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FACULTY OF SCIENCE AND ENGINEERING

DEPARTMENT OF HEALTH SCIENCES

UTILIZATION OF TRADITIONAL MEDICINES BY PREGNANT WOMEN AGED 18-45 AT MUTAMBARA MISSION HOSPITAL IN CHIMANIMANI DISTRICT.

BY

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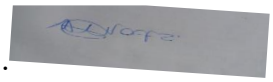
YEAR OF SUBMISSION – JUNE 2025

Declaration

I Matore Vongai declare that the work presented in this research project has never been presented before to any academic institution for any academic award

Signature … 

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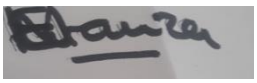
Signature: 

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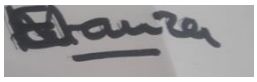 .....

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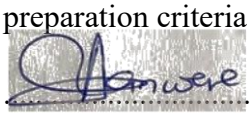 ....10.06.2025.....

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Dedication

This research project is dedicated to the loving memory of my dear parents, who may be gone but are forever with me in spirit. Your values, love, and sacrifices continue to guide and inspire me every day. I carry you in my heart always.

To my beloved husband, thank you for your endless support, patience, and understanding. Your belief in me kept me going, even in the most challenging moments.

To my precious children, you are my greatest inspiration and motivation. Everything I do is for your future, and I hope this achievement shows you the power of perseverance and faith.

To my siblings and extended family thank you for your endless encouragement and for standing by me with love and positivity throughout this research journey.

To my workmates and classmates, your words of motivation, shared experiences, and companionship made this path less lonely and more rewarding.

Lastly, I dedicate this work to all the women in Chimanimani District who shared their stories and wisdom with me this study is for you. May it bring greater awareness and positive change in maternal healthcare.

Above all, I give glory to God, whose grace carried me through every step. This achievement is a testimony to His faithfulness.

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Lastly, I give all glory and honor to the Lord Almighty, whose strength, wisdom, and grace enabled me to complete this journey. In Him I put my trust.

Abstract

This study evaluated the use of traditional medicines among pregnant women aged 18 to 45 years at Mutambara Mission Hospital in Chimanimani District. A descriptive cross-sectional design was used, with a purposive sample of 40 participants, guided by the Theory of Planned Behavior. Data was collected through a self-administered questionnaire and analyzed quantitatively. Out of 40 participants, 38 (95%) reported using traditional medicines during pregnancy. Remedies for widening the birth canal included elephant dung (28%), Christmas tree leaves (20%), aloe vera (18%), okra (15%), and moringa (12%). For labor precipitation, 50% used castor oil plant, 25% used “imba yezingizi” (house of whispers), and 20% used medicinal clay. Other uses included vomiting relief (40%), pregnancy protection (25%), malaria treatment (15%), and correcting low blood (12.5%). Motivation included widening the birth canal (47.5%), speeding labor (40%), preventing vomiting (40%), cultural beliefs (35%), and family advice (30%). Herbs were used during pregnancy (40%), in preparation for delivery (35%), and during labor (25%). Regarding effectiveness, 55% considered them very effective and 35% somewhat effective. On safety, 60% believed they were safe, 30% were unsure, and 15% considered them unsafe. Concerns included lack of scientific proof (45%), cultural stigma (37.5%), and side effects (17.5%). Integration into formal healthcare was supported by 30%, opposed by 5%, while 65% were unsure. Information sources included family (60%), friends (22.5%), and healthcare providers (5%). The study shows high usage of traditional medicines influenced by cultural norms and perceived benefits but highlights the need for culturally sensitive health education, scientific evaluation, and development of evidence-based guidelines to ensure safe use during pregnancy.

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CHAPTER ONE

Background of study

Traditional herbs refer to medical practices and treatments that have been used for hundreds of years, often passed down through generations (World Health Organization, 2019). Traditional medicines are derived from plants and animals. Traditional medicines are administered orally, vaginally, rubbed or smoked on to a specific part of the body (Vander et al, 2016). Traditional medicine encompasses a diverse range of healthcare practices, knowledge, and beliefs that have been passed down through generations within various cultures. These practices often utilize natural resources such as plants, animals, and minerals, along with spiritual therapies, manual techniques, and exercises to diagnose, treat, and prevent illnesses (World Health Organization, 2019). Traditional medicine systems vary significantly across different regions and cultures, reflecting unique philosophies and approaches to healthcare. These include Traditional Chinese Medicine (TCM) with its focus on balancing Qi or vital energy through acupuncture and herbal remedies; Ayurveda from India, which emphasizes holistic well-being through herbal preparations, dietary adjustments, and yoga; and various indigenous healing practices found in Africa, Latin America, and other parts of the world, often involving the use of medicinal plants and rituals performed by traditional healers (WHO, 2019).

In European nations, the utilization of traditional medicine, especially herbal remedies, remains widespread despite the robust existence of conventional healthcare systems. A study conducted in Germany revealed that 40% of pregnant women utilized herbal remedies, mainly for prevalent pregnancy-related issues such as nausea and back pain (Chang et al., 2021). Comparable patterns have been noted in other European countries, with research revealing substantial utilization of traditional medicine in the United Kingdom (35%) and the Netherlands (25%) (Hall et al., 2020).

The utilization of traditional medicine during pregnancy significantly differs among American countries. In the United States, research indicates that 20-50% of pregnant women utilize various forms of complementary and alternative medicine, encompassing herbal remedies and traditional practices (Clark et al., 2022). In Latin America, traditional medicine is frequently entrenched in cultural practices, with indigenous communities significantly depending on traditional healers and phytotherapeutic remedies. A study conducted in Mexico revealed that

68% of pregnant women utilized traditional medicine, frequently in conjunction with conventional care (Hernandez-Ramos et al., 2023).

Asian nations possess a rich history of utilizing traditional medicine, and its incorporation into maternal healthcare is prevalent. In China, traditional medicine is frequently utilized in conjunction with conventional care, with acupuncture and herbal remedies commonly employed to address pregnancy-related issues (Li et al., 2022). Research in India indicates that 40-60% of pregnant women utilize traditional medicine, especially in rural regions where access to conventional healthcare is restricted (Patel et al., 2020).

The utilization of traditional medicine among pregnant women in Australia is on the rise, especially within Indigenous communities. A study revealed that 70% of Indigenous pregnant women utilized traditional bush medicine, frequently for prevalent pregnancy-related conditions and to enhance overall wellness (Smith et al., 2019). The prevalence of complementary and alternative medicine utilization, encompassing herbal remedies and traditional practices, among non-Indigenous pregnant women is approximately 30% (Adams et al., 2021).

African nations possess a profound heritage of traditional medicine, which continues to be a fundamental component of healthcare systems. Research throughout the continent indicates a significant prevalence of traditional medicine utilization during pregnancy, varying between 40% and 80% (Ndao et al., 2024). Factors contributing to this elevated prevalence encompass cultural beliefs, accessibility, affordability, and perceived effectiveness of traditional practices. A study in sub- Saharan Africa, Egypt found that 60% of pregnant women used herbal remedies. Common herbs included fenugreek and chamomile, often used to alleviate discomfort during labor (Abdel-Moneim et al., 2020). Central Africa has one of the highest maternal mortality rates, estimated at 540 deaths per 100,000 live births (WHO, 2020). In Côte d'Ivoire, about 70% of women used herbal medicines percentage of women in their reproductive years utilize traditional medicines. A survey conducted in Nigeria revealed that approximately 79.9% of pregnant women reported using medicinal plants during their pregnancy (Okwu M, 2020). Another study in India found that 70% of women used herbal remedies for menstrual disorders (Kumar S, 2021). This trend highlights a growing reliance on natural products for health management. Women of childbearing age often turn to traditional herbs for several reasons

Research in South Africa found that 40% of pregnant women used traditional herbs like Sutherland frutescens. These herbs were used for pain relief and to facilitate labor (Mkhize et al., 2023). The maternal mortality ratio is approximately 152 deaths per 100,000 live births (World Bank, 2021). Positive outcomes were noted, but some women reported negative experiences, including allergic reactions and interactions with prescribed medications. In Zimbabwe, traditional medicine is intricately woven into the cultural fabric, and its application during pregnancy is prevalent. A study in Harare revealed that 65% of pregnant women utilized traditional medicine, predominantly herbal remedies (Maponga et al., 2020). This practice is presumably more widespread in rural regions such as Chimanimani District, where access to traditional healthcare may be restricted. A study in Manicaland Province, home to Chimanimani District, indicated that a significant percentage of pregnant women utilize traditional medicines (Maponga and Mvere, 2021). The research indicated that 64.7% of pregnant women surveyed utilized traditional medicines during their gestation (Dimene et al., 2020).

Studies indicate a high prevalence of traditional medicine use among pregnant women in Zimbabwe. One study found that 69.9% of women in rural Zimbabwe used traditional medicine during pregnancy and labor (Mugwagwa et al., 2019). Another study in Manicaland province found that 54% of pregnant women used traditional medicines (Dimene et al., 2020. These high rates of use underscore the need for understanding and addressing the potential risks involved.

Problem statement

The use of traditional medicines by pregnant women is a notable public health issue in Zimbabwe, especially in rural regions such as Chimanimani District. There is an increase in birth asphyxia, meconium aspiration, perineal tears, and preterm babies at Mutambara Mission Hospital as evidenced by labor ward statistics from January 2024 to September 2024 (Mutambara Mission Hospital delivery register. Unpublished, 2024). Although traditional medicine is firmly embedded in Zimbabwean culture, its application during pregnancy poses possible risks to both maternal and fetal health (Maponga and Mvere, 2021). This is mainly attributable to the absence of scientific evidence validating the safety and efficacy of numerous traditional remedies, along with the risk of adverse interactions with conventional medications or complications stemming from incorrect dosages or preparation techniques such as increased side-effects, contamination and toxicity (Mujuru et al., 2019).

The repercussions of unregulated traditional medicine usage during gestation were found to be significant in a study carried out Manicaland province and these include delayed or inadequate prenatal care, increased risk of infection, and potential toxicity, (Maponga and Mvere, 2021). Possible risks encompassed miscarriage, preterm labor, fetal anomalies, and complications during delivery (Dimene et al., 2020). Furthermore, the absence of transparency regarding the utilization of traditional medicine by patients can obstruct effective medical management and result in misdiagnosis or postponed treatment (Maponga and Mvere, 2021). This issue impacts not only the pregnant women but also their fetus and the healthcare system.

While traditional medicines may hold cultural significance and perceived benefits, their use during pregnancy carries potential risks for both mother and child. One major concern is the lack of regulation and standardization, which can lead to variations in potency and ingredients, increasing the risk of adverse reactions or even toxicity (WHO, 2019). For example, certain herbal preparations may contain substances that stimulate uterine contractions, potentially leading to miscarriage or premature labor (Mullany et al., 2021).

Some traditional practices, such as the use of lead-based remedies for morning sickness, expose pregnant women and their fetuses to harmful substances like heavy metals or contaminated animal products, potentially leading to infections, heavy metal poisoning, developmental delays, and neurological problems in the child (Steel et al., 2020; Nnorom et al., 2023).

Research objective

To investigate the types of traditional medicines by pregnant women aged 18-45 at Mutambara Mission Hospital in Chimanimani district.

Research question

What are the types of traditional medicines used by pregnant women aged 18-45 at Mutambara Mission Hospital?

Purpose of the study

The purpose of the study was to explore the types of traditional medicines used by pregnant women aged 18-45 at Mutambara Mission Hospital.

Research assumptions

Pregnant women who utilize traditional medicines do not know the effects on them and the baby.

Significance of the study

The study will provide midwives with valuable insights into the prevalence and patterns of traditional medicine use among their pregnant patients. This understanding will enable midwives to engage in more informed and culturally sensitive discussions about healthcare choices with the women under their care. By acknowledging and respecting the cultural significance of traditional medicine, midwives can foster a more open and trusting relationship with their patients. This can encourage pregnant women to disclose their use of traditional remedies, facilitating a more comprehensive understanding of their health practices and potential risks.

This research will equip healthcare providers at Mutambara Mission Hospital with an enhanced comprehension of the predominant traditional medicine practices among their patients. This knowledge can promote informed and culturally sensitive care, allowing healthcare professionals to engage in open discussions with pregnant women regarding their healthcare options. Comprehending the motivations for utilizing traditional medicine enables healthcare providers to effectively address potential issues, disseminate accurate information, and propose suitable alternatives when required (Mhlanga et al., 2021).

