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PARENTS' PERSPECTIVE ON SOCIOCULTURAL BELIEFS AND PRACTICES CONTRIBUTING TO DELAYED HEALTH SEEKING BY ADOLESCENTS WITH CRYPTORCHIDISM PRESENTING AT A SELECTED HOSPITAL IN TSHWANE

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DECLARATION

I, Ayanda P. Khumalo student number: 10183044, declare that this dissertation has been composed solely by myself and that it has not been submitted, in whole or in part, with any previous application for a degree or a diploma at this university or any other institution. Except where stated otherwise by references or acknowledgement, the work presented is entirely my own.

Signed: Ayanda Khumalo

22 November 2022

DEDICATION

I dedicate this dissertation to God, the Almighty. I also dedicate this dissertation to all the male children with cryptorchidism who missed their chance for early correction.

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ABSTRACT

Introduction

Cryptorchidism is one of the most common congenital anomalies found in boys and of great concern in developing countries. In developed countries cryptorchidism is diagnosed very early in childhood and corrected through surgical management called orchidopexy. Developing countries are faced with economic issues, illiteracy, cultural beliefs and lack of specialised skill and equipment therefore patients present late for correction. A study done in South Africa mentioned that it is not unusual for patients with undescended testes to present late in adolescence and in adulthood stage. Due to the cultural beliefs, illiteracy, economic issues and lack of specialised skill in developing countries, there is still a considerable number of adolescents with cryptorchidism who present late for seeking medical assistance in a selected health institution in Tshwane district.

Purpose of the study

The purpose of this study was to explore and describe the parents' perspectives on sociocultural beliefs and practices that contribute to delayed health seeking amongst adolescent boys with cryptorchidism who present at a selected hospital in Tshwane District.

Method

A qualitative, explorative, descriptive and contextual research design was used, as the researcher was interested in exploring the knowledge gap through seeking perceptions of the affected participants in a natural setting. The study was conducted in one setting in an academic hospital in Gauteng province in the district of Tshwane, South Africa. The study population were parents or guardians of adolescents with cryptorchism between ages 10 years -19 years old from different provinces namely: Mpumalanga and Gauteng. A purposive sampling method was followed to select participants who brought their children for health seeking in the institution. Semi-structured, individual, face to face interviews were conducted. The interviews were audio recorded and the participants were made aware of the recording. Consent and assent were obtained prior to commencement of the data collection. The researcher conducted the interviews and field notes were written during interviews. Data collection continued until data saturation was met. Data collection was followed by the transcription and data analysis.

Findings

The following three themes emerged during data analysis from this research study; lack of knowledge, socio-cultural beliefs and practices and lack of resources. Furthermore, nine subthemes emerged from the themes. The study found that various socio-cultural factors contributed to delayed health seeking.

Conclusion

It was evident that sociocultural beliefs and practices and other sociocultural factors played an important role regarding health seeking. The families needed to be educated about the possible complications of cryptorchidism if left untreated in a culturally sensitive manner to prevent delayed health seeking. Furthermore, the parent’s perspective revealed that healthcare practitioners needed to be trained on assessment, diagnosing and referral of children with cryptorchidism. Moreover the study results revealed that an incorporation of medical awareness about cryptorchidism with traditional healers, can assist in early diagnosis and correction of cryptorchidism.

Keywords: adolescents, beliefs, cryptorchidism, health seeking, parents, perspectives, practices and sociocultural beliefs.

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LIST OF ABBREVIATIONS / ACRONYMS IN AN ALPHABETICAL ORDER

ABBREVIATION	MEANING
COVID-19	CORONA VIRUS DISEASE-19
IMCI	INTEGRATED MANAGEMENT OF CHILD ILLNESS
POPIA	PROTECTION OF PERSONAL INFORMATION ACT
USA	UNITED STATE OF AMERICA

CHAPTER 1

ORIENTATION TO THE STUDY.

1.1 INTRODUTION

Cryptorchidism is one of the most common malformations of sexual development in new born males, with a prevalence of 2-8% in full term births and 33-45% in pre-term births (Shreyas 2021:2). In South Africa undescended testes, has a prevalence of 3% in full term new-born male babies and most palpable undescended testes spontaneously descend in the first month of life (Viljoen, Zarrabi & Van der Merwe 2020:4). In developed countries cryptorchidism is diagnosed very early in childhood and corrected through surgical management called orchidopexy (Viljoen et al. 2020:1). While in developing countries, it is not unusual to find an adolescent male or a late adult male present at a health institution with cryptorchidism for delayed seeking of medical attention (Viljoen et al. 2020:1). The late presentation carries a risk for both infertility and malignancy (Viljoen et al. 2020:6).

The study aims to explore and describe the beliefs and practices that contributed to delayed health-seeking among adolescents with cryptorchidism. This chapter presents the background to the problem researched, the problem statement, aims and objectives, significance of the study, purpose of the study, paradigm and definition of terms. It outlines the research design and method used to orientate the reader. Finally, it explains the ethical principles which guided the study.

1.2 BACKGROUND TO THE PROBLEM

Cryptorchidism is one of the most common congenital anomalies found in boys and of great concern in developing countries (Gurney, McGlynn, Stanley, Merriman, Signal, Shaw, Edwards, Richiardi, Hutson & Sarfati (2017:534). Alawad, Hussain & Younis (2015:48) mentioned in their study that developing countries are faced with economic issues, illiteracy, cultural beliefs and lack of specialised skill and equipment, Cryptorchidism is defined as a testicle that is not in the scrotum or cannot be brought down to the scrotum during physical examination (Ekwunife, Ugwu, Onwurah, Okoli, & Epundu 2018:207). Cryptorchidism can be classified into two categories, acquired and congenital which can be ectopic (Musa 2014:27). Acquired cryptorchidism is defined as testes that could not descend to the scrotum due to failure of the spermatic cord but palpable in the abdomen, inguinal, suprascrotal and femoral areas (Musa 2014:28). Congenital cryptorchidism is defined as testes that are not present, nor palpable in the scrotum at birth (Musa 2014:28). Ectopic means that the testis has deviated from its normal route of descent (Elamo, Virtanen, & Toppari 2022:2).

In a study done by Basalelah, Alzahrani, Alshaibani, Alalyani, Alsubiani, AlMadi & Allsowayan, (2018:137) in Saudi Arabia it was indicated that there is an estimated incidence of 1 to 4% in full term and 1% to 45% preterm born boys who present with undescended testes. Ekwunife et al. (2018:207) found in a study done in Nigeria, that in the Sub-Sahara African country the incidence of undescended testes affects about 1.0-4.6% of term and 1.1-45.3% of preterm neonates. While the statistics reflect on the incidence of cryptorchidism identified in full term and pre-term neonates, there is still a rising challenge of cryptorchidism presenting in older boys who present late, seeking medical attention as adolescents.

Parents or guardians play a crucial role in assessment of testicular descent (Nelson & Walker 2011:176). Undescended testis is one of the conditions that should be picked up early by parents/guardians during physical care of their children. Even healthcare practitioners rely on parents/guardians' inputs during testicular examinations (Nelson & Walker 2011:176). In the role as caregivers, parents/guardians look after their minors after birth and they are equipped with health education on scrotal palpation (World Health Organisation 2003:302). From birth, children rely on their parents/guardians for care, bathing and health seeking.

In developed countries such as United States of America (USA) and Canada it is reported that, less cases of teenagers with undiagnosed cryptorchidism present at a late stage for intervention (Rodriguez, Kanabolo, & Gundeti 2020:27). This fact relates to the practice of examining the urogenital system of boys at birth, six weeks and at nine months (Rodriguez et al. 2020:28). Furthermore, surgical correction known as orchiopexy is done before the second year of life (Rodriguez et al. 2020:27). A surgical approach is used to preserve fertility, and to avoid the psychological impact of having an empty scrotum (Rodriguez et al. 2020:28). In developing countries such as Tanzania and Nigeria it was found that, patients presented late at the facilities either after accidental discovery of undescended testes by health care workers, caregivers/parents or the patients themselves (Kadilo, Manyama, Kayange, & Chalya 2015:6). In an African context, poverty and insufficient health care centres have been found to contribute to late presentation of patients with cryptorchidism (Désiré, Buhendwa, Césaire, Prisca, Levi, David, Longombe, & Pierre 2020:111).

Ekwunife et al. (2018:209) indicated that there are various factors which contribute to this problem such as lack of physical assessment by nurses and doctors resulting in 48.7% of self-referrals, and non-compliance of parents to follow-up schedules, forming 60.7% of late presentations. A study done in South Africa by Spencer, Mokhele & Firnhaber (2018:353) mentioned that besides health care practitioners not detecting this anomalies, adult patients are also ignorant to the fact that they have a problem. Furthermore, according to the authors, there are cultural inhibitions about sexuality and false beliefs about cryptorchidism that exist, although those beliefs were not disclosed in their study (Spencer et al. 2018:354). Studies have found that there is a cultural priority that parents attach to anything that they believe may affect procreation (Ekwunife et al. 2018:208). According to the Muslim World League views for sociocultural and religious reasons children with genitourinary anomalies, this include cryptorchidism, unilateral or bilateral and hypospadias should be brought up according to the appropriate sex of the child (Zainuddin & Mahdy 2017:355). Although those children could get surgical correction or medical treatment (Zainuddin et al. 2017:356).

According to Dunkel and Quinton (2014:232) patients from cultures favouring arranged marriage, children with cryptorchidism remain undiagnosed until the outcome of infertility investigation. In countries like the Dominican Republic, New Guinea and Turkey where cryptorchidism is prevalent due to 5a-reductase deficiency, local beliefs, rituals and culture influence the process of correction and treatment (Legato 2017:120). In the Ashanta region of Ghana where the matrilineal kinship system is still performed, grandmothers, mothers and community leaders make decisions in childcare (Ameyaw, Asafo-Agyei, Hughes, Zacharin, & Chanoine 2019:636). This includes child examination post-delivery for anomalies and sex assignment of the child (Ameyaw et al. 2019:637). Furthermore, the family and the community (Ameyaw et al. 2019:637) do this practice to assign sex that ensure acceptance of the infant. Studies done on cultural beliefs and practices on health seeking among adolescents with cryptorchidism were found to be few in South Africa (Price & Gwin 2008:7-8). In another study done in South Africa by Viljoen et al. (2020:4) mentioned that it is not unusual for patients with undescended testes to present late in adolescence and in adulthood.

This study thus aimed to explore and describe parents' perspectives on the sociocultural beliefs and practices contributing to delayed health seeking amongst adolescents with cryptorchidism in a selected hospital in the Tshwane District.

1.3 PROBLEM STATEMENT

Professional nurses and midwives at primary health care clinics and hospitals, immediately after delivery of an infant, perform a full physical examination to detect and diagnose any anomalies (World Health Organization 2003:302). Infants with congenital anomalies such as cryptorchidism (undescended testes), testicles retraction, hydrocele and other anomalies are referred to tertiary hospitals for further management as most district public hospitals and clinics do not have specialists like paediatricians (Department of Health 2014). Midwives are guided by the scope of practice regulation R. 786 under the provision of Nursing Act (Act 33 of 2005), to perform a full physical examination of an infant after delivery, give health education and refer where necessary. The infant's care including physical assessment are documented on the infant's records for future reference (World Health Organization 2003:302).

During the postnatal ward stay before discharge and at the six weeks routine care visit an infant undergoes a thorough physical assessment. The assessment also includes a head-to-toe examination, immunisations, weight monitoring, health education on breastfeeding and bonding to increase chances of early detection and referral of missed congenital anomalies (WHO 2003:301). The mother, particularly the primigravidae are provided with health education on bathing of an infant and continuation of physical assessment, including palpation of testicles for descent. The testicle palpation should be continued throughout the male child's development, to exclude any testicular complications, such as cryptorchidism, malignancy and testicular torsions (Neilson et al. 2011:173).

Ideally, cryptorchidism should be corrected before the age of 6 to 24 months after birth (Sosoi, David, Popoiu, & Boia. 2020:63). The main reason for early correction being to pull down the testes to the scrotum, to prevent impaired spermatogenesis and to minimise the risk of testicular torsion (Kim 2020:429). Furthermore, early correction improves the risk of infertility by 78%-100% in bilateral and 33% in unilateral cryptorchidism (Sosoi et al. 2020:63). However, in developing countries adolescent males present themselves in the company of a parent or guardian at the hospital with cryptorchidism (undescended testicles) (Ekwunife et al. 2018:208). Viljoen et al (2020:208) Cited that the majority of adolescents presenting with right side undescended testis accounts for 62% and 29.8% is for left undescended testes . Furthermore, in a total number of 504 males with cryptorchidism who underwent surgery in 2020 at a selected hospital in Cape Town, 153 were adolescents and 59 were post puberty (Viljoen et al. 2020:2).

In Gauteng, at a selected academic hospital in Tshwane District, the researcher who is working in a urology ward observed that there is a considerable number of adolescents presenting with undescended testicles. Some of the parents of the adolescents who came late for health seeking displayed a lack in knowledge that cryptorchidism can be corrected. Furthermore, the parents of the adolescents believed the testis would eventually descend. The researcher has observed that there are a number of adolescent males who are admitted at the hospital due to undescended testicles (cryptorchidism) for surgical correction. According to the urology ward nominal book, a total number of 77 adolescents were admitted to the ward for surgical correction in 2020. Sixty adolescents presented with cryptorchidism only, 15 adolescents had hypospadias with cryptorchidism, and two had micro-penis with cryptorchidism. Some adolescents were booked for surgical interventions. It was observed in the doctor’s bookings that 12 cases were cancelled in 2020 due to the Covid 19 outbreak. Though surgical interventions such as orchidopexy are performed, these interventions may be performed on the adolescent only for psychological reasons, as the testicle may no longer be viable (Braga, Lorenzo & Romao 2017:252). The viable testicle may be diseased or may have been injured due to activities, thus rendering the adolescent boy infertile (Ekpemo & Onyearugha 2019:16). These are just some of the complications which could have been prevented should the undescended testes have been detected and corrected within 6 to 24 months after birth.

Literature showed that there are various sociocultural factors that lead to delayed detection and presentation of undescended testes (Ekwunife et al. 2018:207). Such sociocultural factors included cultural beliefs, socio-economic status, level of education and poverty. There is currently limited literature in South Africa on sociocultural beliefs and practices as a contributing factor on detection and presentation of cryptorchidism (undescended testicles) among adolescent males. The researcher therefore intended to explore and describe the parent’s perspectives on sociocultural beliefs and practices that contribute to delayed health seeking by adolescents with cryptorchidism in a selected hospital in Tshwane District.

1.4. RESEARCH PURPOSE

The purpose of the study was:

To explore and describe the parents’ perspectives on sociocultural beliefs and practices that contribute to delayed health seeking amongst adolescent boys with cryptorchidism who present at a selected hospital in Tshwane District.

1.5. RESEARCH QUESTION

The question formulated for this study was:

What are the parent’s perspectives on sociocultural beliefs and practices that contribute to delayed health seeking amongst adolescent boys with cryptorchidism who present at a selected hospital in Tshwane District?

1.6 CLARIFICATION OF CONCEPTS

For the purpose of this research, the following terms were used as defined below:

1.6.1 Adolescents

Adolescent refers to young people between the ages of 10 -19 years (Chobokoane & Bundler 2002:2). In this study, an adolescent is a male person between the ages of 10 – 19 years, who presented late for health seeking with cryptorchidism.

1.6.2 Beliefs

Beliefs are the prepositions that an individual consider being true and which are often tacit (Lan & Lam 2020:2). They provide a basis for action and they are resistant to change (Lan et al. 2020:2). In this research study beliefs means sociocultural factors that parents believe they contribute to delayed health seeking among adolescents with cryptorchidism.

1.6.3 Cryptorchidism (undescended testes)

A testicle or testicles that are not in the scrotum or cannot be brought down to the scrotum during physical examination (Ekwunife et al. 2018:207). In this study cryptorchidism means testicles that are not palpable either unilateral or bilateral in the scrotum.

1.6.4 Health seeking

Refers to the individual's act to preserve health or respond to symptoms by determining their health-seeking behaviour and when to interface with professional care (Narasimhan & Kapila 2019:76). In this study, health seeking means seeking medical or surgical correction of cryptorchidism after the acceptable age.

1.6.5 Parent

Parent refers to any person who has parental responsibility and rights to the child including the caregiver and adoptive parents by the law (Children's Act No.38 of 2005:17). In this study parent means a person including caregivers**,** who has a parental responsibility of the adolescent.

1.6.6 Perspective

According to Gilmore and Hughes (2021:440) perspective is the particular way that one considers something and it is often influenced by experiences, environment and cultural beliefs . In this research study perspective means the parents' viewpoints on cultural beliefs and practices that contribute to delayed health seeking among adolescents with cryptorchidism.

