

Supplement file 1: Summary of the included articles

A= Prevalence of use of TCAM, B=Profile of TCAM users, C=Drivers and barriers of TCAM use D= Types of TCAM use, E = Non-Disclosure of T&CM use to healthcare providers, F= prevalence of Concurrent use of TCAM and allopathic medicine, G=TCAM reported Adverse effect, H=Estimated Cost of TCAM

Author/ Year	Country	Research Focus	Methodology	Target Population	Sample	Appraisal score	Main Findings	Themes	Additional notes
GENERAL POPULATION									
Abodunrin et al 2011	Nigeria	Prevalence, pattern, behaviour and determinants of Alternative Therapy (AT) use	Quantitative cross-sectional questionnaire based survey	Adult male and female ≥18years	500	6	67.7% used alternative therapies (AT). In which 44.8% and 30.4% used local and imported therapies respectively. Marital status , educational status and occupation were associated with alternative therapy use	A, B	3.5% were considered as safe users and being male, not married and educated were likely to be safe users of AT

Allabi, et al 2011	Benin	Prevalence, socio-demographic correlates and types of plant medicine use	Quantitative questionnaire based survey	mothers and caregivers	1000	7	51.04% of inhabitants were herbal medicine users. Users were likely to be younger people	A,B	malaria treatment recording the highest usage
Awad et al 2006	Sudan	Self-medication	Quantitative questionnaire based survey	Adults	1200	8	Proprietary medicines alone were used by 28.3% (CI: 25.6-31.2), herbs alone by 20.7% (CI: 18.3-23.4), while 32.8% (CI: 29.9-35.8) had used both	A,F	
Awodele et al 2014	Nigeria	Safety of Herbal Medicines Use:	Quantitative questionnaire based survey	Adults	400	-	51 (12.6%) of respondents had experienced adverse effects. (82.4%) believed that herbal medicines are safe for use	G	
Aziato and Antwi 2016	Ghana	Facilitators and barriers of herbal medicine use	Qualitative face-to-face interviews	Ghanaian adults ≥18 years	16	-----	Drivers of herbal medicine use include convincing information to enhance the initiation of herbal medicine use, effectiveness		

							of herbal medicine, personal preference for herbal medicine, perceived ineffectiveness of western medicine and integration of spirituality in herbal medicine. Barriers to herbal medicine use were negative perceptions and attitudes about herbal medicine, poor vending environment, poor knowledge of vendors, high cost of herbal products at credible herbal clinics and inconsistent effectiveness of some herbal products		
Bamidele et al 2009	Nigeria	Knowledge, attitude and determinants of use of alternative	Quantitative questionnaire	adults male and female	812	8	54.6% have used one form of complementary therapies. No association between age, sex,	A,B, C,D	35.7% of the respondents who were

		medical therapy	based survey				educational level or religion and the patronage of AMT. Drivers of use include cheap 56 (21.4%); accessible 43 (16.4%) and acceptable 35 (13.4%). 80.5% of users used herbal preparations		aware of prefers AMT over orthodox medicine
Banwat et al 2015	Nigeria	Prevalence and correlates of alternative medicine use	Quantitative questionnaire based survey	working-class adults	390	5	79.3% were alternative medicine users. Poor knowledge and being educated were associated with alternative medicine use AT was considered to be effective and safe among	A	

Birhan et al 2011	Ethiopia	Prevalence and correlate of use of traditional medicine practitioner	Quantitative Questionnaire based survey	traditional healers and patients	10 TH & 306 patients	6	52% utilized traditional medicine clinics. Reasons for use were efficacy, low cost and dissatisfaction with modern medicine. Low income, educated and government employee were more likely to visit a traditional healer	A,C	
Chingwaru& Vidmar 2016	Zimbabwe	Prevalence, perceptions and factors influencing the use of traditional and complementary medicine (T&CM)	Quantitative Questionnaire based survey	Adult male and female (≥ 15 years)	155		Concurrent use of T&CM and allopathic medicines was 60.0% (95% confidence interval 51.9% to 69.5%). being educated to secondary level or lower	B,F	
Chintamunnee& Mahomoodally 2012	Mauritius	Prevalence and pattern of use of	Quantitative face-to-face	Adult 40-89 years	334	8	76.6% were users of herbal remedies. Age, educational level,	A,B	

		herbal medicine	interviews using structured questionnaire				income group and the use of natural remedies		
De Jager et al (2010)	South Africa	Utilization of traditional medicine	Quantitative questionnaire based survey	adults	113	7	43.8% used traditional medicine of which 31.3% obtained from a traditional healer	A	
Duru et al 2016	Nigeria	Prevalence and correlates of combined Orthodox and Traditional Medicine Use	Quantitative questionnaire based survey	Adults	422	5	77.5% used traditional medicine whilst 63.7% practised medical pluralism.	A	age, sex, marital status, educational status, occupation, household size, family size, death of an under-five in the last

									one year, and the cause of death of the under-five were associated with the practiced medical pluralism
Flatie et al 2009	Ethiopia	factors determining the use of TM and medicinal plants	Mixed method using semi-structured questionnaires survey and FGD	Adults. TH,	1200 (HHs) 570 illness episodes and 14 TH 6(FGDs).	6	4.6% of respondents had used traditional medicine low income household were associated with traditional medicine	A,B	
Galabuzi, et al 2010	Uganda	Preference and	Mixed method	adults	120 interviews	5	43% relied on traditional	A,C, D	

		Awareness of traditional medicine	Using focus group discussions (FGDs), informal and formal interviews, semi-structured questionnaires		6 (FGDs)		medicine. Reasons for visiting traditional medicine practitioner was traditional medicine has minimal side effect Majority shunned traditional medicine over biomedical care because of the perception that traditional health is devilish and evil in nature . Three forms of TM were reported herbalism (67%), spiritual counselling (23%) and bone setting (10%).		
Gari et al 2015	Ethiopia	Knowledge, attitude, practice, and management of traditional medicine	Quantitative questionnaire based survey	adults male and female	282	7	94.22% have used traditional medicine in the last two years. Higher income earners were associated with TM practice		

							Reasons for choice of TM because it is cheap accessible, acceptable and effective. Reason for WM preference over TM are not significantly researched, Not safe and effective. Medicinal herbs were mostly used		
Gyasi et al 2015a	Ghana	Relationship between health insurance status and the pattern of traditional medicine utilisation	Quantitative questionnaire based survey	adults, aged ≥ 18 years	324	8	86% used traditional medicine Effectiveness of TRM predicted its use for both insured and un-insured	A,C	no statistically significant association between national health insurance status and TRM utilisation
Gyasi et al 2015b	Ghana	Effect of spatial	Quantitative	adults,	324	8	86% used traditional	A, D	Use of TRM

		variation on traditional medicine use	questionnaire based survey	aged ≥ 18 years			medicine. biologically-based therapies and energy healing were common forms of TRM accessed		did not vary location, but knowledge about and source of TRM significantly linked to location. Same sample and study setting used was used Gyasi et al 2015a
Gyasi et al 2015c	Ghana	Prevalence and predictors of traditional medicines utilisation	Quantitative questionnaire based survey	adults male and female	324	9	86% used traditional medicine. low-income levels, being a trader, perceiving TRM as effective	A,B, D	

							and safe were associated with TRM use TRM with biologically-based and distant/prayer therapies as the major forms of TRM utilised		
Gyasi et al 2015d	Ghana	Prevalence and pattern of traditional medical therapy utilisation	Quantitative questionnaire based survey	adults male and female	324	9	86% used traditional medicine. Biologically-based therapies (88.5%) and distant prayer interventions (58.4%) were commonly used modalities. Non-disclosure rate of TRM use to health care professionals was 87.8%	A,D,E	
Gyasi et al 2011	Ghana	Perceptions of traditional medicine role in healthcare system	Mixed method administered-questionnaire and in-	Traditional medicine practitioners	70 TMP, 30 health care users, and 20 CMPs	-----	Traditional Medicine is used to treat many diseases. Evidence of collaboration between TMP and CM. Traditional	C	

			depth interviews.	TMP, health care users, and CMPS			Medicine is readily available to the people and also less expensive, hence easily accessible		
Gyasi et al 2016	Ghana	Motivator for alternative therapies use	Qualitative study using in-depth interviews	adults male and female	36	-----	Pull factors were personal health beliefs, desire to take control of one's health, perceived efficacy, and safety of various modalities of TRM Push factor was perceived poor services of the biomedical treatments	C	
Hughes et al 2015	South Africa	Predictors and pattern of traditional medicine use	Longitudinal study – quantitative questionnaire based survey	adults male and female	456 were identified from 1030	6	Overall prevalence of THM use was 27%. Participants used THM because of a family history (49%) and sociocultural beliefs (33%	A,C	