This study can equip pregnant women and their families with insights regarding the potential advantages and hazards linked to traditional medicines. The study can enhance informed decision-making about healthcare choices during pregnancy by emphasizing the perceived effects of these practices on pregnancy outcomes. Moreover, the research can elucidate myths and misconceptions regarding the utilization of traditional medicine, fostering a more balanced and informed viewpoint (Tabona et al., 2021).

Scope and delimitations of the study

This study examines the use of traditional medicine by pregnant women aged 18-45 at Mutambara Mission Hospital in Chimanimani District. The study specifically documents the varieties of traditional medicines employed, the rationale for their utilization, and the perceived effects of these practices on pregnancy outcomes as reported by the women. This study will yield significant insights into the prevalence and patterns of traditional medicine utilization within this demographic and geographic context. Nonetheless, it is crucial to recognize the limitations of this study. The research is confined to pregnant women receiving care at

Mutambara Mission Hospital; thus, the findings may not be applicable to other populations or healthcare environments.

Theoretical framework

The Theory of Planned Behavior

The Theory of Planned Behavior (TPB), introduced by Icek Ajzen in 1985, offers a framework for comprehending the connection among attitudes, intentions, and behaviors. It asserts that a person's intention to engage in a particular behavior is the most direct predictor of that behavior (Ajzen, 1991). This intention is influenced by three primary factors: attitudes, subjective norms, and perceived behavioral control.

Attitudes denote an individual's comprehensive appraisal of behavior, including their beliefs regarding the outcomes and their evaluation of those outcomes. Subjective norms denote the perceived social pressure to either engage in or abstain from a behavior, influenced by the normative beliefs of influential others and the individual's inclination to adhere to those beliefs. Perceived behavioral control refers to an individual's assessment of their capability to execute a behavior, considering internal factors such as skills and knowledge, as well as external factors like resources and opportunities.

The application of the Theory of Planned Behavior in this study facilitates a detailed comprehension of the factors affecting this behavior. The attitudes of pregnant women towards traditional medicines may be influenced by their perceptions of efficacy, safety, and cultural relevance. Favorable attitudes, derived from the conviction that traditional medicines are efficacious and secure, may result in enhanced intentions to utilize them. Conversely, apprehensions regarding possible side effects or interactions with conventional medications may foster negative perceptions and diminish the intention to utilize.

The impact of family, friends, and community members, especially elders or traditional healers, can profoundly affect a pregnant woman's choice to utilize traditional medicines. If these significant others advocate for and promote the use of traditional medicines, the subjective norm will be positive, thereby enhancing the intention to utilize them. If these individuals voice disapproval or concerns, the intention to use may diminish. Access to traditional medicines, knowledge regarding their preparation and application, and the perceived capacity to integrate them with conventional prenatal care can all affect a pregnant woman's perceived behavioral control. Facilitated access to traditional healers or herbal remedies, along with assurance in their proper application, can augment perceived control and elevate the probability of their use.

By analyzing these three factors, the study can ascertain the principal facilitators and impediments to the utilization of traditional medicine among pregnant women in this context. This comprehension can guide interventions designed to enhance safe and informed decision-making concerning healthcare options during pregnancy.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Literature review is a comprehensive analysis and synthesis of published research on a specific topic, Editage, (2022). Shona McCombes (2023) also defined literature review as a survey of scholarly sources on a specific topic. It evaluates existing literature to identify gaps, trends and methodologies providing context to new research. This chapter reviews literature on Utilization of traditional medicines by pregnant women aged 18-45.

LITERATURE REVIEW

In the United States, a study by Johnson et al. (2019) shed light on the prevalence of traditional medicine usage among pregnant women, with a particular focus on herbal remedies and dietary supplements. The study highlighted the need for healthcare providers to inquire about traditional medicine use during prenatal care to ensure the safety of the mother and the developing fetus. In the United States, the use of herbal remedies and traditional medicine during pregnancy is prevalent, although often underreported. A systemic review published in the United States of America indicated that herbal use during pregnancy ranged from 4 to 45% primarily for nausea and constipation. Women cited perceived safety and cultural beliefs as primary reasons for their use of traditional medicines, (Department of Global Health and Primary care, University of Bergen 2023).

Traditional healing practices have been passed down through families and communities, representing a vital part of cultural heritage and identity (Smith et al., 2022). This cultural embeddedness often influences pregnant women's healthcare choices, with some viewing traditional medicines as a natural and safe alternative or complement to conventional prenatal care. This perspective is particularly prevalent in indigenous communities, where traditional healers and medicinal plants hold significant cultural and spiritual importance (Jones & Brown, 2021). These practices are often deeply intertwined with beliefs about pregnancy, childbirth, and postpartum recovery.

Moreover, in Asia, a review by Lee and Tan (2020) evaluated the common traditional medicine practices utilized by pregnant women in the region. The review discussed the cultural beliefs and practices that influence the use of traditional medicines during pregnancy and emphasized the importance of integrating traditional and modern healthcare approaches to optimize

maternal and fetal outcomes. A study in India conducted by Wake et al (2021) found that about 65% of pregnant women reported using traditional remedies, often due to cultural beliefs and the perceived efficacy of these treatments. In many Asian countries, traditional medicine is deeply rooted in cultural practices. A study by Gupta et al. (2021) highlighted that pregnant women often seek Ayurvedic treatments to enhance wellness and manage complications. Similarly, Traditional Chinese Medicine is prevalent in China, with practices like acupuncture and herbal therapy being utilized to alleviate pregnancy discomforts (Li et al., 2022).

Interestingly in Sub-Saharan Africa, traditional medicine plays a critical role in maternal health. Research exhibits a high prevalence of traditional medicine utilization among pregnant women, with studies indicating rates between 25% and 65% (BMC, Women's health ,2023). A study conducted in Nigeria by Okeke et al. (2020) found that many women rely on herbal remedies for pregnancy-related ailments, often due to limited access to conventional healthcare. Many women rely on local healers and herbalists for prenatal care. In another survey showed that 70% of pregnant women in Malawi used traditional medicine, often for conditions like malaria and anemia (Makombe et al., 2023). The use of traditional birth attendants remains prevalent, though efforts to integrate these practices with formal healthcare systems are ongoing (Ogunniyi et al., 2023

The motivations for using traditional medicines during pregnancy are multifaceted. Some women turn to traditional medicines due to perceived limitations or dissatisfaction with conventional healthcare services, including concerns about side effects of pharmaceutical drugs or a lack of culturally sensitive care (Rodriguez & Perez, 2024). Others seek traditional medicines to address specific symptoms or conditions that they believe are not adequately managed by conventional medicine. Furthermore, economic factors may also play a role, with traditional medicines sometimes being more accessible or affordable than conventional healthcare, particularly in underserved communities.

In South Africa, traditional medicine plays a crucial role in maternal healthcare, particularly in rural areas where access to modern healthcare facilities is limited. Approximately 30-70% of pregnant women utilize traditional remedies, in South Africa often for conditions like morning sickness and labor induction. (https://pmc.ncbi.nlm.nih.gov/articles/PMC9073130/). The use of traditional healers is common, and many women prefer these practitioners due to their cultural understanding and holistic approach to health. However, there is a pressing need

for research into the safety and efficacy of these traditional practices to ensure they do not pose risks to maternal and fetal health.

Moreover, a study by Teshome et al 2020 reported 65,5% of pregnant mothers in Debre, Ethiopia, used herbal medicine during pregnancies. Commonly used traditional herbal medicines include ginger and chamomile often for their perceived safety and effectiveness in alleviating symptoms like nausea. The study noted that low educational levels and lack of awareness regarding potential complications influenced the use of these remedies. There were also concerns regarding the lack of scientific validation for many of these herbal treatments. In a study by Chikanda et al. (2021) found that approximately 40% of pregnant women in Malawi used traditional medicines during their pregnancies. Herbal concoctions made from local plants were commonly used with women believing these remedies to be safer than pharmaceutical options. The researcher advocated for the need to integrate traditional medicines with modern healthcare practices to ensure safe maternal care. They also suggested that training for healthcare providers on the benefits of traditional benefits could enhance maternal care.

Ngwenya et al. (2023) indicated that 55% of pregnant women in Botswana reported using traditional remedies. Commonly cited remedies include the use of herbal baths and infusions made from moringa leaves to promote health and well-being during pregnancy. The study emphasized the influence of social networks on the decision to use traditional medicines, highlighting the role of the community beliefs in shaping health behavior. According to Chanda et al. (2022) approximately 60% of pregnant women in Zambia reported using traditional medicine during their pregnancies. Most commonly used remedies included moringa and often consumed to inform of tea believed to boost energy and nutrition and alleviate symptoms such as nausea and fatigue. The researcher added that many women believe that traditional remedies are safer and more effective than modern pharmaceuticals. The study emphasized thew need for better integration of traditional practices into formal healthcare to ensure comprehensive maternal care.

In Mozambique, research conducted by Mavundla et al. (2021) indicated that about 55% of pregnant women utilized traditional medicines. Traditional healers play a crucial role in maternal health care, often being the first point of contact for pregnant women. However, a study by Monyane et al 2023, in Lesotho reported that 50% of pregnant women utilizes traditional medicines often made from herbal mixtures of local plants believed to enhance overall health and wellbeing. The researcher emphasized that traditional medicine is often

passed down through generations with many women relying on the advice of their elders. The study found a strong belief in the effectiveness of these remedies, despite the lack of scientific validation. Interestingly, in Namibia the use of traditional medicines is more in rural arears where access to modern healthcare can be limited (Nawose et al 2022). The integration of traditional practices into formal healthcare was recommended.

A recent study conducted by Mudonhi et al (2021) in Bulilima district, Zimbabwe reported that 28% of pregnant women used traditional medicines, primarily in the third trimester for labor facilitation. The research highlighted a strong association of age and traditional medicine use, with older women being significantly more likely to utilize these remedies. In another study by Mlambo et al (2021) at Gweru hospital highlighted that the need for healthcare providers to engage with pregnant women about their use of traditional medicines, emphasizing the integration of traditional medicines with conventional

The safety and efficacy of many traditional remedies have not been evaluated through scientific research, raising concerns about potential adverse effects for both the mother and the developing fetus. Some herbal preparations may contain substances that could induce uterine contractions, cause fetal malformations, or interact negatively with conventional medications (Wong & Tan, 2025). Therefore, the lack of standardization and quality control in the production and distribution of some traditional medicines products poses a significant challenge. The lack of standardized dosages, quality control, and scientific evidence supporting the efficacy and safety of many traditional remedies poses a significant challenge (Oladapo et al., 2023).

In conclusion, the utilization of traditional medicine by pregnant women aged 18-45 in African countries, including Zimbabwe, is a complex and multifaceted issue. While traditional medicines play a significant role in providing accessible and culturally relevant healthcare, it is crucial to address the safety concerns associated with its use during pregnancy. Future research should focus on rigorously evaluating the safety and efficacy of commonly used traditional remedies, developing standardized guidelines for their use, and promoting effective communication between pregnant women, traditional healers, and conventional healthcare providers. This integrated approach is essential to ensure safe and positive pregnancy outcomes for women in these settings.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

This chapter intends to address the methodology, which encompasses the research design, study setting, sample and sampling procedure, instrument, reliability and validity, data collection procedure, human rights considerations and data analysis.

Research design

A research design is a strategy for using empirical data to answer your research question (Mc Combes, 2021). It discusses data gathering procedures, sample selection methods, and data analysis strategies. A quantitative cross-sectional research design was used in this study, it is a form of research design in which data is gathered from a large number of people at the same time (Thomas, 2020). This design was chosen since it is quick and simple to carry out, and data on all variables is collected at the same time (Thomas, 2020).

Study setting

The study was carried out at Mutambara Mission Hospital, a referral center for forty (40) Chimanimani district rural health centers and one rural hospital, Chimanimani. Mutambara Mission Hospital is situated in Chimanimani District of Manicaland Province in Zimbabwe. It is about 60km away from the provincial town, Mutare. This area is characterized by its mountainous terrain, rich biodiversity and vibrant local culture. According to the Zimbabwe National Statistics Agency census (2022), the estimated population of Chimanimani District is at 61 000 people with an estimated number of women of childbearing age at 15 000 in 2022. According to Mutambara information department 2025, catchment population is 12751 ,7013 women and expected pregnancy per year is 638. Mutambara Mission Hospital waiting shelter has a capacity of 50. Chimanimani District shares borders with Chipinge, Buhera, Mutare districts as well as Mozambique. Mutambara Mission hospital has the following departments; outpatient department, male ward, female ward, maternity department, operating theatre department, family and child health department, dental department, eye unit, maternity home and a children's ward. The hospital offers preventive, curative and rehabilitation clinical services for outpatients and in patients, family planning, HIV testing and treatment services. People within the catchment area of Mutambara Mission Hospital practice peasant farming.