1.6.7 Practices

Practices are the actual applications or the use of ideas, beliefs or methods opposed to theories relating to it (Ryan & Deci 2020:61). In this research study practices means methods which parents or guardians apply guided by their cultural beliefs. Hence, those methods contribute to delay health seeking among adolescents with cryptorchidism.

1.6.8 Sociocultural

Sociocultural refers to an influence which emanates from environmental and cultural factors, related to family dynamics and the immediate environment such as values, socio-economic habits and religion (Bergh & Geldenhuys 2014:442). In this study sociocultural means cultural beliefs and cultural practices that contribute to delayed health seeking among adolescents presenting with cryptorchidism.

1.7 PARADIGMATIC PERSPECTIVES

Philosophical assumptions are the tenets serving as a point of departure about the nature of reality and the type of research to be undertaken (Creswell & Creswell 2018:5). This research study was guided by the interpretive paradigm which is more concerned with in-depth data related to the context (Alharahsheh & Pius 2020:41). It aims to include richness in the insight gathered rather than generalisation of law that can be applicable to everyone regardless of the outcome key factors (Alharahsheh & Pius 2020:41).

1.7.1 Ontological assumptions

Ontology is when a reality is perceived through intersubjectivity and consideration of meaning as well as understanding the social and experiential aspect of research (Alharahsheh & Pius 2020:40). The researcher believes that parents hold different perceptions about reality. Therefore, the researcher explored the perspectives of parents on sociocultural beliefs and practices contributing to delayed health seeking among adolescents with cryptorchidism, because parents are regarded more knowledgeable about beliefs and practices in the society.

1.7.2 Epistemological assumptions

Epistemological assumption is a philosophical belief system about how research proceeds and what counts as knowledge (Leavy 2017:12). In this research study, open-ended semi-structured interview questions were used in an attempted to seek in-depth information on the research question at hand, which is: what are the parents' perspectives of sociocultural beliefs and practices that contribute to delayed health seeking amongst adolescent boys with cryptorchidism who present at a selected hospital in Tshwane District. The researcher kept field notes and a reflective journal to report on the mood, experiences and observations during the interview sessions.

1.7.3 Methodological assumptions

Methodological assumption it is what the researcher actually does once he or she has combined the different elements of research (Leavy 2017:16). This research followed a qualitative, exploratory, descriptive and contextual approach to answer the research question, which is: what are the parents' perspectives on sociocultural beliefs and practices that contribute to delayed health seeking amongst adolescent boys with cryptorchidism who present at a selected hospital in Tshwane District. The researcher facilitated interviews to enable the participants to share their perspectives on sociocultural beliefs and practices contributing to delayed health seeking amongst adolescents with cryptorchidism.

1.8 DELINEATION

The study-included parents of adolescent males between the ages 10-19 years who presented at a selected academic hospital in Tshwane in order to find out what the sociocultural beliefs and practices are that contribute to delay health seeking. Parents or guardians could have participated in the study, provided their child with cryptorchidism was waiting for surgical correction or treatment for cryptorchidism. The researcher decided to focus on parents of male children from age 10-19 years old as they are regarded as adolescents (Chobokoane & Bundler 2002:2). Furthermore, they are considered to have passed the recommended time for surgical correction (Braga et al. 2017:253).

1.9 RESEARCH DESIGN AND METHODS

In every research study, the best design is always the one that is appropriate to the research problem and purpose (Brink, van der Walt, & Van Rensburg 2012:128). In the following section the researcher describes the research design and the research method the researcher used to achieve the research objective of this study.

1.9.1 RESEARCH DESIGN

The research design is described as the overall plan for gathering data in a research study (Brink et al. 2012:217). The researcher chose a qualitative, explorative, descriptive and contextual research design. Gray, Grove, & Sutherland (2017:25) define qualitative research as a systemic, interactive, subjective, naturalistic research approach used to describe life experiences, culture and social process from the perspectives of the participants. Within a qualitative research design, an explorative research design was followed. Explorative research design is defined as the exploration of the phenomena where little is known about the phenomena being studied (Brink et al. 2012:210). The researcher explored the sociocultural beliefs and practices contributing to delayed health seeking among adolescents with cryptorchidism to obtain in-depth knowledge from the parents or guardians of the adolescents. A more detailed description of the research design will follow in chapter 2.

1.9.2 RESEARCH METHODS

Research methods refer to the steps, procedures and strategies used for gathering data and analysing data, in the course of the research investigation (Polit &Beck 2017:816). Research methods include the setting, population, sampling, data collection and data analysis. A more detailed description of the research methods will follow in chapter 2.

1.10 ETHICAL CONSIDERATION

Ethical consideration is the most important aspect of the research study (Hasan, Rana, Chowdhury, Dola and Rony 2021:1). Ethical principles are essential to protect the dignity and rights of the research participants (Hasan et al 2021:1). The researcher received ethical approval from the University of Pretoria, Faculty of Health Sciences Research and Ethics Committee, (refer to annexure C1) and the National Health Research Data base under Steve Biko Academic hospital (see annexure C2). The following ethical principles, namely: permission to conduct the study, beneficence and non-maleficence, respect for human dignity, justice, confidentiality and anonymity as alluded by (Polit et al 2017:293) were observed in the study.

1.10.1 Permission to conduct research study

After the permission to conduct the study was granted by the National Health Research Data base under Steve Biko Academic Hospital (refer to annexure C2), the researcher provided the letter of permission to the clinic manager to have access to the outpatient clinic and a consultation room for interviews . The researcher then provided the permission letter to the head of the Department of Urology, who assisted in allocating one of the registrars working at the paediatric urology clinic to assist the researcher with potential participants booked for the clinic day.

The researcher made sure that the recruitment process was not intimidating by reassuring the potential participants that if they decide not to be part of the study there would be no penalties, nor would they be refused access to the healthcare services in the institution. The researcher continued to reassure them that the information provided would not be used against them.

The researcher obtained the informed consent from the parents and assent from the adolescents. According to Brink et al. (2012: 34) informed consent is when the participant voluntarily agrees to participate in the research study of which he or she has a full understanding before the study begins. The participants signed a written Participant Information and Consent Document (see annexure B).

Since the study required parents to give information on their children’s medical condition, the adolescents were requested to give assent only if they agreed that their parents could share information about their medical condition. An individual not competent to give a legally valid informed consent to participate in a research study (Brink et al. 2012:43) defines assent as an agreement. The researcher reassured the adolescents that there would be no experiment or taking of blood samples from them. Furthermore, the researcher reassured the adolescents that there would be no penalty if they refuse to give assent for the study. The adolescent had to sign an assent (see annexure B1) the researcher adhered to the information on the informed consent and the assent such as the contact details and contact times.

1.10.2 Beneficence and non-maleficence

The researcher needs to secure the well-being of the participants, who have a right to protection from any physical, psychological, emotional, spiritual, economic and legal harm (Brink et al. 2012:35). In this research, no experiments were conducted. The researcher held interviews with the participants. Some of the participants experienced emotional discomfort and feelings of guilt. The researcher paused the interview session and comforted the participants, until they felt ready to continue with the interview or the interview was re-scheduled. Some participants were offered counseling services available in the institution if they wanted to be referred to a psychologist or a social worker, but many refused this service. During the interview sessions, Covid-19 protocol was followed, such as the wearing of masks, social distancing, hand washing and the use of hand sanitizer. After each interview held the room was disinfected and the furniture was disinfected before the next participant could come in.

1.10.3 Respect for human dignity

According to Polit et al. (2017:293) respect for human dignity is defined as a right to self-determination of the participant, which means they are free to control their own actions including voluntary participation. The researcher explained the consent and the assent in detail to the participants. Participants were given a copy of both the informed consent and the assent forms to take home, to re-read and to make a decision on whether they would want to be part of the study. All the participants who took part in the research study gave consent to participate voluntarily.

The researcher gave a full disclosure of the nature of the study, the right to decline or withdraw from the study, the possible benefits and emotional discomfort and the responsibilities of the researcher. The parents signed consent and the adolescents signed assent. All the information gathered during the interviews were treated with confidentiality.

1.10.4 Justice

The principle of justice refers to a participant's right to fair selection and treatment (Brink et al. 2012:36). All the potential participants were recruited during their hospital appointments. The researcher had access to the list of the patients coming for their urology appointment from the allocated registrar. All the parents or guardians of the adolescents with cryptorchidism were given information about the research study. Only those who met the inclusion criteria were part of the study. Privacy was adhered to throughout the research study. Face to face, individual interviews were done in a private and quiet room.

1.10.5 Confidentiality and anonymity

Anonymity means the identity of research participants is unknown, even to the study investigator (Brink et al. 2012:208). Confidentiality means the study investigator (Brink et al. 2012:209) only knows the identity of the research participants. Therefore, it is the researcher's responsibility to prevent all data gathered from the study to be linked to the individual participants (Brink et al. 2012:38). This ethical principle was guided by the POPI Act (No 4 of 2013), which states that personal information must be in the safe possession of the responsible party (Buys 2017:955). Each participant was assigned a pseudonym on their consent form and the audio recording during interviews. During interviews, the participants were addressed with a given pseudonym. The researcher encouraged the participants not to introduce themselves by their real names, surname or their children's name but the pseudonym given to them for the purpose of the research study. The audio recording, field notes and reflective journal were kept in a safe place where only the researcher had access to the information.

1.11 DATA QUALITY CONTROL

Quality control in qualitative research refers to openness, relevance, epistemological and methodological congruence, thoroughness in data collection and data analysis process and the researcher's self-understanding (Brink et al. 2012:126). Criteria for developing trustworthiness by Brink et al. (2012:126) were applied: credibility, conformability, transferability, dependability, and authenticity. A detailed description of data quality control will be presented in chapter 2.

1.12 THE OUTLINE OF THE STUDY

TABLE 1.1: STUDY OUTLINE

Chapters	**Description**
Chapter 1	This chapter introduces the study background, problem statement, and the purpose of the study, clarification of concepts, research design, methodology, delineation and ethical considerations.
Chapter 2	Describes the research design, research methodology, research setting, sampling methods, population and measures to ensure trustworthiness.
Chapter 3	This chapter discusses the researcher's field experience and role of a researcher, the overview of participants and the findings are presented in themes and subthemes.
Chapter 4	This chapter gives a detailed discussion of the research findings in relation to the literature review and conceptual model
Chapter 5	This chapter gives a detailed discussion of the study recommendations, limitations and conclusion.

1.13 CONCLUSION

This chapter described the background to the problem researched. It also described in detail the research problem statement, research aim, the significance of the study, clarification of the concept, pragmatic assumption and the delineation. Furthermore, it also gave a brief description of the research methodology, research design and data control. A more detailed discussion of the research design and methodology will follow in chapter 2.

CHAPTER 2

RESEARCH METHODOLOGY AND RESEARCH DESIGN

2.1 INTRODUCTION

This chapter describes the research design and methods used in the study to achieve the aim of the study to answer the research question namely: *What are the parent's perspectives on sociocultural beliefs and practices that contribute to delayed health seeking amongst adolescent boys with cryptorchidism who present at a selected hospital in Tshwane District?*

The study followed an explorative, descriptive and contextual qualitative research approach. This chapter continues to give a discussion of the research methods, research design, sampling, population, study setting and the measures to ensure trustworthiness. This chapter thus gives a detailed description of the research methodology and design followed and its application in the study.

2.2 RESEARCH PURPOSE

The purpose of the study was to explore and describe the parents' perspectives on sociocultural beliefs and practices that contribute to delayed health seeking amongst adolescent boys with cryptorchidism who present at a selected hospital in Tshwane District.

2.3 RESEARCH DESIGN

Research design can be described as a general plan for the implementation of a study, selected to answer a specific research question (Gary et al. 2017:106). The researcher adopted a qualitative research approach to conduct the study. Within the context of a qualitative research approach an exploratory-descriptive and contextual research design was chosen as it is known for its characteristics (Gary et al. 2017:133). It allowed the researcher to address the knowledge gap through seeking perspectives of the participants affected (Gary et al. 2017:139). Furthermore, the design addresses the research problem through view points of the people affected, in a natural setting (Gary et al. 2017:139). In the study, the researcher explored the perceptions of parents regarding the sociocultural beliefs and practices that contribute to delayed health seeking amongst adolescents with cryptorchidism in a selected hospital in Tshwane.

2.3.1 Qualitative research approach

Qualitative research is a systematic, interactive, subjective, naturalistic research approach used to describe life experiences, culture, and social process from the perspective of the participants (Gary et al. 2017:25). Brink et al. (2012:121) define qualitative research approach as a broad range of research design and methods used to study a phenomenon of social action of which we do not have an understanding. It was through a qualitative research approach that the researcher was able to interact with participants. In addition, this research approach allowed the researcher to gain in-depth knowledge through semi-structured interviews. Furthermore, the researcher asked open-ended questions with probes to gather an in-depth description on sociocultural beliefs and practices contributing to delayed heath seeking amongst adolescents in Tshwane district.

2.3.2 Explorative design

Explorative research design is defined as the exploration of the phenomena where little is known about the phenomena being studied (Brink et al. 2012:210). An explorative design was chosen because there was a knowledge gap about sociocultural beliefs and practices contributing to late health seeking amongst adolescents with cryptorchidism.

In this research study, the phenomenon of interest was explored through interviews with participants regarding their perspectives on sociocultural beliefs and practices contributing to delayed health seeking amongst adolescents with cryptorchidism, as little is known about it. The researcher explored deeper into this phenomenon by asking key and probing questions, which offered clarity into the topic of interest.

2.3.3 Descriptive design

Descriptive design is defined as a description of the phenomena in a real-life situation, which provides an accurate account of characteristics of particular individuals, situations, or groups (Burns & Grove 2011: 35). The researcher described the sociocultural beliefs and practices contributing to delayed health seeking among adolescents with cryptorchidism in a selected hospital in the Tshwane District. The researcher grouped the new information discovered during interviews with the participants according to themes.

2.3.4 Contextual design

A contextual design is a contextual research strategy, it means a ‘’natural setting”. Natural setting is an uncontrolled, real-life situation or environment, where a researcher cannot manipulate or change the environment for the study (Brink et al. 2012:59). The researcher collected data in the urology department where participants presented for health seeking. Therefore, the research interviews with participants took place within this natural setting. The findings of the study are reported within a specific setting and were not generalised to other health institutions in South Africa. The researcher also kept a reflective journal and field notes.

2.4 RESEARCH METHODOLOGY

Brink et al. (2012:199) define research methodology as what the researcher did to solve the research problem or answer the research questions. It involves the research setting, population, sampling method, data collection and data analysis (Brink et al. 2012:94). The components of research methodology and their application in this study were discussed in detail.

2.4.1 RESEARCH SETTING

The study was conducted at a selected academic hospital in Gauteng province in the Tshwane District municipality. The hospital is in the capital city and serves patients from Gauteng, though many referrals do come from Mpumalanga, North West and some of parts of Limpopo province. It offers clinical practical training for university and nursing college students. The institution has an affiliation with the University. The hospital has qualified personnel with different specialities . Amongst other specialised departments in the institution, there is a urology department.

The urology department renders both in-patient and out-patient services. The urology department furthermore has a 24hr access in-patient care service for patients admitted for surgical procedures, scans, cancer treatment, amongst many of the services offered in the department. The department offers services such as urodynamic studies, surgical corrections of genitourinary conditions, cancer treatments, incontinence care and fertility related conditions. The outpatient department renders services from Monday to Friday, between 07:00 and 15h30 on appointment and referral-based consultations. Almost 2-4 adolescents with cryptorchidism are seen per week. According to the in-patients’ nominal book statistics, 72 patients were admitted with undescended testes for surgical correction. These patients were admitted between the periods of May 2021 to July 2022. Out of the 72 patients, 41 of them had undescended testes; only 31 patients had undescended testes with hypospadias and 3 patients were adults, above the age of 19 years.

2.5 POPULATION

Brink et al., (2012:216) define population as a set of all members of a defined group that shares some common characteristics that are of interest to the researcher. Polit et al. (2017:546) define population as the entire aggregation of cases in which a researcher is interested. In this study, the population were parents and guardians of adolescents, aged between 10-19 years with cryptorchidism who attend the urology in- and out-patients department at a selected hospital.

2.6 SAMPLE AND SAMPLING METHODS

A sample is a subset of population elements, which are the most basic units about which data are collected (Polit et al. 2017:458). Similarly, Brink et al. (2012:217) define a sample as a subset of the population that is selected to represent the population. A sampling method refers to the researcher's process of selecting a sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink et al. 2012:132). In this study, a purposive sampling method was employed. Purposive sampling is defined as a sampling technique based on the researcher's judgement of participants regarded as more knowledgeable about the research question at hand (Brink et al. 2012:141). This sampling method was utilised in the study based on the researcher's judgement about the population.

