVE RELATED
Blood spots in stools Diarrhoea Gastro Vomiting	DIGESTIVE SYSTEM	
Blocked nose Blocked sinus Cold Flu Runny nose Tonsillitis	URTI	URTI / ENT-RELATED
Ear problems	EAR	
Asthma / breathing problems Cough Heavy breathing Shortness of breath Broncho-pneumonia	LRTI	
Fever	FEVER	

Chicken pox Eczema German measles Rash Ring worm	RASH / SKIN- RELATED	OTHER	
Injury - Broken arm Injury - Water burns	OTHER		
Eye (red) Eye (sore) Eye problem			
Foam from mouth Mouth ulcers Sores inside & outside mouth Sores inside mouth			
Not eating Underweight			
Fits			
Heart problem			
Jaundice Kidney problems			
Teething			TEETHING
Ibala Inyoni Painful umbilical cord	AFRICAN HEALTH PROBLEM		

Coding of reason for attending health care provider (health problem)

Cold / Flu / Check-up	URTI / ENT-RELATED	ENT/ UPPER RESP	Measles	RASH / SKIN-RELATED	
			Chicken Pox		
Tonsillitis			Eczema		
Nose bleed			Rash in groin area		
Adenoids removed			Rash on body		
Foreign body in nose			Rash on eyelids		
			Rash on face & body		
			Ring worm		
Check-up (Ear)	EAR		Sore / Rash on head		
Ear problem					
Asthma	ASTHMA / WHEEZE	LRTI / CHEST-RELATED	Ibala	AFRICAN ILLNESS / PROBLEM	'AFRICAN' PROBLEM
Shortness of breath / Wheeze			Iryoni		
Pains in chest			Night frights		
Sore sides			Umbilical cord (make cuts)		
			Pollution		
Cough	COUGH		Fever	FEVER	
Dry cough					
TB / TB test	LRTI		Pain urinating (check-up)	GENITO-URINARY	
Broncholitis / Bronchitis			Painful penis		
Broncho-pneumonia			Blood in urine		
Pneumonia			Cries when urinating		
			Circumcision		
Vomiting	GASTRO	GASTRO-INTESTINAL / DIGESTIVE SYSTEM	Broken arm	INJURY	
Yellow stools			Injury (wound / burn)		
Rota virus			Paraffin poisoning		
Gastro			Part of face swollen	SWELLING	
Diarrhoea / Check-up			Swelling on head		
Blood in stools					
Constipation	ABDOMINAL		Jaundice / Check-up	JAUNDICE	
Cramps / stomach ache					
Mouth rash (oral herpes)	ORAL RASH / SORES		Check-up (Heart)	HEART	
Sores around mouth			Heart problem		
Sores in mouth			Eye problems	EYE	
Sores on lip					
Sores on the gums			Epilepsy / fits	EPILEPSY / FITS	
			HIV test	HIV TEST	
			Teething	TEETHING	
			Crying / restlessness	CRYING	
			Immunisation	IMMUNISE	
			Pick up disability forms	PICK-UP	
			Pick up formula		

Coding of symptoms on day of illness

Cough Coughing a lot Cough from paraffin poisoning	COUGH	CHEST-RELATED
Asthma attack / asthma Chest / side pains Chest tight / wheezing Short breath / fast breathing	ASTHMA / WHEEZING	
Snoring whilst sleeping Adenoids Foreign body in nose Blocked nose / sinuses Hoarse voice Sore throat Nose bleed Runny nose Swollen glands Sneezing Thick mucus Tonsillitis	URTI / ENT-RELATED	URTI / ENT-RELATED
Ear discharge Itchy/sore ear/finger in ear	EAR	
Constipation Stomach bloated	LOWER ABDOMINAL	GASTRO-INTESTINAL / DIGESTIVE SYSTEM
Cramps / stomach ache		
Diarrhoea Green diarrhea / stools Yellow diarrhea / stools Blood in stools	DIARRHOEA / STOOLS	
Vomiting White foam from mouth	VOMITING	
Mouth rash (oral herpes) Mouth ulcers / sores Sore on lip / around mouth	MOUTH RASH / SORE	
Loss of appetite Weight loss	NOT EATING	
Ibala - sunken eyes Sunken eyes	SUNKEN EYES	DEHYDRATED
Sunken fontanelle Inyoni - sunken fontanelle Inyoni Strengthen fontanelle	FONTANELLE	
Dehydrated Dry skin	DEHYDRATED	

Fever Temperature Shivering	FEVER		
Weak Sleeping a lot	LASSITUDE	MALAISE	WEAKNESS
Not him/herself Not playing	NOT THEMSELF		
Not sleeping Not sleeping at night Crying / restlessness Night frights	NOT SLEEPING / CRYING		
Ibala - head flopping back Red mark back of head Ibala going up head	IBALA	RASH / SKIN	
Eczema Chicken Pox Rash / sores Sores around anus	RASH / SKIN-RELATED		
Blood in urine Pain urinating / defaecating Pain when urinating Painful penis Wetting him/herself Circumcision	GENITO-URINARY	OTHER	
Swelling by ear Swelling on head	SWELLING		
Headache Heart problem Teething Turned blue Jaundice Fits	OTHER		
Injury (broken arm / foot) Injury (head)	INJURY		
Eye problem / infection Eyes clogged up Eyes (red) Eyes (watery)	EYE		
HIV test Pick up formula Pick up disability forms Immunisation	N/A - OTHER		

Coding why worried on day most worried about illness

Breathing /chest / mucus Coughing a lot / dry cough	CHEST-RELATED
Not sleeping / crying a lot Child in pain	PAIN / RESTLESSNESS
Weak /tired / sleep a lot Head floppy / rolls back	WEAK / TIRED / HEAD FLOPPING
Could be serious / get work Not better / worse Test confirms serious	SEVERITY
Constipation Diarrhoea / colour of stools Vomiting / retching Sunken eyes / fontanelle	GASTROINTESTINAL- RELATED
Worried because of fever	FEVER
Not eating / lost weight	LOSS OF APPETITE / WEIGHT LOSS
Not themselves Not worried Rash / itchy head Ear / gland / swelling Blood in urine / stools / nose / circumcision Red eyes / discharge	OTHER