The researcher chose Mutambara Mission Hospital as the study site for convenience and to cut costs of travelling since she is a resident of Chimanimani District.

Population of the study

Target population is the well-defined group of individuals that meet the criteria of the research study and to whom the findings of the study are intended to be generalized (Cooper & Schindler, 2019). The study population for this research includes pregnant mothers aged between 18-45 years from within the catchment area and those in maternity home of Mutambara Mission Hospital.

Sample size

Ngunyen, (2023) defined sample size as the total count of participants in a study, which affects the accuracy of statistical inferences. It is the one that establishes the power and the impact of the study. The researcher used the Yamane formular to draw the sample size for this study from pregnant mothers between 18-45 years, within the catchment area and those in maternity home of Mutambara Mission Hospital.

Sample size calculation Yamane's formula (1967) to estimate the sample size.

$$n = \frac{N}{1 + N(e)^2}$$

Were, n - The sample size N - The population size (Mutambara catchment area expected pregnancies per year)

e- The desired level of precision (0.05) at 95% confidence interval

Therefore n= 638

$$\frac{}{1 + 638\ (0.005)^2} \qquad n = 40{,}3$$

$$n = 40$$

Sampling procedure

The practice of picking a smaller sample of people from a larger population is known as sampling (Mills, 2021). A convenient probability sampling approach was used to select the study's participants because the participants selected were conveniently available to the researcher. This also saved time and resources (Wisniowski, 2020).

Inclusion criteria

Inclusion criteria are the specific characteristics or conditions that individuals must meet to be eligible for participation in a study (Bhandari et al. 2020). In this study pregnant mothers, aged between 18-45 years will be included. The participants are residents of the catchment area and those in maternity home of Mutambara Mission Hospital who understand English and Shona languages and who provide informed consent to participate in the study.

Exclusion criteria

Exclusion criteria refer to specific features or characteristics that disqualify individuals from participation in research, Smith et al (2021) In this study, those women who were unable to provide informed consent were not be included in the study.

Data collecting procedure

According to Bhandari P (2020), data collection method involves a systematic process of gathering observations or measurements. A sample for study was drawn from pregnant mothers between 18-45 years through the use of questionnaires which was written in English and Shona. The researcher distributed the questionnaires to participants at the Antenatal care department and maternity home upon explaining the purpose of the research to participants. Each participant completed the self-administered questionnaire voluntarily. The researcher collected the complete questionnaires herself.

Study instrument

A research instrument is a tool that is used to collect, measure, and analyze data on a research topic (Collins, 2021). The researcher used questionnaires in this investigation. According to Bhandari (2021), a questionnaire is a type of data collection tool or instrument that consists of a set of questions that are used to collect information from respondents about their experiences or opinions. Self-administered questionnaires were used because they are a cost-effective approach to collecting huge volumes of data from a large number of people in a short period of time (Bhandari, 2021). The questionnaires used were divided into two sections,

Section A: demographic data of participants

Section B: Factors contributing to utilization of traditional medicines during pregnancy

Validity and Reliability

Validity refers to the degree to which a study instrument measures what is intended to measure (Kumar et al. 2021), The questionnaire as the data collecting instrument was analyzed by expert lecturers familiar with the research subject from Bindura University of Science Education, Health Sciences Department to ensure its readability, clarity and comprehensiveness and come to some level of agreement as to which items should be included in the final questionnaire so that the research questions are answered. Reliability of the instrument was assessed using a pilot test or study which shall be conducted using a small sample of the participants.

Pilot study

The questionnaire will be pilot tested with a small group of respondents to identify any ambiguities or areas for improvement (Neuman, 2022). This pilot testing process will involve administering the questionnaire to the small group to assess the clarity, comprehensibility, and relevance of the questionnaire items, as well as the overall survey experience for respondents (Neuman, 2022). The pilot study was done at the maternity waiting shelter at Mutambara Mission Hospital. This helped the researcher to refine and improve the questionnaire before using it in the actual study, thereby enhancing the validity of the instrument (Neuman, 2022). The refined, pilot-tested questionnaire was submitted to the project supervisor for further review and signaled to continue.

Human rights considerations

Guided by Sekaran and Bougie (2022) and Polit and Beck (2022) the study adhered to the following ethical principles.

Informed consent

Detailed study information was given to participants, which were pregnant women aged 1845 years. They were informed about the research purpose, data collection methods, potential risks and benefits, and their rights as participants and respondents. Participants were allowed ask questions and the researcher clarified concerns before consenting to participate.

Voluntary participation

Research participation was completely voluntary, with no coercion or pressure. Participants were informed that their decision to participate or withdraw would not have negative consequences or penalties. They were allowed to withdraw from the study at any time without providing a reason.

Confidentiality and privacy

The researcher ensured participants' responses and personal information remained confidential. Collected data were securely stored and accessible only to authorized research personnel. Participants' identities were protected, and any identifying information was removed from the research findings.

Ethical approval

The research proposal was submitted to the Bindura University of Science Education Ethics Committee for approval and was granted. Permission to carry out the study was sought from relevant authorities that include the District Medical Officer, as well as the Matron and Sisters in charge of the departments at Mutambara Mission Hospital where the participants of the study were identified.

Data analysis

Smith and Johnson (2020) define data analysis as the process of interpreting, cleaning, transforming, and organizing data in order to discover useful information, draw conclusions, and make informed decisions. It involves utilizing various statistical methods, technologies, and tools to extract meaningful insights from datasets. The authors emphasized that data analysis plays a crucial role in aiding researchers, businesses, and organizations in understanding trends, patterns, and correlations within the data, as well as in predicting future outcomes. The process of data analysis used analytical and logical reasoning to gain information from the data. The researcher used descriptive statistics to analyze the data in this study, results were tabulated, presented on bar graphs, pie charts, tables and percentiles for easy analysis and interpretation.

CHAPTER FOUR

Data presentation

Introduction

A sample of forty (40) participants was selected using a convenience non-probability sampling method. Self-administered questionnaires were used to collect data from pregnant mothers at Mutambara Mission Hospital, antenatal care unit and a waiting mothers' shelter.

Data is going to be presented in the form of tables, pie charts, and graphs.

Section A

Demographic data

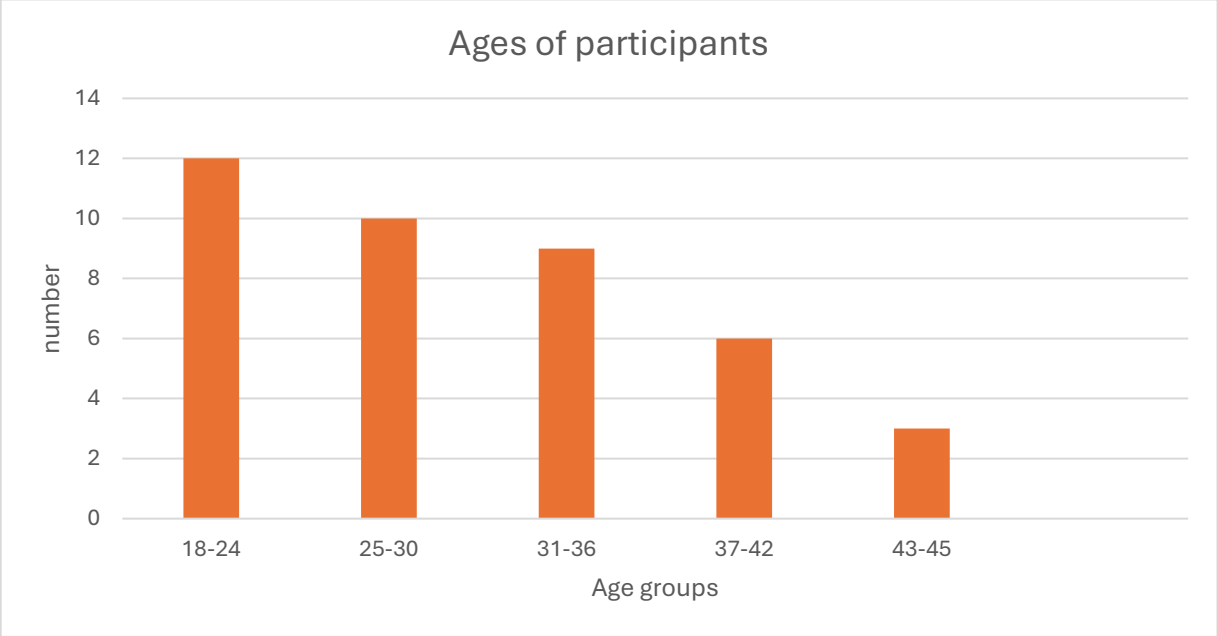

Fig 1. Age of participants n=40

Fig .1 above shows that 12 (30%) of the participants were adolescent girls and young women aged between 18 and 24 years while 10 (25%) belonged to the 25–30-year age group. Nine (22.5%) were aged 31-36 years, 6 (15%) were a group of 37-42 years. Three (7.5%) were a group of 43-5.

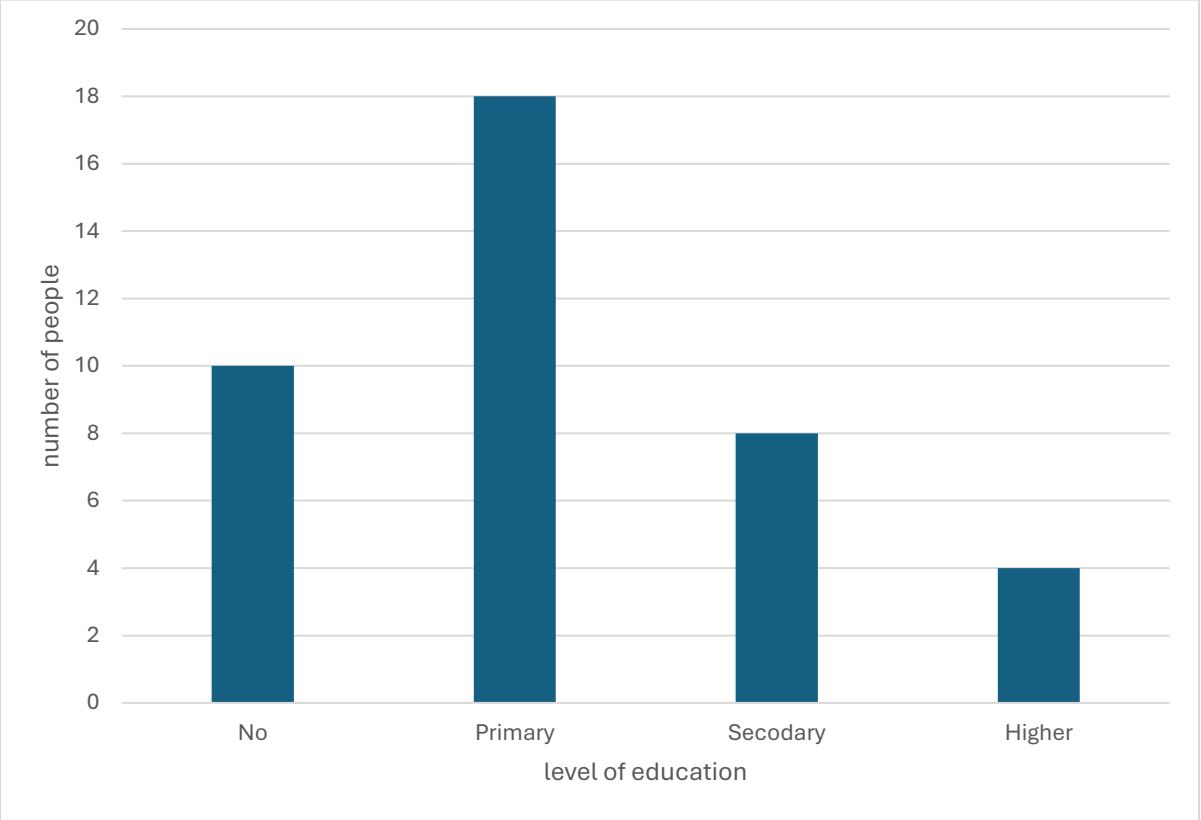

Fig 2. Education level $n = 40$

Fig 2. above shows that 10 (25%) of the participants had no formal education, 18 (45%) completed primary level, this is the largest group, indicating that nearly half of the participants have only completed primary education, 8 (20%) had secondary education, and only 4 (10%) out of 40 participants have higher education

