THE PERCEPTION OF HOMOEOPATHY AMONGST AFRICAN ADULTS RESIDENT IN MNAMBITHI MUNICIPALITY (KWAZULU NATAL, SOUTH AFRICA)

by

SBONISO BETHWEL LAMULA

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Faculty of Health Sciences
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This study represents original work by the author and has not been submitted in any form to another University. Where use was made of the work of others, it has been duly acknowledged in the text.

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DEDICATION

I dedicate this work to Great God who assisted me in getting this far when it seemed I would not make it. Romans 5:1-5.

Ngiphinde nginikele lomsebenzi kumama uMakhosazana MaSthebe Lamula ngokuba yilambu ngaso sonke isikhathi nezingane zakwethu kanye nobaba ongizalayo uMandlakayise osendela kophakade.

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ABSTRACT

Introduction

All the studies on the perception of homoeopathy in South Africa conducted so far have found that the group least knowledgeable about homoeopathy is the African group. However, no study yet has focused on this group, and tried to find out more detail about their perceptions of homoeopathy.

The study took place in Mnambithi, a town in the northern part of KwaZulu Natal within the Uthukela District with a population of about 200 000 people.

Aim of the study

The overall aim of this study was to determine the perception, knowledge and utilization of homoeopathy amongst African adults resident in Mnambithi, KwaZulu Natal.

Methodology

The survey method was employed to conduct this study. The research instrument was a self-administered questionnaire. The number of questionnaires completed was 1034, distributed according to suburbs 10.6%, centre of town

9.8%, former township areas 58.7% and rural areas 20.6% which approximately reflected the proportion of the population resident in those areas. The data was primarily analyzed by means of descriptive statistics using frequency tables.

Results

The sample consisted of 50.3% males and 49.5% females, with the largest group of respondents being 41 years old and above. Most were unemployed (61.8%). The educational standard was high, with 43.8% of respondents having matric and 20.4% having a diploma or degree. Most respondents (98.6%) had not heard of homoeopathy before. Only 0.1% of respondents had consulted a homoeopath before. 83.8% of respondents answered that they would consider consulting a homoeopath in the future, and 43.3% indicated they were interested in learning more about homoeopathy. The lack of knowledge about homoeopathy and yet being interested in learning more, is a similar finding to other perception studies.

Conclusions

It can be concluded from the results that the level of knowledge of homoeopathy amongst respondents was minimal, with only 10 out of 1034 respondents having heard of homoeopathy. Questions relating to the perception of homoeopathy were restricted to those who had heard of homoeopathy, but because of the small number, no conclusions regarding perception can be drawn.

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CHAPTER 1: INTRODUCTION

1.1 Overview

Perception studies conducted so far in South Africa have revealed that there is a degree of ignorance or misunderstanding of homoeopathy, and that varied opinions on it's application and efficacy exist among the general public (Small, 2004; Maharaj, 2005; Macquet, 2007). A large portion of the South African public is uncertain regarding the understanding of homoeopathy and the use of homoeopathic medicines (Paruk, 2006). The lack of extensive data regarding public perceptions of homoeopathy in South Africa means that homoeopaths have much work to do in the research field to investigate the level of knowledge of homoeopathy amongst the population of South Africa. Through further research, marketing strategies can be formulated to create greater awareness of homoeopathy amongst the general public.

The aim of this questionnaire based study was to broaden the database of knowledge regarding the public perceptions of homoeopathy in South Africa, by investigating the perceptions of adult African (nomenclature as per Statistics South Africa, 2001) residents of Mnambithi municipality regarding their knowledge of homoeopathy. The Mnambithi municipality is located in the northern part of KwaZulu Natal, South Africa. It is under Uthukela District

Municipality where it is one of the five local municipalities. The population of Mnambithi municipality is about 200 000 (Statistics South Africa, 2001).

The residents of Mnambithi are all healthcare consumers. It is important, therefore, that communities such as this are well informed and educated about the various healthcare options available, including homoeopathy, so as to give their families the best opportunity for proper healthcare. Clinics and hospitals are offering orthodox medicine in our country and it is a primary form of medicine. If the knowledge of homoeopathy is poor amongst the population in this area, they will choose the known options of izinyanga, izangoma or orthodox medicine to help them when they are ill without considering homoeopathic treatment as an option. According to the records of the Homoeopathic Association of South Africa (2007) only two homoeopaths practice in the Mnambithi municipality.