Jimoh et al 2013	Nigeria	Safety Concerns and Determinants of Complementary and Alternative Medicine Use	Quantitative Questionnaire based survey	Adults male and female	500	8	Lifetime CAM use was found to be 84% while current CAM use 61%. 35% preferred CAM over conventional medicine. Perceived effectiveness, affordability, availability and increased advertisement were reasons for CAM use. Darrhea and vomiting were common side effects (53%)reported	A,C,G	56% intend use CAM in the future. Hygiene was the main safety concern
Kruk et al 2011	Liberia	Determinants of utilization of formal and informal health care	Quantitative questionnaire based survey	adults male and female	1435	9	44.1% visited traditional healer with 26.5 average number visit Usage of informal healthcare was more common among women, older, married and with poor physical and	A,B	

							mental health. Those with high economic status, literate and of mano ethnicity were less likely to use informal health care		
Labhardt et al	Cameroon	traditional healers interaction with patient	Quantitative questionnaire based survey	Traditional healers and western medicine practitioners	15	4	Treatment cost (CFA) for Traditional Complementary Medicine =80000CFA Western Medicine= 6300CFA	H	
Ladele et al 2014	Nigeria	utilization of traditional and orthodox medicines	Quantitative questionnaire based survey	Adult male and females	140	5	Traditional medicine users were more likely to be aged, less educated and from a larger household	B	
Mathibela 2015	South Africa	Socio-cultural profile of traditional healers	Qualitative	healers and community	32 healers and 30 community	----- -	67% of community members visited traditional healers	A	Most traditional Healers were female,

				mem bers	memb ers				uneduc ated, and attend to 15 and 20 patient s per month
Mbereko & mahlatini 2014	Zimbab we	Contributio ns of traditional healers to HIV/AIDS prevention and care	Quanti tative semi- structu red questi onnair e	Com muni ty mem ber and tradit ional heale rs	160 80 TH &80 Comm unity memb ers	6	56% had consulted a traditional healer for their condition.	A	Cost of consult ation ranged from \$2-\$13
Nxumalo et al 2011	South Africa	Determinan ts of traditional healer utilization	Quanti tative questi onnair e based survey	Male and fema le resid ents	4762	11	1.2% utilized a traditional medicine healer. Reasons for use were continuity of care and a belief in their effectiveness. Users of traditional healers were more likely to be above 18years, black race, unemployed, low socio-economic	A,B, C,H	10 per cent of their househ old expend iture in the previo us month on traditio nal healers

							status, of poor health status, not married and reside in rural of informal urban settlement. Traditional healer utilization rates (0.02 visits per month) were lower than that of public sector clinics (0.18 visits per month) or hospitals (0.09 visits per month). Two-thirds of all households (64 per cent) and approximately 72 per cent of households in the poorest quintile spent more than 10 per cent of their monthly expenditure on traditional healer services		
Okoronkwo et al 2014	Nigeria	Prevalence and patterns of complementary and	Quantitative questionnaire	Adult male and	732	6	84.7% were CAM users. 40% of the participants combined CAM	A,D, G	

		alternative medicine use, perceived benefits, and adverse effects	based survey	female			with conventional medicine Biological products, followed by spiritual therapy were commonly used CAM modalities 184 (29.7%) reported having experienced adverse reactions		
Onyiapat et al 2011	Nigeria	Prevalence and pattern of use of herbal medicine	Quantitative questionnaire based survey	adults male and female	732	7	84.7% were CAM users. Biological products, followed by prayer/faith healing were common CAM methods used. Major reasons for using CAM include their natural state and also for health promotion and maintenance	A,C, D	
Opara& Osayi 2016	Nigeria	Prevalence and pattern of use of herbal medicine	Quantitative questionnaire	adults male and	600	3	53.6% were users. Media, cultural beliefs, and cost among others were	A,C	

			based survey	female			found to affect utilization of herbal medicine		
Oreagba et al 2011	Nigeria	Prevalence and pattern of use of herbal medicine	Quantitative questionnaire based survey	adults male and female	388	7	66.8% were herbal medicine users. Respondents who were unemployed and unskilled were likely users of herbal medicine . 20.8% of those who experienced mild to moderate adverse effects.	A,B,G	
Osemene et al 2013	Nigeria	Comparative assessment attributes of herbal and orthodox medicines	Quantitative questionnaire based survey	adults male and female	360	7	41% used herbs. Herbs were rated higher than conventional medicine due to safety and degree of advertisement.	A	
Oyebode et al 2016	Middle-income countries including Ghana and South Africa	Use of traditional medicine in middle-income countries: a WHO-SAGE study	Quantitative multinational questionnaire based survey	adults (≥ 18 years) male and female	Total 35 334 Ghana =4661 and South Africa =3411	10	40 (1.7%) participants in South Africa and 123 (1.5%) participants in Ghana reported that they had visited a traditional	A,H	

							<p>medicine practitioner. TM consultation over the previous 12 months was 3.1% in Ghana and 0.1% in South Africa</p> <p>Total cost to household Mean (SD) in Ghana 157 792.8 (787 230.3) for Western medicine 143 173.9 (364 428.2) for Traditional medicine</p>		
Plezter& Pengpid 2016	32 countries including South Africa	Prevalence and Determinants of Traditional, Complementary and Alternative Medicine Provider Use	Quantitative multinational questionnaire based survey	≥16y ears male and female	N=52, 801	10	<p>prevalence of TCAM provider use, in Australia 34.7%, in Europe ranging from under 10% in Bulgaria, Poland and Slovenia to 35.4% in France, in Asia from 16.7% in Russia to over 50% in China mainland, the Philippines and Republic of Korea, and over</p>	A,B	

							20% in the USA, Chile and South Africa. middle age, female sex, lower educational status, not having a religious affiliation, larger household size, not having a health insurance, could not pay for medical treatment when needed it were associated with TCAM provider use.		
Pouliot M, 2011	Burkina Faso	Prevalence and determinants of traditional medicine consumption	Quantitative questionnaire based survey	adult Male	205	7	51.5% used traditional medicine at some point traditional medicine was primarily relied on by middle-aged individuals from relatively uneducated low socioeconomic households who were living in villages with	A,B, H	

							<p>limited allopathic medicine service provision.</p> <p>Average financial cost of treatment (CFA)</p> <p>Self-care with traditional medicine =1250 = \$2.85</p> <p>Traditional healer= 2091= \$4.77</p> <p>Note: 1 USD = 438.29 CFA</p>		
Sarki & Danjuma 2015	Nigeria	Prevalence and determinants of traditional medicine use	Quantitative questionnaire based survey	male and female resident 15-59 years	350	5	<p>94.3% used traditional medicine. Age, education, and income, have no significant influence on the use of Traditional Medicine by the respondents.</p> <p>accessibility, low cost, effectiveness and belief in safeness and tradition influence the respondents to use the medicine.</p>	A,B,C	

Sato 2012	Ghana	traditional medicine use and socioeconomic status	Quantitative questionnaire based survey	Adults male and female	772	9	traditional medicines were likely used by low economic class	B	
Stanifer et al 2015	Tanzania	Prevalence and determinants of Traditional Medicine Use	mixed method study using focus group discussions (FGD) and in-depth key informants interviews and questionnaire based survey	All adults	655	9	56% were traditional medicine users. Drivers and barriers of traditional medicine use include biomedical healthcare delivery, credibility of traditional practices, strong cultural identities, individual health status, and disease understanding.	A,C	
Suroowan, &Mahomoodally,2013	Mauritius	Complementary and alternative	Quantitative	women	384	6	Common CAM therapies were	D,E, G	

		medicine use among Mauritian women	questionnaire based survey				biologically-based therapies were most commonly used (75.0%) followed by mind body interventions (9.5%), (11%) had discussed the type of CAM they were using with their physician. Adverse effects like hypertension and gastrointestinal toxicity were also reported with the use of some plant species.		
Tabi et al 2006	Ghana	determinant of choice of health seeking	Qualitative	male and female(25-60 years)	9	-----	perceived evil and devilish nature of TCAM	C	
Tchacondo et al 2011	Togo	Herbal Remedies and Their Adverse Effects	Quantitative semi structured question	Traditional healers	54		20 adverse effects were linked to the administration of these drugs, and among them; diarrhoea,	G	

			onnaire study				abdominal pains, polyuria, general weakness and vomiting were the most frequently encountered		
Usifoh,& Udezi 2013	Nigeria	Social and economic factors influencing the patronage and use CAM	Quantitative questionnaire based survey	Adults	400	5	67.7% were CAM users. Age, occupation, educational status, marriage type, religion were associated with CAM use. Key reasons for use were its being cheap and can cure many diseases	A,B,C	
Wassie et al 2015	Ethiopia	Knowledge, attitude, and utilization of traditional medicine	Quantitative questionnaire based survey	adult male and female	403	6	70.9% had used traditional medicine. Age, educational status, and occupation were associated with traditional medicine use. cultural acceptability, lesser cost, and good outcome of traditional	A,B,C	The study failed to determine whether respondent with less education / educat

							medicine were drivers for use		ed or unemployed or otherwise were associated with traditional medicine use
PREGNANCY, CHILD BIRTH AND GYNAECOLOGICAL CONDITIONS									
Addo, VN 2007	Ghana	Socio-demographic characteristics and the pattern of herbal medicine use	Quantitative cross-sectional questionnaire based survey	women	597	5	Greater than 50% reportedly used herbal medicine. Being unskilled, less educated were predictors of herbal medicine use.	A,B	
Akeju et al 2016	Nigeria	Determinants of health care seeking behaviour during pregnancy	Qualitative Focus group discussion	Pregnant women, mothers, male decision-makers	403	-----	Traditional medicine providers were preferred source of healthcare among pregnant women. Low cost service was reason for TMP preference.	C	The use of traditional providers or prayer houses does