Coding of churches into denominations

Church	Denomination
African Methodist Episcopal (AME)	Protestant
All Nations CME	Protestant
Alpha & Omega Church	Protestant
Anglican Church	Protestant
Apostolic / Apostolic Faith Mission in Africa	African Independent Church (AIC)
Assemblies of God	African Independent Church (AIC)
Baptist Church	Protestant
Children of God	Protestant
Christian Church	Protestant
Christian Community Fellowship	Protestant
Church of Christ	Protestant
Dutch Reformed	Protestant
Ethiopia Church	African Independent Church (AIC)
Evangelist Church	Protestant
Faith Ways Full Gospel / Full Gospel Church	African Independent Church (AIC)
Grace Bible Church	Protestant
Great Luz	Protestant
Guta ra Mwari Congregation	African Independent Church (AIC)
Harvest Army Ministries	Protestant
Holy Jerusalem	Protestant
Independent Church	African Independent Church (AIC)
International Pentecostal Church	Protestant
Jehovahs Witness	Protestant
Lutheran Church	Protestant
Mana Christian Church	Protestant
Methodist	Protestant
Nazareth / Nazareth Baptist Church	African Independent Church (AIC)
Old Apostolic Church	African Independent Church (AIC)
Palm Bible Church	Protestant
Praise Centre	Protestant
Presbyterian / African Presbyterian	Protestant
Reach Out for Christ (Born Again)	Protestant
Rhema Bible Church	Protestant
Roman Catholic Church	Roman Catholic
Seventh Day Adventists / New African Seventh Day Adventists	Protestant
Shembe Nazareth	African Independent Church (AIC)
St John's Apostolic Church / St John's Apostolic Faith Mission / Faith Mission Church / St John's Church	African Independent Church (AIC)
True Faith	Protestant
Twelfth Apostolic Church	African Independent Church (AIC)
United Pentecostal Church	African Independent Church (AIC)
United Reformed Church	Protestant
Universal Church	Protestant
Wesley Church	Protestant
Zion Christian Church (ZCC)	Zion Christian Church (AIC)
Zoe Bible Church	Protestant
Zulu Congregational Church	African Independent Church (AIC)

Coding of traditional medicines given to child

Umganu & umavumbuka A drink for appetite Boiled mint leaves Bulb - boiled and to drink Chicken egg shell & ngingila burnt. Use ashes to make drink with water Garlic drink (Nigerian) after introduction of solids Herb to boil at home (put drink in 1 litre bottle and drink until stools are green) Imbiza - Double nonsense Imbiza "litshe lomgodi" Imbiza / Muthi drink Imbiza cooked with soft porridge Imbiza yabantwana Imbiza yenyoni Intsizi (muthi) & milk to drink Inyongo yesibankwa (lizard) burnt and put in boiled water to drink Isinama to drink Lengana Lesoko Letshwetlane Molemo (herb) Something to drink in 2 litre bottle Khathazo & Ngcaluchwatha & Isibhavha / Khathazo - boil to drink Sticks in porridge Thlonya Aloe Qhumisa Umzane (muthi) / Umsuzwane Imphepho & umzane boiled Ngwawume - boil to drink Kalmuzi Ostrich egg ground	IMBIZA	IMBIZA
Half a teaspoon of umhlonyane Umhlonyane & Peppermint Umhlonyane boiled	UMHLONYANE	
Ear, nose & mouth drops Insert ground plant in orifices Muthi to clean child's mouth Oil from water animals for ear	EAR / NOSE / MOUTH DROPS	
Sput Sput - green medicine mixed with milk Sput & umuthi ubomvu Sput with Double nonsense Sput with imbiza Sput with milk or water Sput with onion-like bulb (ncino?) Sput - umsuzwane Sput - Lengana	SPUIT	

Table continued overleaf...

Cuts Cuts & red muthi Cuts & Vimbela Cuts and black stuff to smear / muthi to rub on Cuts on back of head Cuts on stomach (Ukunquma) Cuts on umbilical cord + muthi rubbed on to it	CUTS & MUTHI TO RUB
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Black muthi to rub Mixture like shoe polish Colgate and black shoe polish Red muthi	RED / BLACK MUTHI	SOMETHING TO RUB
Rubbed medicine on child Something to rub on child Something to rub on head / fontanelle Chicken egg smeared with something / rub child's chest / return egg to chicken Vimbela Cut nails & hair - burnt them and mixed with muthi - rub joints and head Burnt something and made cross on child	SOMETHING TO RUB	
Behoedmiddel Rub Stuips until it disappears Stuips	RUB STUIPS	

Isiwasho - Spuit Blue Sea & water Spuit - Blue Sea	CHURCH MEDICINE SPUIT	CHURCH MEDICINE
Isiwasho & water to drink Isiwasho bath Imithi for bath Something to put in bath Oil from Church	CHURCH MEDICINE TO DRINK / IN THE BATH	
Tea Tea & prayer Water & prayer Water from Church Water mixed with something Water, coffee, fish oil every day until 4 months old No name - has eggs and coffee	CHURCH TEA / COFFEE / WATER	

Burn Doepa Burn incense Burn isiphepheto Burn something / Burnt something under child's nose to inhale Burn Umzane / inyamazane to burn Imphepho Imphepho & doepa	BURN SOMETHING
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Table continued overleaf...

Amulet Bracelets, water & prayer Green rope with amulet Green ropes Rope around waist Rope / bracelets around wrist Grey beads	AMULET / ROPES / BEADS
Not sure what N/A - Nothing given yet but would for inyani / ibala Ukulahla (ritual they perform) Bury child's vest in a hole in the bush Porcupine spikes - prick child	NOT SURE / OTHER

Coding reasons for giving child African medicines

Inyoni	INYONI	INYONI / IBALA
Ibala Strengthen fontanelle	IBALA	
Inyoni & ibala	INYONI / IBALA	
Clean system Heals umbilical cord	UMBILICUS / CLEAN SYSTEM	STOMACH PROBLEMS / UMBILICUS
Stomach problems Clean system of child if constipated Stomach cramps / aches Constipation Appetite	STOMACH PROBLEMS	
Diarrhoea Vomiting Vomiting & diarrhoea	DIARRHOEA / VOMITING	
Chase away bad spirits Ucindezelelelele (Bad spirits pressing down on child) Protection Protection from bad spirits	EVIL SPIRITS	SUPERNATURAL / POLLUTION
To help child sleep Not sleeping Night frights Crying / Restlessness Restlessness	CRYING / NIGHT FRIGHTS	
Protection from pollution (meeting other kids) Strengthening	POLLUTION	
Asthma Chest problems Cough Uhlaba (pains in sides)	CHEST PROBLEMS	COLD / FLU / RESPIRATORY
Colds and flu Ear infection	COLD / FLU / EAR	
Fever	FEVER	

Ishashaza Mouth sores Isilonda (bottom sore) Rash Sores on the head	MOUTH RASH / RASH	OTHER
Teething	TEETHING	
Bleeds a lot when gets cuts (blood platelets) Ihlala For anything / Any illness	OTHER	