Van der Geest (1992) stated that traditional healers (izinyanga and izangoma) are a popular health care source for which Africans have always paid most attention and even with the expansion of modern medicine they remain popular. According to the World Health Organization (2001) a traditional healer for many Africans may be the only health care provider that they have ever known. The World Health Organization states that 80% of Africa's population use traditional medicine for primary health care. According to Mr Sithole (2009) who is a registered inyanga in Mnambithi, a large portion of the population consults registered izinyanga and even those practitioners who are not registered are

busy. Mr. Sithole is registered with the Traditional Healers Organization for Africa which is based in Swaziland (Environmental Centre for Swaziland, 2003).

Mnambithi has only one public hospital and 25 clinics which service the whole area (Mnculwane, 2009) thereby putting a lot of stress on the facilities.

Even though orthodox medicine is predominant around the world, there has been a surge of interest in homoeopathy and other complementary therapies over the past three decades. This interest has been well documented in the United Kingdom (Fulder and Munro, 1985), and the United States (Eisenberg, Davis, Ettner, Appel, Wilkey, Van Rompay and Kessler, 1998).

The Health Products Association of South Africa conducted a market survey between the years of 2001 to 2003. South Africans spent R1.928 billion on natural health care products in 2003. In 2001 the market size was R1,377 billion. This amounts to a 17,9% increase from 2001 to 2003. During this time there was an average of 43,3% markup of products. The homoeopathic sector accounted for 4% of the total market sales for the year. In 2003, South Africans spent R61 million on over-the-counter (OTC) homoeopathic products during the year, which is an increase of 16,4% on figures received from a similar survey conducted in 2001. The homoeopathic sector was attributed mainly to homoeopathic remedy sales, totaling 67% of the sales. There was a 23,9% increase in homoeopathic remedies sold from 2001 to 2003. The remaining portion of the sales comprised

anthroposophicals 15%, homoeopathic creams 11% and tissue salts 7% (Health Products Association of South Africa, 2005).

Complementary practitioners accounted for only 1% of the total distribution of natural health care products. The primary method of distribution was through health shops (40%). Other channels included direct sales, supermarkets and hypermarkets contributing, pharmacies, pharmaceutical wholesalers and export sales (Health Products Association of South Africa, 2005).

Lack of knowledge, but an interest in learning more, is the common denominator in several South African studies of the public perception of homoeopathy (Daphne, 1997; Small, 2004; Paruk, 2006; Macquet, 2007). For example, Small (2004) found that 70% of Grade 12 learners at schools in Durban had never heard of homoeopathy, yet 80% of them wished to learn more about it.

The research method utilized in this study was a survey using a self-administered questionnaire. A focus group was conducted prior to distribution of the questionnaires, to determine the face validity and content validity of the questionnaire. Members of this group were drawn from the Mnambathi community. Face validity is the easiest type of validity to achieve and the most basic kind of validity. It is a judgment by the scientific community that the indicator really measures the construct. In other words, it addresses the question: on the face of it, do people believe that the definition and method of

measurement fit? (Neuman, 1997:142). Content validity describes a questionnaire that is considered to be effective and well rounded enough to be able to assess a particular concept (Neuman, 1997:142).

The sample size used in the study was 1000. A stratified random sample method was employed. The data collected was encoded and entered into an Excel spreadsheet by the researcher. The data was then imported into the SPSS® for Windows™ version 15 and Excel® XP™.

1.2 Rationale for the Study

- African people make up the majority of the population of South Africa (Statistics South Africa, 2001).
- Homoeopathy perception surveys conducted in South Africa have included all race groups, except the Moys study (1998) which focused on Indians and Whites. All the studies have found the least knowledgeable about homoeopathy is the African group. However, no study yet has focused on this group, and tried to find out more detail about their perceptions of homoeopathy.
- Mnambithi has been selected as the research area because homoeopathy perception surveys conducted in South Africa so far have all been conducted in the metropolitan areas. Mnambithi is a town, and the district includes a significant rural population. Furthermore, this is the hometown

of the researcher, which makes it easier for him in terms of access to the population and logistics in general.