				rs, opini on leade rs, TBA , HCP, and healt h admi nistra tors					not reporte dly prevent women from register ing at the health centre, and it was rare to find women who patroni zed only one type of provid er
Aryeetey et al 2015	Ghana	Antenatal Health Seeking Among postpartum Women	Quanti tative Questi onnair e comm unity based survey	Postp artu m wom en	300	5	About 45% of women simultaneously utilized both ANC and alternative care providers (ACP) including traditional birth attendants, herbalists,	F	

							and spiritualists.		
Banda et al 2007	Zambia	Prevalence and correlates of herbal medicine use	Quantitative questionnaire based survey	HIV/AIDS positive pregnant women	1128	6	30% visited a traditional healer in past. 21% currently utilizing traditional healer. No demographic differences exist between users and non-users. Main Reason for non-disclosure of TCAM use was fear of receiving in worse medical care from Health care worker.	A,B,E	However, users of traditional medicine were likely to be to drink alcohol during pregnancy, have 2 sex partners, engage in "dry sex," initiate sex with their partner, report a previously treated sexual

									y transmitted disease, and use contraception and less likely to adhere to ART
Bayisa et al 2014	Ethiopia	Prevalence and pattern of herbal medicine use	Quantitative questionnaire based survey	Pregnant women.	250	8	50.4% were herbal medicine users. 69.84% were used during the first trimester with Ginger being the most used		
Duru et al 2016a	Nigeria	Prevalence and Socio-demographic Determinants of Herbal Medicine use	Quantitative questionnaire based survey	Pregnant women	500	9	36.8% of pregnant women use herbal medicine Age, marital Status, educational level, educational level of partner, and monthly income were associated	A,B, G	

							with herbal medicine use. More than half (53.3%) of the herbal drug users experienced one side effect or the other and the common side effects experienced with their use were; nausea, (100%), vomiting (77.6%), abdominal pain, (27.5%) and dizziness, (26.5%).		
Ebuehi et al 2012	Nigeria	Perception and utilization of traditional birth attendants by pregnant women	Quantitative questionnaire based survey	Pregnant women	260	8	63.6% have ever used TBA service whilst 44.6% are current users and 61.9% of previous are current users. age, marital status, religion, ethnicity, educational level, occupation, and number of previous pregnancies were	A, B,C	

							significantly associated with TBA utilization Drivers for the use of TBA services were being cheap, effective accessible, and culturally acceptable. passionate care		
Fakeye et al 2009	Nigeria	Prevalence of use, attitude , knowledge and effect of use	Quantitative questionnaire based survey	pregnant women	595	8	More than two-third of respondents [67.5%] were users of herbal medicine. Low, cost, efficacy and safety over conventional medicine and alignment with cultural beliefs were reasons for use. Age , educational status , and geopolitical zone were associated with current use of herbal medicine. 73 (18.0%) had experienced	A,B, D,G	It was difficult to know specifically which demographic variables(e.g young vs old or less educated vs highly educated etc were as only p-values

							some form of untoward effects post administration of herbal medicines. The side effects experienced included vomiting 27 (36.99%), dizziness 17 (23.3%), malaise 10 (13.7%), headache 10 (13.7%), rashes 6 (8.2%) and diarrhea 3 (4.1%).		were presented
Laelago et al 2016	Ethiopia	Prevalence and factors associated with use of herbal medicine	Quantitative questionnaire based survey	pregnant women	363	8	73.1 % used herbal medicine. Educational status, occupation, knowledge on herbal medicine and second trimester of pregnancy were the major factors affecting use of herbal medicine Reason for use cheap. Effective, and accessible.	A,B, C,G	

							8.1% experienced untoward effect on post administration Burning sensation, Vomiting Dizziness ,Malaise Headache.		
Malan & Nueba 2011	Côte d'Ivoire	Traditional practices and medicinal plants use during pregnancy	focus group method and Quantitative questionnaire based survey	pregnant women	104 male and female of which 55 pregnant women 88 female traditional healers	5	90.3 % of pregnant women use herbal medicine	A	No strong correlation between age, number of pregnancies and the knowledge of the obstetric plants (p=0.34). Common indication for herbs

									use were 1) to ensure the good development of the foetus and to have thus a beautiful baby (51.9 %); 2) to facilitate labour (23.1 %), 3) to prevent or cure malaria (21.1 %)
Mekuria et al 2017	Ethiopia	Prevalence and associated factors of herbal	Quantitative questionnaire	pregnant women	364	9	48.6% used herbal medicine during current pregnancy. Low income, rural residence and	A,B, C,E, G	

		medicine use	based survey				illiteracy were predictors of herbal medicine use.. Key drivers of herbal medicine use were it being cheap, accessible and safe. Barriers were Lack of belief in the benefits of herbs and fear of it being safe.89.8% had not disclosed their use of herbal medicine. Most of herbal medicine users (87.6%) reported that they haven't experienced any apparent side effects from herbs		
Mothupi 2014	Kenya	Prevalence and associated factors of herbal medicine use	Quantitative questionnaire based survey	Postpartum women	333	7	12% of women used herbal medicine during their most recent pregnancy. Women who were less educated and had history of use prior to index	A,B, E	

							pregnancy were likely to used herbs. 12.5% of users disclosed such use to healthcare professionals. 20% concomitantly used herbs and allopathic medications. 87.5% of users did not disclosed their status to their health professional.		
Mureyi, et al 2012	Zimbabwe	Prevalence pattern and factors associated with herbal medicine use	Quantitative questionnaire based survey	women	248	10	52% of women have used herbal medicine in last pregnancy. Prenatal use of traditional medicine was associated with null parity and null gravidity	A, B	
Nergard, 2015	Mali	Attitudes towards and use of medicinal plants	Quantitative questionnaire based survey	pregnant women	209	8	79.9 % had used medicinal plants during pregnancy. no significant statistical differences in demographic	A,B	

							characteristics between		
Nyeko, et al 2016	Uganda	Prevalence and factors associated with use of herbal medicines during pregnancy	Quantitative questionnaire based survey	women attending postnatal care	383	8	20 % used herbal medicine during their current pregnancy. Users were likely to have the perception that herbs are effective, had a history of herbal medicine use, practised self-medication and far away from health facility. Drivers for use were HM cures many illnesses, is part of tradition, difficult accessing health facility and low cost of herbs. 90 % of the users of herbal medicines did not disclose their status to their health providers.	A,C, E	
Okafor et al 2014	Nigeria	Patterns of health-seeking behaviour	qualitative study	women (15-45	35	-----	Pregnant women seek both orthodox and unorthodox	C	

		among women during pregnancy and child birth		years) and delivered a baby in the previous 2 years prior to the study			maternity care. Drivers for the use traditional health care are traditional beliefs, cheaper charges effectiveness in the treatment of certain condition compared to conventional health providers		
Ologe et al 2008	Nigeria	Prevalence and pattern of use of herbal medicine	Quantitative questionnaire based survey	pregnant women	500	8	12.2% took native herbal preparations traders were likely to be herbal medicine users	A, B	
Olusanya et al 2011	Nigeria	Prevalence and maternal predictors of traditional maternity homes	Quantitative questionnaire based survey	postpartum women	6,706	9	Close to two – thirds (65.5%) utilized TBA during birth. Women who are less educated and low socioeconomic status, Muslim, prim parous, were more likely to deliver in TBA home	A,B	

Sarmiento et al 2016	Nigeria	Prevalence and determinants of traditional medicine use	Quantitative questionnaire based survey	Women (15-49) with children	11 305	9	24.1% of women and 11.3% of children used traditional medicine for child birth and diarrhoea respectively. Users were less educated, accessed antenatal care less, experienced more family violence and were less likely to have birth certificates for their children. of children were	A,B	
Tamuno et al 2010	Nigeria	Use, attitude and knowledge of herbal medicine	Quantitative questionnaire based survey	Pregnant women	500	7	31.4% used herbal medicine. Users were likely to be of low economic status less educated and self-medicated with western medicine	A,B	
HYPERTENSION									
Amira et al (2007)	Nigeria	Prevalence, socio-demographic	Quantitative cross-	hypertensive	225	6	39.1% of hypertensive patients used	A,B, D	

		c and health - related correlates of CAM use	sectional questionnaire based survey	patients			CAM. No significant difference exist between users and non-users with regards to patient's demographics, clinical profile, BMI and blood pressure control. Herbal were commonly used CAM therapy.		
Erku & Mekuria 2016	Ethiopia	Prevalence and correlates of complementary and alternative medicine use	Quantitative study cross-sectional questionnaire based survey .	hypertensive patients	412	7	67.8% of hypertensive patients were CAM users. Being male, residing in a rural area, not educated, a low income earner, had family history of hypertension and had a complication were predictors of CAM use. Herbal therapy was the commonest CAM modalities. Not satisfied with	A,B, C, D, E,G	