Coding reasons why caregiver has changed use of traditional medicine

Not needed at the moment No longer needs treatment Feels better than before Condition is getting better / is better When there's a need	NOT NEEDED AT PRESENT	NOT NEEDED AT PRESENT
Would consult for cultural things Thought her problem needed traditional treatment - no longer needs For childhood illnesses the hospital cannot help	TRADITIONAL REASON	
Only when pregnant Used when she was pregnant - cramps and other problems Went once when pregnancy was overdue Cleaning system after labour	PREGNANCY	
Western medicines don't help with her sickness Clinic medicines don't help much More helpful than clinics & hospital	WESTERN MEDICINE NOT HELPFUL	BELIEVES / GOOD OUTCOME / HELPFUL
Strongly believes Traditional medicine heals her Good outcomes from before	BELIEVES / GOOD OUTCOME IN PAST	
Pastor has helped others with HIV Because of her HIV status Has more problems than before Ill and not getting better - Sangoma said she must use	HIV / MORE PROBLEMS	
Bad outcome Can cause problems in family - witchcraft Told her lies most of the time TMP was eyeing her out	BAD EXPERIENCE / OUTCOME IN PAST	BAD OUTCOME / UNHELPFUL
Only went once for pimples - didn't help Didn't work / Didn't help with problem Don't help much anymore They also help at clinics	TRADITIONAL MEDICINE COULDN'T HELP	
Religious reasons Belief changed - Christian / Is Christian	RELIGIOUS REASONS	

Table continued overleaf...

Was forced by elders in the past Elders advise her to or she will be blamed Husband doesn't believe	FAMILY INFLUENCE	OTHER
Free health care Can't afford TM for self Because of money	COST	
Doesn't have the time Can't get the time because of work Used to take night baths but don't now because busy with child	TIME	

Coding reasons why caregiver does use traditional medicine for her child

Supernatural things Believes in ancestors Childhood illnesses are sometimes caused by ancestors Protects child	PROTECTION / SUPERNATURAL	AFRICAN ILLNESS / SUPERNATURAL
Depends on problem / If child needs traditional medicines African illnesses When there's a need For ibala For inyoni For inyoni - will go if need be Mainly for inyoni but would also come for other things if need be For inyoni & ibala Went before any problems start (prevention - inyoni) Inyoni & ibala - but hasn't needed it yet For inyoni - hasn't needed it yet For ibala - hasn't needed it yet Stomach problems Stomach aches only	AFRICAN ILLNESS	
Clinic can't cure inyoni At hospital they cannot help with inyoni and ibala If hospital can't help / Childhood illnesses hospital cannot help If western medicine doesn't work Other sicknesses western medicines can't help / Western medicine can't help some things Helps more than Western medicines Because of child's HIV status	WESTERN MEDICINE CAN'T HELP	TRADITIONAL MEDICINE MORE HELPFUL / BELIEVES IN IT
Gets a lot of help and healing there Has experience and has seen good outcomes before / Outcome Helps with poisoning Helps heal the child Recommended by relative - healing has helped a lot They know about children's illnesses	HELPFUL / GOOD OUTCOME FROM TRADITIONAL MEDICINE	
Strongly believes Strongly believes - would go for any illness Believes it will help - but doesn't always	STRONGLY BELIEVES	

Table continued overleaf...

Sister suggested it Neighbour advised Granny of child insisted Doesn't believe - relatives who give it Elders advise her to or she will be blamed for child's health problems Father of child likes traditional medicine Father's culture / belief	RELATIVE ADVISED / INSISTED	BACKGROUND / RELATIVES
Background - grew up like that / Grew up using it Tradition Zulu	BACKGROUND / TRADITION	
No medicines at clinics Clinics only give Panado & multivitamins Free at Aunt (TMP) Access Outcome & cost	OTHER	

Coding reasons why caregiver does not use traditional medicine for her child

Does not believe	DOES NOT BELIEVE	
Goes to faith healer Apostolic / ZCC Christian Beliefs changing - more Christian / Religious beliefs	RELIGIOUS REASONS	
Upbringing / background Father of child doesn't agree Father strongly believes in TM but mother prefers faith healers Husband doesn't believe in these things, doesn't want to ruin marriage Doesn't believe but in-laws do believe Maternal granny of child doesn't approve Grandfather gets medicine from muthi shop Mother of respondent dead (used to buy it) - doesn't know where to go People used to get advice from no longer around - live in KZN	BACKGROUND / FAMILY INFLUENCE	
Doesn't trust them Diagnosis not true at times TMPs are dangerous Dangerous Sput kills children Sister used TM and ended up dying Children most of the time die from it Wouldn't go again as had bad experience Seen bad outcome with others	TRADITIONAL MEDICINE DANGEROUS	TRADITIONAL MEDICINE DANGEROUS / WESTERN HEALTH CARE BETTER
Doesn't have equipment Not hygienic Prefers Western medicine - has helped her a lot Nurses advise against using traditional medicines Cost	WESTERN HEALTH CARE BETTER / OTHER	
Hasn't needed it yet Hasn't had serious illnesses yet (not sure which) Child hasn't had inyoni / iplate yet Child hasn't had inyoni or ibala yet	NOT NEEDED TRADITIONAL MEDICINE YET	N/A

Coding traditional medicine used in pregnancy

Isihlambezo	ISIHLAMBEZO	
Ostrich eggs Ostrich eggs and 'Baboons urine' (umchemo wemfene) boiled Umchemo wemfene	OSTRICH EGGS / UMCHEMO WEMFENE	IMBIZA
Imbiza Imbiza emnyama Ugobho Water & something	IMBIZA	
Isiwasho - Bath for protection Something for bath	ISIWASHO - BATH	BATH / RUB / BURN MEDICINE
Isiwasho - sput Sput	ISIWASHO - SPUIT	
Rubbing stuff Red muthi to rub Green rope	TOPICAL MUTHI / ROPE	
Burn something Doepa Steaming	BURN INCENSE / STEAMING	
Isiwasho - Drink for pains and cramps Isiwasho - Sunlight & water to drink Isiwasho - water from Church with salt & ashes Water & prayer Isiwasho	ISIWASHO - DRINK	ISIWASHO / DRINK
Rope in water to drink - Every 3 months take out rope & tie knot then put back in same water Boiled record	BOIL ROPE / RECORD	
Haarlemensis Fish oil Liquid paraffin Mixture of things from chemist (+ Senepots & Seneleaves) Sekete (like iron supplement)	OTC MEDICINES	
Went to faith healer but didn't drink medicine N/A	N/A	