- Research such as this will highlight the need for education on and promotion of homoeopathy, and the need to improve access to homoeopathic services.
- Conducting the survey will in itself raise awareness of homoeopathy and provide an opportunity to raise awareness and the existence of the Department of Homoeopathy at the Durban University of Technology.

1.3 Aims of study

The overall aim of this study was to determine the perception, knowledge and utilization of homoeopathy amongst African adults resident in Mnambithi, KwaZulu Natal.

1.3.1 First Aim

The first aim was to establish the level of knowledge of homoeopathy amongst respondents.

1.3.2 Second Aim

The second aim was to determine the perception and views of respondents regarding homoeopathy.

1.3.3 Third Aim

The third aim was to establish the utilization of homoeopathic services in the study population.

1.3.4 Fourth Aim

The fourth aim was to ascertain whether there was a difference of knowledge and perception among the various demographic populations to be surveyed i.e. those living in the suburbs of Mnambithi, centre of town, former “township” areas, and rural areas.

1.3.5 Fifth Aim

The fifth aim was to compare the findings of this research project with those of other researchers regarding perception of homoeopathy in relation to the demographics of race, gender and age.

CHAPTER 2: LITERATURE REVIEW

"We see the world not as it is, but as we are. We see it through the lens of our experiences, expectations and beliefs" (Kehoe, 1998:174). *"Reality is often based on perception, perception is not often based on our experience or education but rather on what we sense from our surrounding* "(Chaffe, 1997:606).

Homoeopathy is a form of Complementary and Alternative Medicine (CAM). CAM is a broad domain of resources that encompasses health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the dominant health system of a particular society or culture in a given historical period. CAM includes such resources perceived by their users as associated with positive health outcomes. Boundaries within CAM and between the CAM domain and the domain of the dominant system are not always sharp or fixed (Institute of Medicine Committee on the Use of Complementary and Alternative Medicine by the American Public, 2005).

The system of homoeopathy was developed by a German physician and chemist, Dr Samuel Hahnemann (1755-1843). Homoeopathy is based on the observation that a substance, when taken by a healthy person, is capable of producing a particular array of symptoms. According to homoeopathic philosophy a highly diluted portion of that substance can be used to treat someone suffering from a disease or condition that presents with symptoms similar to those produced by that substance. This is the homoeopathic Law of Similars, also

expressed as “Let Likes be cured by Likes”. The word homoeopathy is derived from the Greek words “homoios”, meaning like, and “pathos”, meaning “suffering” (Homoeopathic Association of South Africa, 2007).

Homoeopathy is a medical approach that respects the wisdom of the body. It is an approach that uses medicines that stimulate the body's own immune and defense systems to initiate the healing process. It is an approach that is widely recognized to be safe, and it is an approach that can be potentially very effective in treating the new types of diseases that are afflicting us now, and will afflict us in the 21st Century. As a primary-contact practitioner, a homeopath manages all aspects of patient healthcare, diagnosis, treatment and management, including referral and communication with other healthcare professions and institutions (Homoeopathic Association of South Africa, 2007).

In South Africa, formalised homoeopathic educational standards are closely aligned with those of medicine, and are internationally recognised as an education of excellence. Homoeopathy is a legally recognised profession and is becoming an increasingly important part of South African healthcare provision. Homoeopathic physicians are registered with a statutory body, the Allied Health Professions Council, and their activities are closely monitored by a professional board (Homoeopathic Association of South Africa, 2007).

Homoeopathic training in South Africa consists of a five year full-time medico-scientific course in classical, clinical, modern and conventional homoeopathy as well as homoeopharmaceutics leading to an M. Tech. (Hom.) degree. There are currently two tertiary institutions in South Africa that offer an M. Tech. (Hom.) qualification in homoeopathy; the Durban University of Technology and the University of Johannesburg. Graduates are registered as homoeopathic practitioners with the statutory body known as the Allied Health Practitioners Association of South Africa (Homoeopathic Association of South Africa, 2007).