2.6.1 INCLUSION CRITERIA

In this study, the following inclusion criteria guided the selection of participants:

- Parents or guardians of adolescents between the ages of 10-19 years and diagnosed with undescended testicles.

- Parents or guardians of adolescents between the ages of 10-19 years, who presented late at the health care facility for medical correction of cryptorchidism or awaiting surgical correction of undescended testicles.

2.6.2 Exclusion criteria

The guardians or parents of boys younger than 10 (ten) years of age and those who already received surgical treatment during the accepted age which is before 2 (two) years of life, were not invited to participate in the study as two years of age falls within the recommended and acceptable age for surgical correction.

2.6.3 Sample size

Sample size refers to the number of participants or observations included in the study (Brink et al., 2012: 145). A qualitative study sample size is determined by data saturation (Gary et al. 7017:550). Polit et al. (2017:877) define data saturation as sampling to the point, where no new information is obtained and redundancy is achieved. Though data saturation guided the sample size of this study the researcher envisaged to involve nineteen participants as literature supports the inclusion of 15 to 20 participants in a qualitative study in order to reach a point of data saturation (Mason 2010:3), adopted from (Guest, Bunce & Johnson 2006:10). At 15 participants, the researcher noted that no new information was emerging and that there was redundancy and therefore data saturation had been reached with 15 participants.

2.7 DATA COLLECTION

In qualitative research, data collection happens simultaneously with data analysis and the process is complex (Gary et al. 2017:409). The researcher perceived, reacted, interacted and attached meaning and recorded the data alone (Gary et al. 2017:409). In the current study, data were collected through individual semi-structured interviews on a face-to-face encounter, to explore and probe about the research question. Individual semi-structured interviews were selected for this study in order for the researcher to be sure that the topic is covered (Polit et al. 2017:899). Secondly; to allow the researcher to ask open-ended questions, so that in-depth information could be collected about the research question. Lastly the interviews also allowed the researcher to understand better, while exploring the participants' views and experiences (Creswell et al. 2018:302) The researcher used an interview guide (Annexure A) to facilitate the interviews.

These interviews were guided by six main open-ended questions with probes. According to Creswell et al. (2018:203) a total number of 5-10 interview questions are deemed to be sufficient although no precise number can be given. Due to the Coronavirus disease, 2019 data collection was prolonged. The research site was closed as a national disaster response to the (COVID-19) pandemic. Patients were cancelled for their scheduled appointments at the urology department and surgeries were postponed. Within this group of patients, the potential participants were included. Thus, the researcher was unable to gain access to potential participants from October 2021 until January 2022. As of 16 January 2022, urology departments were opened, and the recruitment process for the study resumed. The researcher was able to meet with participants in February and continued with data collection interviews until June 2022.

2.7.1 Pilot study

The pilot study was done before the main research data collection, to determine the practicality of the questionnaire. A pilot study is defined as a small-scale trail run of an actual research study (Brink et al. 2012:216). The purpose of the pilot study is to investigate the feasibility of the proposed study and to detect the possible flaws on the research methodology (Brink et al. 2012:174-175). Four participants who met the inclusion criteria and who gave consent to be part of the research study were included in the pilot study. The pilot study revealed that the interview schedule was accurate and the participants were able to answer questions successfully. There were no major changes on the interview schedule. The researcher continued with the research interviews. A purposive sampling method was used.

The semi-structured interviews were conducted and recorded. The interview schedule had 6 main questions that allowed the researcher to probe. It was decided that the results from pilot semi-structured interviews be included in the results of the study, because within the qualitative paradigm it is not necessary that all interviews be conducted the same way and the interviews contained valuable data (Polit et al. 2017:98). The interviews were conducted in private rooms, free from interruptions and privacy was ensured**.**

2.7.1.1 Semi-structured interviews

Semi-structured interviews are defined as focused conversations that are organised around a set of open-ended questions, with minimal guidance of pre-defined questions to narrow the interview to a specific phenomenon being studied (Gary 2017:414). During the interviews cultural sensitivity, manner of speaking, the tone of the voice, eye contact and facial expression were observed and recorded by the researcher. The research interviews were conducted in English. where the participants could not understand the English, the researcher allowed the participant to answer in their own language. The researcher is fluent in 9 south African language. The interviews with the participants were 25-45minutes long. The interview guide was formulated in English.

The following interview schedule was used:

- So, tell me, what do you understand about your child’s condition (undescended testicle)?
- How did you find out that your child has an undescended testicle?
- Are there any sociocultural beliefs or practices that prohibit you as a parent from performing a scrotal examination?

Tell me more about those beliefs and practices.

- In your own view, did sociocultural beliefs and practices delay you from seeking health care?
- Except from your beliefs and practices, are there any other reasons for seeking health care late. Please tell me more about them.
- Is there any information that you would like to give me, that we did not cover in the questions?

During the interview the following communication skills as described by Llyod & Bor (2004:16-21) were used to obtain more information on the research question:

2.7.2 Paraphrasing

Paraphrasing is defined as that the researcher repeated the participant’s response in the interviewer’s own words to clarify what has been said. The researcher repeated the participant’s answers in her own words, with a question to clarify and ensure that the meaning is not lost.

2.7.3 Probing

Probing is a technique used by the interviewer for prompting questions that encourage the participant to elaborate on the topic that is being discussed (Brink 2012:216). The researcher used probing to gain more information and clarity from the participants. The use of open-ended questions allowed the participants to answer in their own words freely without being led to the answer. The ‘why’ questions were avoided at all times to avoid finger-pointing and being judgemental towards the participants.

2.7.4 Silence

Silence is the third communication skill that was used to give the participants time to reflect on the questions being asked and the answers they gave. It also helped the researcher to observe the instant reactions of the participants, to reflect on how the interview is going and to plan the next stage.

2.7.5 Listening

Lastly, listening entails keeping appropriate eye contact with the participant, sitting slightly forward facing them, nodding your head and asking questions based on their last statement to show that you understand and you are following their responses, to demonstrate active listening skills (Lloyd & Bor 2009:18). In this study, the researcher enforced the attributes of listening during the interviews.

2.7.6 Transcription

A verbatim transcription of the data recordings is the most critical step in preparing for data analysis (Polit & Beck 2017:935). The tape-recorded interviews and field notes were transcribed using the verbatim method after each data collection process had been done for that day. The researcher listened three to four times to the audiotaped interview session and compared it with the field notes to ensure the information transcribed was correct, valid and reflected the interview experience.

2.7.7 Field notes

Field notes are broader, more analytic and more interpretive than a simple listing of occurrences (Polit et al. 2017:219). The researcher kept her field notes during the individual interviews with the participants. In this study, the research transcribed the feelings of the participants during interviews. In addition, the researcher wrote down information that needed to be clarified.

2.7.8 Reflective journal

The researcher kept a reflective journal throughout the data collection process in which she wrote down her personal experiences in the field. Before the interview sessions with participants, the researcher reflected on her mood, to prevent biasness of the data. After the interview session with the participants, the researcher reported on the mood and experience of the interview sessions. Furthermore, the researcher reported on the progress of the interview sessions and the manner in which questions were asked, in order to improve on the interviewing skills.

2.8 DATA ANALYSIS

Qualitative data analysis is an active and interactive process (Polit et al. 2017:933). The purpose is to organise, provide structure and to elicit meaning from the data (Polit et al. 2017:933). The researcher used the content analysis. Content analysis is defined as the analysis of the content of the narrative data to identify prominent themes and patterns among the themes (Polit et al. 2017:946). Five steps of data analysis were followed as outlined in Creswell et al (2018:307-308).

Step 1. The researcher organised and prepared raw data for analysis. The tape-recorded interviews and field notes were transcribed using the verbatim method after each data collection process was done for the day. The demographic data was analysed by hand.

Step 2. The researcher read and relooked at all data, to get a general sense of information and the opportunity to reflect on its overall meaning. The researcher listened three to four times to the audiotaped interview sessions and compared it with the field notes. The researcher also wrote notes in the margins of the transcripts.

Step 3. The researcher, initiated data coding which is defined as a process of organising data by bracketing chunks and writing a word presenting a category in the margin (Creswell 2018:308). Individual hand data sorting was done, this means the researcher used in vivo terms without the use of computer software. The data transcripts and developed themes were sent to the supervisor for verification.

Step 4. The researcher generated a description of the research setting, participants and themes for analysis. The researcher used both in vivo and narrative coding. The codes were grouped into categories of differences and similarities. Themes were developed from the categories and used as headings and subheadings in the description of findings.

Step 5. Lastly, the researcher represented the descriptions and themes in a narrative passage to convey the findings. Themes and subthemes were supported by literature and quotes from the transcripts. These findings were presented in Chapter 3 of this dissertation.

2.9 DATA INTERPRETATION

The researcher interpreted the findings and compared it with the existing literature based on the phenomenon being studied. Data interpretation was presented in detail in chapter 4 of this dissertation.

2.10 MEASURES TO ENSURE TRUSTWORTHINESS

The strategies used to ensure trustworthiness in the study are presented in table 2.1.

Table 2. 1: Measures to ensure trustworthiness

Strategy	Criteria	Application in the study
Credibility refers to the confidence in the truth of the	Prolonged engagement	The researcher spent more time in the research field to

data findings and the interpretation (Brink et al., 2012:172).		gain in-depth understanding of the phenomenon being researched until data saturation was met.
Dependability is the provision of evidence so that if it were to be repeated with the same or similar participants in the same context, its findings would be similar (Brink et al. 2012:172).	Paraphrasing	The researcher constantly paraphrased the responses of participants during the interview and explained the question in the participant's most understood language
Conformability refers to the potential for congruency of the data in terms of accuracy and meaning (Brink et al. 2012:173).	Data clarification	To ensure confirmability during the interviews the researcher confirmed the given answers with the participants by asking participants whether their answered have been interpreted correctly.
	Audit trail	The researcher kept the original audio recordings of the interviews and field notes
	Post-interview follow-up	Some of the participants were called to follow up and gain clarity on some of the interview question to make sure the meaning is not changed.
Transferability is defined at the ability to apply the findings in another context (Brink et al., 2012:173).	The researcher used thick descriptions to convey the themes, findings and experiences.	The researcher provided sufficient data to determine whether the results could be applied to other provinces

Authenticity refers to the extent to which researchers fairly and faithfully show a range of realities (Polit et al., 2017:984).	Field notes and reflective journal	Authenticity was achieved by reporting on the mood, feelings and experiences, language and context of the lives of the participants identified during the data collection activities.

2.11 CONCLUSION

This chapter discussed in detail the research design, research methodology, research setting population, sample, sampling methods, data analysis procedure and measures to ensure trustworthiness used in the study. In summary, the research study used an explorative, descriptive and a contextual research design. The study was conducted in one setting in an academic hospital in Gauteng province under Tshwane district. The study sample consisted of parents or guardians of adolescents with cryptorchism between ages 10 years -19 years. The sample size consisted of 19 participants though data saturation was reached with 15 participants. Semi-structured individual interviews were done on a face-to-face encounter and the interviews were audio recorded. The researcher conducted the interviews and field notes were taken during interviews. A reflective journal was kept by the researcher. Data was then transcribed and analysed.

In chapter 3, the findings of the study under themes and subthemes were presented.

CHAPTER 3

RESEARCH FINDINGS AND PARTICIPANTS OVERVIEW

3.1 INTRODUCTION

In chapter 2 of the study the researcher described the research design, research methodology and measures to ensure trustworthiness followed in the study. In this chapter, the researcher discussed in detail, the research findings, the role of the researcher and the demographic profiles of the participants. Furthermore, the research findings were described and substantiated with quotes from the transcripts of the interviews.

3.2 DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

The participants were parents or guardians of the adolescents, they came from diverse cultural groups and had different cultural beliefs. The ages of the participants ranged from 29-59 years. In this study, semi-structured individual interviews were conducted with 17 participants. Although data saturation was reached at 15th participant. The researcher decided to conduct two more interviews to confirm data redundancy. Demographic information of the participants was captured before commencement of the research interview questions. Table 3.1. below represents the demographic data of the participants.

Table 3.1 Demographic Profile of Participants

Participant	**Age of the adolescent**	**Age**	**Literacy level**	**Relationship to adolescent**	**Religion**	**Employment status**	**Province**
P1	13	43	Secondary education	Mother	None	Employed	Mpumalanga (Kwa Mhlanga)
P2	12	40	Post-secondary education	Mother	Christian	Employed	Mpumalanga (Delmas)
P3	15	55	Primary education	Mother	Traditional African religion	Self employed	Mpumalanga (Matibidi)
P4	12	30	Secondary education	Mother	Christian	Unemployed	Gauteng (Cullinan)
P5	12	57	None	Father	Traditional African religion	Employed	Mpumalanga (Matikwana)
P6	13	32	Secondary education	Mother	Christian	Unemployed	Mpumalanga (Mapulaneng)

P7	10	35	Post-secondary education	Mother	Traditional African religion	Employed	Mpumalanga (Matikwana)
P8	10	47	Post-secondary education	Father	Christian	Employed	Gauteng (Mamelodi)
P9	13	38	Secondary education	Mother	Christian	Employed	Mpumalanga (Kwa Mhlanga)
P10	10	35	Post-secondary education	Mother	Christian	Employed	Mpumalanga (Standerton)
P11	10	52	Secondary education	Father	Christian	Employed	Gauteng (Mamelodi)
P12	10	56	Primary education	Mother	Traditional African religion	Employed	Kwa Mhlanga (Mpumalanga)
P13	13	38	Secondary education	Mother	Christian	Employed	Witbank (Mpumalanga)

P14	13	44	Secondary education	Father	Traditional African religion	Employed	Mpumalanga (Bushbuckridge)
P15	10	56	Secondary education	Mother	Traditional African religion	Unemployed	Mpumalanga (Nelspruit)
P16	11	29	Secondary education	Mother	Christian	Self employed	Mpumalanga (Nelspruit)
P17	13	36	Secondary education	Father	Christian	Employed	Gauteng (Mountain View)

3.3 Relationship to the adolescent

Participants who took part in this study were mainly the biological parents of the adolescents. There were 5 fathers and 12 mothers. Two parents withdrew from the study after signing consent. One of the parents said he could not participate in the study unless he was guaranteed that his child would be operated. The other participants did not show up for the appointments. Therefore, they were not included in the results of the study. Parents participated in the study due to they were deemed more knowledgeable about sociocultural beliefs and practices.

3.4. Adolescent's age

In this current study, the adolescence's ages ranged from 10 to 15 years. According to Chobokoane & Bundler (2002:2) adolescent is defined as a young people between the ages of 10 -19 years. The adolescents gave assent to allow their parents to discuss about their condition.

3.5. Participant's age

In this study, the participants' ages ranged from 29 to 57 years, indicating the maturity age. Each participant was assigned a pseudonym for confidentiality and anonymity purposes. The researcher started using the pseudonyms during data collection and data transcription. Thus, making the data more reflective of the real-life interview sessions.

3.6. Literacy level

The educational system in South Africa is divided into three strata, namely: general education and training, further education and training, and higher education and training (OECD Education at A Glance 2019:3). Under these three groups, there are four levels of education namely: primary education (grade1-9), secondary education (grade10-12), post-secondary education (non-tertiary institutions) and tertiary education (universities) (OECD Education at A Glance 2019:3). The literacy level of participants in this research study ranged from primary education, secondary education and post-secondary education.

3.7. Religion

In this current study, participants had different religious beliefs. Some participants belonged to Christianity, ancestral beliefs and one had no religious belief while two other participants' religious information was unavailable.

3.8. Employments status

The participants in this research study were either employed, self-employed or unemployed. Those who were employed worked as taxi men, cleaners and teaching assistants. In addition, the self-employed had a small-scale business income such as selling perfumes or vegetables. Furthermore, the unemployed lived on government social grants.

3.9. Province

The research study participants came from two provinces, Gauteng and Mpumalanga. Fourteen participants came from rural Mpumalanga and five participants came from Pretoria townships. All participants accessed the institution on a referral basis.

3.10. Field Experience of the Researcher

The researcher did not have difficulties in accessing or entering the research site because she is employed in the institution. The permission to collect data was obtained from the National Health Research Data Base, under Steve Biko Academic hospital (see annexure C2). The permission letter and the ethical clearance from the University of Pretoria Faculty of Health Science Research and Ethics Committee (refer to annexure C1), were submitted to the Urology Head of Department and the in-patient and outpatient department managers. Data collection took place both at the in-patient and outpatient department. The research committee of the institution were excited about the research study. They requested a copy of the research findings and the recommendation thereof to be sent to the institution and to the Gauteng National Research Department website after completion of the study.

The participants recruited to take part in the study, are those who agreed and gave informed consent. The researcher explained the purpose of the study, how data will be collected and possible risks related to the study. Some of the participants were thrilled to be part of the research study, that their voice would be heard so, they willingly shared their information. The researcher continued to explain to the participants who gave informed consent, and reassured them that their information would be kept confidential. Their names will not be attached to any information and the audiotapes will be destroyed at the end of the study. Each participant was given a pseudonym.

