



New Emergency Management in a Resilience Era Facing Health, Climate and Energy Challenges

6th to 10th December 2021

Date and slot of presentation to be filled in shortly

Christopher Dick-Sagoe (University of Botswana)
Peter Asare-Nuamah (University of Environment and Sustainable Development)
Mokaloba Mokaloba (University of Botswana)

Research into the Potential Links Between Covid-19, Misinformation and the "Mismedication" in the Kingdom of Lesotho

- Outline of presentation
- Introduction
- Materials and methods
- Overview of COVID-19 Situation in Lesotho
- Protection Motivation theory
- Medicinal plant usage among rural folks in Lesotho
- Findings and discussion



Introduction

- The spread of misinformation about the COVID-19 pandemic causes fear and panic in the rural folks of Lesotho.
- This is deeply explained by the Motivation Protection Theory: Threat information creates fear and panic and makes people resort to easily available and cheap responses to deal with threats (Rogers, 1975).
- This has made the rural folks of Lesotho resort to the unscientific use of medicinal plants (mismedication) to treat and prevent COVID-19.
- This study is important because rural folks make up more than 70 percent of Lesotho's population (Dick-Sagoe et al., 2021).
- No attention was paid to mismedication during COVID-19.
- This study seeks to fill this gap.



Materials and methods

- Qualitative Study.
- Descriptive phenomenological research design was adopted (Lopez & Willis, 2004).
- The study made use of 50 rural folks in all the 10 districts of Lesotho.
- The study's instruments included a semi-structured interview guide.
- The data was analyzed using thematic analysis.