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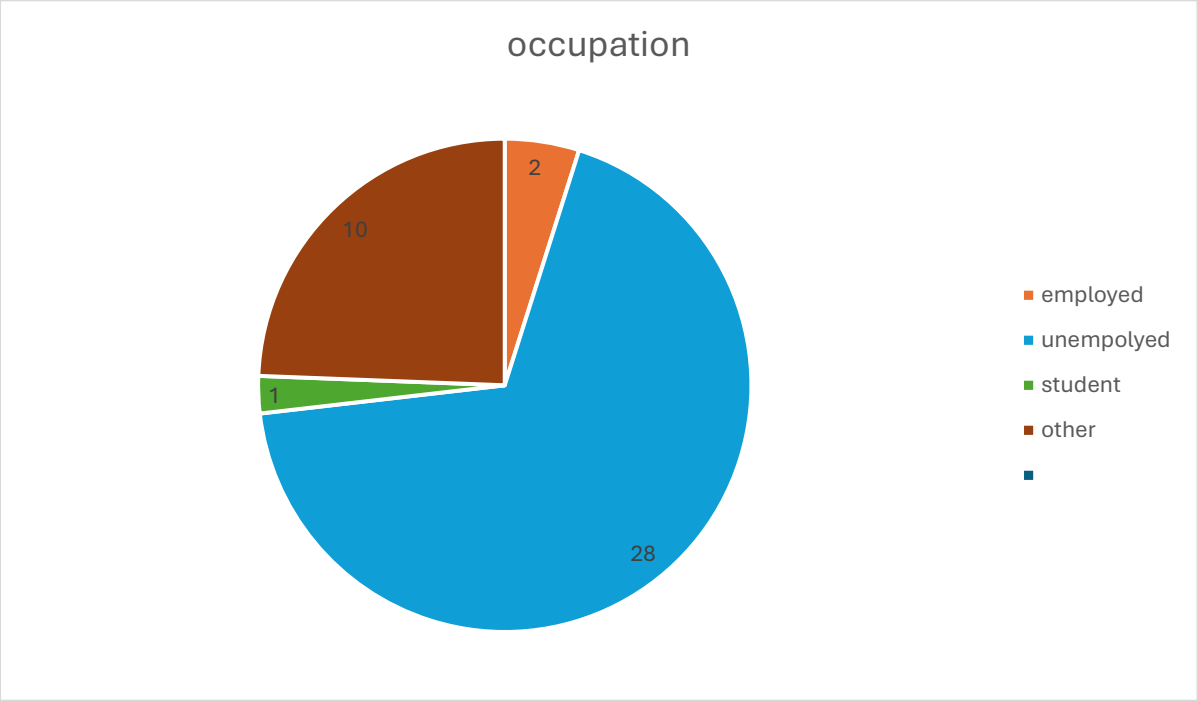

Fig 3. Employment status of participants $n = 40$

Fig .3 above shows that 2 (5%) of the participants are employed. A significant majority of participants, 28 (68%) are unemployed. Only 1(2%) was a student and 10 (24%) participants falls under others category

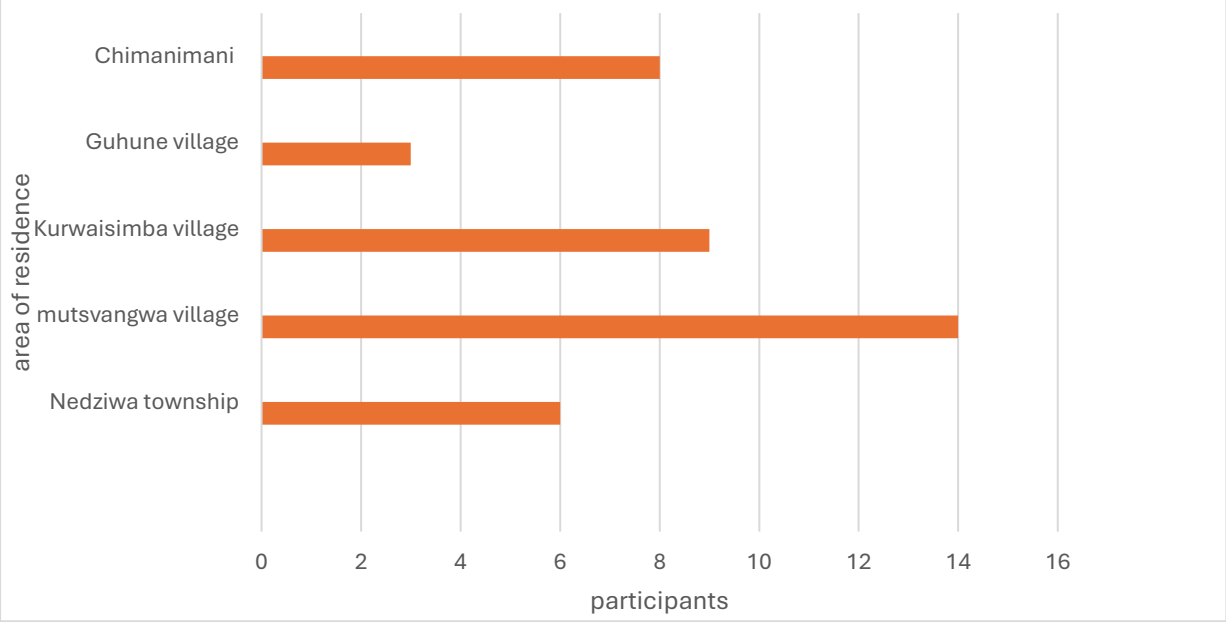

Fig 4. Participants area of residence *n=40*

Fig 4 shows that 8 (20%) of the participants comes from Chimanimani, and 3 (7.5%) from Guhune village. Nine (22.5%) came from Kurwaisimba village, 14(35%) from Mutsvangwa village and 6(15%) from Nedziwa township

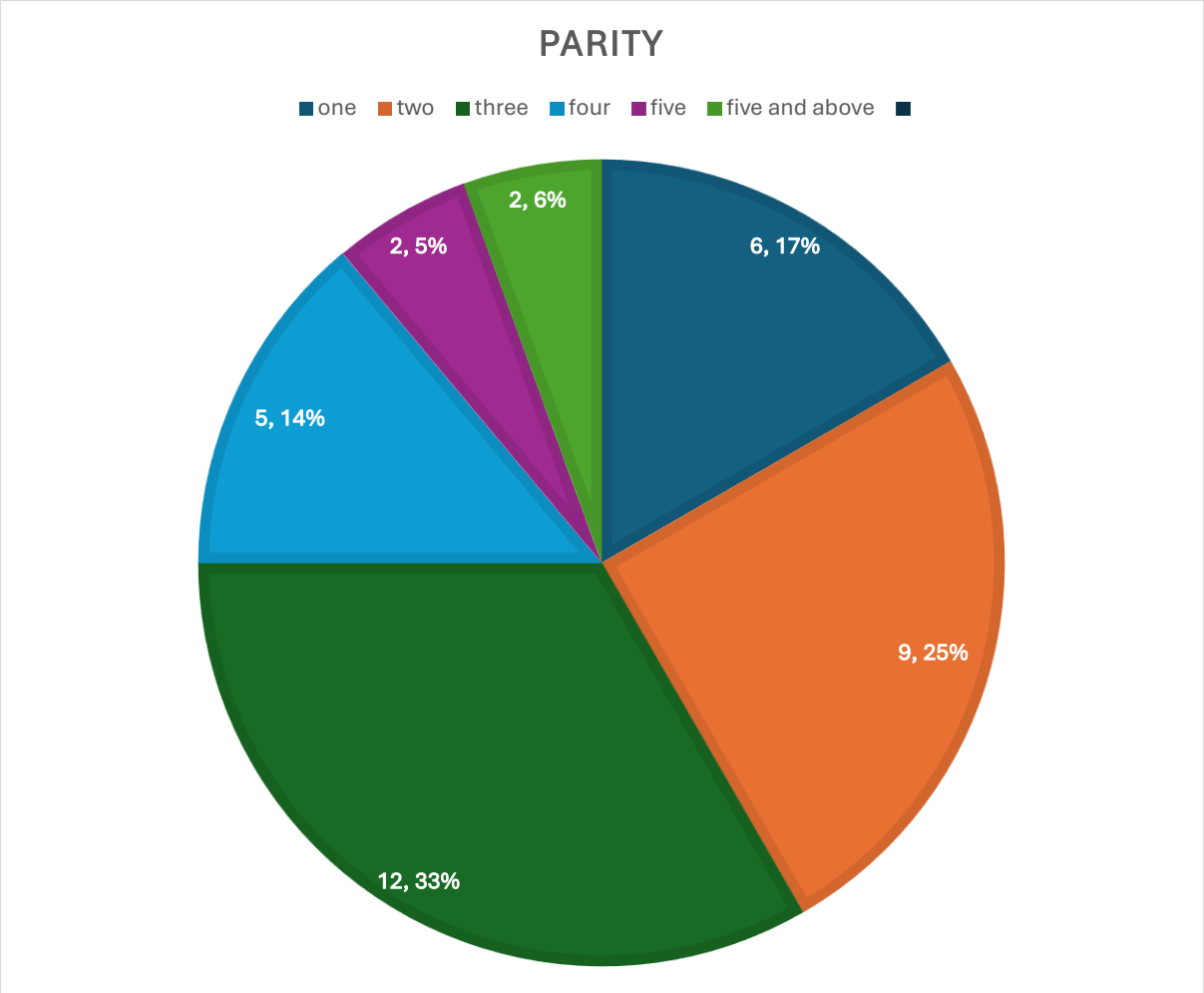

Fig 5. Distribution of participants according to parity $n = 40$

Fig 5 above shows that 6 (17%) of the participants had one child, 9 (25%) had two children and 12 (33%) had three children. A total of 5 (14%) had four children, 2 (5%) had five children and 2 (6%) had more than 5 children.

SECTION B

Utilization Of Traditional Medicines

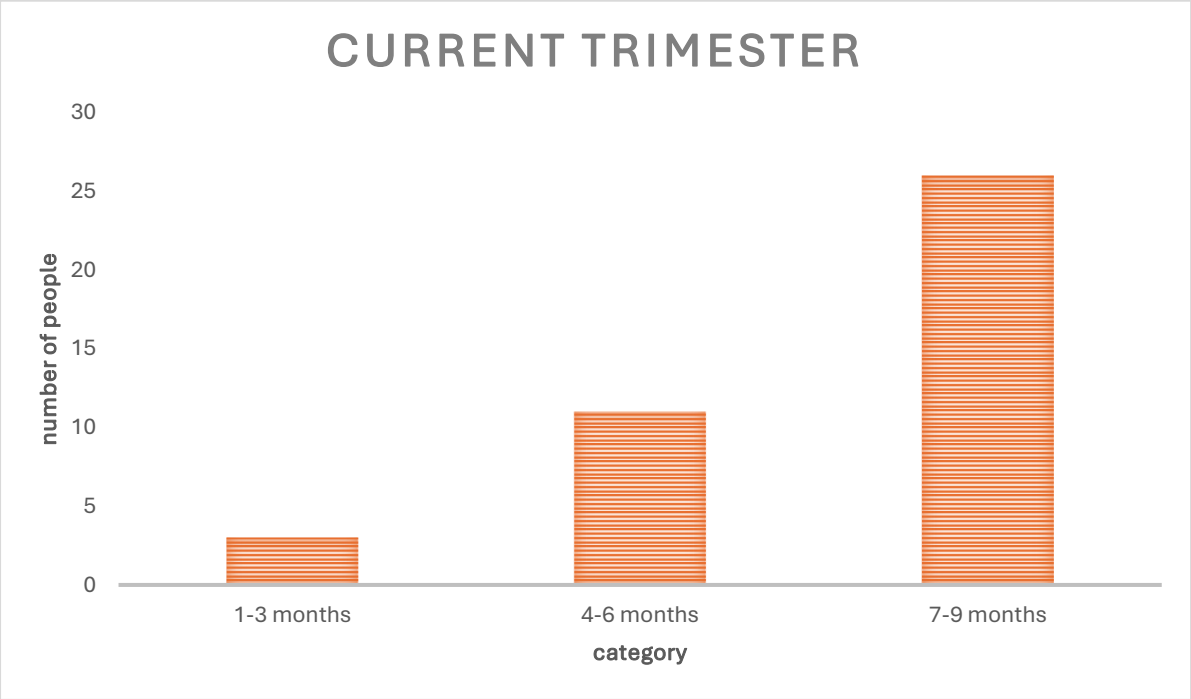

Fig 6. Current trimester $n = 40$

Fig 6 above shows that 3(7.5%) were in their first trimester, 11(27.5%) were in their second trimester and 26 (65%) were in their third trimester.