The POPIA guidelines were adhered to throughout the study. The consent forms were obtained verbally but to indicate adherence to the ethical principles of informed consent, participants had to sign a written consent and the concerned adolescents gave assent. Semi-structured interviews were conducted with the participants in private rooms at either the outpatient-department; a consultation room or the in-patient department; manager’s office or doctor’s room. The interview sessions were done on a face-to-face encounter and audio-recorded. The data collected was saved on the cloud with a biometric password allowing only the researcher to have access. The field notes, reflective journal and signed consent forms were kept under lock and key.

During the course of data collection, the researcher did however, experience some challenges. The researcher’s challenges were: firstly, the closing of the urology department as the institution was responding to the Covid-19 National Disaster response. The researcher was unable to access potential participants and had to wait for the urology department to re-open, therefore the closing of the department prolonged the data collection process. Secondly, the institution cancelled and postponed all elective surgeries. Amongst those elective surgeries, the potential participants were included. Furthermore, cryptorchidism was not deemed as an emergency condition during the pandemic especially if the child had passed the recommended age for correction.

Lastly, the paediatric urology consultant refused the researcher access to the booking system. Even with the challenges encountered, it did not stop the researcher from recruiting the participant and continuing with data collection. The department of urology itself was very supportive. The urology head of department allocated a Registrar who assisted the researcher with the identification of potential participants

During the interview sessions, the researcher asked open-ended questions with probes to allow the participant to give more information. Participants were allowed to answer in their language and the researcher asked some of the questions in the participant’s language to clarify the question and to acknowledge cultural sensitivity and the way of speaking according to the participant’s age, gender and ethnicity. At the end of the session, the researcher paraphrased the answers to make sure the meaning was not lost. Data transcription was done after each interview session. The transcripts were then re-read to determine if the meaning had not changed. Data saturation occurred on the 15th interview.

3.11. Findings of the study

The purpose of the study was to explore and describe the parents’ perspective on sociocultural beliefs and practices that contribute to delayed health seeking amongst adolescents with cryptorchidism who presented at a selected hospital in Tshwane district. seventeen participants were interviewed and data was analysed. Data analysis revealed three main themes namely “lack of knowledge’’, “sociocultural beliefs and practices’’ and “lack of resources”. The themes consisted of subthemes as shown in table 3.2 below.

Table 3. 1 : Themes perceived as the contributing factors for delayed health seeking by parents.

Themes	**Subthemes**
Lack of knowledge	Misinformation
	Parents waiting for the testes to descend
	Parental ignorance
Socio-cultural beliefs and practices	Cultural beliefs, Consulting traditional healers and use of traditional medicines.
	Cultural taboos
	Decision making about healthcare seeking for the child
Others	**Institutional side**
Lack of resources	Lack of specialised health care practitioners
	Lack of theatre time
	Long waiting list
	Participants side
	Socio-economic status of the participants

3.12. Overview of the research themes

The analysis of the research data revealed three main themes with subthemes. Below is an overview of the themes, subthemes and direct quotes from the participants, researcher's filed notes and observational findings are cited to demonstrate the evidence found during data analysis.

3.12.1. Theme: Lack of knowledge

This theme revealed how parents' lack of knowledge on contributed to delayed seeking of medical attention amongst the adolescents with cryptorchidism for correction. In this research study some participants delayed bringing their children for correction, because they did not know that the condition could be corrected. Three subthemes emerged under the above theme during data analysis.

3.12.1.1. Subtheme: Misinformation

Misinformation is defined as any information that turns out to be false (Ecker, Lewandowsky, Cook, Schmid, Fazio, Brashier, Kendeou, Vraga and Amazeen 2022:13). In this study, some of the participants did not know that cryptorchidism can be corrected.

One of the participants indicated the following:

"Oh, you know, I once heard of that it can be corrected, and sometimes a testis can move up from the scrotum. And other people saying they pull them down to the scrotum; I tried as well but I realised I'll hurt my child". (Participant 4. Female:30yrs)

The following participant thought it was normal for a child to have one testis. This is because his relative had one testis. The participant only consulted medical services when the child experienced pain:

"No, he had one testis, we thought he will have one testis because one of our brothers at home in the family has one testis and he never had a problem, and now he is 40 something years old". (Participant 17. Male: 36yrs).

The following participants consulted the traditional healer several times. They were told that the testis would descend. Therefore, they delayed health seeking for their children:

"I think when he was less than 5 years, when we consulted isangoma (traditional healer), he told us the testis will descend as he is growing". (Participant 14. Male: 44yrs)

"I think he was already two years old. Therefore, I tried there, the traditional healer will continue saying that the child will have testes in his scrotum. Until the child was ten years old". (Participant 5. Male: 57yrs)

This subtheme revealed that misinformation about the condition is one of the contributing factors for delayed healthcare seeking. Participants delayed health seeking due to seeking information in people not trained in western medicine including their relatives, friends and traditional healers.

3.12.1.2. Subtheme: Parents waiting for the testes to descend

Participants delayed bringing their children for health seeking. They believed that the testes would descend eventually. Also, some participants delayed health seeking because of their personal observations, where the testis moved from the scrotum and later descended to its place.

“No, I stayed and waited if the testes will descend on their own but they never did”(Participant 9.Female:38yrs).

The following participant mentioned that the testes of their child were not in the scrotum but at the later age, around the age of 9 years the right testis descended.

“No ‘mazambane na sego’. (The potatoes were not in the scrotum). As he was growing up maybe around 9 years the right testis descended”. (Participant 5.Male:57yrs).

In the following inserts, it is evident that some participants were given health education after birth to bring their children for correction if the testes did not descend at a certain age. Others were told during the first consultation at the clinic to take their children to hospital for correction However, from the following addition it is evident that participants decided to wait for the testes to descend.

After birth I noticed that he had no testes. At the hospital , they said I must bring him after 2 months, after the umbilical wound has healed but no, I stayed and waited if the testes will descend on their own but they never did.(participant 6:Female: 32yrs)

The participant had received health education with the time frame from the health institution to bring the child for correction but still she decided to wait for the testes to descend.

“*Just after birth I saw that he didn’t have balls (testes). I took him to the clinic. They said I must bring him after 2 months, after the umbilical wound has healed. But no, I stayed and waited if the testes will descend on their own but they never did*”. (Participant 6:Female:32yrs).

One of the participants with Christian faith religious beliefs, believed that God will make a miracle for their child’s testes to descend and thus, she delayed health seeking. She was waiting for a miracle for the testes to descend, because God made a miracle for their child to survive after a complicated birth.

“*We had faith that they will descend God will make a miracle” (Participant 16:Female 29yrs).*

This subtheme suggest that participants were given health education about cryptorchidism and the time frame for correction. Participants decided to rather stay and wait for testes to descend. Furthermore, for some participants this was because of their religious faith or beliefs that God will make a miracle for their child and his testes will descend.

3.12.1.3 Subtheme : Parental ignorance

Parental ignorance is one of the contributing factors for late health seeking amongst adolescents with cryptorchidism. In this study, parents tended towards neglecting the health needs of their children. This was evidenced by participants' responses during interviews.

In the following insert participants reported that they brought their children late for correction because of the guilt. Some of the participants during interviews, revealed that they feared that their children would blame them in future if they encounter problems with their fertility.

"Ja, I stayed for a while until this year 2021 around May. I started being worried that I am sitting at home with my child and now he is turning 12/twelve years old. He will grow up and give me problems or say why did I not look after him. That's when I decided to take him to a private doctor; the doctor referred us to Steve Biko hospital"(participant 4. Female:30yrs).

The participants mentioned that they were aware that their children had undescended testes, since the children were born but they decided not to bring them for early correction.

"Ja, his scrotum was empty and I have been aware since he was young". (*Participant 5. Male: 57yrs)*

"Around 6-7 years, but I was aware there is no testis on the left side, there was only one on the right side. Ja, I was aware of the empty scrotum". (Participant 4. Female:30yrs).

During the interview, some of the participants did not see the importance of bringing their children early, until the doctor told them about the future complications if the cryptorchidism is left uncorrected.

"You know what, I didn't want to bring the child, it's just that the Doctor said something about cancer but I don't see the need for the operation". (*Participant 7.Female:35yrs)*

The above theme revealed that the parents do not take the health of their children seriously, until complications arise. It may also appear as though they tended to seek healthcare because they felt guilty and feared that their children would blame them in future when they experience health related problems.

3.13. Theme: Socio-cultural beliefs and practices

Socio-cultural is an influence, which emanates from environmental and cultural factors, related to family dynamics and the immediate environment such as values, socio-economic, habits and religion (Bergh & Geldenhuys 2014:442). 2). Beliefs are the prepositions that an individual considers being true, and which are often tacit (Lan & Lam 2020:2). They provide a basis for action and they are resistant to change (Lan et al. 2020:2). Then practices are the actual applications or the uses of ideas, beliefs or methods opposed to theories relating to it (Ryan et al. 2020:61). Three subthemes emerged from this theme during data analysis and it provides evidence that sociocultural beliefs and practices are one of the contributing factors for delayed health seeking amongst adolescents with cryptorchidism.

3.13.1. Subtheme: Cultural beliefs, consultation of traditional healers and use of traditional medicines.

Participants revealed that as African people they still follow and practice their culture and tradition after the birth of a child. Especially when it comes to anything concerning the body parts of a child. Participants believe that the child should be taken to a traditional healer. The traditional healer will therefore guide the family if there is a problem concerning the child. The traditional healer will then give guidance and prescribe medicine to take home.

"Ja, so we believe in our culture the traditional healer must see a child after birth if there is something wrong with the child and from the traditional healer, we started taking traditional medicine". (Participant 3.Female:55yrs).

Participants believed the traditional healer would give answers on why the child's scrotum was empty. Furthermore, if the scrotum was empty due to witchcraft. He gave them medicine to help the testes to grow back in the scrotum.

"Eeh! We took him to a traditional healer for help. We believe he could tell us why his testes are not growing. Angazi kodwa, bayasiza ngesinye iskhathi. (I do not know but they do help sometimes). He gave us traditional medicine to help him with the eggs to grow; if its kuyizinto zabantu (witchcraft).they will grow we must wait" (Participant 15.Female:56yrs).

The following participant mentioned that, when a child has undescended testes, the child would be taken to the traditional healer. The traditional healer will then give them guidance on the cause of the empty scrotum and the treatment thereof. The participants elaborated that even if they attended the western doctors, they still consulted with the traditional healer because he works on the spiritual realm, he can see if its witchcraft or not.

"Ja, but we went to a (N'anga) traditional healers those are the people who told us the testis will descend, but it didn't happen. So, we consulted another healer who works with (Tinhlolo) bones and animal shells to check what is the problem. So, he said it is very complicated he cannot assist us, only the western doctors can help us." (Participant 14.Male:44yrs).

Participants reported that they consult traditional healers but if there is no change that is when they consult western medicine.

“I think he was already two years old. So, I tried there, the traditional healer will continue saying that the child will have testes in his scrotum. Until the child was ten years old, I was like no man, I can’t keep on consulting the traditional healers although they help but they don’t have drips, so I started going to Rob Ferreira hospital”. (Participant 3.Female:55yrs)

From this subtheme, it is evident that there are cultural beliefs and practices that contribute to delay health seeking. It was also evident that some of the participants believed that genital anomalies are a result of witchcraft. Furthermore, others believed that taking traditional medicine from the traditional healer would make testes grow back in the scrotum. Participants consulted different channels of care seeking guidance for their children’s condition. Although other healers gave good guidance that they cannot assist, only the western doctors are able to correct cryptorchidism. Some of the channels consulted gave misleading information which contributed to delayed health seeking for surgical correction.

3.13.2. Subtheme: Cultural taboos

In the following insert participants reported that there are taboos that prohibit them from doing a physical examination of a child. Women are not allowed to touch a child’s private parts during their menstrual period. Furthermore, the participant said both men and women are not allowed to physically examination the child especially examining the private parts after sexual intercourse, it believed the child would become sick.

“*Ja, they say, you’re not supposed to touch a male child’s private parts when you are on your periods, at least for 7 days.” (Participant 7.Female:35yrs).*

“No, even after sexual intercourse. The child gets sick. Even men are not allowed to touch them.” (Participant 7.Female:35yrs).

The participant reported that the mother is allowed to do a physical examination of the child’s private parts and they can even bath them, it is then prohibited after going to initiation school. Although some participants reported that they were not allowed to bath or examine their children maybe because of cultural taboos but they were not sure.

“*In our culture a mother can bath her male child when he is still young until, after attending ‘KOMA’ usually at the age of 11-14 years, that is when a woman cannot touch or bath their private parts” (Participant 5.Male:57yrs)*

I think so, but I don’t know why, .that’s why I was not bathing him; Gogo was looking after him”. (Participant 6.Female:32).

From the interviews, some participants mentioned that women are not allowed to discuss cultural practices, only husbands can give more information.

"*Yes, even now when the sister said they will operate then circumcise the child, I had to call him and explain, because he is Venda and is more into culture. In their culture they circumcise at a very young age, but I can't reveal more on that we are not allowed to say anything that involve cultural practices" (Participant 13.Female:38yrs).*

The above theme suggests that there are cultural taboos that prohibits parents from doing a physical examination of a male child, especially women. The theme also revealed that women are not supposed to share any information regarding the cultural practices in the family.

3.13.3. Subtheme: Decision-making regarding health seeking for the child

In this research study, the subtheme revealed how decision-making regarding health seeking of the child was a collaborative decision in the family. In some families, the father made the final decision and in other families the elders make the decision based on what they believe is the cause of the sickness/condition.

In the following passage, the participants consult with their family members when a child is born with anomalies. As a family, they make a collateral decision by taking the child to the traditional healer for guidance or to a health institution.

"I realised the scrotum was empty after his birth. I asked myself why the scrotum is empty. When I was discharged to go home, as soon as I got home, I told the family the child has a ''bag''(scrotum) but there are no "eggs'' testes), they confirmed as well that it was indeed empty but they didn't know where the testes were. As *we believe in traditional healers, we decided to take the child to the traditional healer to get guidance on why is the scrotum empty" (Participant .Female:55yrs).*

"Yes, the father is aware of the condition. In year 2020, we brought him here so he can be checked his scrotum has eggs that are not growing. They could not operate because of Covid but at some point, I stopped coming to the hospital as well .Eeh! We took him to a traditional healer for help. We believed the traditional healer could tell us why his (eggs) are not growing". (Participant 15.Female:56yrs)

The following section revealed that the wife made the participant (husband) aware of the condition, but he told his wife to rather wait for the testes to descend. Furthermore, participants mentioned that the fathers in the family are aware of the condition and the husband makes the final decision.

Oow! His mother was aware that he didn't have potatoes (testes), when she told me I kept on telling her she must wait the testes will descend. (Participant 5.Male:57yrs)

From the above subtheme, it is evident that the overall decision-making regarding health seeking for the child was not an individual effort. In most instances the family as a whole or the father of the child made the final decision if the child can be taken to hospital, traditional healer or stay home, wait and see if the problem will resolve on its own.

.In the following section, the researcher discusses the theme and its subthemes. The researcher continues to discuss the theme "lack of resource" from the side of the institution and the side of the parents.

3.13.4 Theme: Lack of resources

This theme revealed how parents perceived the lack of resources as the contributing factor to delayed health seeking. In the following passage participants mentioned that lack of resources either in a form of consumable stock, human resources and equipment in the health institutions delayed them from bringing their children for correction. Participants continued to elaborate that they started from their local clinics and hospitals seeking health assistance without help. Furthermore, some participants were transferred from Mpumalanga hospitals to Gauteng academic hospital for surgical correction, thus contributed to delay.

3.13.5 Subtheme: Lack of specialised health care practitioners

In this section the participants alluded that the scarcity of urology specialists contributed to delayed health seeking. In addition, participants suggested that consulting with a general practitioner was not helpful because the general practitioner is not a urologist, he could not correct the condition. Participants further reported that they were referred from Mpumalanga province to get help in Gauteng province because there is shortage of urology specialists to assist them. Therefore, they waited on the system for longer just for their children to get assistance.

Participants reported that there were referred by general doctors because they were not urologists, therefore they could not correct cryptorchidism.

"*The Dr. told me because of the bumps on the groins. He said that were his testes, so they must fix it, he can't fix them only a urology doctor can fix them" (Participant 10.Female:35yrs)*

“*At the age of three years, until he was five years, when he could talk for himself, saying it is painful. ”Referring to his testes. Then I continued to take him to the general doctor”. (Participant 13.Female:38yrs)*

Form this theme the findings suggest that there is a shortage of urologists. Again, the participants were given health education without a time frame when the condition does not improve. It would also appear as though participants were mis-diagnosed by some of the healthcare practitioners.