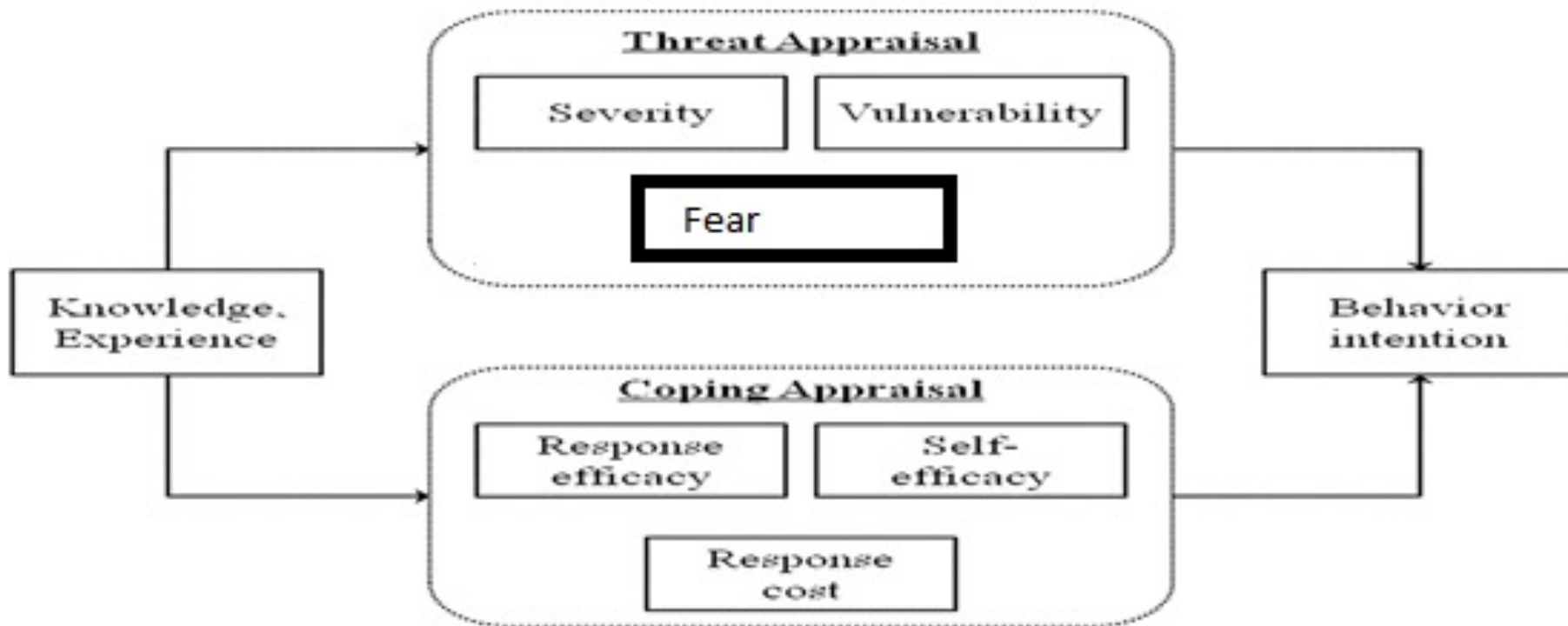


Overview of COVID-19 Situation in Lesotho

- Lesotho had four (4) confirmed Coronavirus illness (COVID-19) cases as on June 15, 2020 (Shale, 2020).
- On March 18, 2020, the government proclaimed a national emergency, which was followed by a mandatory shutdown of all non-essential services on March 29, 2020 (Shale, 2020).
- The lockdown was lifted on May 19, 2020, however rules requiring the use of masks in public places remain in place.
- Lesotho is vulnerable to COVID-19 because of its closeness to South Africa, socioeconomic ties between the two nations, and Lesotho's fragile health system, according to the Infectious Disease Vulnerability Index (at or below 40).



- Protection Motivation theory



Source: Adapted from Xiao, Li, Chen, Yu, Gao, Yan & Okafor (2014)



Research into the Potential Links Between Covid-19, Misinformation and the "Mismedication" in the Kingdom of Lesotho

• Medicinal plant usage among rural folks in Lesotho.

Vernacular / common name	Botanical name & (family)	Reasons for its use	Parts used	Preparation
Lesoko	<i>Alepidea cordifolia</i> B. E. van Wyk (Apiaceae)	Boost immunity	Roots	Dry, crush & cook
Garlic	<i>Allium sativum</i> L. (Alliaceae)	General wellbeing, boost immunity	Bulbs	Cut into pieces & cook
Konofoto	<i>Allium</i> spp. (Alliaceae)	Boost immunity	Leaves	Cut into pieces & cook
Lekhala la Quthing	<i>Aloe ferox</i> Mill. (Aloaceae)	Boost immunity, abdominal pains, rashes	Leaves	Extract juice & mix with water
Seholobe	<i>Aloe striatula</i> Haw. (Aloaceae)	Abdominal discomforts and pains	Leaves	Dry & immerse in water
Lengana	<i>Artemisia afra</i> Jacq. (Asteraceae)	Colds & flues	Leaves	Cook fresh leaves



Research into the Potential Links Between Covid-19, Misinformation and the "Mismedication" in the Kingdom of Lesotho

• Medicinal plant usage among rural folks in Lesotho... cont'd.

Phate ea ngaka	<i>Helichrysum caespititium</i> (DC.) Sond. (Asteraceae)	Colds, boost immunity	Whole plant	Cook the plant
Seletjane	<i>Hermannia depressa</i> N.E.Br. (Sterculiaceae)	Boost immunity	Roots	Dry, crush & cook
Moli (African potato)	<i>Hypoxis hemerocallidea</i> Fisch. C.A.Mey. & Avé-Lall. (Hypoxidaceae)	Boost immunity	Roots	Dry, crush & cook
Poho tšehla	<i>Xysmalobium undulatum</i> R.Br. (Asclepiadaceae)	Boost immunity	Roots	Dry, crush & cook
Unidentified medicinal herbs	-	-	Liquid concoctions	-

*Medicinal herbs are arranged in alphabetical order of botanical names; (-) denotes missing information; Authorities of plant taxa and families were obtained from The International Plant Names Index (2014).