Coding use of traditional medicine taken in pregnancy

Make birth easier / Easy labour Pregnancy overdue	EASY LABOUR
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For good luck Strengthening Protection Protection from stepping over things Protection from bad spirits	PROTECTION
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Clean system - water in womb Cleaning the womb Cleans child inside Cleans the child in the womb So baby doesn't come out of womb dry	CLEAN WOMB / CHILD IN WOMB	CHILD-RELATED
Movement of child To make child move freely in stomach Right positioning of child in tummy To prevent a breach	MOVEMENT / POSITION OF CHILD	
Stops child having jaundice Cleans blood and stops child having jaundice	PREVENTS JAUNDICE	

Back aches Cramps / stiffness Pains and cramps Labour pains To stop bleeding	CRAMPS / PAIN / STOP BLEEDING	MOTHER-RELATED
Swelling in legs Swollen body Swollen feet	SWELLING	

Coding of why caregivers sometimes bypass the PHC clinic in favour of the public hospital

No medicines / antibiotics at clinics / make you buy medicine	SHORTAGE OF MEDICINES	MEDICINE / EQUIPMENT-RELATED
Fewer medicines given at clinics / Only give you Panado at clinic	AMOUNT OF MEDICINES GIVEN	
Better medication / treatment at hospitals	BETTER MEDICINES	
Stronger medicines at hospital / Weaker medicines at clinics	STRENGTH OF MEDICINES	
No x-rays at clinics No drips at clinics No proper examination equipment / Lack of equipment at clinic Best of everything (hospital) / Hospital has everything Have injections at hospital	EQUIPMENT-RELATED	
No doctors (clinics) Nurses are not qualified like doctors Hospitals have specialists	DOCTOR / SPECIALIST	DOCTOR / EXAMINATION
Thorough examination / Proper check-up at hospital Don't check child properly at clinic Don't spend enough time / Rush at clinics because of queues	EXAMINATION	
Can go to the hospital anytime / Limited opening hours at clinic	OPENING HOURS	WAITING HOURS / OPENING HOURS
Number they take at clinic / Don't attend to all patients (clinic)	LIMITED NUMBER SEEN IN CLINIC	
Waiting times at clinics Take their time to attend to you / Spend enough time	WAITING TIMES	
If serious case / Very ill / emergency Urgent help in hospitals / Nurses check for urgent cases at hospital Clinics refer to hospital / Some caregivers don't understand referrals	EMERGENCY / SERIOUS	
Staff chatting Bad attitudes of staff / Staff attitudes Just pass by - don't even care Clinic nurse might shout that it's critical - why didn't you go to hospital?	STAFF ATTITUDES	STAFF ATTITUDES
Bad experience with clinics Don't know how to treat problem at clinics Hospital helps you more than clinics / Don't get much help at public clinics No proper care at clinics / Better care at hospital / Poor service at clinics	HELP / SERVICE	

Coding of why a provider would be chosen as the best

Best treatment / medicine / Good / better treatment Thinks treatment at public & private is the same	MEDICINE	EQUIPMENT / MEDICINE	MEDICINE-RELATED
Medicine is more advanced at Pvt Clinics Expensive medicines			
Enough equipment / All the necessary equipment Lots of machines			
Panado is like water at clinic / takes longer to get child better Clinics & government hospitals' medicine is diluted Stronger medicines	STRENGTH OF MEDICINE		
Better results from medication / Medication helpful Help with epilepsy Helps more than Western medicines Medication they give helps - GP & Pharmacy not helped Medicine from GP didn't help Medicine can help with more than one thing Not all medicines from PHC help - pharmacy they do	EFFICACY OF MEDICINE	EFFICACY	
Proper medication for right thing Clinics give medicine for something else sometimes	CORRECT MEDICINE		
Child gets better quickly Heals faster than Western medicines	RECOVERY TIME		
If child's condition is serious Can treat serious problems	ABILITY TO TREAT SERIOUS PROBLEMS		
Enough medicines / Availability of medicines Lack of medicine at clinics / Only Panado at clinic Lot of medicines - not just Panado Better variety of medicines More medication given if you have medical aid	QUANTITY / AVAILABILITY OF MEDICINES	QUANTITY / AVAILABILITY OF MEDICINES	
Get drip / Can give you drip if child needs it Use injections / Get injection Private clinic they give you injection & proper examination	DRIP / INJECTION		

Table continued overleaf...

Nurses at public = unfriendly Staff attitudes	STAFF ATTITUDES		
Put effort in - know you have the right to complain Extra effort they put into everything Tackle even smallest problem	STAFF EFFORT	STAFF EFFORT / CARE	STAFF -RELATED
Best care / Care and attention / Takes good care of child Time spent with you / Spend more time with you Respect Staff are helpful / caring / The way they handle you	CARE / HANDLING / ATTENTION		
Trusts doctors Trusts father	TRUST		
Doctors at clinic are good for children's medicines GP knows more than clinics Doctors have more experience with children (paediatrician) Have specialists / Specialise in children's illnesses Doctors know what the problem is GPs only treat symptoms Can tell if child has other problems	SPECIALISTS / KNOWLEDGE	SPECIALIST	
Better diagnosis Don't ask you what problem is but examine child well Nurses do proper examination at clinic Proper examination & can detect problem of child Proper examination & tests	EXAMINATION / DIAGNOSIS	MEDICAL PROCESS	
Can go back for more treatment until child is better Regular check / examination / Routine checks Review / check-up after 2 days	AFTERCARE / CHECK-UP		
Can explain problem & cause Good advice Good explanation - don't have to ask Monitor progress and give feedback Throws bones and tells you cause of problem	EXPLANATION / COMMUNICATION		
Good doctors but not enough sisters Have doctors / No doctor at local clinic Enough doctors/nurses	STAFF AVAILABILITY		ACCESSIBILITY
Clinic = queue / Waiting time Medicine from doctors room - no need to go to dispensary Prompt attention / Treat child straight away	WAITING TIME / SPEED OF SERVICE		

Table continued overleaf...

Best facilities / Good facilities Can visit anytime Cleanliness / have soap Menu is good / good food Own private ward Warmer/welcome feeling/environment at private Wash child at private	ENVIRONMENT / FACILITIES	FACILITY	FACILITY-RELATED
Not well prepared at clinic - unpack boxes while you wait Better way of storing medicines at pvt clinic	ORGANISATION		
Distance	DISTANCE		
Cost of treatment/medicine Can even help you if you can't pay (traditional healer) Can negotiate costs of traditional medicine Value for money Don't pay for consultation at pharmacy Father of child has medical aid GP charges for check-up - none at private clinic GP is cheaper than paediatrician No choice - forced to go to clinic through lack of money Pay more you get better treatment / service Private chew people's money	MONEY		
Always help - Private would send you to Public Hospital Help with healing and good luck in life Help a lot in children's health / illnesses Clinics can't treat everything	HELP FROM PROVIDER	ABILITY TO HELP	EFFICACY / OUTCOME
Can see things that can harm you and prevent them Strengthen children from bad spirits TMPs can foresee things - clinics don't have the vision	SUPERNATURAL		
Child doesn't get sick easily if you take them to inyanga	PREVENTION		
Good experience in past Nearly lost baby at public hospital Private Hospital couldn't help before Would even build TMP big house as she healed her child	OUTCOME IN PAST		
Strongly believes in them / Belief in treatment / medicine Sangoma is grandparents belief Believes in God & prayer	BELIEFS	HABIT / SOCIAL	BELIEFS / HABIT
Doctor knows child's history Doesn't know anywhere else / Not tried other facilities Used to going to them	HABIT / FAMILIARITY		
Wouldn't like friends to think she's different	SOCIAL		