3.13.6 Subtheme: Lack of theatre time

Participants reported that they delayed bringing their children because they have been cancelled multiple times for surgery. Others mentioned that after theatre cancellation they had to go home and wait for the hospital to call. Furthermore, participants mentioned that it was not guaranteed that a child would get assistance sooner because of the waiting list. Therefore, the participants stopped bringing their children for follow-up appointments because they had been waiting for a long time for the operation.

The participants stated that their children’s surgery was cancelled in 2019 and it was 3 years until now. So, they kept coming to the hospital for clinic follow-up appointments.

“2019 *Feb that’s when I started attending here at SBAH. They admitted him in 2019. I think it was around December. He was then cancelled for surgery because of theatre time. Therefore, I kept on coming back for clinic follow-ups, for about 3 years now. (Participant 9.Female:38yrs).*

Participants also reported that their children were cancelled multiple times due to broken operating equipment thus leading to the theatre time being unavailable.

This year August 2021, I came back, they gave me the date for the 6/9/2021 but the operating machines were not working then they rebooked him for the 13/9/2021 re-admission. (Participant 5.Male:57yrs).

The subtheme revealed that participants delayed health seeking because of limited theatre time. One of the factors contributing to the lack of theatre time was broken operating equipment, thus increasing the theatre list backlog. Furthermore, theatre cancellation meant participants would have to go back home and wait for another available space.

3.13.7 Subtheme: Long waiting list

Participants stated that getting an admission or clinic date was not easy. Some participants mentioned that their children’s surgery was delayed due to having other disorders of sexual development other than cryptorchidism, therefore cryptorchidism cannot be corrected before an appropriate gender assignment has been done. Furthermore, participants gave up bringing their children because of the long waiting list,

"*You can wait up to 3 years just for your child to get space" (Participant 2.Female:40yrs).*

Participants mentioned that they were transferred from one hospital to another, and they were on the waiting list for a long time because of appointment dates that were cancelled.

"*JA then they transferred us to Engodini (Themba hospital), then Themba referred us here to Steve Biko in 2020. Here are the appointments date 12/2/2021 he was cancelled due to Covid, 22/5/2021 was cancelled, surgery was postponed. Until today they called him for admission 27/5/2022 for theatre on Monday". (Participant 14.Male:44yrs*)

From this subtheme, it is evident that participants were delayed due to a backlog of patients. Participants were transferred from one institution to another. The waiting list was long and other factors contributed to cancellations. Furthermore, some children were delayed because they had cryptorchidism with other disorders of sexual development.

3.13.8 Subtheme: Socio-economic status of the participants

In this section of the research the researcher discussed the socio-economic status of the participants under the theme "lack of resources" from the side of the parents. This socio-economic status of the participants contributed to delayed health seeking.

In this subtheme participants revealed that they could not afford private care for their children, even though they wished to take their children there.

"*Not question sister, I'm very happy that you are admitting him today, he is getting help. I even wanted to go to Louise paster but they told me it is R20000.00 for the operation. I don't have money because I realised; I made a mistake not bringing him while he was still very young. (Participant 5.Male:57yrs).*

Some participants mentioned that they used their children's social grant money just to go to a general practitioner after the children were misdiagnosed.

"*Eish sister, I was confused when I told nurses back at home that my child's scrotum was empty. They said it is normal, if it is cold or hot the testes move from their bag. Until I took grant money and took the child to the general doctors, the child's eggs were not in the scrotum when he was three years old. Until he was five years, when he could talk for himself, saying it is painful. "Referring to his testes. Then I continued to take him to the general doctor". (Participant 13.Female:38yrs)*

In this subtheme it is evident that participants could not afford private medical care. Even those who could afford private care, they could only afford general practitioners. Again, form the transcripts it is evident that participants were referred from one public health institution to another, thus suggesting that participants could not afford private surgical care,

3.14. SUMMARY

The study showed that most participants came from Mpumalanga province. Their level of education ranged from primary education to secondary education and post-secondary education. The participants' income status was low-income class. Most of the participants could only afford to attend public healthcare. Furthermore, most participants came from Mpumalanga province to Gauteng province to access healthcare as transfers. Participants believed in different religious beliefs and most of them drove more than 6 hours to access specialised healthcare.

The study provided insight that different sociocultural beliefs and practices contributed to late health seeking amongst adolescents with cryptorchidism. The study results also provided insight that it was not only the sociocultural beliefs and practise that contributed to delayed health seeking but there were other sociocultural factors that contributed to the delay. Sociocultural factors such as from the institutional side under the lack of resources: lack of skilled health practitioners, lack of theatre time and long waiting lists, and on the side, of parents where sociocultural factors such as socio-economic status of the participants played a role.

The study also provided insight and understanding that participants lacked knowledge about the condition. In many instances, pain experienced by the adolescent led the parent to seek healthcare.   Participants delayed bringing their children because they were ignorant of the condition and they still believed that cryptorchidism was a result of witchcraft. Other participants sought guidance from different mediums, such as traditional healers, general practitioners and others. Participants believed that traditional healers could correct the condition because they work in both the physical and the spiritual realm. Furthermore, the study shows that participants are still misguided and misdiagnosed by healthcare practitioners. Participants suggested that healthcare institutions delayed them, due to a long waiting list and lack of theatre time. Lack of resources contributed to late health seeking. Many adolescents were cancelled due to broken equipment and non-availability of operating theatre time. Furthermore, participants delayed health seeking because they could not afford private care because of their socio-economic status.

CHAPTER 4

DISCUSSION OF FINDINGS AND LITERATURE REVIEW

4.1. INTRODUCTION

The study revealed that parents of adolescents with cryptorchidism delayed health seeking due to various sociocultural beliefs and practices although not all the findings were specifically related to sociocultural beliefs and practices. The themes that emerged from the data analysis include lack of knowledge; socio-cultural beliefs and practices and lack of resources.

In this study, the results suggest that the participants lacked knowledge about cryptorchidism and the fact that it can be corrected. The study continued to reveal that parents delay health seeking because of ignorance about the condition. Parents did not take their children's condition seriously and when there were complications, such as when the children complain of pain, the parent consulted a doctor. Furthermore, parents brought their children late for health seeking because of feelings of guilt. The participants' decision to seek healthcare was influenced by their cultural beliefs, knowledge about the condition, accessibility to healthcare and their attitude towards the condition. Furthermore, the decision regarding health seeking was a collective effort from the family or the parents, especially the father of the child.

The study findings continued to reveal that participants believed cryptorchidism was a result of witchcraft; therefore, they needed to consult a traditional healer to give them medicine to treat the condition. Some of the participants mentioned that according to their cultural beliefs, they needed to seek guidance from the traditional healer, and if that failed, they consulted western doctors. Other participants believed that God would make a miracle and testes will descend. This led them to late health seeking.

From this research study, the findings proposed that participants were given health education without the period on when to seek healthcare. The findings of the study alluded that participants delayed health seeking because they were misdiagnosed from the first consultation with the medical practitioners. The findings of the study also suggested that there were other sociocultural factors that emerged during interviews with the participant, which is the lack of resources from both the institutions and the participants. Participants mentioned that they delayed health seeking due to the shortage of urologists. In addition, the participants were referred from one health institution to another to access specialised urology care. The study revealed that children were delayed due to unavailability of resources. The lack of resources included lack of stock, broken operating equipment, limited theatre time and unavailability of theatre doctors.

Even those who could afford private general practitioners were unable to be assisted by general doctors. They were referred from one institution to another, which contributed to delayed health seeking. The study reveals that participants were delaying health seeking because they could not afford private health care services. Furthermore, the study revealed that if participants had low socio-economic status; they could only access public health care.

Chapter 4 presented a literature review on the findings which were presented in Chapter 3. The discussion of findings was presented in light of the purpose of the study:

“To explore and describe parents’ perspective on socio-cultural beliefs and practices contributing to delayed health seeking amongst adolescents with cryptorchidism”.

The researcher presented each theme and sub theme supported with relevant literature.

4.2 Lack of knowledge

Lack of knowledge results in delayed diagnosis and treatment for potential consequences (Israr, Akhta, Taqvi, Zami and Bibi 2021:32). In a study conducted in Pakistan, Israr et al., (2021:33) cited lack of knowledge and awareness as the main reasons for delayed health seeking. Furthermore, Ekwunife et al. (2018:207) posit that delayed presentation is exacerbated when parents have a primary level of education. The researcher noted that in the current study most participants had primary and secondary level of education. Three subthemes emerged from this theme as already indicated in chapter 3 namely; misinformation, parents waiting for testes to descend, and parental ignorance.

4.2.1 Misinformation

Misinformation was shown by the participants as a challenge that led to delayed seeking of health care intervention. Participants in the current study mentioned that they did not know that cryptorchidism could be corrected. Furthermore, participants alluded that they were misinformed and were told that the testis will descend, while some were advised to pull the testes down to the scrotum. The participants visited the traditional healers who also assured them that the testes will descend. A study conducted in Nigeria by Ekwunife (2018:207) indicated that parental misinformation on testicle descent is responsible for late health seeking. This statement is supported by 23.1% of parents who were misinformed that undescended testes could be corrected (Ekwunife 2018:207). Furthermore, the lack of health education on cryptorchidism attributed to late health care seeking behaviours, especially in Sub-Sahara Africa (Ekwunife 2018:208). Comparable to the study by Ekenze, Esom & Nwangwu (2018:297) additional factors for delayed presentation and treatment of cryptorchidism in adolescents is lack of information. However, Shitta, Peter, Dung, E.D., Shillong, Ale, Isichei, Ojo, Misauno, and Chirdan (2020:87) reported that misinformation of the population by primary healthcare providers is the main reason for discrepancy. In developed countries with a high level of awareness, presentation and correction before the age of 2 years is common (Shitta et al. 2020:87), on the contrary late presentation with undescended testes is frequently seen in environments with poor awareness about the condition and misinformation from the first contact person, either healthcare personnel or family members (Shitta et al. 2020:87-88).

4.2.2 Parents waiting for the testes to descend

Some participants reported that they were aware that their children's testes were not in the scrotum but they were hoping that testes would eventually descend. They were also misled by the experiences of others who indicated that their sons' testes descended on their own. The health education was also provided where participants were discharged and told to bring their children back for correction which they ignored as they were wating for the testes to descend. In a study conducted in Sudan, Alawad et al. (2015:48)) showed that cryptorchidism presents as a true problem in Africa. Furthermore, there are various sociocultural factors that lead to late health seeking (Alawad et al., 2015:48). Sociocultural factors included the parents awaiting the testicle to descend, socio-economic status, illiteracy or negligence, lack of laparoscopic equipment and skills (Alawad 2015:48). In this study participants reported delayed health seeking because they were waiting for testes to descend which is in line with the study conducted by Ekwunife et al (2018:207) that reported that about 14.3% of parents were aware that their children's testes were not in the scrotum but still believed that the testis will descend.

4.2.3 Parental ignorance

When parents miss clinic appointments, they deprive their children of healthcare opportunities; this contributes to rising healthcare costs and delayed health seeking. Supporting this statement, from the research interviews with the participants, parental ignorance was revealed by some of the participants that they were aware of empty scrotums and had knowledge about undescended testes. However, some participants decided to stay and not seek health care. Moreover, others brought their children for health seeking because of feelings of guilt. Parental ignorance and lack of health education has been attributed to influence health seeking behaviours in many disease conditions (Epkemo et al. 2019:17).

Parental ignorance concerning testicle descent is responsible for late presentation for health seeking (Ekwunife et al. 2018:209). A study conducted by Shitta et al (2020:443) advised that late presentation for correction or health seeking is attributed by parental ignorance about the pathology (undescended testes). Additionally, a study conducted in Northern Africa Rwanda, illustrated that 34.4% of patients with cryptorchidism were delayed due to ignorance while some were born at home and went unnoticed (Bonane, Nshimiyimana, Nzeyimana, Nyirimodoka, Muhawenimana, Hategekimana, and Rickard 2022:3).

4.3 Socio-cultural beliefs and practices

According to literature studies, various sociocultural factors contribute to delayed detection and presentation of cryptorchidism among teenagers (Jiang, Acevedo, Bayne, Austin & Seidemann. 2019:308). Even so, along the history of humankind there is a great symbolic value credited to the male sexual organ throughout different cultures (Fahmy 2022:12). The role of testes is primary biological (Fahmy 2022:12). Although it has been given a secondary role compare to a penis (Fahmy 2022:12). This is evident during the research interviews with the parents of adolescents with disorders of sexual development especially with an extra x or y chromosome (DSD46,XX/DSD46,XY) who had undescended testes but were admitted for chorde repair and gonadectomy. In the Ashanta region of Ghana where the matrilineal kinship system is still performed, grandmothers, mothers and community leaders make decisions in childcare, this includes child examination after delivery and sex assignment of the child (Ameyaw, Asafo-Agyei et al. 2019:637). Furthermore, the family and the community do this practice to assign sex that ensures acceptance of the infant (Ameyaw et al. 2019:637). In this current study parents seemed to be more concerned about the penis than the undescended testes. Based on one of the participants who brought the child because he had a small penis that was not growing after she decided to stop coming to the hospital and started consultations with the traditional healer, who told her there is witchcraft involved (Participant 12).

4.3.1 Cultural beliefs, consulting traditional healers and use of traditional medicines

In this current research study, some of the participants reported that it is part of their culture as the African people to take the child to a traditional healer after birth for examination. Participants alluded that as much as they acknowledge western medicine, they still have to practice their culture. This is due to the cultural priority that the parents of the adolescents ascribe to (Ekwunife et al. 2018:205). Ekwunife et al. (2018:205) mentioned that in a study conducted in Nigeria, communities believe that anything that is believed may affect procreation; parents need to see a traditional healer. According to the Muslim World League, views for sociocultural and religious reasons children with genitourinary anomalies this include cryptorchidism unilateral or bilateral and hypospadias should be brought up according to the appropriate sex of the child (Zainuddin et al. 2017:354), although those children could get surgical correction or medical treatment (Zainuddin et al. 2017:354).

The African population deeply relies on alternative medicine for health problems other than seeking medical care, therefore their children miss the opportunity for early detection and correction of cryptorchidism (Désiré et al. 2020:112). A study conducted in Northern Africa Rwanda indicated that causes for delayed presentation in adolescents with undescended testes are very diverse (Bonane, Nshimiyimana, Nzeyimana, Nyirimodoka, Muhawenimana, Hategekimana and Rickard 2022:3). Some of the most common causes for late health seeking in patients with undescended testes indicated that 9% were ignorance, 42% were due to shyness and others were delayed because they first consulted traditional healers for guidance (Bonane et al. 2022:3-4). From the literature it is evident that cultural beliefs and practices have influence on the decision-making regarding health seeking, especially where disorders of sexual development are involved. This research study revealed that participants believed cryptorchidism was a result of witchcraft. Participants consulted a traditional healer and started to take traditional medicine to make testes grow back in the scrotum, furthermore participants believed that cryptorchidism could be treated by traditional medicine. Participants consulted traditional healers to seek guidance, because they are believed to work in a spiritual realm.

4.3.2 Cultural taboos

In this research study participants mentioned that mothers of the adolescents are not allowed to examine or touch a child’s privates especially when the mother is on her menstrual period for at least a period of seven days. The participants alluded that even when they were involved in sexual intercourse both parents are prohibited to examine the child because it is believed that the child will get sick. In African countries mainly in Congo, factors leading to delay presentation include taboo on sex related illness (Désiré et al. 2020:112). Twenty seven percent of parents had other reasons ranging from fear and cultural taboos that were not disclosed (UDOSEN 2006). Furthermore, in this current study some participants mentioned that there are cultural taboos but they are not allowed to disclose them.

Socio-cultural constraints also mitigate against early presentation (Salako, Bodmus, Babalola, Igbokwe, David, Onyeze, Laoye and Akinbola 2020: 291). Although the reasons are unclear, it might be related to socio-cultural attitudes (Salako et al. 2020:292). A study conducted by Dar, Nazir, Lone, Sameen, Ahmad, Wani and Charoo (2018:775) showed that many patients present at a late age due to cultural taboos and ignorance existing in the society regarding disorders of sexual development. In some parts of India disorders of sexual development which includes undescended testes, hypospadias and others are treated late especially in communities with cultural taboos associated with conservation beliefs (Dar et al. 2022:775). In South Africa, minimal data exists on cultural taboos contributing to late health seeking amongst adolescents with cryptorchidism. From this current study it is evident that there are cultural taboos around undescended testes, although the participants are not comfortable to disclose them.

4.3.3 Decision making regarding health seeking for the child

In this study participants said that decision-making regarding health seeking for a child was a collective decision, participants had to consult with other family members when a child is born with anomalies. Therefore, as a family they make a collective decision to take the child to the traditional healer for guidance or to a health institution based on what they believed is the cause of the health condition at that time. Furthermore, in some families the father makes the final decision regarding health seeking for a child.