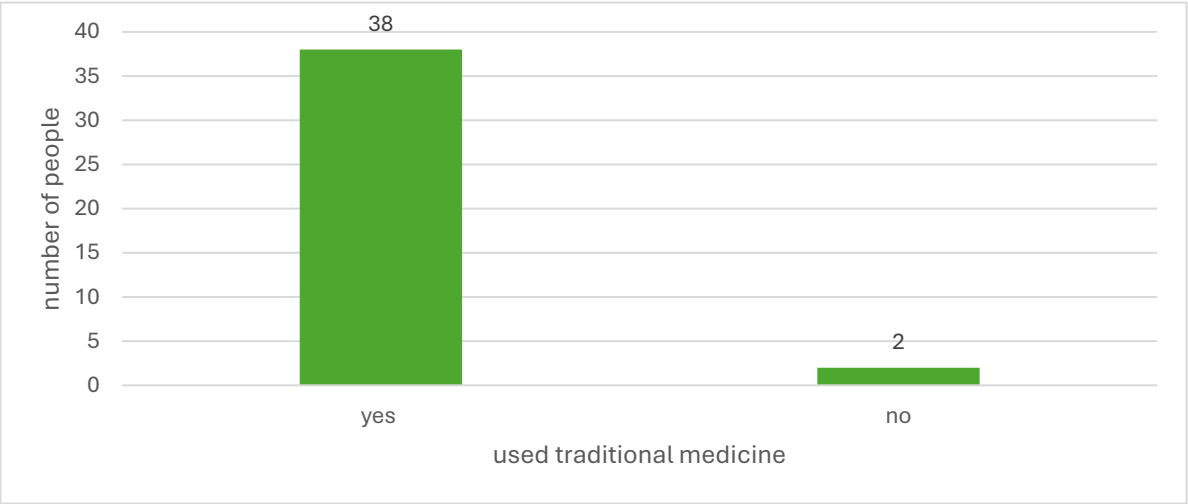

Fig 7 shows that 38 (95%) pregnant women used traditional medicines. Two (5%) did not use traditional medicines

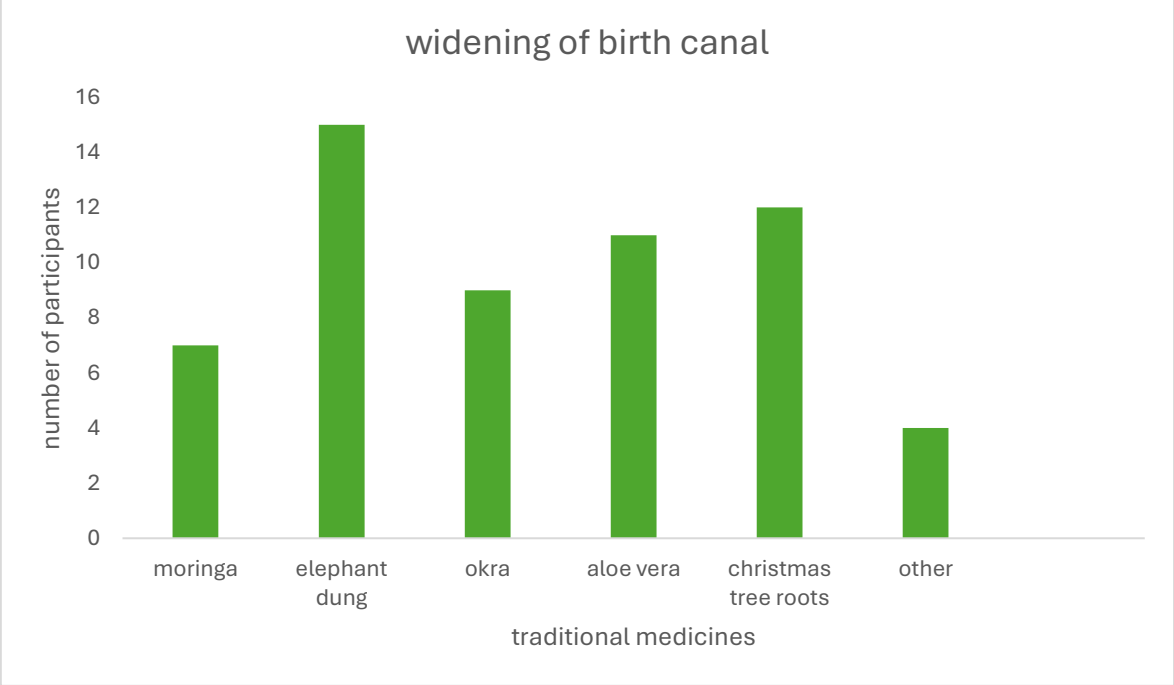

Fig 8. Traditional medicines used for widening of birth canal *n=40*

Fig 8 shows that 15 (28%) used elephant dung to widen the birth canal. Moringa was used by 7 (22%) participants for widening of birth canal. Aloe Vera11 (20%) and Okra 9 (17%), both of these traditional medicines were used for widening of birth canal. Christmas Tree 12 (13%) was also used for widening of birth canal. Other, (9%), this category shows that there are additional traditional practices not specified.

Table 1 Distribution of traditional medicines used for the precipitation of labor

Types of herbs	Frequency	Percentage
mupfuta (castor oil plant)	20	50
Imba yezingizi (house of whispers)	10	25
Mavhu enhuta (medicinal clay	8	20
other	2	5
Total	40	100

Table 1 shows that 20 (50%) used castor oil plant ,10 (25%) used house of whispers, 8 (20%) used medicinal clay and 2 (5%) used other traditional medicines for precipitation of labor.

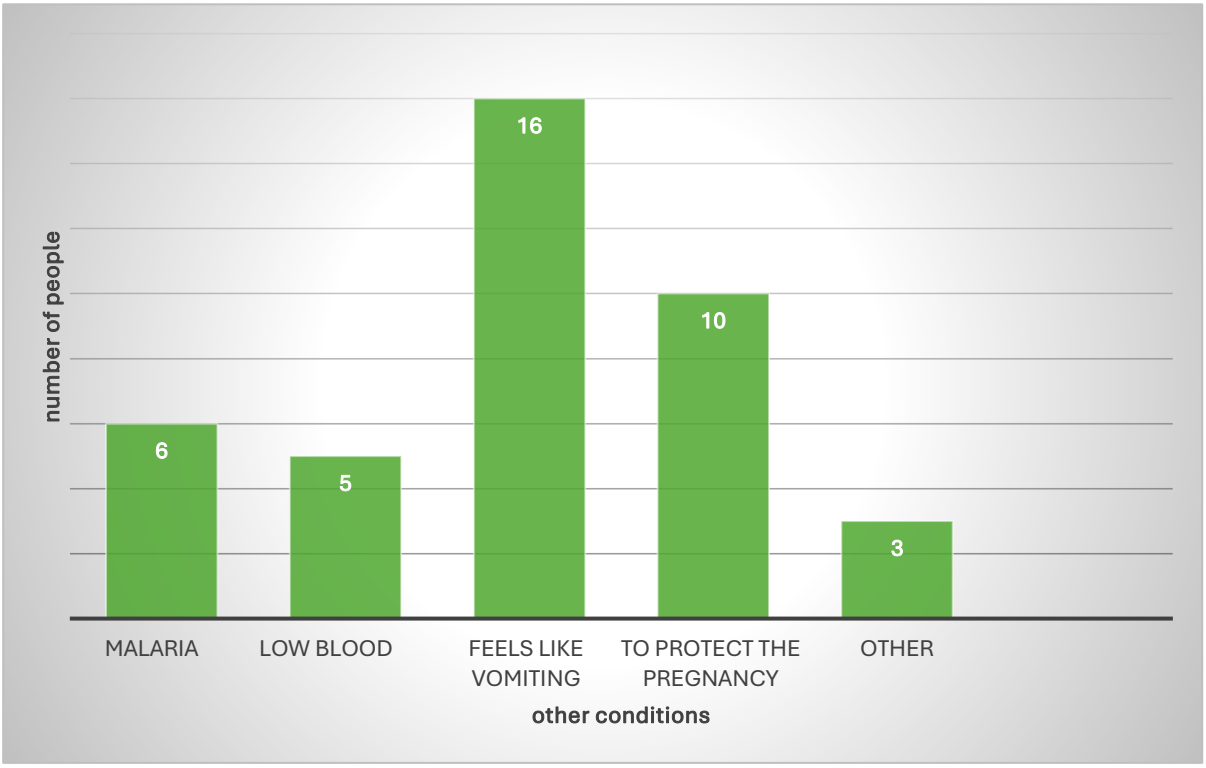

Fig 9. Distribution of participants who used traditional medicines during pregnancy for other condition n=40

Fig 9 shows that 6 (15%) used traditional medicine for treatment of malaria, 5 (12,5%) for low blood, 16 (40%) when they feel like vomiting,10, (25%) to protect the pregnancy and only 3 (7.5%) used for other conditions.

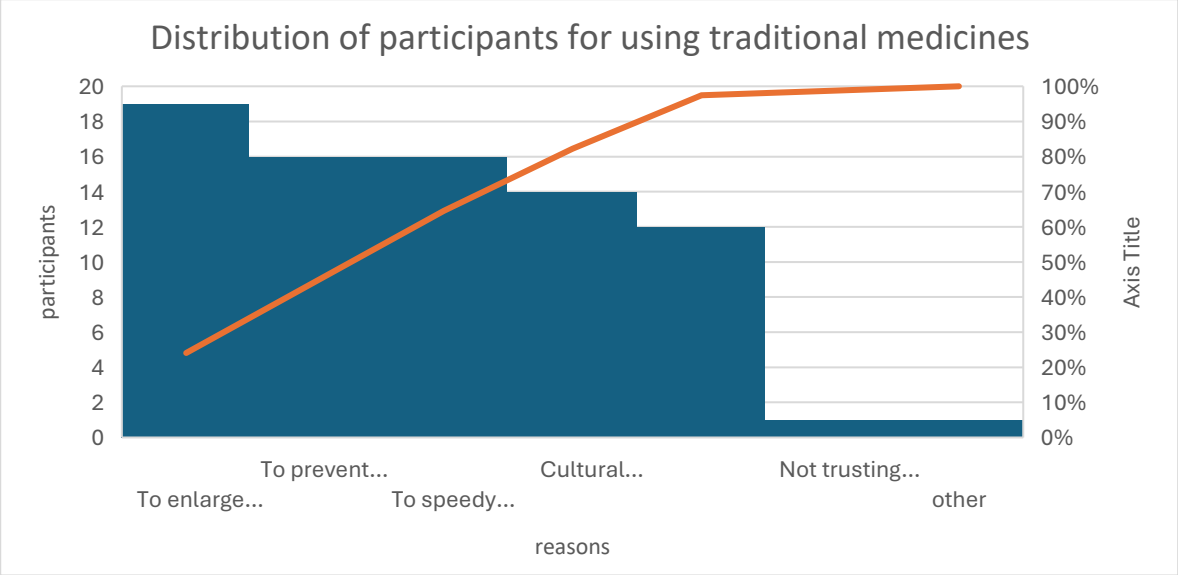

Fig 10. Distribution of participants according to reason for using traditional medicines *n=40*

Fig 10 shows that, enlarging birth passage 19 (47.5%), is the most common reason for the use of traditional medicines. Sixteen (40%) participants used traditional medicines for prevention of vomiting and for speeding up labor 16 (40%), participants used traditional medicines. Cultural Beliefs 14 (35%), and family recommendations 12 (30%), participants used traditional medicines. Distrusting of conventional medicines only 1 (2.5%) participant suggested that.

Table 2, Distribution of respondents according to when women take traditional herbs *n=40*

When women take traditional herbs	Frequency (n)	Percentage (%)
During labour	10	25
Preparing for delivery	14	35
During pregnancy	16	40
Total	40	100

Table 2, shows that the majority 16 (40%) take traditional medicines during pregnancy, preparing for delivery 14 (35%) is the second most common time for taking traditional medicines and during labor 10 (25%).