The disparity of health status of Africans compared to other groups in South Africa is marked. This can be seen from the disparities of infant mortality rate per ethnic group. Toward the end of the apartheid era (1990) the infant mortality rate was 7,4 per 1000 live births among Whites as compared with 43,3 per 1000 among Africans. This could be attributed to increased malnutrition, gastroenteritis and measles amongst African children (Benator, 1997). By 1998 this disparity was Whites 11,4 and Africans 47,01 (Bradshaw, Masiteng and Nannan, 2001). This disparity is evident in the United States as well. Non-Hispanic African women had the highest infant mortality rate in the United States in 2004 – 13,60 per 1000 live births compared to 5,66 per 1000 births among non-Hispanic White women (National Center for Health Statistics, 2007). Weinick, Zuvekas and Cohen (2000) found that in the period 1977-1996, racial and ethnic differences in access to and use of health care services in the USA increased, particularly for Hispanic Americans.

The use of Complementary and Alternative Medicine (CAM) in primary care is growing, but still not wide spread. Little is known about how CAM can/should be integrated into mainstream care (Pictroni, 2004). Eisenberg *et al.*, (1998) showed the use of alternative medicine in the United States had increased by almost 50% between 1990 and 1997. By 1997, alternative medicine visits exceeded visits to primary care physicians. They also made the findings that CAM use was less common among African Americans (33,1%) than among members of other racial groups (44,5%), and more common among women (48,9%) than men (37,8%).

The result of a National Survey by Wu, Fuller, Liu, Lee, Fan, Hoven, Mandell, Wade, and Kronenberg (2007) showed that the prevalence of any use of complementary and alternative medicine by groups with depression was lowest in the African American group and highest in the Chinese-American group.

Research in the United States indicates that the growing interest in CAM is found not only among the general population (Astin, 1998) but also among Africans and Hispanics in New York (Cushman, Wade, Factor-Litvak, Knovenberg and Firester, 1999), and the Japanese and Chinese in California (Bair, Gold, Greendale, Sternfeld, Adler, Azari and Harkey, 2002).

The 2002 National Health Interview Survey results (Barnes, Powell-Griner, McFann and Nahin, 2004) indicate that CAM use increases with age and they found that 53,5% of the individuals in the youngest age bracket (18 to 29 years)

reported that they had used some type of CAM and the greatest prevalence of CAM use (70,3%) was found among those in the oldest age bracket (85 years and older).

Van der Geest (1992) stated that traditional healers are a popular health care source for which Africans have always paid most attention and even with the expansion of modern medicine they remain popular. According to the World Health Organization (2001) a traditional healer for many Africans may be the only health care provider that they have ever known. The World Health Organization states that 80% of Africa's population use traditional medicine for primary health care.

According to the World Health Organization (2001), traditional medicine includes a diversity of practices, approaches, knowledge, and beliefs incorporating plant, animal, and/or mineral based medicines; spiritual therapies; manual techniques; and exercises, applied singly or in combination to maintain well-being, so as to treat, diagnose, or prevent illness.

In South Africa traditional healers are known as inyanga (using mainly herbs), and isangoma (using mainly spiritual techniques) (Richter, 2003). Patients utilising such systems are open to the concept of holistic view of health (i.e. health is not just to do with presence or lack of physical symptoms) and the value of natural substances in the healing process. These elements are also central to

homoeopathic philosophy and practice. Therefore, homoeopathy fits well within the paradigm of traditional medicine and could be attractive to Africans if they are sufficiently exposed to it and homoeopathic services are available.

Most people who come into contact with homoeopathy do so through the use of the over-the-counter (OTC) homoeopathic medicine (Reid, 2002). A UK based study by Cappucio, Duneclift, Atkinson and Cook (2001) found that people of African ethnicity in London were more likely than Caucasians to use over-the-counter alternative medicine, while Harrison, Holt, Pattison and Elton (2004) found that in North West England Whites were more likely than ethnic minorities to use herbal supplements. A survey in 2004 conducted in nearly 1400 U.S hospitals found that more than one in four offered alternative and complementary therapies such as acupuncture, homoeopathy, and massage therapy (CBS News, 2006).

The Health Products Association of South Africa (2005) conducted a market survey between the years of 2001 to 2003. South Africans spent R1.928 billion on natural health care products in 2003. In 2001 the market size was R1.377 billion. This amounts to a 17,9% increase from 2001 to 2003. During this time there was an average of 43,3% markup of products. The homoeopathic sector accounted for 4% of the total market sales for the year. In 2003, South Africans spent R61 million on over-the-counter (OTC) homoeopathic products during the year, which is an increase of 16,4% on figures received from a similar survey

conducted in 2001. The homoeopathic sector was attributed mainly to homoeopathic remedy sales, totaling 67% of the sales. There was a 23,9% increase in homoeopathic remedies sold from 2001 to 2003. The remaining portion of the sales comprised anthroposophicals 15%, homoeopathic creams 11% and tissue salts 7% (Health Products Association of South Africa, 2005).