							<p>biomedical therapy, cam safety and effectiveness, being in line with cultural value were motivators whilst lack of belief in effectiveness and safety and not recommended by doctor were barriers.</p> <p>70.2% did not disclose CAM use for their physician. Reasons for non-disclosure includes: fear of their health provider's response, perceived healthcare provider's lack of knowledge of TCAM. About 79.9%(20.1) of CAM users have not experienced any apparent side effects</p>		
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Hughes et al 2013	South Africa	Prevalence and determinants and pattern of traditional medicine use	Longitudinal study – quantitative questionnaire based survey	hypertensive patients	135 from pure study of 1030	5	There were 135 THM users, 21% of whom used THM to treat hypertension. Majority (82.1%) of the hypertensive THM users were females	A,B	Comparison of socio-demographic variables was done between hypertensive THM users and non-hypertensive THM users instead of hypertensive THM non-users
Kretchy et al 2014	Ghana	Prevalence and determinants CAM use	Quantitative questionnaire based survey	hypertensive patients	400	6	19.5% of patients have used CAM. being male, can't afford medicine and experience side effect were	A,B, D, E	CAM users were likely to be non-

							likely to use CAM Majority using biological based therapies. 70% of CAM users had not disclosed their CAM use to their healthcare provider.		adherent
Nuwaha & Muganzi 2013	Uganda	Prevalence and determinants of traditional medicine use	Quantitative questionnaire based survey	Hypertensive Patients	258	7	56.2%) had ever used alternative medicine. 28.6%) were currently using alternative medicine alone or in combination with modern medicine (50%). CAM users were less likely to have received lifestyle advised Agreeing that alternative medicine is effective was a predictor of CAM use.	A	
Olisa & Oyelola 2009	Nigeria	Prevalence and pattern of use of herbal medicine	Quantitative questionnaire	hypertensive patients	500	9	24% used herbal medicine. Older patients were likely users of herbal medicine use. Driver of	A,B, C, E,G	Eight of the 12 affected had a reoccur

			based survey				herbal medicine use were perceived failure and high cost of allopathic medicines, sociocultural practices, inaccessibility of medical centres and negative attitude of healthcare providers. 71.15%, failed to tell their doctor about their use of herbal medicines. Clinically evident adverse effects due to co-administration of herbal medicines and allopathic agents were reported by 21.04% of the respondents		rence after re-use of the offending herbal medicine. The 12 respondents who experienced adverse effects discontinued use of herbal medicines completely
Osamor& Owumi 2010	Nigeria	Prevalence and factors associated with traditional herbal	Mixed method	Hypertensive patient and	440	5	29% used CAM. Common forms used were herbs. being male , belief in	A,B, D	

		medicine use		CAM practitioners			supernatural causes of hypertension lack of belief that hypertension is preventable and having a family history of hypertension. Age, educational level and occupation were not independent predictors of CAM use		
HIV/AIDS									
Audet et al 2014	Mozambique	Link between consultation with traditional healer delays in HIV testing	Quantitative study cross-sectional questionnaire based survey	newly diagnosed HIV-infected adults (≥ 18 years of age)	530	9	62% initially visited a healer	A	Consultation with a traditional healer was associated with delay time of diagnosis
Auerbach et al 2012	Uganda	Traditional Herbal Medicine Use and	Quantitative study cross-section	HIV/AIDS and non	1000	7	4.2% used herbs, Herb users did not differ by age ($p = 0.61$) or gender	A,B,G	Traditional herbal medicine use

		liver fibrosis	al questi onnair e based survey .	HIV infec ted Patie nts			(p= 0.15) from non-users. Herbs from the Asteraceae family (adjPRR = 5.0, 95% CI 2.9–8.7, p,0.001), and herbs from the Lamiaceae family (adjPRR = 3.4, 95% CI 1.2–9.2, p= 0.017) were associated with significant liver fibrosis. Among HIV infected participants, use of any herb (adjPRR = 2.3, 95% CI 1.0–5.0, p= 0.044) and use of herbs from the Asteraceae family (adjPRR = 5.0, 95% CI 1.7–14.7, p= 0.004) were associated with increased liver fibrosis.		was indepe ndently associa ted with a substan tial increas e in signific ant liver fibrosis in both HIV- infecte d and HIV- uninfec ted study partici pants
Awodele et al 2012a	Nigeria	Prevalence of use of complementary drugs with	Quanti tative study cross- section	HIV patie nts	354	7	8.2 % of the respondents' used herbal medicine concurrently with	A,C	

		antiretroviral therapy	al questi onnair e based survey .				ARV therapy reasons for taking herbal was to boost immunity		
Babb et al 2007	South Africa	Prevalence of herbal medicine use	Mixed method cross-sectional questionnaire based survey & personal interviews	HIV patients, healers	71	5	84% had used herbal medicine. 14 (32%) were currently. Lack of trust and belief in efficacy of traditional medicine Non-users was barrier to use. Participants spent £4 – 27 per month on traditional medicines.	A,C, H	23% of patients on ART were also using traditional medicine
Bepe et al 2011	Zimbabwe	Impact of herbal remedies on adverse effects and quality of life in HIV-infected individuals	Quantitative questionnaire based survey	HIV/AIDS patients	151	6	(54%) were taking antiretroviral drugs together with one or more traditional herbal remedies,	A	Abdominal pain and rash was but quality of life associated with

									herbal medicine use
Ekwunife et al 2012	Nigeria	Concurrent use of complementary and alternative medicine with antiretroviral therapy	Quantitative questionnaire based survey	HIV/AIDS patient	212	7	47.9% used CAM concurrently with antiretroviral drugs. CAM use was associated with low ART adherence. Patients attending rural clinic were likely to use CAM than those visiting semiurban clinic. Herbs and dietary supplements followed prayer and spirituality were common CAM used	A,B,D	
Gyasi et al 2013	Ghana	Prevalence and determinants and pattern of traditional medicine use	Quantitative questionnaire based survey	HIV-seropositive persons	62	8	53.2% of patients used traditional medicine. Herbal therapy remained frequently used form of traditional medicine	A,D	
Horwitz et al 2013	Uganda	Socio-demographic determinant	quantitative	HIV-seropositive	450	7	78 participants (17%) visited a traditional healer/herbalist	A	

		of traditional practitioner utilization		persons			and/or a spiritual counsellor (TH/SC) during the 3 months prior to ART initiation TH/SC use does not delay initiation of ART.		
Hughes et 2012	South Africa	Prevalence and predictors of traditional medicine utilization	Quantitative questionnaire based survey	HIV-seropositive persons	100	6	Sixteen percent of participants on ARV reported TM use. Seventy-nine percent used TM prior to a diagnosis of HIV. Patients were more likely to use TM if they were from rural province, female, older, unmarried, employed, less educated, or were HIV-positive for less than five years. 92.9% of users failed to disclose their TCAM use to their healthcare provider.	A,B, E	
Langlois-Klassen et al 2007	Uganda	Prevalence pattern and factors	Quantitative	HIV/AIDS	137	8	63.5% of AIDS patients had used herbal medicine.	A,B	

		associated with use of traditional medicine	questionnaire based survey	patients			Patients who are educated, experiencing more symptoms, used herbs prior to diagnosis were more likely to use herbs		
Langlois-Klassen et al 2008	Uganda	Communication between health providers and HIV-infected adults related to herbal medicine	cross-sectional, mixed method	HIV/AIDS patients	137	7	16% of these respondents had informed their conventional medical practitioners about using these herbs. almost 68% of HIV-infected adults indicated they would be willing to discuss herbal medicine use if directly asked by a conventional medical practitioner, and majority (91%) were willing to adhere to physician's advice about herbal medicine use		
Lubinga et al. 2012	Uganda	Prevalence pattern and	Quantitative	HIV/AIDS	334	8	46.4%) reported concomitant	A, E	Time of

		factors associated with Concomitant use of herbal medicine and allopathic medicine	questionnaire based survey	S patients			herbal medicines and ART use. 39.8% using herbal medicines at least once daily. 92.3% reported that the doctors were unaware of their use of herbal medicines		ART initiation, number of ART side effect, self-perceived health status were associated with dual herbal medicine and ART use
Malangu 2007	South Africa	prevalence of use of over-the-counter, complementary and traditional medicines	Quantitative questionnaire based survey	HIV/AIDS patients	180	6	4.4% of respondents used ATM, 3.3% CAM	A	
Mee et al 2014	South Africa	Prevalence and determinants	Quantitative questionnaire	deceased adults	6392	8	Traditional healthcare use declined for all	A, B	

		traditional healthcare use	e based survey	HIV/AID, TB and other health conditions (aged over 18)			deaths, with higher levels throughout for those dying of HIV/AIDS and TB 40.6% of all deceased used traditional remedies and 60.3% death due to HIV/TB were users of traditional or herbal remedies Higher traditional healthcare use was associated with Mozambican origin, lower education levels,		
Monera et al 2012	Zimbabwe	Prevalence and patterns of herbal medicine	Quantitative questionnaire based survey	HIV-infected adults	263	8	68% used Moringa oleifera. Users were likely to be females and Christian	A,B	
Namuddu, 2011	Uganda	Prevalence and factors associated with traditional	Quantitative questionnaire	HIV Patient	401	9	33.7% were traditional users. Users were likely to be younger(<39yrs),	A,B	

		herbal medicine use	based survey				non- adherent, experience side effect, started treatment less than 4 years and was sexually active		
Nlooto & Naidoo 2016	South Africa	Prevalence and factors associated with traditional herbal medicine use	Quantitative questionnaire based survey	Adult HIV patients who had been on antiretroviral	1748	8	21.85 % and 8.12 % of patients used traditional medicine pre and post ART respectively. Being Christian was associated with the use of ATM post ART. Females being black, Christian, at least completed high school and gaining some income were associated with ATM use prior to ART 2.12 % visited a CAM practitioner.	A,B	
Onifade, et al 2013	Nigeria	Prevalence of use and Attitude towards	Quantitative questionnaire	HIV patients	640	3	76.5% used complementary therapy. 100 respondents	A,E, H	73.4% would denied the use

		herbal remedy by HIV/AIDS patients	e based survey				combines herbal remedy with HAART. 64.1% of the respondents wanted herbal remedy as complementary therapy. 73.4% denied the use of herbal remedy when asked by their health provider. % of income spent on herbal therapy <20% =92.2% 20-40%= 7.8%		of herbal remedy when asked by a medical practitioner,
Oshikoya et al 2014	Nigeria	Prevalence and pattern of use of herbal medicine	Quantitative semi-structured (open and close-ended) questionnaire	Parents/caregivers of HIV positive children.	187	8	96.8% of Parents/caregivers have used CAM for their children. Mind-body interventions (181; 36.6%) and biological products (179; 36.2%) were frequently used. Relatives, friends and neighbours influenced CM use.	A, D,G, H	