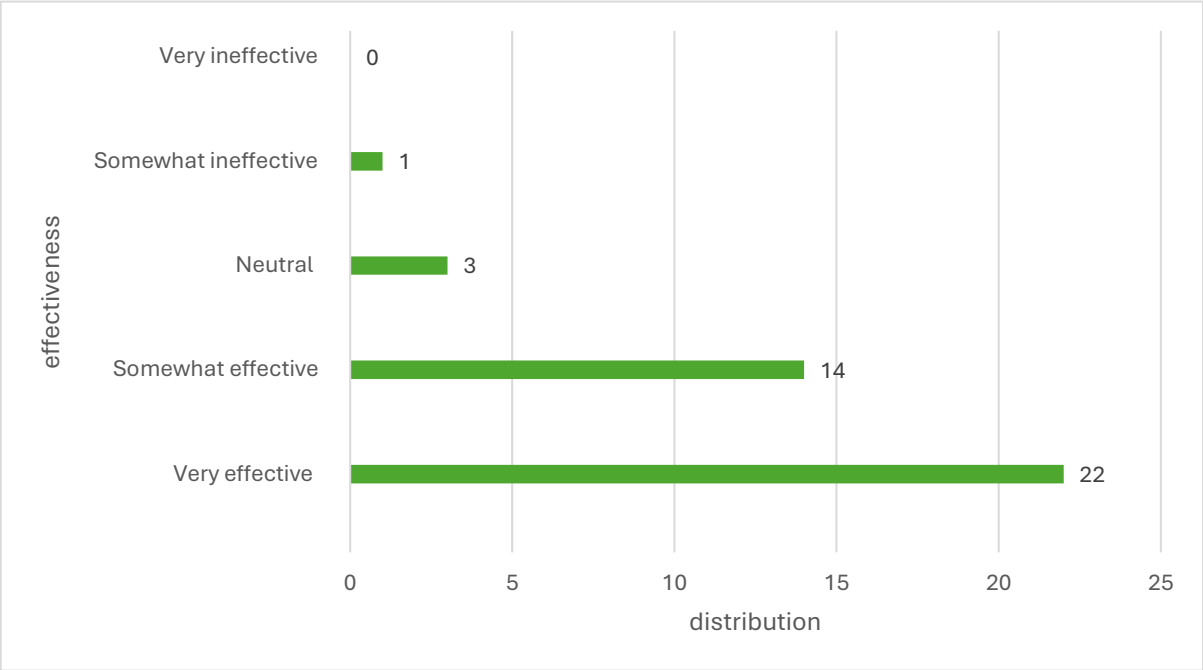

Fig 11. Distribution of effectiveness of traditional medicines during pregnancy *n=40*

Fig 11 shows that A substantial majority of 22 (55%) participants regarded traditional medicines as very effective. An additional 14 (35%) of participants rated traditional medicines as somewhat effective. The small percentage of 3 (7.5%) participants who were neutral about the effectiveness of traditional medicines Furthermore, only 1(2.5%) found them somewhat ineffective, with no participants considering them very ineffective.

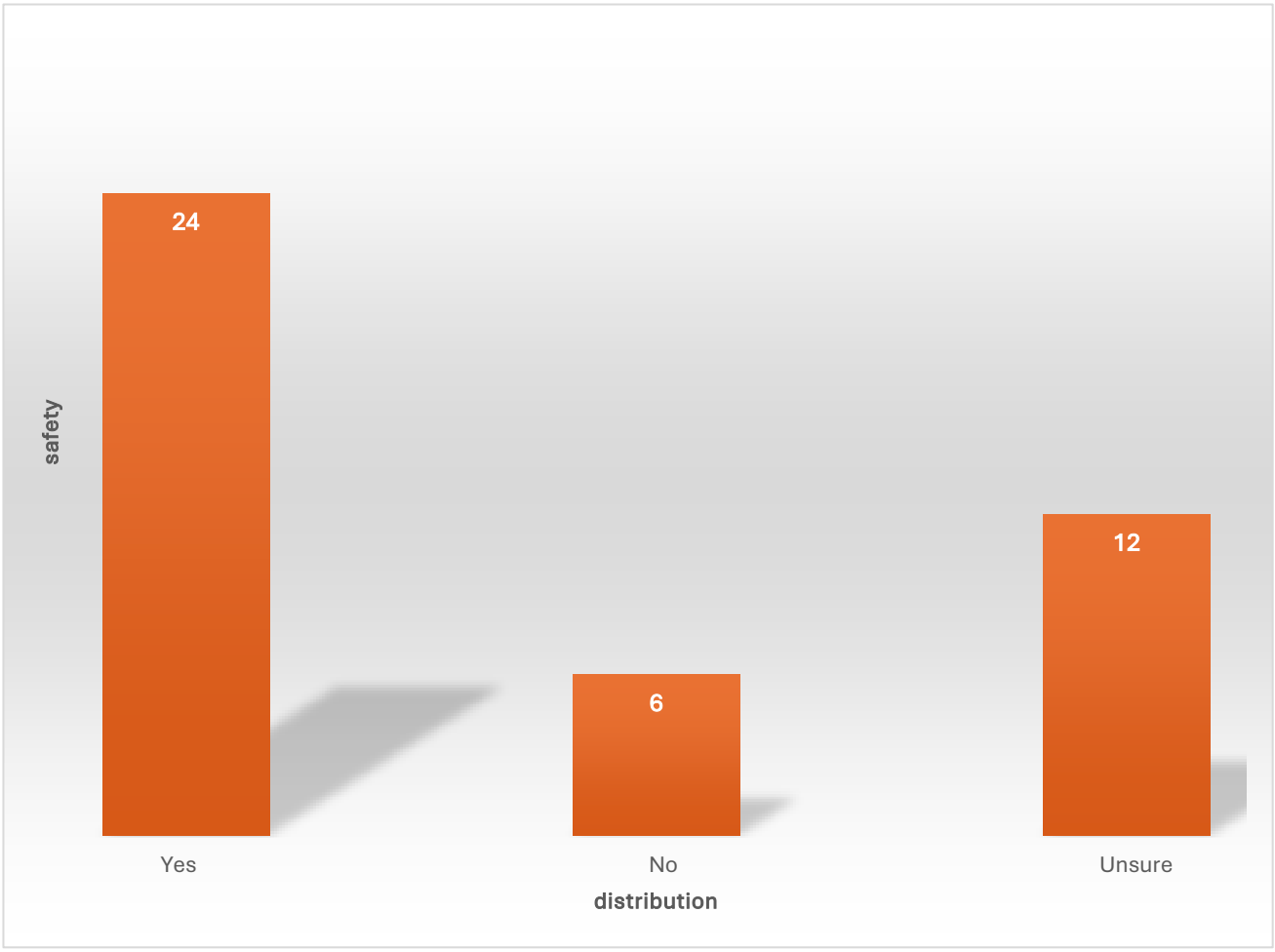

Fig 12 distribution of belief on safety of use of traditional medicines during pregnancy *n=40*

Fig 12, shows that 24 (60%) of participants believe that traditional medicines are safe to use. Twelve of the participants (25%) expressed uncertainty about the safety of traditional medicines. A group of 6 (15%) explicitly believes that traditional medicines are not safe.

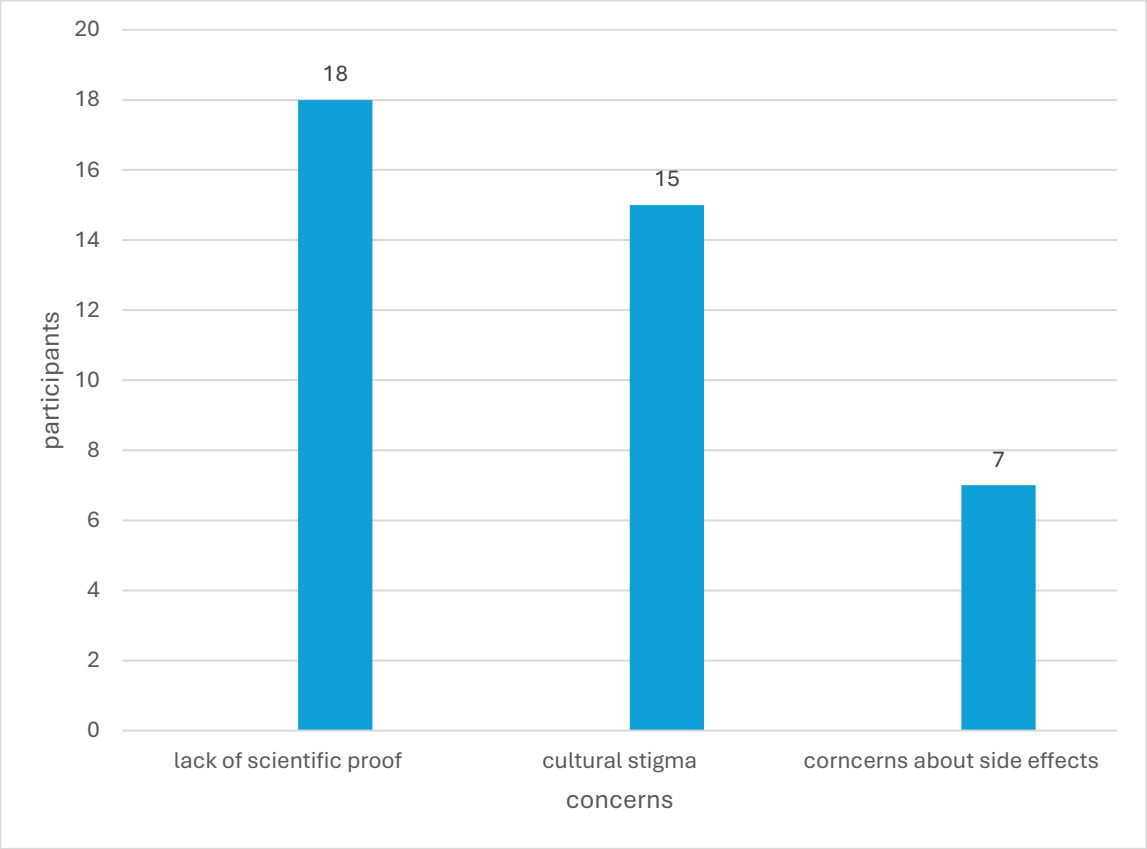

Fig 13 distribution on concerns about using traditional medicines during pregnancy *n=40*

Fig 13 shows that the majority of participants 18(45%) are concerned about lack of scientific proof for the effectiveness of traditional medicines and 15(37,5%) are significantly concerned about cultural stigma. Possible side effects and interference with regular medicines are concerns of smaller portion of participants 7(17.5%).

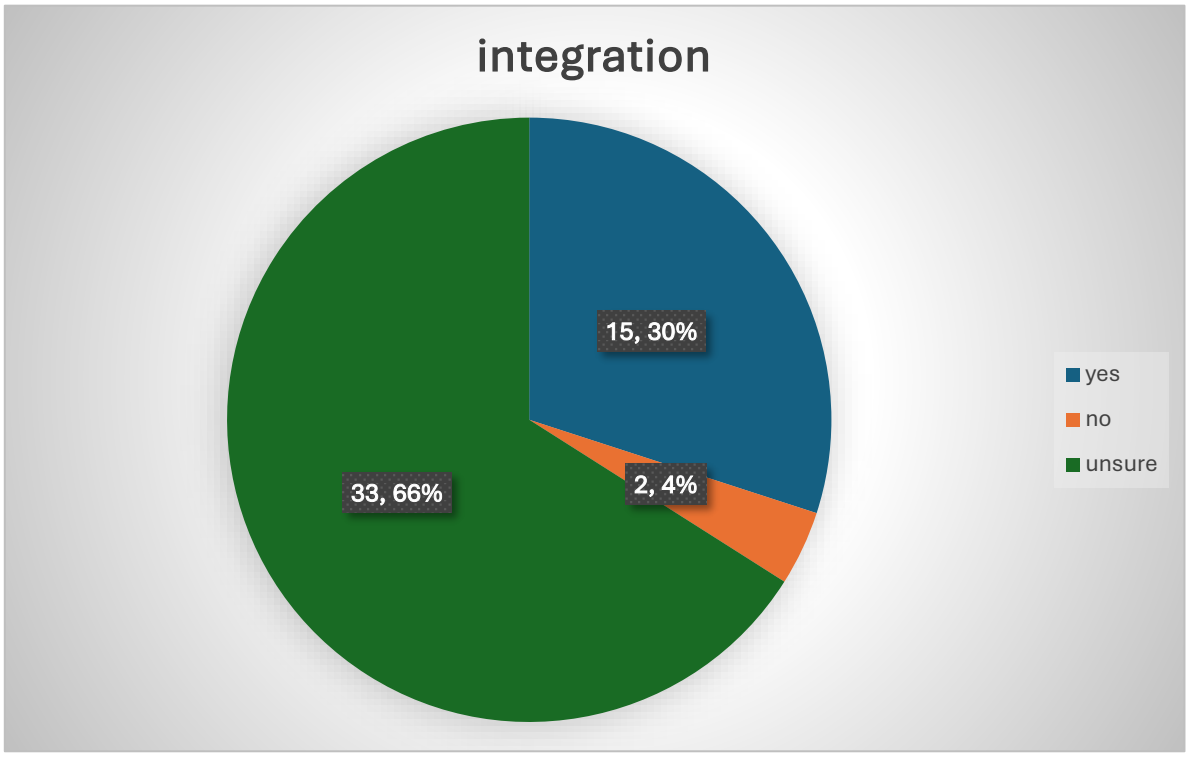

Fig 14. Distribution on integration of traditional medicine into formal health care. *n=40*

Fig 14 shows that a significant proportion of 15 (30%) participants believe that traditional medicine should be integrated into formal healthcare. A small minority, 2 (4%) do not support the integration of traditional medicine into formal healthcare. Thirty-three (66%) participants are unsure if traditional medicines should be integrated into formal health care.