Complementary practitioners accounted for only 1% of the total distribution of natural health care products. The primary method of distribution was through health shops (40%). Other channels included direct sales, supermarkets and hypermarkets contributing, pharmacies, pharmaceutical wholesalers and export sales (Health Products Association of South Africa, 2005).

Singh, Raidoo and Harries (2004) conducted a survey to determine the prevalence, patterns of use and people's attitudes towards CAM therapies among the Indian community in Chatsworth (a suburb of Durban), South Africa. The sample group consisted of 200 randomly selected adult English-speaking Indian residents. The prevalence of CAM usage for the period 2000/2001 was 38.5%. Spiritual healing and herbal/natural medicines (including vitamins) were the most common types of CAM used. Homoeopathy use was about 1-2%. Half of the CAM users used allopathic medicines concurrently. More than half (51.9%) of the CAM users did so either upon the advice of someone they knew, or after noticing a CAM advertisement in the local press. Seventy-nine percent of the CAM users indicated that they had positive outcomes with their treatments.

Moys (1998) conducted a study of the perceptions of the affluent White and Indian communities in greater Durban towards homoeopathy, with a sample size of 1000 people. She found that twice the number of White respondents (Westville residents) in comparison to the number of Indian respondents (Reservoir Hills residents) reported that they had consulted a homoeopath before. She found that the minority of Indian respondents (9,8%) indicated that “For the medicines to work you must believe in it” one must have a belief for it to work while the White respondents were evenly divided between agreement and disagreement regarding the importance of belief.

Moys found that the general awareness amongst the public of homoeopathy is good, but the actual knowledge of homoeopathic principles, range of treatment and experience of homoeopathy is very limited. This indicates a pressing need for educating the public about homoeopathy and how it can benefit the person in the street (Moys, 1998). She recommended that a similar survey be conducted amongst the African and Coloured population groups in order to assess their perceptions of homoeopathy and to determine their needs for homoeopathic services. The results of her study and the current study would represent a useful overview of the perceptions of the South African public of homoeopathy and the homoeopathic profession.

Small (2004) conducted a survey of Grade 12 learner’s perception of homoeopathy, with a sample size of 10 secondary schools with 1597

questionnaires administered to learners. According to Small, a significant majority of respondents (76,0%) had never heard of homoeopathy before, only 5,9% of the respondents were aware of a registered homoeopath within their area, only 7,4% were aware of family members being treated homoeopathically and a mere 3,7% of respondents had been treated by a homoeopath themselves.

Small states that the results of her study validate the impression that the general public is not aware of, or misunderstands homoeopathy and that there is uncertainty about its application and efficacy. The differences in perception and attitude toward homoeopathy of those who had been exposed to it before in comparison to those who had not, clearly indicates the value of providing information on homoeopathy to the public.

A survey by Macquet (2007) on the perceptions and awareness of homoeopathy and the Homoeopathic Day Clinic amongst students at Durban University of Technology shows that there is a need to market homoeopathy amongst tertiary education students as the levels of knowledge about homoeopathy were fairly poor. Macquet found that only 48% had heard of homoeopathy before, 6% been treated by a homoeopath and 17% knew how long it takes to qualify as a homoeopath. He recommended that the African ethnic group be targeted most in the marketing of homoeopathy because African students were shown to have the poorest levels of knowledge in the study, and even more importantly, because

the African race group is the largest ethnic group at both the D.U.T. and in South Africa.

Surveys undertaken in South Africa on perceptions of pharmacists (n=160) to complementary medicines by Daphne (1997) and of veterinarians (n=27) to homoeopathy and acupuncture by Wortmann (1997) indicate a positive attitude towards these therapies from the professionals surveyed.

According to Moys (1998), Small (2004) and Macquet (2007) there is a need for more research to be conducted amongst the public in order to develop more effective public education campaigns.

The mission and vision of the Department of Health is a caring and humane society in which all South Africans have access to affordable, good quality health care (South African Department of Health, 2004. Research studies such as those mentioned above and the current one can contribute to increased knowledge of homoeopathy and the role it can play in the South African health care environment.