Source: Adopted from Mugomeri, Chatanga and Chakane (2016)



Results and Discussion

Characteristics of the participants

- Males-50% Females – 50%
- Christians - 70%, Muslims – 30%
- Married- 60%, Unmarried- 40%
- No education- 30%, Primary education- 40%, Secondary education- 10%, Diploma- 20%
- Unemployed- 40%, Students- 10%, farmers- 20%, teachers- 20%, factory worker- 10%
- Age: 11-70 years (range); %50 years + = 40%, Below 25 years = 30%, 26-49 =30%



Results and Discussion

Sources of information on COVID-19 pandemic among the rural folks

- All participants depended on information from close people such as friends to understand what COVID-19 is, how it spreads and the symptoms.
- It was observed that most of the sources used by the participants to get information on the COVID-19 pandemic were from unverified and untrusted sources, which comes with a high risk of misinformation.
- Potential sources with high risk of misinformation on the COVID-19 pandemic identified in the study were family members and friends, social media, village people, and information from grandchildren.
- All these sources are arguably potential sources of misinformation and lead to high levels of mis-medications.
- The rest, who represent a few, depended on information from the reports and information presented on the radio and television.



Research into the Potential Links Between Covid-19, Misinformation and the "Mismedication" in the Kingdom of Lesotho

Results and Discussion

Use of medicinal plants as preventive or treatment for COVID-19 by rural folks

Common name/ Botanical (family) name	Form of use (drinking or steaming)	Participant(s)
Lengana / <i>Artemisia afra</i> Jacq. (Asteraceae)	I drink home prepared lengana and boiled water	P1, P19, P28, P30
-	I do not use any treatment to prevent COVID-19	P2, P22 and P25
Taraputsoe (<i>Stachys rugosa</i>) and Eucalyptus / <i>Eucalyptus globulus</i> (Myrtaceae).	I use Taraputsoe, mixed with Eucalyptus. Also use amoxicillin, zinc pills and Vitamin C.	P3, P11, P12, P15, P18, P21, P28, and P31
Lengana / <i>Artemisia afra</i> Jacq. (Asteraceae)	I drink Lengana only	P4, P20
Lengana / <i>Artemisia afra</i> Jacq. (Asteraceae) Ginger / <i>Zingiber officinale</i> Chillies / <i>Piperspp</i> (Piperaceae)	I drink Lengana and drink other herbal concoctions with ginger and chillies	P5, P33, P34, P35



Results and Discussion

Use of medicinal plants as preventive or treatment for COVID-19 by rural folks

Lemon / Citrus limon	Steaming with eucalyptus leaves and langana. I also drink herbal mixture (concoctions) with lemon, ginger and honey	P7, P38, P39
Tsebe ea pela / <i>Drymoglossum piloselloides</i>	I drink mixture of tsebe ea pela and langana	P8, P36, P40
Phate ea ngaka / <i>Helichrysum caespitium</i> (DC.) Sond. (Asteraceae)	I drink mixture of phate ea ngaka and langana	P9, P26, P27
Lengana / <i>Artemisia afra</i> Jacq. (Asteraceae)	I drink langana and taraputsoe. I also drink water with garlic and honey	P10, P41, P43, P46, and P49.
Taraputsoe (<i>Stachys rugosa</i>)		



Conclusion and policy recommendations

- High levels of misinformation and mismedication exist in Lesotho
- Based on these, the following recommendations are offered:
 - The government should use innovation and alternative avenues to carry information on COVID-19 to alleviate fear and panic.
 - Strategies to encourage hospital treatment of COVID-19 cases
 - Proper scientific education on the proper preparation of medicinal plants
 - The proper integration of COVID-19 treatment and prevention should be well connected with rural people's culture: For example formalising medicinal plant usage to avoid mismedication.



References

Creswell, J. W. (2014). *Research design: qualitative, quantitative and mixed methods approaches* (4th ed.). London: Sage Publication.

[Demeke](#), C. A., [Woldeyohanins](#), A. E., & [Kifle](#), Z. D. (2021). Herbal medicine use for the management of COVID-19: A review article. [Metabolism Open](#), [Volume 12](#). <https://doi.org/10.1016/j.metop.2021.100141>

Dick-Sagoe, C., Asare-Nuamah, P., & Dick-Sagoe, A. D. (2021) Public choice and decentralised healthcare service delivery in Lesotho: Assessing improvement and efficiency in service delivery, *Cogent Social Sciences*, 7:1, DOI: [10.1080/23311886.2021.1969737](https://doi.org/10.1080/23311886.2021.1969737)

Fetzer, T., Witte, M., Hensel, L., Jachimowicz, J. M., Haushofer, J., Ivchenko, A., ... Yoeli, E. (2020). *Global Behaviors and Perceptions in the COVID-19 Pandemic* (No. 27082). <https://doi.org/10.3386/w27082>

Hussain, S. (2011). Patient counseling about herbal-drug interactions. *African Journal of Traditional, Complementary and Alternative Medicines*, 8(5S)

Kingdom of Lesotho. (2020). Budget Speech to the Parliament of the Kingdom of Lesotho for the 2020/21 fiscal year. A Budget Statement Presented by the Honourable Minister of Finance to the Parliament of the Kingdom of Lesotho on 16th February 2020.