A study by Haskins, Grant, Phakathi, Wilford, Jama, &Horwood (2017:2) that included males and females from KwaZulu-Natal, South Africa, age 18-35 years old, was aimed at exploring and describing the knowledge, roles and factors that influence caregiver's decisions and practices about when and where to seek healthcare for an ailing child (Haskins et al. 2017:2). They mentioned that decision-making regarding health seeking for a child was not an individual effort but shared with others in the household (Haskins et al. 2017:2). Furthermore, it was guided by how the family perceived the symptoms (Haskins et al. 2017:2). Therefore, a child could be taken to a variety of places including hospital, traditional healers and faith healers (Haskins et al 2017:2).

A study conducted in United Kingdom by MacDonald (2020:89), posit that parents make health access decisions for the child when the child alerts them of the testicular problem especially when the child is in its puberty stage. Furthermore, the likelihood of the adolescent child being brought for health seeking depends on the parents' knowledge and previous health education regarding testicular problems (MacDonald 2020:90). In this current study it is evident that the father made the health care seeking decision based on his knowledge and previous experiences about the condition (cryptorchidism). Hence, parents delayed health seeking for their adolescents.

This current study revealed that most families had low socio-economic status and primary education. The participants expressed that they had to travel for long hours to access healthcare for their children. Some participants had to travel for more than 6 hours to seek health care. A study conducted in Nepal by Pokhrel and Sauerborn (2004:226) suggested that the socio-economic status, level of education and travel time to the nearest health establishment had a significant impact on decision-making for health seeking of a child. Additional in families with low household income, is the low level of education and long distance to access care, causing parents to delay health seeking for their children.

4.4 Lack of resources

This theme revealed more on how parents perceived lack of resources as a contributing factor to late health seeking for their children. In a resource poor setting, access to optimal urology care is often limited. The insufficiency of financial and human resources, inadequate support and service difficulties contribute to late presentation (Salako, Bodmus, Babalola, Igbokwe, David, Onyeze, Laoye and Akinbola 2020: 291). According to the World Health Organisation, 2 billion people around the world are estimated to have inadequate access to surgical care (Funk, Weiser, Berry, Lipsitz, Merry, Enright, Wilson, Dziekan and Gawande 2010:1055; Mavhungu, Jonas and Van As 202: 1122). Although surgical care is an integral part of the health system, there are still delays due to multiple reasons such as scarcity of resources, which is common even in developed countries (Mavhungu et al. 2021:1122).

4.4.1 Lack of specialised health care practitioners

Lack of specialised health care practitioners especially urologists in the public sector is one of the contributing factors to delayed health seeking among adolescents with cryptorchidism. Lack of specialised healthcare practitioners was shown by some of the participants revealing that their children were mis-diagnosed by doctors and nurses on their first consultation. This is similar to a study conducted in Rwanda by (Bonane et al 2022:8), the study revealed that several patients who came late for presentation and correction were due to having been mis-diagnosed on the first contact with a medical practitioner.

A study done in South Africa by Porter, Bezuidenhout, du Doit and Adefuye (2018:214) shows that hospitals, especially in rural areas are run by general practitioners and non-clinical physicians. Many lack specialised skills in areas like urology, surgical and vascular illnesses (Porter et al 2018:214). Due to the absence of specialists, general practitioners are tasked with the responsibility of providing primary surgical care (Porter et al. 2018:215). However, the concern is South African general practitioners who do not have essential surgical skills required to deliver a professional service in a rural setting (Porter et al. 2018:215). In this current study participants mentioned that there is a lack of specialised health care practitioners especially urologists. Participants In this research study presented late due to either the referring district hospital that has no urologist or their children who were misdiagnosed or parents who were given wrong health education . Again, most of the participants who took part in this research study, were from rural areas of Mpumalanga Province, this suggests that in South Africa there is still a lack of skilled health care practitioners, especially in rural areas (Cullinan 2006:2). . The participants elaborated further that the general practitioners could not assist them because they were not urologists. In low-income countries, surgeons face poor access to training, to hospitals with good equipment and staffing (de Vries 202:1).

In this study it has been noted that most children were misdiagnosed on the first consultation with a healthcare practitioner. Also, cryptorchidism was later discovered because of complications that arose from the condition. Furthermore, participants were given health education without a time frame. Moreover, the study results revealed that other reasons for delay presentation was that the first contact medical practitioner could not operate and correct the condition, due to the fact that he or she was not a urologist. In a research study conducted by Porter et al. (2018:215) seventy eight percent of general doctors indicated a need in Continuous performance development for urological procedure such as scrotal explorations, orchidectomies, orchiopexy and circumcisions. A study done in Italy showed that in most under-resourced countries, pediatric urology surgeries are limited to certain procedures (Lelli Chiesa, Osman, Aloi, Andriani, Benigni, Catucci, Giambelli, Lisi, Nugud, Presutti, and Prussiani, 2020:4). Most urology anomalies are often missed in the early year of life and later managed by the adult urologists when symptomatic (Lelli Chiesa et al. 2020:4). Such conditions include hydroceles, hypospadias, cryptorchidism etc. (Lelli Chiesa et al. 2020:5).

4.4.2 Lack of theatre time

Participants in this current study mentioned that their children were delayed for health seeking because surgeries were postponed due to the lack of theatre time. Some mentioned that after their children were admitted and it happened that the surgery was cancelled, they had to wait for long periods to get the next available date. A study conducted by Idiodi-Thomas, Ademuyiwa, Elebute, Alakoloko and Bode (2016:21) in resource limited parts of Africa, where there is already a scarcity of specialist surgeons in urology conditions, children are often delayed for surgical correction. Their study continued to posit that since boys with cryptorchidism and hypospadias are in relatively good health, they are least prioritised, especially in a setting of limited theatre time and space compared to emergency paediatrics and adult surgeries (Idiodi-Thomas et al. 2016:21). The study cited that the most contributing factor for delayed health seeking is the unavailability of theatre time (Idiodi-Thomas 2016:22).

Furthermore, another factor that further reduce the theatre time and space is the spill over of emergency cases (Idiodi-Thomas 2016:22). These emergency cases spill over into elective theatre time doubled with the limitation of insufficient theatre staff (Idiodi-Thomas 2016:22). According to the researcher’s observation and experiences at the research site institution, all the pediatric urology cases are allocated on a specific date in a week, which is Mondays. At

15:00 there is no elective case that is wheeled to theatre unless it is regarded as emergency then it will be prioritised to the emergency list. If a child falls off that elective list for the day, he is then re-scheduled for re-admission with a date or to be phoned with a new admission date, which does not guarantee an early date for surgical correction.

4.4.3 Long waiting list

Adolescents are dependent on their primary care givers for all their aspects of health, including access to health, advice and attitudes (MacDonald 2020:87). The current study alluded that participants had to wait for more than a year or more to be booked for theatre. Other participants mentioned that their children's surgery was cancelled due to the shortage of resources, broken operating equipment or operating doctors being sick and no one to operate. The most common paediatrics urological conditions in both high- and low-income countries are undescended testes, hydrocele and hypospadias (de Vries 2022:1). A 2018 study estimate of surgical backlogs of urological cases in African countries was for cryptorchidism (de Vries 2022:2). In Nigeria, especially in low-income communities backlogs are mostly in urological conditions. The backlog for surgery can be shocking with the waiting times for orchidopexy (de Vries 2022: 2). Furthermore, in Kenya the waiting time for surgery is longer than 70 months (de Vries 2022: 2).

This is similar to a study conducted by Ekwunife et al. (2018:209) where some of the reasons for delayed presentation included insufficient man power, insufficient theatre time and ineffective operating times. Furthermore, he indicated that some parents delayed their children's treatment because of family conflicts, traveling money and some parents gave up because of being sent up and down (Ekwunife et al. 2018:209). This is comparable to the current study, participants indicated that they decided to sit at home because they were being sent up and down without help.

4.4.4 Socio-economic status of the participants

In this study participants revealed that they could not afford private care for their children, even though they wished to take their children there. Even those who could afford private surgical care, only took them to general practitioners. Furthermore, from the transcripts it is evident that participants were referred from one public health institution to another, thus suggesting that participants could not afford private care. A study conducted in Turkey posit that the rate of delayed diagnosis of undescended testes in children between the ages of four and 13 years was 59.4% (Turk, Karaca, Edirne & Bilen 2013:40). The most important reason for such a number of delayed cases reported in the study was low family socioeconomic status (Turk et al. 2013:40). In this current study it is noted that most parents fell under the low socioeconomic class based on the demographic information provided by the participants.

Participants had low paying income jobs, such as taxi driving, domestic work while others were unemployed. Their level of education ranged from primary education, secondary and post-secondary level of education. This contributed to a lack of awareness about the condition (Yang, Wen, Lin, Liu, Zhang, Liu, Wu, Wei, He and Hua 2022:201). A study conducted in Asia postulated that children with cryptorchidism from families of low socioeconomic status, were brought late for health seeking and surgical correction (Yang et al., 2022:202). Likewise, a study conducted in China by Zhao. Liu, Wei, Wei, Tang, Shen, Long, Lin, Wu and Wei (2019; 305) aimed at understanding Clinical and socioeconomic factors associated with delayed orchidopexy in cryptorchid boys in China. Zhao et al., (2019:305) cited that children from families without health insurance were more likely to be brought late for health seeking. Furthermore, the study suggested that children living in low socio-economic and poverty-stricken areas were at higher risk of delaying health seeking. In This study participants expressed that they wanted to take their children to private care but could not afford it.

4.5. CONCLUSION

In this chapter, research findings were discussed in relation to literature review . In the subsequent chapter, which is chapter 5, a summary of findings, limitations, recommendation and the conclusion were presented.

CHAPTER 5

CONCLUSSION, STUDY LIMITATIONS, AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter, the findings of the study are summarised, limitations of the study were revealed, while recommendations and the conclusion were presented.

The research study was conducted at a selected academic hospital in Tshwane district. The purpose of the study which was: “to explore and describe parents] perspective on socio-cultural beliefs and practices contributing to delayed health seeking amongst adolescents with cryptorchidism in a selected hospital in Tshwane district”. The study revealed that there are different sociocultural beliefs, practices, and sociocultural factors that contribute to delayed health seeking amongst adolescents with cryptorchidism.

A qualitative, exploratory-descriptive and contextual research design was employed. The research question was “What are the parents’ perspectives on sociocultural beliefs and practices that contribute to delayed health seeking amongst adolescent boys with cryptorchidism who present at a selected hospital in Tshwane District”? The study focused on parents and guardians of adolescents aged 10-19 years old, who sought healthcare at a selected academic hospital in Tshwane. Participants were purposively selected as they were booked at the urology clinic or at the urology ward for admission. Semi-structured interviews were conducted on face-to-face encounter, with the participants who met the inclusion criteria. The research interviews were then transcribed using the verbatim method. The interviews were thereafter compared with the audio-recordings and field notes.

The findings of the study are outlined below according to research themes and subthemes.

5.2 SUMMARY OF FINDINGS

5.2.1 Lack of knowledge

These findings suggested that parents delayed health seeking for their children as they were misinformed about the condition. The findings continued to show that parents still lack knowledge that cryptorchidism can be corrected at the earliest age of childhood. Furthermore, the study findings revealed that most of the parents lacked knowledge. The study revealed that most parents delayed health seeking, because they believed the testes would descend. The study results suggested that participants were misled by doctors, nurse and traditional healers. Participants were told that the testes would descend without a time frame.

The study results posit that the participants delayed health seeking because they did not consider cryptorchidism to be a serious condition. While some were given the correct health education, they decided not to seek medical attention early. The study also revealed that participants brough their child for health seeking late because of the complications such as pain and swelling caused by cold weather. Lastly, participants brought their children because of feelings of guilt. Participants believed that, the children will blame them in future if they encounter problems relating to their fertility.

5.2.2 Sociocultural beliefs and practices

The study results proposed that, participants were delayed by their cultural beliefs about the condition. Participants believed that a child after birth should be taken to a traditional healer for full assessment of everything. Furthermore, participants believed that cryptorchidism was a result of witchcraft; therefore, a child born with undescended testes was taken to a traditional healer for guidance and treatment. Participants also reported that health seeking decision for a child, was a shared effort. The condition of a child was discussed by the family and then the health-seeking decision was guided by how the family perceived the illness or condition.

The study also revealed that health-seeking decision was discussed between parents but the father made the final decision. Participants reported that there were cultural taboos that prohibit them from doing a scrotal examination of the child, because was believed that the child will get sick. Additionally, participants revealed that women were not allowed to disclose information concerning the cultural practices. The study showed that participants resort to western medicine interventions as the last option because of futile guidance from the traditional healer.

5.2.3 Lack of resources

Participants reported that they were turned away because there were no resources. Resources such as operating equipment which were broken, shortage of equipment was reported and doctors being sick, so there was no one to operate and on the side of the participants, they could not afford private care. Therefore, they got demotivated to come early to seek medical attention. It is evident that scarcity of resources had a positive contribution to delayed health seeking.

The study revealed that the participants delayed health seeking, due to the scarcity of specialised doctors to operate their children. Participants were referred from one institution to another to get assistance; participants were referred from as far as Mpumalanga to Tshwane academic hospitals. Furthermore, some of the children were misdiagnosed from the first contact with a healthcare practitioner. The parent would therefore take the child back home until complications arose when they would get the right diagnoses. Additionally, the results revealed that as much as some seek health assistance early the general practitioners could not assist them. Furthermore, due to parents not having health insurance, they had to wait for the next available booking in the public institutions.

5.3 STUDY LIMITATIONS

5.3.1 The research sites

The study results may not be generalised to all provinces in South Africa because the study was conducted in a single health institution in Gauteng province.

5.3.2. RESEARCH METHODOLOGY

5.3.2.1.Eligibility criteria

The study only focused on parents or guardians of adolescents aged between 10-19 years old seeking medical attention or waiting for surgical correction. If the researcher expanded the scope and included all the parents or guardians of children from the age of 2 years, they are considered late for surgical correction according to the guidelines.

5.3.2.2. population

The researcher focused on one institution. If the researcher extended the invitation to other health institutions. Additionally, the sampling method, the researcher focused only on the participants she deemed as knowledgeable about the research question.

5.3.3 Language

Although the researcher was fluent in all South African languages, translation of some of the transcripts from Nguni and Sotho might have diluted the meaning of the participant's perception. In addition, some of the participants were not fluent in English nor in any South African languages.

5.4 RECOMMENDATIONS

Lack of knowledge, parental ignorance, lack of skilled practitioners and cultural beliefs around the condition have contributed negatively to early health seeking amongst adolescents with cryptorchidism. To address the identified challenges, the following recommendations are made:

5.4.1 Nursing practice

- Incorporating of cultural beliefs and sensitive health education to parents on scrotal examination, during immunisation and weight monitoring of male infants throughout primary healthcare visits.
- Provision of health education for mothers during antenatal and postnatal follow-up visits about cryptorchidism and the timeframe on health seeking.
- Nurses to encourage parents or guardians to bring children for correction although they still consult traditional healers.
- Nurses to educate parents on the possible complications of cryptorchidism if left uncorrected within the recommended age.
- Equip parents on how to do a genitourinary assessment, to assess any anomalies.

5.4.2 Nursing education

- Nursing education institutions to teach student nurses during their tertiary training to do a detailed new born genitourinary system examination at birth, 6 weeks, 6 months and 12 months.
- Involvement of traditional healers, community leaders and fathers to be educated about cryptorchidism and its possible complications.
- Higher education institution to incorporate health education on undescended testes, benefits of early correction and complication if left uncorrected through school health and community outreach programmes, especially in rural areas.

5.4.3 Policy development

- The Department of Health should make a genitourinary examination mandatory and incorporate it with infant immunisations, IMCI and monthly weight monitoring for the first 2 years of life of the child.
- The government should create and subsidise health programmes such as cryptorchidism marathons, where male children are brought in for screening and surgical correction to elevate the theatre backlogs.
- The government should incorporate circumcision programmes with assessment of cryptorchidism.
- Provision of health education through media such as social media, TV health adverts and radio adverts to convey the message about cryptorchidism.

5.4.4 Further research

- Further research studies are necessary regarding health care seeking behaviours and cultural beliefs and practices leading to delay for early correction.
- Further research is necessary on the implications of delayed health seeking amongst children with cryptorchidism to the health care system budget.

5.5 CONCLUSION

Adolescents are dependent on their parents for health care seeking. Therefore, for health care seeking to improve among adolescents with cryptorchidism, it is important that our communities are well educated on the condition and its implications. The study revealed that participants lacked knowledge about the condition (undescended testes) and its implications therefore, they delayed early health seeking for correction. The result of the study continued to show that even participants who were knowledgeable about the condition did not take it seriously. Furthermore, the study showed that participants were ignorant of the condition until complications arose. Some parents were persuaded by guilt feelings, because they did not want to be blamed by their children that they had neglected them.