Coding most important factor when deciding where to take a sick child

Cost Accept medical aid Give you time to pay	COST	
Belief that treatment will work Believes in ancestors and traditional healing Believes that God can heal every sickness	BELIEF IN TREATMENT	
Waiting time How fast they help child / immediate help / Prompt attention Quick attendance to patient Immediate help / attention If child is serious they start with you (urgent attention)	PROMPT ATTENTION / WAITING TIME	WAITING TIME / ILLNESS SEVERITY
Severity of illness Minor problem - Clinic Major problem - TMP Type of illness	SEVERITY / TYPE OF ILLNESS	
The one which always has medicines Enough medicines You definitely get medicines Help & medication Have drips Injections Best treatment - good facilities Environment (better conditions)	NO SHORTAGE OF MEDICINES / EQUIPMENT	MEDICINE- RELATED
More medication / Give a lot of medicines Amount of medicine given - at clinic it finishes before child is better Better medicine - not just Panado	MORE MEDICINES GIVEN	
Medicine must help / Effective medication See from the outcome of the treatment they give Doctor's prescriptions are always helpful and accurate Medicines heal child quickly	EFFECTIVE MEDICATION	
Best medicine / treatment / medical care Quality of treatment Type of medicine Strong medicines	BEST MEDICINES	

Table continued overleaf...

To know you will be helped where you go People who will attend to you Gets more help and attention	HELP / ATTENTION	STAFF ATTITUDES / CARE AND ATTENTION
Care & attention / Quality of care Professionalism Staff attitudes / Patience / Warm welcome Trust staff - don't worry if you leave child with them	STAFF ATTITUDES / CARE	
Regular check-ups by doctors Time they spend with child Best examination / Proper / good examination Explain clearly how to use medication Get advice	EXAMINATION / EXPLANATION	
Doctors are always there / Availability of doctors Doctors are helpful Enough doctors / Have doctors Trusts doctors who attend to the child Someone who specialises in children / More qualified people Special need (expert?) - child was premature Would refer you on	DOCTORS / SPECIALIST	
Distance	DISTANCE	

Coding how health services for children under 6 could be improved in Johannesburg/Soweto

<p>Improve customer service / Proper training in speaking to patients / Customer care courses</p> <p>Improve staff attitudes</p> <p>More caring nurses / Take proper care / Caring people to take care of patients</p> <p>Nurses turn you away and say child is not sick (improve this attitude)</p> <p>Staff should have respect</p> <p>Treat non-South African mothers better</p> <p>Warm friendly environment</p> <p>Patience & dedication</p> <p>Patience of staff</p> <p>Dedication of staff</p> <p>Staff must be quicker in their work</p> <p>Don't take regular breaks and spend more time away from patients</p> <p>Nurses less lazy</p>	STAFF ATTITUDES
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<p>Turn you back even if your child is sick</p> <p>More doctors - Only take a certain number of patients a day - rest must go back home</p> <p>More doctors / nurses</p> <p>More doctors at clinics</p> <p>Staff more qualified / more professional</p> <p>Hire more staff so they can exchange shifts</p> <p>More staff</p> <p>More nurses so they won't be grumpy</p> <p>More nurses</p> <p>More nurses needed in public sector</p> <p>Male nurses are better than female nurses</p> <p>More qualified nurses</p> <p>Should have social workers to help with problems</p>	MORE STAFF
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<p>Cleanliness</p> <p>Equal facilities</p> <p>Nutritious food / Give food to patients</p> <p>More resources</p> <p>More beds</p> <p>More clinics</p> <p>Get nappies in hospitals</p> <p>Provide children with nappies</p> <p>More space for patients</p> <p>Extend waiting areas</p>	IMPROVE FACILITY / RESOURCES	IMPROVE FACILITY / RESOURCES
<p>Clinics to have medication</p> <p>Enough medication for children</p> <p>Enough medicine</p> <p>More injections and medication</p> <p>More medicines</p> <p>Sufficient medication everywhere</p> <p>Better medical treatment</p> <p>Stronger medicines at clinics</p>	MORE MEDICINES / STRONGER MEDICINES	

Table continued overleaf...

Quickly attend to emergencies / Reduce waiting times Reduce waiting times for serious cases/emergencies	REDUCE WAITING TIMES
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TMPs must be taught how to measure things accurately - not just <i>ilunga</i> Have TMPs in clinics (both examine you so that you can see if they say the same thing) Integration of traditional and Western medicine	INTEGRATION OF TRADITIONAL AND WESTERN MEDICINE
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Separate dispensaries for adults and children at public clinics Separate children from adults in queues Separate children according to illnesses in queues Separate children into age groups Monitor people in queues, stop fights and people pushing in	IMPROVE QUEUEING SYSTEM	IMPROVE SERVICE AND PROCEDURES
Better management Have supervisors Management should also help nurses Good supervision Put someone in charge to make sure patients are OK, fed, etc Superiors should check how nurses treat patients Supervisors to check on what nurses are doing Motivation Better salaries	IMPROVE MANAGEMENT / SALARIES / MOTIVATION	
Educate / inform parents more Explain causes of illnesses and teach on how to treat child on particular illness Explain procedures	EDUCATE PARENTS / GIVE ADVICE	
Facilities to accommodate mothers / More space to accommodate mothers & kids Give mothers time to recuperate after birth Private hospital to accommodate people without medical aid Doctors should be honest and not run unnecessary tests (exhausts money) Don't have to open new file each time she comes as is regular patient Aftercare - check-ups after treatment Prevent illnesses for children	IMPROVE SERVICE / PROCEDURES	
Stop free health care - make people pay If we can pay we might get better medication and be treated better	USER FEES FOR PUBLIC HEALTH CARE	USER FEES AND PATIENT/STAFF COOPERATION
Work together with staff and be co-operative Understanding between patients & nurses Also improve caregiver attitudes Patient attitudes should change (Public Sector)	PATIENT AND STAFF COOPERATION	