CHAPTER 3: METHODOLOGY

3.1 The study design

The survey method was employed to conduct this study. The research instrument was a self-administered questionnaire that is descriptive and quantitative in nature.

3.2 The questionnaire

The questionnaire used in this study was adapted from Moys (1998) and Small (2004) (See Appendix A).

The questionnaire comprised 30 questions divided into 3 sections:

- Section 1: Background information;
- Section 2: General knowledge of homoeopathy;
- Section 3: Experience with the health care provision.

The questionnaire assessed respondents' knowledge and opinions of homoeopathy, including: general understanding of the function of a homoeopathic practitioner, and the role of homoeopathy in the health care system.

Questionnaires were printed in English and Zulu. There was a Participant Information Letter (see Appendix B) included with every questionnaire. Each questionnaire included instructions on how to answer it appropriately.

3.3 The focus group

A focus group was conducted prior to distribution of the questionnaires, to determine the face validity and content validity of the questionnaire.

The focus group consisted of 10 African members of the public from the Mnambithi region, which was where the study took place. It comprised of males and females. The group looked at the English and the Zulu questionnaires. The conclusions from the focus group were recorded. Any queries, concerns or problems about the questionnaire was discussed with the research supervisor, Dr. Richard Steele and modified accordingly.

3.4 The participants

The population was African adult residents of Mnambithi municipality.

3.4.1 Inclusion criteria

- African ethnic origin (self defined);
- Citizen of the Republic of South Africa;

- Resident in the Mnambithi municipality for at least six months (self defined);
- 18 years old and or older (self defined);
- Understanding of English or Zulu;
- Illiterate participants will be interviewed by the researcher, who will complete the questionnaire on their behalf.

3.4.2 Exclusion criteria

- People who do not meet the inclusion criteria.

3.5 The sample

The sample size was 1000 (as per Moys (1998) and Macquet (2007)). General stratification was male (50%) and female (50%). Particular stratification consisted of geographical distribution and geographical location (suburbs 15%, centre of town 5%, former township areas 45% and rural areas 35%). These proportions were in accordance with the population in these areas relative to the population of Mnambithi as a whole (Statistics South Africa 2001). The names of the suburbs are: Observation Hill, Model Kloof, Acaciaville, Hyde Park, Rose Park, Van Reebeck Park, Hospital Park and Mkhamba. The names of the former township areas are: Steadville, Ezakheni A, B, C, D and E and Tsakane. The

names of the rural areas are: Mcitsheni, Roosboom, Watersmeet, Driefontein, Nkuthu, Matiwane, St. Chads, Sdakeni, Qinisa, Falkop and Ekuphumuleni.

Utilizing the random method of selection known as “names in a hat”, the following residential areas were selected for inclusion in the study:

- Suburbs – Mkhamba and Hospital Park (100 questionnaires);
- Centre of town (100);
- Former township areas – Ezakheni C-section and Tsakane and B-section and St Chads (600 questionnaires);
- Rural areas – Sdakeni and Ekuphumuleni and Mcitsheni (200 questionnaires).

In total, 1034 completed questionnaires were collected. The demographic breakdown was as follows:

- English 1 (0.1%);
- Zulu 1024 (99%);
- Male 512 (50.3%);
- Female 507 (49.7%);
- Youth 587 (56.8%);
- Suburbs 110 (10.6%);
- Centre of town 101 (9.8%);
- Former township areas 607 (58.7%);
- Rural areas 213 (20.6%).

3.6 Administration and distribution of the questionnaires

Two methods were employed for administration of the questionnaires. The first method was for the researcher to take the questionnaires to group meetings e.g. churches and the second method was for the researcher to take questionnaires to individuals on the street/shopping areas. The group method was employed first, with individuals being approached in order to make up the correct stratification proportions.

3.6.1 Group method

- The researcher obtained permission from the relevant officials e.g. chairpersons mostly, two pastors and izinduna. This was done by writing a letter (see Appendix C) to as many officials as could be identified, then phoning and making an appointment to discuss the study and obtain permission from them. A permission form (see Appendix D) was presented, but most were not prepared to sign anything though they verbally gave permission.
- Once permission was obtained, the researcher arranged to meet the group. He then explained to the group the purpose of the study, distributed the questionnaires to interested individuals, and collected them afterwards.