							Specific adverse effects of CMs observed in the patients by their parents/caregivers were vomiting (14), diarrhoea (14), nausea (13), abdominal pains (12), and headache (5). The average cost per month amongst the majority who used Complementary Medicine every day was ₦ 15,500 (US\$ 96.88).		
Otang et al 2011	South Africa	Prevalence, perceived benefits and effectiveness of herbal medicine	Quantitative questionnaire based survey	>18 HIV/AIDS patients	101	6	39.6% used herbal medicine. Users were likely to be single, unemployed and with average of 5 signs/symptoms of opportunistic infection. Close to half of users reported that the	A,B,C	

							herbal medicine did not help their condition. Driver for use were : being part of tradition, allopathic medicine are expensive, better outcome if herbal medicine is used together with conventional medicine		
Peltzer,et al 2008	South Africa	Prevalence and determinants of traditional medicine use	Quantitative questionnaire based survey	HIV-positive patients	618	11	51.3% were TCAM users. CAM users were likely to be female, educated, reside in rural area, low economic status, and on government grant and never or only once visited the clinic. 90% indicated that their health care provider was not aware that they were taking herbal therapies. 90%) indicated that their health	A,B, E,H	Being on a disability grant, number of HIV symptoms and family members not contributing to main source of household

							care provider was not aware of their use of traditional medicine. Herbal therapies were the most expensive, with one average 128 Rand (range 0–1000) per month, followed by cannabis (37 Rand per month), faith healing methods (24.4 Rand per month) and micronutrients 7.2 Rand per months (1 US\$ = 7.60 Rand)		income to be associated with TCAM use
Peltzer,et al 2010	South Africa	Prevalence of traditional medicine use and non-adherence to anti-retroviral therapy	quantitative cross-sectional questionnaire based survey	HIV-positive patients	735	10	77.4% and 31.9% used CAM prior to and after starting treatment respectively. TCAM use was associated with younger ages, higher educational, lower self-reported quality of life, a lack of understanding of	A,B,H	The cohort was followed up to six months

							<p>CD4 count, higher self-reported HIV disease and treatment related knowledge and higher health care decision involvement</p> <p>Non-adherence was associated with CAM use , Herbal therapies</p> <p>Cost in Rand/month mean(SD) prior to ART(PA)=Time 129 (166) follow-up(FU)= 250 (330)</p> <p>Faith healing =PA=0.4 (1.0,) FU= 0.2 (1.7)</p> <p>Physical/body-mind therapy (e.g. exercise, massage = PA=9 (11) FU=0.8 (2.6)</p>		
Peltzer,et al 2011	South Africa	Prevalence of traditional medicine use and	Longitudinal quantitative	HIV-positive patients	735	10	77.4% and 16.1% used CAM prior to and after 20 months of treatment	A,E	The cohort was followed up

		non-adherence to anti-retroviral therapy					respectively. At baseline only 10.2% of patients reported that their health care provider was aware of their herbal remedy use. This figure declined to 4.7% after 6 months, 4.2% after 12 months.		to 20 months
Puoane, et al 2012	South Africa	Perception of healthcare workers, traditional healer and patients on traditional medicine use	Qualitative	HIV patients, health workers and traditional healers	14	----- -	Patient were using THP before and after diagnosis and some practiced medical pluralism Patients preferred not to disclose THP to health professionals because of lack of support and understanding. Patients utilize THP because of family expectations, privacy and confidentiality, especially when	C,E	

							they have not disclosed their HIV status. Patients preferred not to disclose THP to health professionals because of lack of support and understanding.		
Mncengeli et al 2016	South Africa	Concurrent use of Antiretroviral and African traditional medicines amongst people living with HIV/AIDS	Quantitative Questionnaire based survey	HIV/AIDS patients	360	9	Over 65% (185/281) reported ATM use before diagnosis with HIV whilst 77.6% (218/281) reported previous ATM use after their HIV diagnosis but before initiation with ARV. Place of residence (p=0.004), age (p<0.001) and education level (P=0.041) were found to be significantly and positively correlated with ATM use. 4.98% (14/281) of the patients	A,B,F	

							used ATM and ARV concurrently during the study period		
Thielman et al 2014	Tanzania	Healthcare seeking pattern	Quantitative cross-sectional survey	HIV/AIDS Patients	442	7	249 (56%) sought cure from a newly popularized religious healer	A	
Tamuno 2011	Nigeria	Traditional medicine use among HIV/AIDS patients	cross-sectional questionnaire based survey	HIV/AIDS Patients	400	5	110 (27.5%) admitted to using traditional medicine at home before their commencement of the antiretroviral therapy. (4.3%) used traditional medicine and antiretroviral drugs concurrently	A,F	
Malaria, Febrile Illness AND Diarrhoea									
Bakshi et al 2013	Sierra Leone	Prevalence and correlates of traditional treatments	Mixed method study. cross-sectional	heads of households, and caregivers	5951	6	31% and 22% of caregivers have used traditional remedies to treat childhood diarrhoea and fever	A,B	

			questionnaire based survey & focus group discussion (FGD)	children under five years			respectively. Traditional medicine users for fever and diarrhoea were likely to be Caregivers, who were not Mende, government use recommended salt sugar solution(for diarrhoea), without a vaccination card, whose child had more than two illnesses, Muslim(fever)and non-users of any allopathic treatment		
Diallo et al 2006	Mali	Use of modern and traditional medicine for Malaria treatment	Restrospective Quantitative questionnaire based survey	Children with uncomplicated malaria	952	6	For uncomplicated malaria, children were first treated with modern medicines alone (40%), a mixture of modern and traditional treatments (33%), or traditional treatment alone (27%). For	A	self-medication (traditional or modern medicine, see below) as first treatment was

							severe episodes, a traditional treatment alone was used in 50% of the cases.		the rule for uncomplicated malaria. For second episode visit to traditional healer or health facility was common
Diaz et al 2013	Sierra Leone	Pattern and determinant of Healthcare seeking	Quantitative questionnaire based survey	Care givers of Children	5951	10	Preference for traditional care was due to its accessibility and barriers to conventional health care	C	use of traditional treatments was significantly associated with not seeking outside care

Eseigbe et al 2012	Nigeria	Health Care Seeking Behavior among Caregivers of Sick Children Who Had Cerebral Malaria	Prospective review of cerebral malaria cases	Care givers of children with malaria	33		Health care options utilized before presentation at our facility were formal health facility 24 (72.7%), patent medicine seller 12 (36.4%), home treatment 10 (30.3%), and herbal concoction 6 (18.2%)	A	
Farag et al 2013	Mali	Pattern and determinant of Healthcare seeking	Quantitative questionnaire based survey	children	1,000	7	57% of caregiver used traditional treatment for their child's diarrhoea	A	Use of traditional treatment was associated with having a severe form of diarrhoea
Graz et al 2015	Mali	Patterns of treatment seeking behaviour for malaria	Quantitative questionnaire	Paediatric population with	400	4	58% of children with uncomplicated malaria were treated with	A,H	This was a significant increase

			based survey	uncomplicated malaria			herbal medicine alone. 1000 CFA fr approximately E1.5) varied greatly Half of modern treatments were obtained for free, but costs went up to 89 000 CFA fr. For traditional treatments, three-quarters were free, but there were also extreme prices of up to 75 000 CFA fr		From 24% 10 years earlier
Jombo et 2010	Nigeria	Prevalence socio-demographic determinant of traditional practitioner utilization	Quantitative questionnaire based survey	adult women aged 18 years old and above	2 075	6	49.7% of respondents utilized a traditional healer for malaria treatment. Being old, less educated and those with blue – collar jobs were associated with TM use Being cheap, accessible, akin to cultural values,	A,B, C	