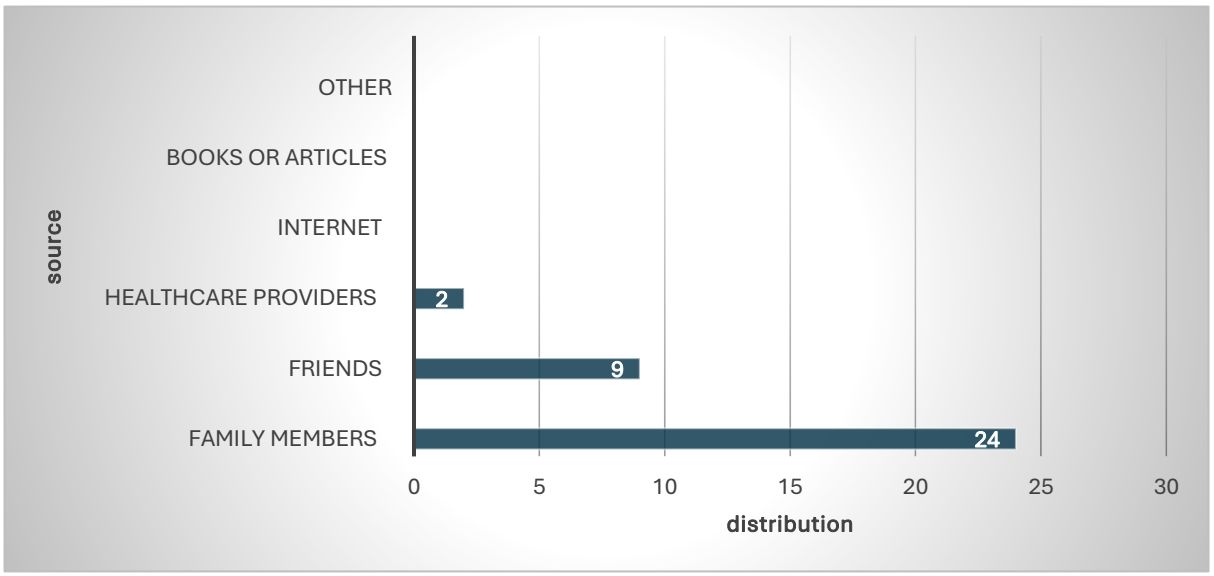

Fig 15 Distribution of source of information about traditional medicines *n=40*

Fig 15 shows that 24 (60%) obtain information about traditional medicines from family members, 9 (22.5% from friends and 2(5%) from healthcare providers. Only 2(5%) of participants report obtaining information from healthcare providers

Summary

In this chapter, data was analyzed and interpreted. It was then presented in tables, graphs, and pie charts.

CHAPTER FIVE

DISCUSSION OF RESULTS, SUMMARY, CONCLUSION, LIMITATIONS, IMPLICATIONS, AND RECOMMENDATIONS.

Introduction

This chapter consolidates the study's key findings, examining their implications for nursing research, practice, education, and administration. It outlines conclusions, provides actionable recommendations, and discusses the study's limitations.

Summary

This research utilized the Theory of Planned Behavior to examine factors influencing traditional medicine use among pregnant women. Specifically, it:

1. Assessed the prevalence of traditional medicine use among pregnant women (18-45 years) at Mutambara Mission Hospital.

This study, conducted at Mutambara Mission Hospital in Chimanimani district, explored traditional medicine use among 40 pregnant women aged 18-45. Key findings revealed that 95% of participants used traditional medicines, primarily for widening the birth canal and alleviating symptoms like vomiting. The most commonly used traditional medicines included elephant dung, moringa, aloe vera, okra, and Christmas tree. Demographically, the participants were predominantly young women (30% aged 18-24), with many having more than 3 children (33%) and coming from Mutsvangwa village (35%). Most had limited formal education, with 25% having none and 45% completing only primary education, and a significant majority (68%) were unemployed.

Discussions of findings

Demographic data

The study showed that the largest group of users were women aged 18–24 years 12(30%), followed by 25–30 years 10(25%). This agrees with Mamothena (2023), who found that 78% of women younger than 30 used traditional medicines during pregnancy.

Regarding education level, 18(45%) had completed only primary education, while 10(25%) had no formal education. These findings support Mabina et al. (1997), who reported that 68.5%

of users in Kenya had secondary or higher education, but also suggest that in some rural contexts, lower education is associated with higher usage.

In terms of employment, 28(68%) were unemployed, which mirrors Brassica et al. (2000), who found that most users were homemakers. Rural residency was high, with respondents coming from Mutsvangwa 14(35%) and Kurwaisimba 9(22.5%). This aligns with Dimene et al. (2020), who found that 54% of women in rural Zimbabwe used traditional medicines. Most participants were in the third trimester 26(65%), which supports Mavundla et al. (2021), who found high usage in late pregnancy in Mozambique.

Traditional medicines utilization

Traditional medicine usage was high, with 38(95%) reporting use during pregnancy. In comparison, Dimene et al. (2020) reported a usage rate of 54% in Manicaland, while Mugwagwa et al. (2019) found 69.9% usage in rural Zimbabwe. In this study, 12(60%) used herbs during both pregnancy and labor, 4(20%) preparing for delivery, and 3(15%) only during labor. These patterns align with Mlambo et al. (2021), who found higher usage during the third trimester. Elephant dung was the most used remedy 16(80%), consistent with Panganayi (2016), who found that 80% of women in Gweru used it to speed up labor. Motivational factors included: cultural beliefs 16(80%), advice from elders 2(10%), mother's advice 1(5%), and personal choice 1(5%). These findings support WHO (2019), which links traditional medicine use to culture and social norms.

Reasons for utilization

Participants cited the following reasons, to widen the birth canal by 28(70%, to ease and shorten labor 3(15%), to promote faster delivery 2(10%), and to stimulate labor 1(5%). These results mirror findings by Wake et al. (2021), who reported that 65% of Indian women used traditional remedies for labor facilitation

Safety and efficacy concerns

Safety concerns were reported by 18(45%) who cited lack of scientific proof and 7(17.5%) who cited concern over side effects or drug interactions. These concerns are supported by Wong and Tan (2025), who reported that many traditional remedies may cause fetal malformations or interact with pharmaceutical drugs. In South Africa, Mkhize et al. (2023) reported allergic

reactions and adverse interactions with prescription medication, similar to concerns expressed by respondents in this study.

Integration of Traditional and Modern Healthcare

Regarding integration 15(30%) supported combining traditional and modern care, 2(4%) opposed it and 23(66%) were unsure. This aligns with Chikanda et al. (2021), who recommended integration based on patient preferences and cultural relevance. However, concerns about safety and quality control must be addressed through policy and research (Ngwenya et al., 2023).

Cultural Context and Health-Seeking Behavior

The cultural context significantly influences health-seeking behavior among pregnant women. In many African communities, traditional healers are often the first point of contact for health issues, as highlighted by several studies (Ndao et al., 2024; Okeke et al., 2020). This reliance on traditional medicine can be attributed to historical practices, familial influences, and the perceived effectiveness of these remedies. The findings from this study reflect this cultural embeddedness, indicating that traditional medicine is not merely a health choice but an integral part of the cultural identity of many women in Chimanimani District.

Conclusion

The findings from this study underscore the significant role of traditional medicine in the healthcare practices of pregnant women in Chimanimani District. The high utilization rates (95%) and strong cultural beliefs surrounding these remedies reflect a complex interplay of socio-economic factors, cultural traditions, and health-seeking behaviors. While traditional medicines are valued for their perceived effectiveness (55%) and safety (60%), the concerns regarding their scientific validation (45%) highlight the need for further research. Integrating traditional practices with modern healthcare could enhance maternal health outcomes and ensure a more holistic approach to pregnancy care. Future studies should continue to explore the efficacy and safety of traditional remedies, fostering a dialogue between traditional healers and healthcare providers to improve health outcomes for pregnant women. By addressing these issues, healthcare systems can better serve the needs of women, ultimately leading to safer and more informed maternal care practices.

Limitations

The study was conducted at Mutambara Mission Hospital only and therefore the study results cannot be generalized. Convenience sampling utilized might have introduced some bias since nothing is known about those young mothers who did not participate in the study. Moreover, time to balance between research and other educational activities was limited since the researcher was a student at Bindura University of Science Education during the period the study was carried out.

Implications

The findings of this study have several implications for healthcare providers at Mutambara Mission Hospital:

Implications to nursing research

There is not much research conducted in Zimbabwe regarding utilization of traditional medicines by pregnant women hence the need for more research to be conducted in this area in more settings to enable generalization of results.

Implications to nursing practice

Healthcare professionals should engage in culturally sensitive discussions with pregnant women about their use of traditional medicines. Understanding the cultural context can help providers offer more tailored and effective care. Nurses and midwives should make sure they assess the

knowledge and practices of young mothers pertaining to antenatal care and cultural practices. There is an urgent need for educational initiatives that inform pregnant women about the safety and potential risks of traditional remedies. Providing evidence-based information can empower women to make informed choices about their health.

Implications to Nursing Education

Nursing education programs should incorporate content in the curriculum on traditional medicine and its role in maternal health to prepare future nurses to address these practices effectively. Providing workshops on cultural health beliefs and traditional medicine can enhance healthcare providers' ability to communicate with and support pregnant women. Nurse educators should emphasize the positive impact of health education and the methods of educating young mothers even during the antenatal period during student training so that as

they qualify to be nurses and midwives, they are able to impart knowledge through health education. Student nurses and trainee midwives should get an opportunity to give health education in the most appropriate ways during clinical attachments so that they become better nurses and midwives as far as health education is concerned.

Implications to Nursing Administration

Allocating resources for training healthcare providers on traditional medicine can improve care delivery and patient satisfaction in maternal health services. Nursing Administrators should lobby for resources like computers, textbooks and teaching aids which nurses and midwives can use to give health education during antenatal. The administrators should also advocate for sources of information like pamphlets and magazines that can be given to young mothers as well as advocating for broadcasting of antenatal care programs on mass media like radio and television.

Recommendations

The following recommendations were made based on research findings.

Future research should focus on:

1. Conducting longitudinal studies to track the outcomes of women who use traditional medicines compared to those who do not could provide valuable insights into the long-term effects on maternal and fetal health.
2. Investigating the safety profiles and efficacy of specific traditional remedies through rigorous scientific research is essential. This can help validate practices and address safety concerns raised by participants.
3. Developing community-based interventions that involve traditional healers alongside healthcare providers may enhance trust and improve health outcomes. Collaborative approaches can leverage the strengths of both traditional and modern medicines.
4. The study suggests a potential for integrating traditional medicine into formal healthcare systems. This integration could enhance maternal care by respecting cultural beliefs while ensuring safety and efficacy.

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Appendices

Appendices 1 English Questionnaire

Study Questionnaire on Utilization of Traditional Medicines During Pregnancy

I am Matore Vongai, a student at Bindura University of Science Education. I am carrying out a study on utilization of traditional medicines by pregnant women aged 18-45 as part of fulfilment of the requirements of the Honors degree in Nursing Education. I am kindly requesting your participation in the completion of this questionnaire. The information that you will provide will be treated with privacy and confidentiality and it will be used strictly for academic purposes only. Your name should not appear anywhere on the questionnaire. You are allowed to withdraw from participation at any time you wish to and do not feel comfortable to continue. This will not affect the quality of care provided to you

Section A: Demographic data

COMPLETE THE FOLLOWING BY TICKING (Mark with an "X" or tick (√)

1. **Age:**

18-24 ☐

25-30 ☐

31-36 ☐

37-42 ☐

43-45 ☐

2. **Education Level:**

No formal education ☐

Primary education ☐

Secondary education ☐

Higher education (e.g., university, college) ☐

3. Occupation:

Employed ☐

Unemployed ☐

Student ☐

[ ] Other: ____

4. **Location**:

Location ☐

Rural ☐

Section B. Utilization of Traditional Medicines

5. How many children do you currently have?

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

More than 5 ☐

6**. How far along are you in your pregnancy**?