3.6.2 Individual distribution

- The researcher randomly approached people in the areas selected (see above) and asked them if they would be interested in taking part in a research study, involving completion of a questionnaire. If the answer was affirmative, the researcher confirmed that they met the inclusion criteria. If they did, they were included in the study. Participation in the study i.e. completing the questionnaire, was deemed consent to be included in the study.

3.7 Confidentiality

Confidentiality was maintained in the following way:

- Respondents were not asked to supply their names, addresses, or other information that would allow identification;
- There was no way of identifying respondents from their returned questionnaires;
- After the completion of the study, questionnaires are stored in a secure location.

The researcher handled administration and collection of all the questionnaires.

3.8 Data Analysis

Once all the questionnaires were collected, the data was encoded and entered into a computer by the researcher onto an Excel spreadsheet. The data was then imported into SPSS® for Windows™ version 15 and Excel® XP™.

3.8.1 Components of the Statistical tests

The data was analyzed by descriptive statistics using frequency tables. Correlation analysis was performed using non-parametric tests to determine whether there was any significant association between the factors collected in the responses. The test used was Pearson's chi-Square test and Cramer's V coefficient.

3.8.1.1 Non-parametric Tests

Non-parametric models differ from parametric models in that the model structure is not specified a priori but is instead determined from data. The term nonparametric is not meant to imply that such models completely lack parameters but that the number and nature of the parameters are flexible and not fixed in advance. Non-parametric tests are also called distribution free. They are mathematical procedures for statistical hypothesis testing which, unlike parametric statistics, make no assumptions about the frequency distributions of

the variables being assessed. One of the most frequently used non-parametric tests is the Pearson's chi-square test (Wikipedia, 2009a).

3.8.1.2 Pearson's Chi-square Test

Pearson's chi-square test is one of the variety of chi-square tests; statistical procedures whose results are evaluated by reference to the chi-square distribution. It tests a null hypothesis that the relative frequencies of occurrence of observed events follow a specified frequency distribution. It is a non-parametric test of independence, determining whether one variable is affected by another variable. It does not measure the degree of the relationship, but is used to estimate the likelihood that some factor other than chance accounts for the apparent relationship (Wikipedia, 2009b).

Chi-square is calculated by finding the difference between each observed and theoretical frequency for each for each possible outcome, squaring them, dividing each by the theoretical frequency, and taking the sum of the results. The computed chi-square value is compared with a critical value in the chi-square table, taking note of the appropriate degrees of freedom and level of significance. If the computed value exceeds the critical value in the table, assumption of independence can be rejected (Wikipedia, 2009c). For the purposes of this study, the level of significance was set at 5% (p</=0.05).

3.8.1.3 Cramer's V and Phi coefficients

Cramer's V test and Phi coefficient are correlation coefficients that indicate the relationship between two binary variables. Pearson's chi-square test indicates whether there is a relationship between variables, Cramer's V and Phi coefficients indicate the degree to which the relationship exists. Cramer's V is a variant of Phi coefficient that adjusts for the number of rows and columns of cross tabulations. It is more useful for large tables. Cramer's coefficient and Phi coefficient range from -1 to 1, with 0 indicating a perfect relationship (Wikipedia, 2009c).

CHAPTER 4: RESULTS

4.1 Introduction

A total of 1200 questionnaires were distributed within Mnambithi municipality – 800 isiZulu and 400 English. The number of completed and returned questionnaires was 1034.

The questionnaire had a variety of questions, some of which required participants to give their opinion. In the analysis, a number of questions were cross tabulated and chi-square tests for association were performed. Results reported are including but not limited to means, proportions and percentages with the use of tables.

4.1.1 The questionnaire layout

The questionnaire (Appendix A) consisted of questions divided into three sections:

Section 1 – Background information;

Section 2 – Knowledge of homoeopathy;

Section 3 – Experience with the health care system.

4.1.2 Limitations

- The respondents were those who were available at the time of the study and who wanted to be part of the study and people who were not available were not part of the study, therefore the results obtained are not necessarily representative of the population as a whole;
- Respondents might have responded the way they did to impress the researcher in some of the responses and not necessarily representing their opinion on the subject.

4.1.3 Response rate

Each response reported is based on the question being answered correctly. Incorrectly answered and unanswered questions were excluded from analysis for that question only.