Coding why caregiver chose current provider

Care / attention better than Public Habit / Doctor knows child Paediatrician = expert	STAFF-RELATED
Whether severe or not	SEVERITY
Not better	NOT BETTER
Helped before Believes in TM more WM can't help / couldn't help before GP didn't help before	EFFICACY
Someone advised/recommended Gran / Mom / Aunt advised	RECOMMENDED
Referral	REFERRED
Cost	COST
Check-up/Results	CHECK-UP / RESULTS
Clinic / GP closed / turned away Easier at home / relative / distance No medicine local clinic / weak medicine	ENABLING FACTORS: ACCESS / DISTANCE / AVAILABILITY

Coding for common illnesses: providers and treatment

1. Diarrhoea:

PROVIDER	
Home Garden Relative Relative - Granny of child Relative - Mother of respondent Friend Granny of Respondent	RELATIVE / SELF
Inyanga Inyanga - same one Muti shop Sangoma Church Aunt (TMP) Granny of child (Herbalist)	TMP
PHC clinic Public hospital	PUBLIC
Paediatrician GP GP if money available GP or Paed (depends on severity)	PRIVATE
Pharmacy	OTC
Don't know Not specified	DK/NS

TREATMENT	
Behoedmiddel Immodium Milk of Magnesia ORS	OTC
Black tea Cook maltabella porridge Cook vegetables Cooks custard (stops diarrhoea) Custard powder (raw) and water to drink Give fluids Mealie meal and cold water to drink Salt & sugar solution Stop formula milk Sugar & salt & carrot & water	HOME
Imbiza yokuphalaze Ngwaume (muti) boil to drink Unganu & umavumbuka (Drink & Sput) Ilitshe lomgodi & water to drink Ilitshe lomgodi and sugar to drink 'Inyongo yesibankwa' - burn and mix with boiled water to drink Muti for sput Spider web in boiled water to drink Umlhonyane boiled to drink Umuthi obomvu Take plain water to Church and pray for it - give to child Grey beads	TRADITIONAL
Don't know Not specified	DK/NS

2. Cough:

PROVIDER	
GP Different GP GP if money available GP or Paed (depends on severity) Paediatrician	PVT
Pharmacy Supermarket	OTC
PHC clinic Public hospital	PUBLIC
Home Garden Relative Relative - Aunt Relative - Father of child Friend Granny of Respondent Mother of Respondent	RELATIVE /SELF
Relative - Aunt (Zulu herbalist) Granny of child (Herbalist) Inyanga Inyanga - same one Muti shop Sangoma Sangoma - same one Faith healer	TMP
Not specified	N/S

TREATMENT		
Stopain Previous medicine from clinic Scotts Emulsion Physio at surgery Panado Panado & Cough Mixture Bronchodialator Tussi Tot cough mixture Woods Peppermint Cough mixture Borstol Calpol cough mixture Vicks mixed with warm water to drink Vicks rub chest / child Humidifier Cough mixture from clinic previously	OTC	OTC
Borsdruppels Borsdruppels with breast milk Haarlemensis and breast milk Behoedmiddel	STUIPS	
Cooking oil & vinegar Cooking oil & vinegar & sugar & warm water Fish oil Fish oil & vinegar & sugar Fish oil (warm to drink) Honey & lemon & Borsdruppels Honey & lemon in hot water Keep child in warm house Warm water to drink Sweet oil Keep warm and give fluids	HOME	
Cough remedy (herbal) Khathazo & Ngcaluchwatha & Isibavha Khathazo (muti) boil to drink Lengala boiled to drink Lengana Lesoalo boiled in water to drink Mixes herbs Munyana to drink Thlonya (boil and drink) Umhlonyane & Peppermint (boil) Umhlonyane boiled to drink Umuthi ubomvu Spuil (intlaba) Spuil (sunlight & warm water) Water with Blue Sea	TRADITIONAL	
Not specified Medicines	N/S	

3. Fever:

PROVIDER	
PHC clinic Public hospital	PUBLIC
Pharmacy Supermarket	OTC
Paediatrician Private clinic GP GP or Paed (depends on severity)	PVT
Home Relative Relative - Granny of child Relative - Granny of respondent Relative - Sister of respondent Neighbour Friend	RELATIVE / SELF
Relative - Aunt (Zulu herbalist) Inyanga Inyanga - same one Sangoma Faith healer Church Market	TMP
Don't know Not specified	DK/NS

TREATMENT	
Calpol Disprin Fevapar Syrup Panado Panado for 1 or 2 days Paracetamol Stilpain Stopain Rub Vicks Rub Western stuff Umthuthuzeli	OTC
Keep child cool Undress child Bath child in cold water Bath child with warm water Wrap / sponge child in cold damp towel Wrap child in warm wet towel Cold water to drink Give fluids / lots of fluids Bath Child Undress child & wrap in cold towel	HOME
Burn impepho & umzane Burn imphepho Burn Stulpdruppels for child to sweat off bad spirits Mix medicines to steam Boil imphepho & spuit child Spuit & sunlight & warm water Boils something to drink Isiwasho Water with Blue Sea Prayer Spuit - Isiwasho Spuit - Water & Blue Sea Oil	TRADITIONAL
Don't know Not specified	DK/NS

4. Vomiting:

PROVIDER		
PHC clinic	PHC	PUBLIC
Public hospital	HOSP	
Paediatrician	PAED	PVT
GP GP - to ask to refer to best GP or Paed (depends on severity)	GP	
Pharmacy Supermarket	OTC	RELATIVE / SELF
Home Relative Relative - granny of respondent Relative - mother of respondent Relative - sister of respondent Mother's friend Friend Neighbour		
Relative - Aunt (Zulu herbalist) Aunt (TMP) Granny of child (Herbalist) Inyanga Inyanga - same one Sangoma Sangoma - same one Muti shop Faith healer Market Sangoma or Inyanga	TMP	NS/DK
Nothing Don't know Not specified		

TREATMENT	
Medicine Medicine to stop vomiting Muthi wenyoni ORS Panado	OTC
Bicarbonate of soda with warm water to drink Blow in child's face to give air Change to lactose-free formula / Change formula Coke + spoon of sugar Coke to drink Cold milk to drink Cooked porridge Cooks potatoes Salt & sugar solution Warm water to drink	HOME
Boil a leaf (folha delarror) and drink like tea 'Inyongo yesibankwa' - burn and mix with boiled water to drink Isinama to drink Isiwasho Mixes traditional medicines Ostrich egg / Ostrich egg boiled to drink / Ostrich egg grind to drink Spider web & cold water to drink Umhlonyane Boil chicken ingila Burn chicken egg shell & ngingila. Drink ashes and water Grind dry ingingila and put in boiled water to drink	TRADITIONAL
Nothing Don't know Not specified	NS/DK