The study results alluded that health seeking was a collective decision, especially when genital anomalies were involved. The father makes the final decision when it comes to the health of the child. Furthermore, cryptorchidism was believed to be a result of witchcraft. The participants consulted a traditional healer to seek guidance and medicine to correct the condition.

The study also revealed that health care practitioners needed training in diagnosing and referring children with cryptorchidism, due to the fact that some participants were delayed by healthcare practitioners misdiagnosing their children and others giving health education without time frames. The study also brought insight on the shortage of specialised doctors, which contribute to delayed health seeking, for early surgical correction. A culturally sensitive and appropriate method is needed to encourage parents and guardians to take their children for early health seeking.

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ANNEXURES

ANNEXURE A: INTERVIEW SCHEDULE.

Demographic data
Age Relationship to adolescent Literacy level Employment status Religion Province

Interview questions
➢ So, tell me, what do you understand about your child's condition (undescended testicle)? ➢ How did you find out that your child has an undescended testicle? ➢ Are there any sociocultural beliefs or practices that prohibit you as a parent from performing a scrotal examination? Tell me more about those beliefs and practices. ➢ In your own view did sociocultural beliefs and practices delay you from seeking health care? ➢ Except from your beliefs and practices are there any other reasons for seeking health care late. Please tell me more about them. ➢ Is there any information that you would like to tell me about, that we did not cover in the questions?

ANNEXURE B: PARTICIPANT INFORMATION AND INFORMED CONSENT DOCUMENT

ICD 1A

PARTICIPANT'S INFORMATION & INFORMED CONSENT DOCUMENT

STUDY TITLE: PARENTS' PERSPECTIVE ON SOCIOCULTURAL BELIEFS AND PRACTICES CONTRIBUTING TO DELAYED HEALTH SEEKING BY ADOLESCENTS WITH CRYPTORCHIDISM PRESENTING AT A SELECTED HOSPITAL IN TSHWANE

Sponsor: Self-funding

Principal Investigators: Khumalo Ayanda

Institution: University of Pretoria

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime number/s: 0798445377

Afterhours number: 0798445377

DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:

date	**month**	**year**

:
Time

Dear Prospective Participant

Dear Mr. / Mrs. ....

1) INTRODUCTION

You are invited to volunteer for a research study. I am doing research for a Master's degree purpose at the University of Pretoria. The information in this document is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this document, do not hesitate to ask the researcher. You should not agree to take part unless you are completely happy about all the procedures involved.

2) THE NATURE AND PURPOSE OF THIS STUDY

To explore and describe parents’ perspective on sociocultural beliefs and practices that contribute to delayed health seeking amongst adolescent boys with cryptorchidism who present at a selected hospital in Tshwane District.

3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPEXTED FROM PARTICIPANTS.

This study involves answering some questions with regarding to sociocultural beliefs and practices contributing to delayed health seeking among adolescents with cryptorchidism. No tests will be done in this study data will be collected using face to face individual semi-structured interviews.

4) POSSIBLE RISKS AND DISCOMFORTS INVOLVED

There are no medical risks associated with the study. The only possible risk and discomfort involved is emotional challenge. Participants will be referred to a social worker or psychologist if the need should arise.

5) POSSIBLE BENEFITS OF THIS STUDY

Although the research study may not benefit the participants directly, the study results may help us to improve health education given to mothers and adolescents on physical scrotal examination to detect undescended testes. The result may benefit the adolescents and their families by equipping them with health education on physical scrotal examination to detect and seek medical attention early for correction to minimise the risks that come with late health seeking in adolescents with cryptorchidism. The hospital will benefit by using the results/findings to inform the health care practitioners in the communities about information and how to follow up these babies with undescended testis to have early intervention/ timeous intervention or correction. Furthermore, the findings of the study can contribute to increasing avenues to reach out to children with cryptorchidism for early correction, this will minimise the cost spent in treating infertility, testicular tumours and laparoscopic investigations which are related to late correction of cryptorchidism.

6) COMPENSATION

You will not be paid to take part in the study. There are no costs involved for you to be part of the study.

7) YOUR RIGHTS AS A RESEARCH PARTICIPANT

Your participation in this trial is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. Your withdrawal will not affect your access to other medical care.

8) ETHICS APPROVAL

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2013), which deals with the recommendations guiding doctors in biomedical research involving human/subjects. A copy of the Declaration may be obtained from the investigator should you wish to review it.

9) INFORMATION

If I have any questions concerning this study, I should contact:

Dr Bhana-Pema. (supervisor) tell: 012 354 1773 or research student Mrs. A.P Khumalo cell: 0798445377

10) CONFIDENTIALITY

All information obtained during the course of this study will be regarded as confidential. Each participant that is taking part will be provided with an alphanumeric coded number, e.g. A001. This will ensure confidentiality of information so collected. Only the researcher will be able to identify you as participant. Results will be published or presented in such a fashion that patients remain unidentifiable. The hard copies of all your records will be kept in a locked facility at the Nursing department, The University of Pretoria.

11) CONSENT TO PARTICIPATE IN THIS STUDY

- I confirm that the person requesting my consent for my child to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study.
- I have also received, read and understood the above written information about the study.
- I have had adequate time to ask questions and I have no objections to participate in this study.
- I am aware that there will be a voice recording of information during individual interviews and there will be no name attached to the recording except the pseudonym assigned to me.
- I am aware that the information obtained in the study, including personal details and the voice recordings, will be anonymously processed and presented in the reporting of results.
- I understand that I will not be penalized in any way should I wish to discontinue with the study and that withdrawal will not affect my further treatments.
- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

______________________________	______________________
Participant's name (Please print)	Date
______________________________	______________________
Participant's signature	Date
______________________________	______________________
Researcher's name (Please print)	Date
______________________________	______________________
Researcher's signature	Date

AFFIRMATION OF INFORMED CONSENT BY AN ILLITERATE PARTICIPANT

(If suitable)

I, the undersigned, ……………………………………….., have read and have explained fully to the participant, named ……………………… the informed consent document, which describes the nature and purpose of the study in which I have asked the him/her to participate. The explanation I have given has mentioned both the possible risks and benefits of the study. The participant indicated that he/she understands that he/she will be free to withdraw from the study at any time for any reason and without jeopardizing his/her standard care.

I hereby certify that the patient has agreed to participate in this study.

______________________________	__________________________
Participant's name (Please print	Date
______________________________	__________________________
Participant's signature	Date
______________________________	__________________________
Investigator's Name (Please print)	Date
______________________________	__________________________
Investigator's Signature	Date
______________________________	__________________________
Name of the person who witnessed the informed consent (Please print)	Date
______________________________	__________________________
Signature of the Witness	Date

ANNEXTURE B1: ASSENT FORM

ICD 1C

INFORMATION AND ASSENT DOCUMENT FOR 7-18 YEARS

STUDY TITLE: PARENTS PERSPECTIVE ON SOCIOCULTURAL BELIEFS AND PRACTICES CONTRIBUTING TO DELAYED HEALTH SEEKING BY ADOLESCENTS WITH CRYPTORCHIDISM PRESENTING AT A SELECTED HOSPITAL IN TSHWANE

Principal Investigator: Mrs A.P Khumalo

Supervisor: Dr V. Bhana-Pema

Institution: University of Pretoria

Daytime telephone number/s: 0798445377

Date and time of informed consent discussion:

Date	**Month**	**Year**

:
Time

1) INTRODUCTION

My name is AP Khumalo and my job is to do research on children with undescended testes. I want to know your parent’s perspective on sociocultural beliefs and practices contributing to delayed health seeking among adolescents with undescended testes.

I am going to explain this research to you and invite your parent or guardian to be part of this research study. You can choose whether or not you want your parent or guardian to use your information to participate in this study. We have discussed this research study with your mom /dad/legal guardian and they know that we are also asking for your permission. If you allow the researcher to use your information for the study, your mom/dad/legal guardian also has to agree. But if you do not wish to participate, you do not have to.

You may discuss anything on this form with your mom/dad/legal guardian or friends. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately.

There may be some words you don't understand or things that you want me to explain to you. Please ask me to stop at any time and I will explain.

2) WHAT IS RESEARCH?

Research is what we do to find new knowledge about subjects (and people). We use research studies to help us find more information about a disease or illness. Research also helps us to find better ways of treating children who are sick.

3) WHY HAVE I BEEN INVITED TO TAKE PART IN THIS RESEARCH PROJECT?

You were diagnosed with undescended testes.

4) WHO IS DOING THE RESEARCH?

We the researchers Professional Nurse.

5) WHAT WILL HAPPEN TO ME IN THIS STUDY?

We are going to ask your mom/dad/legal guardian questions about your condition. No tests or examinations will be done to you.

6) CAN ANYTHING BAD HAPPEN TO ME?

Nothing bad can happen to you because of this research study. There will be no pain. Your parent or guardian will have to answer questions about your condition.

7) ETHICS APPROVAL

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, Medical Campus, Tswelopele Building, Level 4-59, Telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee.

8) WILL ANYONE KNOW I AM IN THE STUDY?

Only the study personnel will know that your information is used in the study. Your parent or guardian will be assigned an anonymous number so they don't mention your name in the study.

9) Who can I talk to about the study?

Mrs A.P Khumalo. Telephone number:0798445377

10) WHAT IF I DO NOT WANT TO DO THIS?

You do not have to participate in the study, even if your mom/ dad/ legal guardians have signed consent that you can participate.

You can also withdraw from the study at any time without getting into trouble.

You must just remember that your parent or guardian will use your information to participate in the study.

11) CONSENT TO PARTICIPATE IN THIS STUDY

Do you understand this research study and are you willing to let your parent or guardian use your information to participate in the study?

☐ YES ☐ NO

Do you understand that your parent or guardian will use your information to participate in the study?

☐ YES ☐ NO

Has the researcher answered all your questions?

☐ YES ☐ NO

Do you understand that you can pull out of the study at any time without any one consequence?

☐ YES ☐ NO

You don’t have to give us your answer now, take your time and read the rest of this form before you decide.

If you sign at the bottom, it will mean that you have read this paper, and that you would like to be in this study.

	Your Name	**Person Obtaining Consent**	**Parent / Guardian / Nurse As Witness**
Name Please Print			
Signature			
Date			

ANNEXURE C: LETTERS OF APPROVAL

100
UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

www.up.ac.za

Faculty of Health Sciences
School of Health Care Sciences
Room 3-75. HW Snyman North
University of Pretoria,
Private Bag X323
ARCADIA
0007
Tel: 012 356-3233
Joyce.mothabeng@up.ac.za

25 March 2021

Faculty Ethics Committee

Faculty of Health Sciences

University of Pretoria

To whom it may concern,

Evaluation of a protocol for the following student:

Student Khumalo AP - Department of Nursing Science (MNurs); student number: 10183044

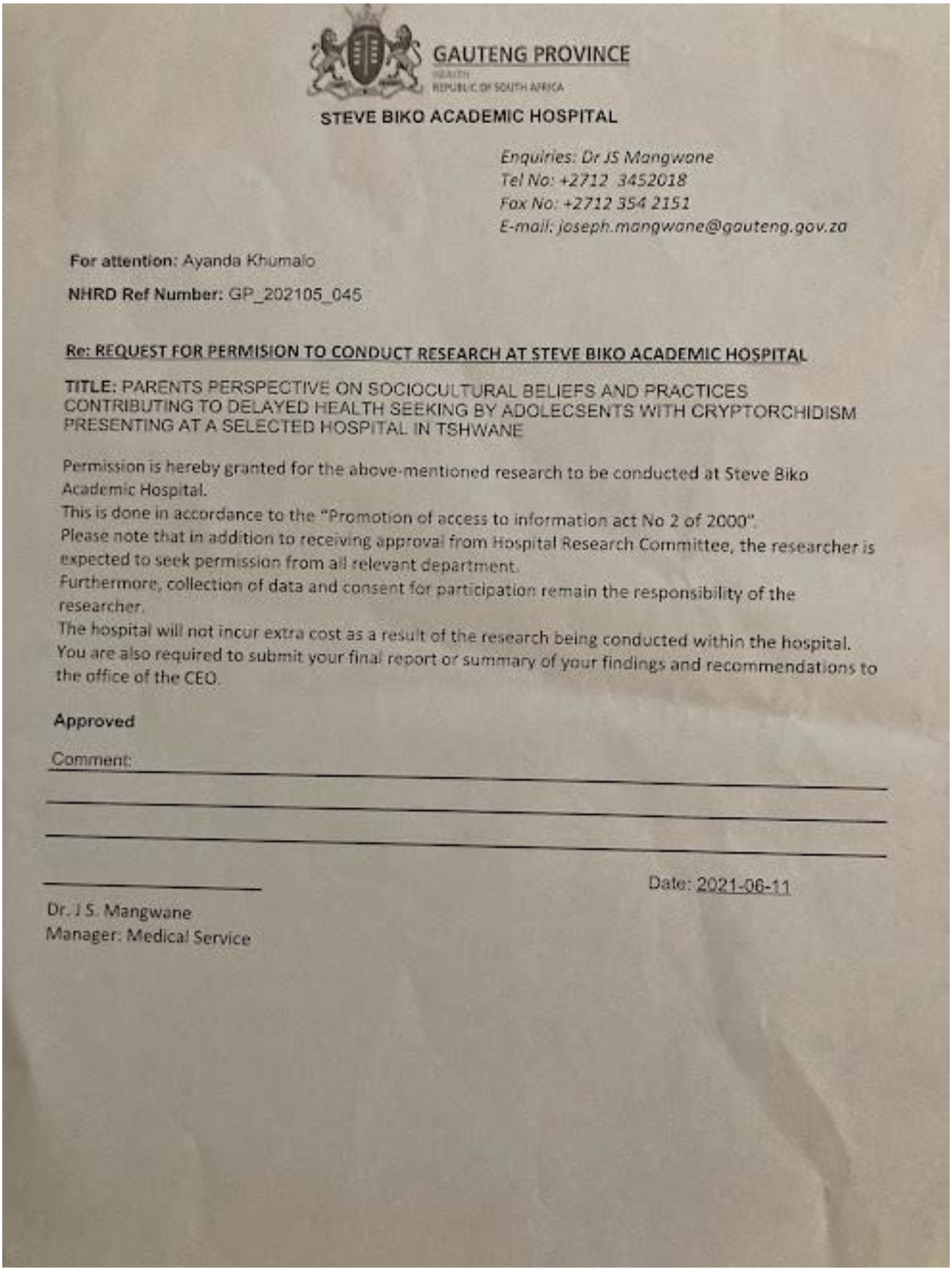
Title: Parents perspective on sociocultural beliefs and practices contributing to delayed health seeking by adolecsents with cryptorchidism presenting at a selected hospital in Tshwane

This letter serves to confirm that the above mentioned protocol was discussed by the Postgraduate Committee of the School of Health Care Sciences during the On- line meeting of 17 February 2021.The proposal was accepted with minor changes, and the corrections were effected. It is hereby referred to your committee for ethical clearance.

Sincerely yours,

Professor DJ Mothabeng

Chairperson: Research and postgraduate committee
School of Health Care Sciences



GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

STEVE BIKO ACADEMIC HOSPITAL

Enquiries: Dr JS Mangwane
Tel No: +2712 3452018
Fax No: +2712 354 2151
E-mail: joseph.mangwane@gauteng.gov.za

For attention: Ayanda Khumalo

NHRD Ref Number: GP_202105_045

Re: REQUEST FOR PERMISION TO CONDUCT RESEARCH AT STEVE BIKO ACADEMIC HOSPITAL

TITLE: PARENTS PERSPECTIVE ON SOCIOCULTURAL BELIEFS AND PRACTICES CONTRIBUTING TO DELAYED HEALTH SEEKING BY ADOLECSENTS WITH CRYPTORCHIDISM PRESENTING AT A SELECTED HOSPITAL IN TSHWANE

Permission is hereby granted for the above-mentioned research to be conducted at Steve Biko Academic Hospital.

This is done in accordance to the "Promotion of access to information act No 2 of 2000".

Please note that in addition to receiving approval from Hospital Research Committee, the researcher is expected to seek permission from all relevant department.

Furthermore, collection of data and consent for participation remain the responsibility of the researcher.

The hospital will not incur extra cost as a result of the research being conducted within the hospital.

You are also required to submit your final report or summary of your findings and recommendations to the office of the CEO.