							were key drivers of TM use		
Mensah & Gyasi, 2012	Ghana	Prevalence and associated factors of herbal medicine use	Mixed Method structured questionnaire and in-depth interviews	malaria patients and traditional healers	189 malaria patients and 5 traditional healers	6	50.3% used herbal medicine to treat malaria. Use of herbal medicine was associated with the perception of it being relatively safe, cost-effective, efficacious and available	A	29.7% practiced medical pluralism
Njoroge, et al 2007	Kenya	Herbal medicine use for diarrhoea management	Quantitative questionnaire based survey	herbalists and the slum dwellers	42	3	97.45% had used herbal treatment. 52.5%) first seek treatment for diarrhoea from herbalists before going to the hospital. Being cheap and effective were reasons for use.	A,C	
Ranasinghe, et al 2015	Sierra Leone	Prevalence and pattern of use of herbal medicine	Quantitative questionnaire based survey	adult male and female residents	810	8	55% used herbs or its combination. 37% of herb users taking two or more herbs together when ill. Moringa oleifera and Sarcocephalus	A	

							latifolius were the common herbs used.		
Sarmiento et al 2016*	Nigeria	Prevalence and determinants of traditional medicine use	Quantitative questionnaire based survey	Women(15-49) with children	11 305	9	24.1% of women and 11.3% of children used traditional medicine for child birth and diarrhoea respectively. Users were less educated, accessed antenatal care less, experienced more family violence and were less likely to have birth certificates for their children. of children were	A,B	
CANCER									
Asuzu,et al (2015)	Nigeria	cancer patients' use of traditional healers	Quantitative questionnaire based survey	cancer patients	400	7	34.5% of the patients patronized traditional healers, The cost of traditional treatment for cancer ranged between no cost	A,H	

							to N5,000 (that is approximately \$31.25 @ \$1 = N160) to be treated. The cost of orthodox care would range from a minimum of N40,000 to several millions of naira.		
Erku 2016	Ethiopia	CAM Use and its association with quality of life of Cancer patients	Quantitative questionnaire based survey	cancer patients	231	8	79% were CAM users, higher education, monthly income, disease stage and comorbidity were predictors of CAM use and traditional herbal based medicine was the most common type of CAM. Belief in advantages of CAM was common reason for CAM use. 79.2% did not disclose CAM use to their doctor. Most of CAM users (81.8%) did not experience side	A,B, C,D, E,G	no difference in QOL between users and non-users and higher non-disclosure rate among CAM users

							effects from CAM use		
Ezeome et al 2007	Nigeria	Prevalence, pattern of use, and factors influencing the use	Quantitative questionnaire based survey	cancer patients	160	7	65.0% have used CAM since diagnosis. age, marital status, level of education, religious affiliation, or socioeconomic status were not predictors of CAM use. Most common CAM modalities were herbs and faith/prayer healing. 55.8% did not mention their use of CAM to their doctors and reason for non-disclosure was the doctor did not ask. More than 21% of users reported various unwanted effects.	A,B, D, E,G	
Mwaka, et al 2015	Uganda	Barriers to biomedical care and use of traditional	Qualitative	Men and women aged	24	-----	Traditional medicines were used mainly due to barriers to biomedical care	C	

		medicines treatment of cervical cancer		18–59 years			and community beliefs in the effectiveness of traditional medicines		
Yarney et al 2013	Ghana	Prevalence pattern and factors associated with use of CAM	Quantitative questionnaire based survey	cancer patients	98	7	73.5% were CAM users. Females young, married and highly educated were likely to use CAM. Massage followed by herbal were common CAM modalities used. Reasons for use were experimentation, akin with religious and cultural beliefs, disappointment with conventional treatment etc. 83.3% of users had not informed their doctor about CAM use.	A,B, C,D, E	
Eye Diseases									
Achigbu, et al 2014	Nigeria	Pattern and prevalence of the use of	Quantitative questionnaire	out-patients attend	202	6	83.2% have used TEM. Age (p=0.002 and occupation(p=0.0	A,B	

		traditional medication	cross-sectional based survey	the Eye Clinic			00) was associated with traditional medicine use		
Ajite &Fadamiro 2013	Nigeria	Prevalence of Harmful/Traditional Medication Use	Quantitative questionnaire based survey	Patients with eye conditions	1420	8	3.4% reported using traditional eye medicine	A	
Eze et al 2009	Nigeria	Prevalence and pattern of herbal medicine use	Quantitative questionnaire based survey	ophthalmic outpatients	2,542	8	55% were users of traditional eye medicine. younger age, being married , residing in rural area were associated with herbal medicine use Being effective was the reason for used TEMs used were chemical substances , plant products and animal products	A,B, C,D	Having an ocular anterior segment disease delayed Presentation, low visual acuity, and presence of co-morbid chronic conditi

									on were clinical factors associa ted with TEM use
Bisika et al 2009	Malawi	Self Treatment of Eye Diseases	Quanti tative questi onnair e based househ old survey	Adul ts(>2 0year s) repre senta tive	800	6	28.6% used traditional eye medicines	A	
Jaya and Masanganise 2014	Zimbab we	Prevalence, types and effects of traditional medicine	Quanti tative questi onnair e based survey	Ophth almic patie nts	361	7	61.5% patients used TEM. TEM use was associated with religion, occupation and place of residence Plant based products were commonly used	A,B ,D	signific ant associa tions betwe n use of TEM and corneal ulcerati on, corneal vascula risation , endoph

									thalmitis, evisceration, exenteration and legal blindness at presentation
Nwosu & Obidiozor 2011	Nigeria	Incidence and risk factors for traditional eye	Quantitative questionnaire based survey	adult ophthalmic patients	500	9	13.2% were traditional eye medicines (TEM) users. TEM users were likely to be older (>50 years), lived ≥ 25 km outside health facility, uneducated	A,B	
Ukponmwan & Momoh 2010	Nigeria	Incidence and complications of traditional eye medications in Nigeria in a teaching hospital	Quantitative questionnaire based survey	Eye patients	7220	7	1.57% of patients had used traditional medicine. Users were likely to be residing in rural area.	A,B	
Surgical Care									

Nethathe 2016	South Africa	Prevalence and factors associated with traditional herbal medicine use	Quantitative questionnaire based survey	Surgical patients	508	8	39% participants reported past TM use and 7% admitted to current TM use. planned surgical procedure, HIV positive, current use of arthritic medication Four per cent of TM users had an adverse reaction to the medication eight respondents (2%) stated they received the medication free of charge, 148 respondents (30%) paid < ZAR 500 (US\$ 60) and 9 (2%) paid between ZAR 500–1000 (US\$ 60–119), 4 (1%) paid more than ZAR 1000 (US\$ 119)	A,G,H	
Onyeka et al 2012	Nigeria	Prevalence and pattern of use of herbal medicine	Quantitative questionnaire	surgical patients	60	8	Variables such as age less than 35 years, female gender, being married	A,B,E,G	

			based survey				and being an urban dweller did not show any significant difference in use. 87.5% did not inform their doctor of their herbal use. Perceived side effects of herbal medication (16.6%) included fever, waist pain and intoxication.		
DRY SEX , ABORTION and STI									
Dienye et al 2013	Nigeria	Health Seeking Behaviours of Menopausal Women in an Out-Patient Clinic	cross-sectional, descriptive study	Menopausal Women	385		3.8% consulted a traditional healer	A	
Mbikusita-Lewanika et al 2009	Zambia	Prevalence and determinants dry sex traditional medicine use	Mixed method Self-administered questionnaire	women	812	8	68.1% had ever used 56.2% & 11.9% were current and previous users of "dry sex traditional medicine	A,B	

			es, in-depth interviews and focus group Discussion.				respectively (DSTM). 77%) of the sexually active respondents, had used DSTM. DSTM users were more likely to be older, married, with less educated, Christians, from the lower socio-economic level, homemakers, grew up in rural area and from the Eastern province of Zambia		
Nuwaha & Muganzi 2008	Uganda	Prevalence and determinants of traditional medicine use	Quantitative questionnaire based survey	Adult presenting with STIs using both allopathic and TM	224	6	54.9% were traditional medicine users. Users were likely married and educated. Use of traditional medicine is influenced by symptoms of STI and by having positive beliefs about traditional medicine and	A,B	

							traditional healers		
Rasch & Kipingili, 2009	Tanzania	use of traditional medicine for Unsafe abortion	Quantitative questionnaire based survey	women admitted with incomplete abortion	751	8	16.9% and 22% had sought the help from traditional healer in rural and urban hospitals Use of traditional healer was associated with primary education for both rural and urban women	A,B	
Neurological Conditions									
Abbo, C 2009	Kenya	Profiles and outcome of traditional healing practices for severe mental illnesses	Mixed method study Questionnaire based survey, FGD, in-depth interviews	Mental health patients	400	5	More than 80% of psychotic patients utilized both conventional and TCAM therapies	A	Better outcome for those who used both therapies
Adeosun et al 2013	Nigeria	Health seeking pattern among	Quantitative cross-sectional	Schizophrenic patients	138	7	Traditional and religious healers were the first contact for the	A	

		Schizophrenic patients	questionnaire based survey				majority (69%) of the patients		
Aghukwa ,2012	Nigeria	Care Seeking and Beliefs About the Cause of Mental Illness	Quantitative cross-sectional questionnaire based survey	Psychiatric patients	219	9	73.5% of patients seek care from traditional and religious healer	A	59% attributed the illness to supernatural force and seeking psychiatric consultation at least five years after onset of disease
Burns et al 2010	South Africa	pathway to care and clinical features of first-episode psychosis	Quantitative questionnaire based survey	Psychotic patients	54	5	38.5% and (49% had consulted a traditional healer and spiritual healer prior to their first visit to conventional care	A	