5. Constipation:

PROVIDER	
PHC clinic Public hospital	PUBLIC
Pharmacy Supermarket	OTC
Paediatrician GP GP or Paed (depends on severity)	PVT
Home Relative - Aunt Relative - Sister of respondent Friend Neighbour Mother of Respondent Relative Granny of Respondent	RELATIVE / SELF
Aunt (TMP) Inyanga Inyanga - same one Sangoma Sangoma - same one Muthi shop Faith healer Market Granny of respondent (TMP) Bush Sangoma or Inyanga	TMP
Don't know Not specified	DK/NS

TREATMENT		
Borsdruppels	STUIPS	OTC
Groen Amara		
Haarl & Entress mixed with breast milk		
Haarl / Stuips mixed		
Stuipdruppels & gripe water		
Stuips (can't remember which)		
Wonderkroonessens		
Krampdruppels & Groen Amara		
Baby's Own / Tummy tablets	OTC	
Brooklax		
Buscopan		
Dalphi leg		
ENO		
Gripe Water		
Laxative (Laxect / Laxon)		
Liquid Paraffin to drink		
Medicine for constipation		
Milk of Magnesia		
Muti Wenyoni		
Panado		
Suppository		
Suppository (from Paed before)		
Qhuma		
Sput	SPUIT	TRADITIONAL
Sput with boiled Lengana		
Sput with intelezi from garden		
Sput with mealie meal & water		
Sput with Muti wenyoni		
Sput with sunlight & warm water / water		
Sput with sunlight & warm water or fresh milk		
Sput with warm water		
Piece of Sunlight soap up child's bottom		
Sput with imbiza		
Sput with traditional herbs		
Sput with umuthi & milk		
Sput with umsuzwane (muti)		
Ilitshe lomgodi	IMBIZA	
Imbiza yabantwana		
Isihlambezo		
Mixes traditional medicines		
Letshwetlane		

Add half teaspoon brown sugar to bottle	HOME
Boiled water	
Boiled/Warm H2O with Gripe H2O	
Castor oil	
Cereal	
Change diet / change formula	
Cooked custard	
Cooks potatoes	
Cotton sandwiches	
Fluids to drink	
Mango to eat	
Mashed banana	
Milk	
Orange juice	
Pears to eat	
Prune juice	
Prune Purity	
Rub tummy	
Rubs child's back	
Squeezed orange	
Sugar & salt solution	
Sugar and water	
Sugar with warm water	
Warm milk	
Warm water & brown sugar	
Warm water and teaspoon sugar	
Warm water to drink	
Warm water with squeezed orange juice	
Water & fruit	
Water to drink	
Weetbix	
Yoghurt or water	
Don't know	DK/NS
Not specified	

6. Cold/flu:

PROVIDER		
PHC clinic	PHC	PUBLIC
Public hospital	HOSP	
GP GP or Paed (depends on severity)	GP	PVT
Paediatrician	PAED	
Pharmacy	OTC	
Supermarket		
Garden	RELATIVE / SELF	
Home		
Relative		
Relative - child lives with in-laws		
Relative - Father of child		
Relative - Granny of child		
Friend		
Neighbour		
Relative - Aunt (TMP)	TMP	
Relative - Granny of child (TMP)		
Inyanga		
Inyanga - same one		
Sangoma		
Sangoma - same one		
Muti shop		
Granny of Respondent (TMP)		
Market		
Nothing	NS/ DK	
Don't know		
Not specified		

TREATMENT	
Borsdruppels Entressdruppels Behoedmiddel Adco - Sufedrin Bactrium from hospital before Borstol Calpol Cough syrup /Cough mixture Disprin Flu medicines / Flu remedy Inhaler Karvol Panado Paracetamol Previous medication from GP Previous medication from Paed Previous medication from PHC clinic Scott's Emulsion Stilpain Rub Vaseline on chest & nose Rub Vicks on back of head Rub Vaseline Vicks Water vapour with Vicks Undress child & give Panado Panado & flu remedies Panado & Painamol & Woods Rub Western stuff Cough mix & Panado & Stopain Panado & Cough mixture	OTC

Dress child warmly / Keep warm Fish oil & vinegar & sugar Honey & lemon Honey & lemon & Borsdruppels Honey on its own Humidify room Lemon juice Observe Orange juice squeezed Sput with Sunlight & warm water Water vapour with salt water Keep warm & give fluids	HOME	HOME / TRADITIONAL
Imbiza to drink Isihlahla segumplin Kalmuzi (bulb) - boil to drink Leaves from bush boiled & rub child Lengana Lengana boiled from garden Mixes traditional medicines Umhlonyane / Umhlonyane to drink Umhlonyane boiled from garden Mix medicines to steam	TRADITIONAL	
Don't know Not specified Nothing	DK/NS	

7. Inyoni:

PROVIDER		
Relative - Husband who takes to inyanga Relative - who takes to Sangoma Aunt (TMP) Gogo Gogo from township Gogo from township - different one Inyanga Inyanga - different one Inyanga - same one Sangoma Sangoma - different one Sangoma - same one Umprofeti inyanga Muti shop Gogo - same one Granny of Respondent (TMP) Sangoma (Neighbour) Mother of respondent who takes to Gogo (TMP) Sangoma or Inyanga	TMP	TMP
Relative - Paternal Granny of child who takes to Faith healer Church Church - Gogo who spuits Church (ZCC) Faith healer Faith Healer - same one	CHURCH	
Home Relative Relative - Aunt Relative - Grandparents of child Relative - Maternal Granny of child Relative - older Relative - Paternal granny of child / In-laws Friend/s Neighbour Granny of Respondent Both grannies	RELATIVE / SELF	

Pharmacy Supermarket Pharmacy or Supermarket	OTC	PUBLIC
PHC clinic	PHC	
Public hospital Public hosp - don't know inyoni at clinic	HOSP	
Paediatrician	PAED	PVT
GP	GP	
Nothing Nothing - doesn't believe granny does Doesn't believe Don't know about it Don't know	NOTHING	NOTHING / NS
Not specified	N/S	

TREATMENT		
Drip & other medication Drip in head to stop beating fontanelle	DRIP	OTC / HOME
Haarlemensis Haarlemensis (rub) Mix Stuips with breast milk Stuips Groen Amara	STUIPS	
Gripe Water Mix Gripe Water & Muti Wenyoni Muti wenyoni ORS	OTC	
Boil water to drink Salt & Sugar solution or ORS Glucose	HOME	
Boil herbs from bush Ginger & other green leaves from garden Imbiza to drink Imbiza yabantwana Burn doepa Burn doepa or impepho Burn something Cuts Cuts with muti rubbed in Porcupine spikes Rub black stuff Something to rub Crushed tomato leaves & original Colgate Insert ground plant in bottom, ears etc Spuit Spuit for 3 days + muti rubbed in Spuit with bulb like onion (ncino?) Spuit with imbiza & milk + other muti to bath/rub/burn Spuit with umuthi / spuit with imbiza Imbiza - Spuit & Drink Spuit - Isiwasho Spuit - Sunlight & water Throw bones to find cause then go back to nyanga Use ropes / Rope around waist Prayer Black tea & water & prayer	TRADITIONAL	
Doesn't believe Don't know about it Don't know Not specified Nothing	NOTHING	