References

Kingdom of Lesotho. (2018). Lesotho Zero Hunger Strategic Review 2018. Available at <https://Docs.Wfp.Org/Api/Documents/WFP-0000111110/Download/? Ga=2.74039698.1467560205.1598190210-1293994135.1598190210>

Kingdom of Lesotho. (2020b). Assessment of the Socio-Economic Impact of COVID-19 on the Kingdom of Lesotho. A joint publication sponsored by the United Nations, Lesotho, The Government of Lesotho, UNDP, IFC, and the World bank Group. Available at <https://www.greengrowthknowledge.org/sites/default/files/downloads/resource/UNDP-rba-Lesotho-Socio-Economic-Assessment2020.pdf>

Leonti, M., Sticher, O. and Heinrich M. (2003). Antiquity of medicinal plant usage in two Macro-Mayan ethnic groups (México). *Journal of Ethnopharmacology*, Volume 88, Issues 2-3

Lim, X. Y, The, B. P., Tan, T.Y.C. (2021). Medicinal Plants in COVID-19: Potential and Limitations. *Frontiers in pharmacology*. 12:611408. pmid:33841143

Lopez, K., & Willis, D. (2004). Descriptive versus interpretive phenomenology: their contributions to nursing knowledge. *Qualitative Health Research*, 14, 726–735.

M'vunganyi, M. (2009) Traditional Medicine in Africa- A wealth of knowledge on the verge of demise! *Upfront Africa – Voice of America*.



References

Schwarzer, R. (1992). Self-efficacy in the adoption and maintenance of health behaviors: Theoretical approaches and a new model. Hemisphere Publishing Corp Press

Shale, I. (2020). Implications of Lesotho's COVID-19 Response framework for the Rule of Law. African Human Rights Law Journal, 462-483. <http://dx.doi.org/10.17159/1996-2096/2020/v20n2a5>

Silverman, D. (2000). *Doing Qualitative Research*. London, UK: Sage.

Tshabalala, V. M. (2005). Indigenous Knowledge lessons from IWRM in Lesotho. Department of water Affairs, Maseru, Lesotho.

Villena-Tejada, M., Vera-Ferchau, I., Cardona-Rivero, A., Zamalloa-Cornejo, R., Quispe-Florez, M., Frisancho-Triveño, Z., Abarca-Melendez, R. C., Alvarez-Sucari, S. G., Mejia, C. R., and Yañez, J. A. (2021). Use of medicinal plants for COVID-19 prevention and respiratory symptom treatment during the pandemic in Cusco, Peru: A cross-sectional survey. PLoS ONE 16(9): e0257165. <https://doi.org/10.1371/journal.pone.0257165>



References

World Bank (2020). Overview of Lesotho. The World Bank in Lesotho. Available online at <https://www.worldbank.org/en/country/lesotho/overview>

World Health Organisation (WHO). (2020a). Communicating Risk in Public Health Emergencies. Retrieved June 4, 2020, from <http://www.who.int/risk-communication/guidance/download/en/>

World Health Organisation, (WHO) (no date). Substance use considerations during #COVID19. Available at <http://www.emro.who.int/mnh/news/substance-use-considerations-during-the-covid-19-pandemic.html>

World Health Organization (WHO). (2021c). Essential Health Services Package for Lesotho. In WHO (2021). Lesotho. Page 10-11.

Xiao, H, Li, S., Chen, X., Yu, B., Gao, M., Yan, H., & Okafor, C. N. (2014) Protection Motivation Theory in Predicting Intention to Engage in Protective Behaviors against Schistosomiasis among Middle School Students in Rural China. PLoS Negl Trop Dis 8(10): e3246. doi:10.1371/journal.pntd.0003246