Girma et al 2011	Ethiopia	Patterns of treatment seeking behaviour for mental illnesses	Quantitative questionnaire based survey	psychiatric patients	384	10	Half of patient first seek CAM therapy in the form of a religious healer 116 (30.2%) or an herbalist 77 (20.1%)	A	
Ibrahim et al 2016	Ghana	Pathways to psychiatric care for mental disorders	Quantitative questionnaire based survey	Psychiatric patients	107	9	23.3 % sought non-psychiatric treatment from religious or traditional healing centers as their first contact	A	52.3% and 21.5% seek care psychiatric and non-psychiatric general facility respectively.
Kauye et al 2014	Malawi	Pathway to care for psychiatric patients	Quantitative questionnaire based survey	Psychiatric patients	128	6	22.7% of the patients had a native healer as a first carer	A	About half (48.2%) of all patients who saw a native healer as the first carer

									spending more than 2 weeks before referral while about 67.0% of those who saw conventional health workers spent 3 days or less before referral .
Lagunju et al 2013	Nigeria	Prevalence pattern and factors associated with use of traditional medicine	Quantitative questionnaire based survey	caregivers of children with epilepsy	175	6	56.6% OF caregivers have d used CAM while 40%) of the 175 children had received CAM ever before seeking Western Medicine for the treatment of epilepsy	A,B, D , E	

							Herbal preparations (39.4%), spiritual/prayer healing (34.3%), scarification (17.1%) Children from low socioeconomic class whose mothers were less educated were likely to use CAM. 69.7% failed to disclose the use of traditional medicine.		
Nwani et al 2013	Nigeria	Treatment seeking Pattern among schizophrenic patients	Quantitative questionnaire based survey	patients with Epilepsy	29	5	65.5% and 55.2% have used spirituality and traditional medicine respectively at the time of the study	A	
Odinka et al 2014	Nigeria	socio-demographic characteristics and patterns of health-	Quantitative questionnaire based survey	patients with schizophrenia	367	8	76% of them had visited traditional faith healers as a first treatment option. than Older, and female patients living in the rural	A,B	Long distance and use of traditional healers

		seeking behaviour					areas, who practiced African Traditional Religion, with less than six years of education and Christian were more likely to have used traditional or faith healers.		as first treatment option were associated with treatment delay
Sorketti et al 2012	Sudan	utilization of traditional healer	mixed method study	mental patients	405	8	Most patients treated by traditional healers were less educated, male and jobless. 33% reported the cost of treatment in traditional health centre was less than conventional psychiatric services	A,B,H	
Tomita et al 2015	South Africa	Health care seeking pattern	Quantitative	Psychotic patients	57	9	Traditional/religious healer were the first contact for 11.5% of respondents. Contact with THP was associated with	A	

							longer delay in seeking conventional care		
Winkler et al 2009	Tanzania	Attitudes Towards African Traditional Medicine And Christian Spiritual Healing Regarding Treatment Of Epilepsy		59 People with Epilepsy, 62 relatives, 46 villagers	59 People with Epilepsy, 62 relatives, 46 villagers	-	The information about the costs of THM varied from 500 Tanzanian Shillings (TSH; 1000 TSH=1 US\$) to up to one cow (=equivalent of approximately 100.000 TSH)	H	
Diabetes									
Baldé et al 2006	Guinea	Herbal medicine and treatment of diabetes	Quantitative questionnaire based survey	Diabetic patients	397	5	33% declared they used herbal medicine. Reasons for use include efficacy (74%), easy access to medicinal plants (70%), lower cost (48%), and search for complete cure of diabetes (37%).	A,D	majority of the users were satisfied (85%)
Lunyera et al 2016	Tanzania	Prevalence and pattern of traditional medicine	Quantitative questionnaire	Adult male and female	481	8	77.1 % used traditional medicine for diabetes. 37.6 % used TMs and	A	

			based survey	le resident with diabetes			biomedicines concurrently		
Mwangi & Gitonga 2014	Kenya	Perceptions and Use of Herbal Remedies	quantitative interview schedules	Diabetic patients	258	6	12.4% reported using herbal medicine. Patients that were educated were likely users of herbal medicine	A,B	
Ogbera et al 2010	Nigeria	Prevalence and determinants of traditional medicine use	Quantitative questionnaire based survey	Diabetic patients	263	7	46% were CAM users. CAM users were likely to be older and literate. Main forms of CAM used were biological based therapies. All CAM users did not disclose the use of these methods of therapy to their doctors.	A,B, D, E	CAM users did not disclose use of CAM to their doctor
Rutebemberwa et al 2013	Uganda	Reasons for using herbal medicine	Qualitative	Diabetic patient, health workers, THP	32	-----	Push factors such as difficulties accessing conventional care, shortage diabetic drugs and pull factor such as the	C	

							affordability, availability and accessibility of traditional medicine, as well as being supplied in big quantities. Other pull factors are Traditional medicine convenient to take and was marketed aggressively by the herbalists. Influence of family and friends as well as traditional healers also drive use of traditional medicine		
MUSCLESKETAL CONDITIONS									
Aderibigbe et al 2013	Nigeria	Determinant of utilization of traditional bone setting practice	Quantitative cross-sectional questionnaire based survey	adult male and female	400	8	52.3% utilized a TBS. age, sex, marital status, occupation, ethnicity as well as the income level were associated with patronizing TBS. affordability, accessibility and	A,B, C	

							acceptability were pull factors of TBS use while health worker attitude, fear of amputation, hospital delays were the push factors.		
Akinpelu et al 2011	Nigeria	Prevalence of Musculoskeletal Pain and Health seeking Behaviour among Occupational Drivers	Quantitative cross-sectional questionnaire based survey	Occupational Drivers	159	6	Total of 47.2% (32.1% Herbal preparation, 2.5% traditional medicine 12.6% massage) used CAM therapies for their musculoskeletal pain.	A	
Mbada et al 2015	Nigeria	Prevalence and modes of complementary and alternative medicine use	Quantitative questionnaire based survey	farmers	230	8	Prevalence of CAM was 96.8 %. Herbal therapy and Massage was the most commonly used CAM method.	A,D	
Nwadiaro et al 2008	Nigeria	Determinants of traditional healer utilization	Quantitative questionnaire based survey	adults male and female	250	5	9.9% visited a traditional bonesetter (TBS) on their own while 21% had previously been treated by TBS. 74.4% preferred	A,C	

							orthodox fracture treatment. Fast recovery, cheap, accessible, less amputation, better outcome were main reasons for choosing TBS. Better diagnosis and hygiene and less complications were reasons for using biomedical care.		
Obalum & Ogo 2011	Nigeria	Prevalence and pattern of use of CAM	Quantitative questionnaire based survey	Osteoarthritis patients	164	7	40.2% were CAM users. Herbal products were the frequently used CAM modality. No significant difference in demographics, clinical characteristics and pain control among CAM users and non-users	A,B,C	
Onyemaechi et al 2015	Nigeria	Patronage of	Quantitative	Patients with	418	7	31.6% of patients had visited a traditional bone	A,C	

		traditional bonesetters	questi onnair e based survey	musc ulosk eletal injur ies			setter.Motivators to use TBS include advice of relatives and friends ; 29.2%); perceived cheaper cost of treatment 25%); sociocultural belief (14.2%); easy accessibility (n=15; 12.5%); fear of amputation at the hospital (n=13; 10.8%); and fear of operation (n=10; 8.3%)		
INFERTILITY									
Kaadaaga, et al 2014	Uganda	Prevalence and factors associated with use of herbal medicine	Quanti tative questi onnair e based survey	wom en atten ding the infert ility clinic	260	6	76.2% of infertile women have used herbal medicine. being married, never conceived and infertility for less than 3 years were more likely to use herbs while those aged 30 years or less, less educated and lived with a	A,B	

							partner for less than three years were less likely to use herbal medicine.		
Ola et al 2008	Nigeria	determinant of health seeking behaviour	Mixed method FGD and questionnaire based	male and female infertile patients	152	7	69% and 46.1% of respondents used unorthodox care (TBA, faith healing, spiritualist, and herbalist) and chose it as first choice of care respectively. Socio-economic status, quality of care and level of education were significantly related to the choice of treatment outlets for infertility.	A,B	
General inpatients and outpatient group									
Adibe M 2009	Nigeria	Prevalence of concurrent use of herbal and synthetic medicines	Quantitative questionnaire cross-sectional	outpatients	278	5	69.4% of respondents used both orthodox and traditional medicine. Being female, middle aged, educated and middle income were	A,B	Failed to report the use of TCAM only

			based survey				predictors of dual use of orthodox and traditional medicine		
Adinma et al 2015	Nigeria	Pattern and practice of complementary alternative medicine	Quantitative cross-sectional questionnaire based survey	Adults outpatients	128	4	89.9% used TCAM. Biological based therapies were most used TCAM High cost of allopathic drug, availability of TCAM and health promotion and maintenance were reasons for use	A,C, D	
Fakeye et al 2008	Nigeria	Prevalence and pattern of herbal medicine use	Quantitative questionnaire based survey	Inpatient and outpatients	265	7	72.4% of both in and outpatients were herbal medicine users. Specifically 18.5% and 90.0%, of inpatients and outpatients were herbal medicine users respectively. All herbal medicine users failed to disclose their status to their doctor.	A,E, G	