1 – 3 months ☐

4 - 6 months ☐

7 – 9 months ☐

7. **Have you ever used traditional medicines during your pregnancy?**

Yes ☐

No ☐

8. a) **If yes, which traditional medicines have you used for widening of birth canal (masuo) (select all that apply)**

Moringa ☐

Ndove yenzou (elephant dung ☐

Munanzva (Pouzolzia Mixta)☐

Christmas tree roots☐

Derere (Okra) ☐

Gavakava (Aloe vera) ☐

Ruredzo (Devil thorn plant, Dicerocaryum senecioides) ☐

Other…….

8.b) Which traditional medicines have you used for precipitation of labor (select all that apply)

mupfuta (castor oil plant) ☐

Imba yezingizi (house of whispers) ☐

Mavhu enhuta (medicinal clay) ☐

Other: …….

9. **For which conditions have you used traditional medicines during pregnancy? (Select all that apply)**

Malaria ☐

Low blood ☐

Feels like vomiting ☐

To protect the pregnancy ☐

Other ----------

10. **What was the reason for using traditional medicines? (Select all that apply)**

To prevent vomiting and weakness. ☐

Cultural beliefs ☐

Recommendations from family/friends ☐

Not trusting conventional medicine ☐

To speedy labor ☐

To enlarge birth passage ☐

Other: ____

11**. How often do you use traditional medicines during pregnancy?**

Daily ☐

Weekly ☐

Occasionally ☐

Rarely ☐

Only in labor ☐

12. **Is the use of traditional medicines during pregnancy effective?**

Very effective ☐

Somewhat effective ☐

Neutral ☐

Somewhat ineffective ☐

Very ineffective ☐

13**. Do you think traditional medicines are safe during pregnancy?**

Yes ☐

No ☐

Unsure ☐

14. **Do you have concerns about using traditional medicines during pregnancy? (Select all that apply)**

No scientific proof it works ☐

Possible side effects ☐

Might interfere with regular medicines ☐

Cultural stigma ☐

Other: ____

14. **Do you think traditional medicines should be integrated into formal healthcare to ensure comprehensive maternal health care**?

Yes ☐

No ☐

Unsure ☐

15. **Where do you get information about traditional medicines? (Select all that apply)**

Family members ☐

Friends ☐

Healthcare providers ☐

Internet ☐

Books or articles ☐

Other: ____

THANK YOU

Appendices 2 Shona questionnaire

Ini Matore Vongai ndirimudzidzi wepaBindura University of Science Education. Ndirikuita tsvakurudzo kunanamai yekuongorora kushandiswa kwemishonga yechivanhu nemadzimai panguva yekuzvitakura ane makore 18-45. Ndinokumbirawo chinguva chenyu chiduku mundibatsirewo nekupindura mibvunzo iri papeparino. Mhinduro dzamuchapa dzichachengetedzwa pakavandika uyeruzivo ruchawanikwa ruchazoshandiswa mukudzidza chete. Makasununguka kurega kuenderera mberi nekupindura mibvunzo iyi pamangofungira uye kurega kwenyu hakusi kuzokanganisa mabatirwo amuchaitwa pachipatara.

Mibvunzo pamusoro pekushandiswa kwemishonga yechivanhu munguva yekuzvitakura

Chikamu A: Mashoko ezvehupenyu hwemunhu

Pedzisai zvinotevera nekukanda "X" kana "√" pane bhokisi riri kuseri kwechisarudzo.

1. Makore ekuberekwa

18–24 □

25–30 □

31–36 □

37–42 □

43–45 □

2. Makasvika padanho ripi munezvedzidzo

Hapana dzidzo yepamutemo □

Dzidzo yePrimary □

Dzidzo yeSecondary □

Dzidzo yepamusoro (University, college) □

3. Munebasa ramunoshanda here:

Munoshanda □

Hausi kushanda □

Mudzidzi □

Zvimwe: _____ □

4. Nzvimbo yamunogara:

Guta □

Kumaruwa □

Chikamu B: Kushandiswa kwemishonga yechivanhu

5. Munevana vangani parizvino?

1 □

2 □

3 □

4 □

5 □

Kupfuura 5 □

6. Mava nemwedzi mingani mune nepamuviri?

1 – 3 mwedzi □

4 – 6 mwedzi □

7 – 9 mwedzi □

7.Makamboshandisa here mishonga yechivanhu panguva yepamuviri/

Ehe □

Kwete □

8. a) Kana zvakadaro, ndezvipi zvishandiswa zvamakamboshandisa kuvhura nzira yekubereka (masuo)? (sarudzai zvese zvinobatika)

Moringa □

Ndove yenzou □

Munanzva (Pouzolzia Mixta) □

Midzi yes Christmas tree □

Derere (Okra) □

Gavakava (Aloe vera) □

Ruredzo (Dicerocaryum senecioides) □

Zvimwe: _____ □

b) Ndezvipi zvamakamboshandisa kukurumidzisa kusununguka? (sarudza zvese zvinobatika)

Mupfuta (castor oil plant) □

Imba yezingizi □

Mavhu enhuta □

Zvimwe: _____ □

9. Ndezvipi zvimwe zvamunoshandisira mishonga yechivanhu panguva yepamuviri? (sarudzai zvese zvinobatika)

Malaria □

Kuderera kweropa □

Kunzwa uchada kurutsa □

Kudzivirira pamuviri □

Zvimwe: _____ □

10. Chikonzero chakaita kuti mushandise mishonga yechivanhu chii? (sarudza zvese zvinobatika)

Kudzivirira kurutsa nekupera simba □

Zvitendero netsika □

Kurudziro kubva kuhama neshamwari □

Kusavimba mishonga yemazuva ano □

Kukurumidzisa kusununguka □

Kuvhura nzira dzekubereka □

Zvimwe: _____ □

11. Munoshandisa mishonga yechivanhu panguva ipi yepamuviri?

Panguva yepamuviri □

Pakugadzirira kusununguka □

Panguva yekusununguka □

12. Munofunga kuti kushandiswa kwemishonga yechivanhu panguva yepamuviri kunobatsira here?

Kunobatsira zvikuru □

Kunobatsira zvishoma □

Hakuna mutsauko □

Hakubatsiri zvishoma □

Hakubatsiri □

13. Munofunga kuti mishonga yechivanhu yakanaka here panguva yepamuviri?

Ehe □

Kwete □

Handina chokwadi □

14. Mune zvimwe zvinokunetsai here pamusoro pekushandisa mishonga yechivanhu? (sarudza zvese zvinobatika)

Hapana humbowo hwescience □

Inogona kuve nemigumo isina kunaka □

Inogona kukanganisa mishonga yemachiremba □

Kunyadziswa netsika □

Zvimwe: _____ □

15. Munofunga here kuti mishonga yechivanhu inofanira kushandiswa nehutano hwepamutemo kuti pave nekuchengetwa kwakazara kwevanamai panguva yepamuviri?

Ehe □

Kwete □

Handina chokwadi □

16. Munowana kupi ruzivo pamusoro pemishonga yechivanhu? (sarudza zvese zvinobatika)

Hama dzemumhuri □

Shamwari □

Vanopa rubatsiro rweutano □

Indaneti □

Mabhuku kana zvinyorwa □ Zvimwe: _____ □

TINOTENDA

Appendices 3 Informed Consent Form

Dear Participant

I am Matore Vongai, a student at Bindura University of Science Education (BUSE). I am carrying out a study on knowledge and practices on postnatal care among young mothers as part of fulfilment of the requirements of the Honors degree in Nursing Education. The purpose of this study is to assess the utilization of traditional medicines by pregnant women at Mutambara Mission Hospital. Permission to carry-out the study has been obtained from relevant authorities. I am kindly requesting for your participation in the completion of this questionnaire anonymously and this will take about 15-25 minutes. The information that you shall provide will be treated with privacy and confidentiality and it shall be used strictly for academic purposes only. Your name should not appear anywhere on the questionnaire so that identity will not be traceable or revealed at any time during the study. You are allowed to withdraw from participation at any time should you feel like doing so. This will not affect the quality of care being provided to you.

Participant's signature..... Date.....

I have explained the study to the above participant and have sought understanding for informed consent.

Investigator's name……

Investigator signature.....Date.....

Appendices 4 Letter of Support from Health Sciences Ethics Committee

RESEARCH ETHICS COMMITTEE

P. Bag 1020
BINDURA, Zimbabwe
Email : buserec2022@buse.ac.zw/ rid@buse.ac.zw

BINDURA UNIVERSITY OF SCIENCE EDUCATION [BUSE]

13 May 2025

Matore Vongai (B226227B)
Bindura University of Science Education
Faculty of Science & Engineering
P. Bag 1020
Bindura

Dear Matore Vongai

RE: INSTITUTIONAL RESEARCH COMMITTEE ETHICAL CLEARANCE-APPROVAL NUMBER: BUSEREC/0063/2025

Your application for research ethical clearance related to the topic **'Utilization of traditional medicines by pregnant women aged 18-45 at Mutambara Mission Hospital in Chimanimani District.'** has been approved and allocated approval Number: **BUSEREC/0063/2025**. You are to quote this approval number for all correspondences inclusive of consent forms and any other documents as and when appropriate. The approval period is as stated below:

Type of Meeting	:	17th BUSEREC meeting
Approval Date	:	13/05/2025
Expiry date	:	12/05/2026

The project will automatically discontinue on the expiry date. You can apply for renewal three months before the expiry date. The renewal application should be accompanied by a progress report.

You are not expected to make any changes/adjustments to the protocol including the consent documents. Any trials involving drugs, devices and biologics require approval of the Medicines Control Authority of Zimbabwe before commencement. All problems to do with the safety of participants must be reported to BUSEREC (buserec2022@buse.ac.zw) within three (3) working days.

Upon termination of the study, a report has to be submitted to BUSEREC.

Yours sincerely

BUSEREC CHAIRPERSON

Appendices 5 Letter of Support from Health Sciences to District Medical Officer Mutambara Mission Hospital

DEPARTMENT OF HEALTH SCIENCES

P Bag 1020
BINDURA, Zimbabwe
Tel: 071 - 7531-6, 7621-4
Fax: 263 - 71 - 7534/6316

BINDURA UNIVERSITY OF SCIENCE EDUCATION

13 January 2025

District Medical Office
P.O Box 14
CHIMANIMANI

Dear Sir/Madam

RE: PERMISSION TO CARRY OUT A RESEARCH - MATORE VONGAI: REGISTRATION NUMBER: B22[illegible]6227B

This is to confirm that **Matore Vongai** Registration number **B22[illegible]6227B** is a Part 3.2 Bachelor of Science Honours Degree in Nursing Education (HBScNsE) student at Bindura University of Science Education. She is required to carry out research as a partial fulfillment of Bachelor of Science Honours Degree in Nursing Education programme.

Her research title is: **Utilization of traditional medicines by pregnant women aged 18 - 45 at Mutambara Mission Hospital in Chimanimani District**

Your support in this matter will be greatly appreciated.

Kind regards

p.p. .....
Ms. A. Manwere
CHAIRPERSON, HEALTH SCIENCES

Appendices 6 Permission Letter from DMO Chimanimani District

DEPARTMENT OF HEALTH SCIENCES

P Bag 1020
BINDURA, Zimbabwe
Tel: 071 - 7531-6, 7621-4
Fax: 263 - 71 - 7534/6316

BINDURA UNIVERSITY OF SCIENCE EDUCATION

MINISTRY OF HEALTH & CHILD CARE
DISTRICT MEDICAL OFFICER
CHIMANIMANI
JAN 2025
P.O. BOX 14, CHIMANIMANI
ZIMBABWE TEL: 027255

13 January 2025

District Medical Office
P.O Box 14
CHIMANIMANI

Dear Sir/Madam

RE: PERMISSION TO CARRY OUT A RESEARCH - MATORE VONGAI: REGISTRATION NUMBER: B22: 6227B

This is to confirm that **Matore Vongai** Registration number **B22: 6227B** is a Part 3.2 Bachelor of Science Honours Degree in Nursing Education (HBScNsE) student at Bindura University of Science Education. She is required to carry out research as a partial fulfillment of Bachelor of Science Honours Degree in Nursing Education programme.

Her research title is: **Utilization of traditional medicines by pregnant women aged 18 - 45 at Mutambara Mission Hospital in Chimanimani District**

Your support in this matter will be greatly appreciated.

Kind regards

p.p .....
Ms. A. Manwere
CHAIRPERSON, HEALTH SCIENCES