8 Ibala:

PROVIDER		
Gogo Gogo from township Gogo from township - a different one Gogo - same one	GOGO	TRADITIONAL
Granny of child (TMP) Granny of Respondent (TMP) Inyanga Inyanga - different one Inyanga - same one Sangoma Sangoma - different one Sangoma - same one Sangoma (Neighbour) Sangoma or Inyanga Muti shop Relative - who takes to Sangoma Husband who takes to Inyanga	SANGOMA	
Church Church - Gogo Church (ZCC) Faith healer Faith healer (ZCC) Faith Healer - same one Faith Healer - different one Umprofeti inyanga Paternal Granny who takes to Faith Healer Aunt/Church	CHURCH	
Grannies - both grannies of child Home Relative Relative - Aunt Relative - Father of child Relative - Grandparents of child Relative - Granny of child Relative - older Relative - Paternal granny of child / Mother-in-law / In-laws Granny of Respondent Friend Neighbour	RELATIVE / SELF	
Pharmacy Supermarket	OTC	WESTERN
PHC clinic Public Hospital	PUBLIC	
GP Paediatrician	PVT	

Nothing Nothing - doesn't believe granny does Doesn't believe Don't know about it Don't know	NOTHING	NOTHING / NS
Not specified	N/S	

TREATMENT		
Haarlemensis - Rub Mix Stuips with breast milk Stuip / Duiwelsdrup / Entress with water Muti wenyoni ORS Vicks - Rub	STUIPS	TRADITIONAL
Crushed tomato leaves & original colgate Insert ground plant in bottom, ears etc Garlic & boiled water to drink Boil herbs from bush Imbiza to drink Umtsholo / Umtshopa Burn something Cuts Cuts made at back of head Makes cuts and spuit Something to rub Black tea & water & prayer Prayer Prayer & oil ointment Spuit for 3 days + muti rubbed in Spuit with bulb like onion (ncino?) Spuit with traditional medicine Porcupine spikes Ritual you do once		
Massage and it disappears Left it - just like a birth mark / Just leave it / Nothing Doesn't believe Never heard of it Don't know	NOTHING	
Not specified	N/S	

9. Crying/restless:

PROVIDER	
PHC clinic Public Hospital	PUBLIC
GP Paediatrician	PVT
Pharmacy Supermarket Supermarket or pharmacy	OTC
Home Relative Relative - Aunt Relative - Granny of child Neighbour who is friend Granny of Respondent	HOME/ RELATIVE
Inyanga Inyanga - if doesn't stop crying (ancestors) Inyanga - same one Inyanga - different one Sangoma Sangoma - same one Sangoma (Neighbour) Church Faith healer Husband who takes to Inyanga Granny of Respondent (TMP) Muti shop Street vendor / market	TMP
Nothing Nothing at first Don't know Not specified	NOTHING / NS

TREATMENT		
Entressdruppels Haarlemensis Haarlemensis & breast milk to drink Haarlemensis in bath Stuips / Haarl / Groen Amara Stuips / Haarl / Behoed / Bors / Entress / Groen Amara / Bal-K / Rooilvental Stuips in bath - Stuidruppels / Bals- K / Rool Stuips Haarlemensis & water Gripe Water & Stuips	STUIPS	OTC
Buscopan for colic/cramps Cough mixture Karvol Panado Panado if not well / fever Paracetamol Previous medicines from Paediatrician Propain / Stopain Something for colic Umthuthuzeli	OTC	
Ask child what's wrong Bath and feed child Bath child Change nappy / check nappy Check breathing Check temperature Check problem (check nappy / feed child etc) Comfort the child / Calm child down Feed child Play with child Put child in cold water Put child on stomach Ride in the car Sput Undress child & calm her down	HOME	

Burn camphor Burn doepa Burn doepa or impepho Burn Entressdruppels & imphepho Burn impepho Burn incense at home Burn inyamazane Burn something Doepa Doepa or vimbela	BURN	TRADITIONAL
Call family names (Ritual) Get dust from middle of road & put in bath Intelezi Something to put in porridge like sticks Umuthi ukushunqisa Prayer	TRADITIONAL	
Nothing - depending on cry	NOTHING/NS	
Nothing at first		

10. Teething:

PROVIDER		
Pharmacy Supermarket Tuckshop	OTC	
PHC clinic Public Hospital	PUBLIC	
GP Paediatrician	PVT	
Garden Home Relative Relative - Aunt Relative - Granny of child Neighbour advised don't use rub on medicines Friend Granny of Respondent	RELATIVE / SELF	
Inyanga Inyanga - same one Sangoma Sangoma - same one Granny of Respondent (TMP) Faith healer Market Muti shop	TRADITIONAL	
Nothing Don't know	NOTHING	NOTHING / NS
Not specified	N/S	

TREATMENT		
Ashton & Parsons Baba Suur Baby's Own Calpol Crush disprin and rub child's gums Give medicines to stop diarrhoea Panado Qhuma / iQhuma / iqhuma Rooipoier Teejel / Bongela / Teething gel Teething biscuits Teething powders Teething rubbers Teething tablets Vidol powders Zamoflour drops	OTC	
Brown and black beads Necklace with 5 cent coin Amulet around body Black rope with doepea around neck and waist Black Velvet (Incweba) Black velvet / copper wire Copper wire Cut piece of toothbrush handle for necklace Green rope with doepea in amulet Grey beads Fig tree stem Grey beads & fig stem necklace Grey beads & izinyo lehashe Imfibinga (cowrie shell) - hang 2 with white bead inbetween Imfibinga (cowrie shell) & incweba Izinyo lehashe Rope around waist to stop diarrhoea	TRADITIONAL NECKLACE	TRADITIONAL
Spuit if child has diarrhoea Grind ingingila then rub on teeth Dekgong (Charcoal from burnt branch - rub on gums) Door clara from garden Rub ashes on forehead if fontanelle is sunken Spuit & umuthi Boil mealies and give that water to drink Bush tea (Rooibos) Comfort child Fluids Sugar & salt solution	TRADITIONAL	
Neighbour advised don't use rub on medicines Nothing Don't know	NOTHING	NOTHING / NS
Not specified	N/S	