							9% experienced adverse effects with the use of herbs, whereas 2% experienced adverse reactions on coadministration with prescribed drugs		
Fakeye et al 2010	Nigeria	Self – medication among inpatients	Quantitative questionnaire based survey	Inpatients	197	7	Seventy four respondents (37.6%) were self medicating with herbs or conventional over-the-counter and prescription medicines, out of which twenty eight respondents (29.2%) were on herbal medicines while on admission.	A	The herbs were used for back pain and dysentery which might have been side effects of conventional drugs or secondary symptoms that

									came up after they had been admitted
Kiguba et al 2016	Uganda	Herbal medicine use and linked suspected adverse drug reactions	Prospective cohort	Inpatients	762	6	18.3% of respondent have used one specific herbal medicine 10 suspected ADRs linked to pre-admission herbal medicine use including Commelina africana (4), multiple-herb-mumbwa (1), or unspecified local-herbs (5): three ADR-cases were abortion-related and one kidney-related.	A,G	Higher use was seen among patients in gynaecological ward compared to medical ward.
Marais et al 2015	South Africa	Use of herbal remedies by patients visiting a tertiary hospital	Quantitative cross-sectional questionnaire	Outpatients	100		74.2% of all respondents had used some form of unregistered herbal treatment at some stage during their lives. 82.1% were	A	35.8% of subjects would revisit their traditio

			based survey				bought from pharmacies and health shops. The remainder were directly obtained from traditional healers		nal healer first, before seeking a consultation from their local clinic or doctor.
Oshikoya et al 2008	Nigeria	Use of complementary and alternative medicines for children with chronic health conditions	questionnaire based survey	Children Outpatients with chronic health conditions	318	8	CAM was reportedly used by 99 (31%) patients (epilepsy -38%, sickle cell anaemia – 36% and asthma – 25%). The majority (84%) of these patients were currently using CAM Eighty-five (86%) parents were willing to discuss the use of CAM with their doctors but were not asked. CAM use was associated with	A,E, G,H	

							adverse reactions in 7.1% of the patients The average cost per month amongst the majority who used CAM every day was 8,500 (US\$ 70.1).		
Asthma, infantile colic, Tuberculosis, Snake bit, Mycetoma and oral health									
Adeyeye et al 2011	Nigeria	Pattern and prevalence of the use of CAM among asthma patients	Quantitative cross-sectional questionnaire based survey	asthmatic patients	190	7	50.5% were currently using CAM. Cheaper, easily available, effective and less side effect were drivers of CAM use. Biological based therapies were the commonly used CAM	A,C, D	Longer duration of asthma was associated with use of complementary and alternative medicine
Ezaldeen et al 2013	Sudan	Herbal medicine for mycetoma	Quantitative questionnaire based survey	patients with confirmed eumycetoma	311	6	42.4% of the study population used herbal medicine for the treatment of eumycetoma at some stage of their illness.		commonly used herbs were Moringa oleifer

									a, Acacia nilotica , Citru llus colocy nthis and Cumin um cyminu m.
Lawal et al 2015	Nigeria	knowledge of and utilization of traditional oral health care	Quantitative questionnaire based survey	Adult male and female residents	390	7	8.7% participants visited a traditional healer for toothache. Males were more likely to be aware of traditional dental healers in their community. However no significant difference exist between those who visited and not visited a traditional tooth healer with respect to socio-demographic variables	A,B	
Oshikoya et al 2009	Nigeria	Self - medication	Quantitative	infants	800	7	32.8% used herbal medicine	A	

		of herbal medicines	questionnaire based survey						
Sloan et al 2007	South Africa	Healthcare-seeking behaviour and use of traditional healers	Quantitative questionnaire based survey	in-patient snake bite victims	50	7	62.5% of victims visited traditional medicine practitioner. THP consultation was associated with delay in accessing care at the hospital. Non-statistically significant trends towards THP use were observed if hospital access was poor or if patients were younger than 9 years	A,B	
Ukwaja et al 2013	Nigeria	Healthcare-seeking behavior, treatment delays and its determinants among pulmonary tuberculosis patients	Quantitative questionnaire based survey	Tuberculosis patients	450	8	10% of tuberculosis patients initially visited a traditional healer	A	

Student Population, healthcare professionals , academia and others

Adomi PO 2014	Nigeria	Attitude and use of herbal medicine	Quantitative cross-sectional questionnaire based survey	paramedical students	193	3	53.9% of paramedical students had used herbal medicine. Being cheap, Recommendation by friends and family, were the main drivers. On the other hand, lack of evidence to support practice, fear of herbs being less safe and ineffective due contamination were barriers	A,C	
Ahwinahwi et al 2016	Nigeria	Prevalence of, attitude towards and barriers to CAM use	Quantitative cross-sectional questionnaire based survey	University students	450	7	81.78% had or currently using CAM. Herbal medicine was the mostly used CAM therapy. Low cost and absence of evidence to validate CAM practice were the key drivers and barriers to CAM use respectively.	A,C, D	Malari a was the most cited indication for CAM use.
Alade et al 2016	Nigeria	Extent of use and	Quantitative	High scho	228	6	38.4% of high school student	A, C	

		general knowledge of herbal medicines among adolescents	questionnaire based survey	of Adolescents			used herbal medicine. natural and safe as well as effective were reason for use		
Ameade et al 2016	Ghana	knowledge and attitude towards complementary and alternative medicine	Quantitative cross-sectional questionnaire based survey	medical students	284	7	59.0% of medical student were CAM users. Year of study and gender were not significantly associated with CAM use. Herbal medicine was widely used CAM modality.	A,B, D	
Awodele et al 2012	Nigeria	Attitudes towards the use of herbal medicine	Quantitative study cross-sectional questionnaire based survey	Doctors	300	5	20.7% of doctors reported use of herbal medicine	A	Age sex speciality prior knowledge of herbs were associated with willingness to recommend herbs

Dienye et al (2012)	Nigeria	Prevalence and correlates of traditional medicine use	Quantitative questionnaire based survey	mothers	420	7	31.9% used crude oil as traditional medication. Older, less educated and women whose occupation was fishing were more likely to use crude oil. Being cheap, and hospital care being expensive and ineffective were reason for use	A,B,C	
Enwere, 2009	Nigeria	Prevalence and pattern of herbal medicine use	Quantitative questionnaire based survey	medical students	125	6	28.1% were herbal medicine users. Males were more likely to use herbal medicine than females	A,B	
Gyasi et al 2017	Ghana	Prevalence and determinants and pattern of traditional medicine use	Quantitative questionnaire based survey	College students	754	9	89.1% of students used traditional medicine. Taking a science based course and being a Christian were strongly linked to traditional medicine use. herbal medicine followed by faith	A,B,D	

							healing and mind-body therapies were the most commonly used TCAM		
James & Bah 2014	Sierra Leone	Awareness, use, attitude and perceived need for CAM education	Quantitative questionnaire based survey	Pharmacy students	90	8	All of pharmacy student have used one form of CAM. Herbal/Botanical/Supplements followed by Spirituality/Prayer were the most commonly used. pharmacy students had a positive attitude towards CAM	A,D	
James et al. 2016	Sierra Leone	Use, attitude and perceived need for CAM education	Quantitative questionnaire based survey	Final year Pharmacy students, medicine and nursing students	68	9	61 % of final year healthcare students used CAM and no significant difference among the three cadres of students. All three groups of student show positive attitude towards CAM and interest to study CAM	A	

Mbutho et al 2012	South Africa	Healthcare providers' Knowledge, Attitudes and determinant of use of TCAM	Quantitative questionnaire based survey	HIV/AIDS health care workers (HCW)	161	5	23.5% OF HCW had used TCAM. Aromatherapy followed by massage were the common TCAM used. Being an African or isiZulu was more likely to use TCAM	A,B,D	health care workers lack basic knowledge about TCAM
Nworu et al 2015	Nigeria	Perception, usage and knowledge of herbal medicines by students and academic staff	Quantitative questionnaire based survey	Students and academic staff	students (n = 1075) and academic staff (n = 177)	6	Most respondents (75.1%) had used some form of herbal medicine previously. While 36.4% are currently using herbal medicine	A	
van Staden et al 2014	South Africa	Interest in and Willingness to Use Complementary, Alternative and Traditional Medicine	Quantitative questionnaire based survey	academic and administrative staff of the University	2990	7	50.3% visited a TCAM practitioner. Recommendations from friend or relative, ineffectiveness of western medicine, don't like taking western drugs. Previous use of CAM, advertisement were common	A,C,D	

							driver for the use of CAM. Homeopathy was the most common CAM therapy used		
Others									
Reniers& Tesfai, 2009	Ethiopia	Health services utilization during terminal illness	Quantitative questionnaire based survey	close relatives or caretakers of the deceased	597	6	Traditional healer (11%) and holy water (46%) visits offer a common treatment and healing alternative	A	
Odenwald et al 2007	Somalia	khat and other drugs in Somali combatants	Quantitative questionnaire based survey	Military personnel	8124	9	36.4% self-reported Khat used a week preceding interview	A	