Approved

Comment: ______________________________

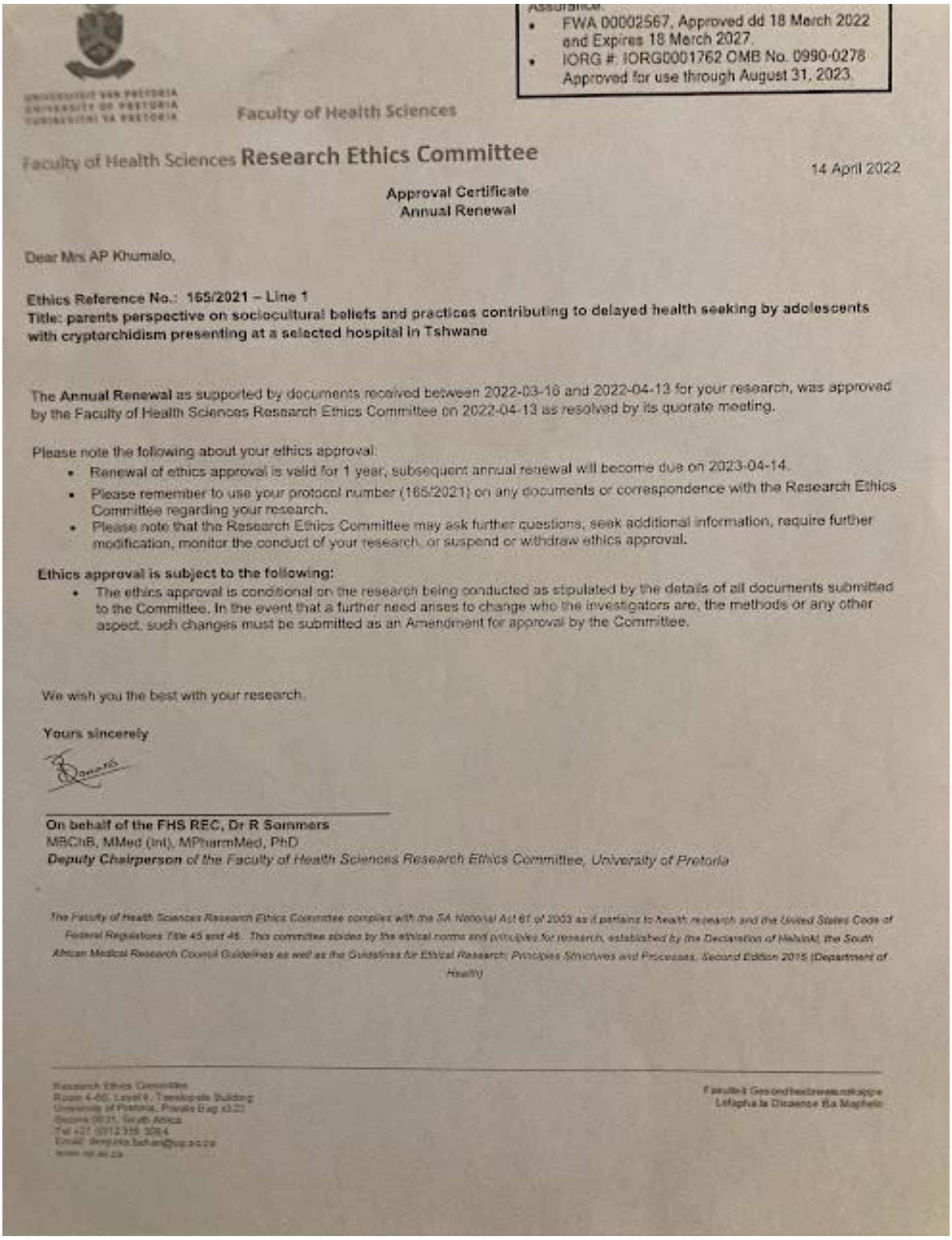
____

____

____

Date: 2021-06-11

Dr. J S. Mangwane
Manager: Medical Service



Assurance.
- FWA 00002567, Approved dd 18 March 2022 and Expires 18 March 2027.
- IORG #: IORG0001762 OMB No. 0990-0278 Approved for use through August 31, 2023.

Universiteit van Pretoria
University of Pretoria
Yunibesithi ya Pretoria

Faculty of Health Sciences

Faculty of Health Sciences **Research Ethics Committee**

14 April 2022

Approval Certificate
Annual Renewal

Dear Mrs AP Khumalo,

Ethics Reference No.: 165/2021 – Line 1
Title: parents perspective on sociocultural beliefs and practices contributing to delayed health seeking by adolescents with cryptorchidism presenting at a selected hospital in Tshwane

The **Annual Renewal** as supported by documents received between 2022-03-16 and 2022-04-13 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2022-04-13 as resolved by its quorate meeting.

Please note the following about your ethics approval:
- Renewal of ethics approval is valid for 1 year, subsequent annual renewal will become due on 2023-04-14.
- Please remember to use your protocol number (165/2021) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

On behalf of the FHS REC, Dr R Sommers
MBChB, MMed (Int), MPharmMed, PhD
Deputy Chairperson *of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria*

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

Research Ethics Committee
Room 4-60, Level 4, Tswelopele Building
University of Pretoria, Private Bag x323
Gezina 0031, South Africa
Tel +27 (0)12 356 3084
Email: deepeka.behari@up.ac.za
www.up.ac.za

Fakulteit Gesondheidswetenskappe
Lefapha la Disaense tša Maphelo

ANNEXTURE C1: PERMISSION LETTER

ANNEXTURE C LETTER TO CEO

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Steve Biko Academic Hospital
Steve Biko and Malan Street,
Capital Park,
Pretoria 0001

School of Health Care Sciences
HW Snyman Building
Medical campus
31 Bophelo Road
Gezina
0001

Dear Madam

RE: OBTAINING PERMISSION TO CONDUCT RESEARCH IN THE OUTPATIENT AND IN-PATIENT UROLOGY DEPARTMENT

This letter is an appeal to request for permission for a Masters student currently enrolled at the University of Pretoria, to conduct a study in Steve Biko Academic Hospital at urology outpatient department. The researcher is permanently employed at Steve Biko academic Hospital. The tittle of the study is PARENTS PERSPECTIVE ON SOCIOCULTURAL BELIEFS AND PRACTICES CONTRIBUTING TO DELAYED HEALTH SEEKING BY **ADOLESCENTS WITH CRYPTORCHIDISM PRESENTING AT A SELECTED HOSPITAL IN TSHWANE**

A qualitative, explorative, descriptive and contextual research design will be used for the purpose of the study. The significance of the study is: Exploring and describing the beliefs and practices contributing to delayed health seeking amongst adolescents with cryptorchidism presenting at a selected hospital in Tshwane district will benefit the adolescent and their families by: equipping them with health education on physical scrotal examination to detect and seek medical attention early for correction. To minimise the risks that come with late health seeking in adolescents with cryptorchidism. The hospital will benefit by using the results/findings to inform the health care practitioners in the communities about information and how to follow up these babies with undescended testes to have early intervention/ timeous intervention or correction. Furthermore, the findings of the study can contribute to increasing avenues to reach out to children with cryptorchidism for early correction, this will minimise the cost spent in treating infertility, testicular tumours and laparoscopic investigations which are related to late correction of cryptorchidism.

The study population will be parents or guardians of adolescent boys aged between 10-19 years old, attending both in-patient and outpatient urology services at a selected academic hospital in Tshwane District. When the permission to conduct the study is granted, the research will schedule the meeting with the participants on available dates not to disrupt the hospital duties. The participants will give informed oral and written consent to participate in the study. The ethical principles will be observed all the time during the research process.

Data will be collected through face-to-face individual interviews in a private room, with the participants who gave consent to participate in the study. The data collected will be analysed using a thick narrative description. The results will be disseminated through publication in a peer reviewed journal publication. The dissertation copy will be submitted to the University library. The researcher will present the results in conference, seminars and also share with the hospital where the study was conducted.

The researcher kindly requested for permission to conduct the study in the facility and use the urology outpatient department as the research setting for the study. Kindly respond to this letter with a written letter of approval that will be sent to University of Pretoria Ethics Committee.

Kind regards

A.P Khumalo

ayandampo@gmail.com

ANNEXURE D: DECLARATION REGARDING PLAGIARISM AND ORIGINALITY

DECLARATION OF ORIGINALITY
UNIVERSITY OF PRETORIA

The Department of Nursing Sciences places great emphasis upon integrity and ethical conduct in the preparation of all written work submitted for academic evaluation.

While academic staff teach about referencing techniques and how to avoid plagiarism, you too have a responsibility in this regard. If you are at any stage uncertain as to what is required, you should speak to your lecturer before any written work is submitted.

You are guilty of plagiarism if you copy something from another author’s work (e.g., a book, an article or a website) without acknowledging the source and pass it off as your own. In effect you are stealing something that belongs to someone else. This is not only the case when you copy work word-for-word (verbatim), but also when you submit someone else’s work in a slightly altered form (paraphrase) or use a line of argument without acknowledging it. You are not allowed to use work previously produced by another student. You are also not allowed to let anybody copy your work with the intention of passing if off as his/her work.

Students who commit plagiarism will not be given any credit for plagiarised work. The matter may also be referred to the Disciplinary Committee (Students) for a ruling. Plagiarism is regarded as a serious contravention of the University’s rules and can lead to expulsion from the University.

The declaration which follows must accompany all written work submitted while you are a student of the Department of Nursing. No written work will be accepted unless the declaration has been completed and attached.

Full names of student: Ayanda Khumalo

Student number: 10183044

Topic of work: Parents’ perspective on sociocultural beliefs and practices contributing to delayed health seeking by adolescents with cryptorchidism presenting at a selected hospital in Tshwane

Declaration

1. I understand what plagiarism is and am aware of the University’s policy in this regard.

2. I declare that this dissertation is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.
3. I have not used work previously produced by another student or any other person to hand in as my own.
4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE: Ayanda P. Khumalo

ANNEXURE E: RESEARCH DECLARATION

1. I declare that this dissertation has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree. Except where stated otherwise by references or acknowledgement, the work presented is entirely my own.

2. I declare that there are no financial or personal interest for the researcher that could appear to influence the work reported in this dissertation or jeopardise the name of the university.

3. The information I furnished here in this application is correct to the best of my knowledge and I will abide by the stipulations of committee as contained in the regulations.

Signed: Ayanda Khumalo 22 November 2022

ANNEXURE F: PARTICIPANTS TRANSCRIPTS

Demographic data : participant 5
Age : 55 years old Relationship to adolescent Literacy level: primary education Employment status: self employed Religion: traditional African religion Province : Matibidi Mpumalanga

Interviewer	Participant
Tell me mama, what is it that you understand about your child's condition, in other words when you looked at your child what did you think, was the problem?	From the beginning, the doctor explained that my child had a problem, because he was unable to urinate.
Mmh, he was unable pass urine neh	Yes, he was unable to pass urine, the doctor referred us to Witbank Hospital
When was that?	28 July 2006
Oh, okay tell me more...	I was then admitted at Witbank for two weeks, they inserted pipes to help me to urinate, he was able to urinate and they discharged us but I'll take him for monthly follow ups. I think I did those follow-ups for about six months. From there they said I must wait until he is 7years old so they can operate him.
Were you aware that his scrotum was empty	Ja, his scrotum was empty and I was aware since he was young.
At what age maybe?	I realised the scrotum was empty after his birth. And I will ask myself why is the scrotum empty. When I was discharged to go home, as soon as I got home, I told the family the child has a ''bag''(scrotum) but there are no "eggs''(testes), they confirmed as well

	that it was indeed empty but they didn’t know where are the testes. We believe in traditional healers. We took the child to the traditional to get guidance why is the scrotum empty?
Yes, tell me more about that...	Ja, so we believe that ,in our culture the traditional healer must see a child after birth if there is something wrong and traditional healers, we started taking traditional medicine
How old was the child when you started with traditional medicine?	I think he was already two years old. So, I tried there, the traditional healer will continue saying that the child will have testes in his scrotum. Until the child was ten years old, I was like no man, I can’t keep on consulting the traditional healers although they help but they don’t have drips, so I started going to Rob Ferreira hospital.
Ow, yes	I think attended at Rob Ferreira about three years, that’s when I got bored, because they kept on saying their machines are broken, so I must keep on calling to check if they are fixed. So, I was like until when must I call you and why must it be me who constantly call you. I decided to go back to Witbank hospital and I explained to them the Rob Ferreira situation, they said we see you have been travelling up and down for a long time now mama, they book me a date for Steve Biko hospital. The same day, it was a Friday, they said we must come to Steve Biko OPD, so they can see the child.
Which week , this week or?	No, the week I was in Witbank
Do you remember in which year?	Eish let me see, it was 20...eish I don’t remember exactly.

Okay so you don’t remember?	Ja, I don’t remember , so that’s when I started attending clinic here at Steve Biko. Even here I think I came for almost four years. Last year 2020 if I remember correctly, it was the year he was supposed to be operated, but then there was covid, he was cancelled and march was supposed to be his operation date. They told us the Drs have Covid there’s no one to operate on him.
Jah...	I came back again this year march 2021, when I was here, they said they want to see how are the covid numbers, when can they squeeze him in but they won’t give us the exact date, they will call us to come back.
I think I remember him a little when I recall his name.	So that’s when they said it might take 2-3 months but they will start with children younger than him before they reach the late age but I stayed, shame. finally, they called on Thursday 3/11/2021to come for admission on the 4/11/2021 and it was Dr Dlamini.
So, it’s an old problem that you were aware of neh, and you even consulted the traditional healers as well neh	Ja, I was consulting traditional healers then Hospital because healers are not westernised, they don’t have other equipment such as drips
Thank you so much Mama for your time unless you have a question me	Aowa, I want to know is it done with his testis, they won’t have any function?
I’ll ask the Dr to explain more about that.	Thank you

Demographic data : participant 16
Age : 44years old Relationship to adolescent: Father Literacy level: secondary education Employment status: employed Religion: traditional African religion Province : Bushbuck ridge ,Mpumalanga

Interviewer	Participant
Hi daddy	Yebo Sister
As I have explained that everything, we going to discuss here is confidential and it will be recorded. Not your name or child's name will be attached to the information you are giving me.	
Tell me what is it that you understand about your child's condition?	My child is not in a good condition, I had to attend to dr's so they can assist us, so he can be okay.
Okay, what is the problem?	Right now, he has one testis?
When did you find out he has one testis?	I think when he was less than 5 years, when we consulted isangoma(traditional healer), they told us the testis will descend as he is growing
When did you consult?	We did research just after they said they will descend
Was the testis descended at birth?	Na, it looks like it was undescended
At home who checks and bath him?	His mother
Are there any cultural beliefs or practices where a mother is not supposed to touch or examine the child	Ja, but we went to a (N'anga) traditional healer those are the people who told us the testis will descend, but it didn't happen. So, we consulted another healer

	who works with (Tinhlolo)bones and animal shells to check what is the problem. So, he said it is very complicated he cannot assist us, only the western doctors can help us.
Okay, tell me more at what age maybe?	Maybe he was around 5 years old.
Okay I understand, how many times did you consult the traditional healer?	I think 2 times after the first one. So, the second one wanted to try to assist but weigh the options I was not okay about it, him helping. Although he did say that as much as we go to the western doctors, they might not help us and yes it happened we were cancelled. As you know others like saying they can help because they want money. I decided to come to hospital.
Okay malume its fine. Before you came to Steve Biko which hospital did you start at?	Matikwana, here are old appointment cards
Ow it was 2019.	Ja then they transferred us to Engodini (Themba hospital), then Themba referred us here at Steve Biko in 2020
So, from 2020 until now (today) were you waiting for the date or what was happening?	Here are the appointments date 12/2/2021 he was cancelled due to covid.22/5/2021 cancelled surgery was postponed. Until today they called him for admission 27/5/2022 for theatre on Monday
So, in all, you said you went for consultation at the witch doctor at first, and the 2nd traditional healer said he can't help you and the third one said he can help you but you decided to come to hospital Matikwana. Matikwana referred you to Themba an Themba referred you to Steve Biko. At SBAH you were cancelled two times before today's sate is that correct?	Yes, that's correct
Thank you malume, unless you have a question for me	No question
Thank you nakhensa swinene	Yebo

ANNEXURE G: CERTIFICATE OF EDITING

CERTIFICATE OF PROOFREADING AND EDITING

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PARENTS' PERSPECTIVE ON SOCIOCULTURAL BELIEFS AND PRACTICES CONTRIBUTING TO DELAYED HEALTH SEEKING BY ADOLESCENTS WITH CRYPTORCHIDISM PRESENTING AT A SELECTED HOSPITAL IN TSHWANE

By:
Ayanda Precious Khumalo
Student number: 10183044

SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE
MASTER'S DEGREE IN NURSING SCIENCES
In
Faculty of Health Sciences
UNIVERSITY OF PRETORIA
School of Health Care Sciences
Department of Nursing

Supervisor: Dr VM Bhana-Pema

Co-supervisor: Professor FM Mulaudzi

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This thesis has been edited for spelling, grammar, formatting and references; a print ready copy and Track changes copy will be forwarded to the student.

January 14, 2023