4.2 Section 1 – Background Information

4.2.1 Gender (Q1.1)

As shown in Table 4.1 the sample consisted of 520 (50.3%) males and 512 (49.5%) females.

Table 4.1 Gender (Q1.1)

Gender

	Number	Percent
Non-respondent	2	0.2%
Male	520	50.3%
Female	512	49.5%
Total	1034	100.0%

4.2.2 Age (Q1.2)

As shown in Table 4.2, the largest group of respondents was 41 years old and above (26.2%), with the next largest being 26-33 years (24.9%).

Table 4.2 Age (Q1.2)

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Non-respondent	3	.3	.3	.3
	18-20 years	180	17.4	17.4	17.7
	21-25 years	150	14.5	14.5	32.2
	26-33 years	257	24.9	24.9	57.1
	34-40 years	173	16.7	16.7	73.8
	41 years and above	271	26.2	26.2	100.0
	Total	1034	100.0	100.0	

4.2.3 Language (Q1.3)

The largest group of respondents was isiZulu (99%), followed by English (0.1%) and other languages (0.9%).

4.2.4 Marital status (Q1.4)

As shown in Table 4.3, 65.2% of respondents indicated that they were never married.

Table 4.3 Marital Status (Q1.4)

Marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Non-respondent	6	.6	.6	.6
	Never married	674	65.2	65.2	65.8
	Married	177	17.1	17.1	82.9
	Divorced	116	11.2	11.2	94.1
	Widowed	28	2.7	2.7	96.8
	Separated	33	3.2	3.2	100.0
	Total	1034	100.0	100.0	

4.2.5 Occupation (Q1.5)

As shown in Table 4.4, the largest group of responses regarding occupation was in the category ‘unemployed’ with 61.8%.

Table 4.4 Occupation (Q1.5)

Occupation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Non-respondent	2	.2	.2	.2
	Unemployed	639	61.8	61.8	62.0
	Employed part-time	127	12.3	12.3	74.3
	Employed full-time	88	8.5	8.5	82.8
	Self employed	32	3.1	3.1	85.9
	Housewife	2	.2	.2	86.1
	Pensioner	31	3.0	3.0	89.1
	Student	112	10.8	10.8	99.9
	Other	1	.1	.1	100.0
	Total	1034	100.0	100.0	

4.2.6 Area of origin (Q1.6)

As shown in Table 4.5, the largest number of respondents (58.7%) were from former townships (58.7%), followed by rural areas (20.6%), suburbs (10.6%) and center of town (9.8%).

Table 4.5 Area of origin (Q1.6)

Area of origin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Non-respondent	2	.2	.2	.2
	Suburb	110	10.6	10.6	10.8
	Centre of town	101	9.8	9.8	20.6
	Former township	607	58.7	58.8	79.4
	Rural area	213	20.6	20.6	100.0
	Total	1033	99.9	100.0	
Missing	System	1	.1		
Total		1034	100.0		

4.2.7 Education (Q1.7)

The largest group of respondents had matric (43.8%) followed by less than matric (22.1%), diploma/degree (20.4%), no schooling (11.5%) and post-graduate diploma/degree (1.6%).

4.2.8 Income (Q1.8)

As shown in Table 4.6, the largest group of respondents was the “No income” group (61.2%).

Table 4.6 Income per month (Q1.8)

Income per month

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Non- respondent	11	1.1	1.1	1.1
	No income	633	61.2	61.2	62.3
	Less than R500	24	2.3	2.3	64.6
	Less than R1 000	185	17.9	17.9	82.5
	R1 000-R2 999	113	10.9	10.9	93.4
	R3 000-R5 999	52	5.0	5.0	98.5
	R6 000-R9 999	10	1.0	1.0	99.4
	R10 000-R19 999	5	.5	.5	99.9
	R30 000 or more	1	.1	.1	100.0
	Total	1034	100.0	100.0	

4.2.9 Health (Q1.9)

As shown in Table 4.7, the majority of respondents categorized their health as excellent (39.7%) or good (39.7%), followed by reasonable (16.1%) and poor (3.8%).

Table 4.7 Health status (Q1.9)

Health status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Non-respondent	8	.8	.8	.8
	Excellent	410	39.7	39.7	40.4
	Good	411	39.7	39.7	80.2
	Reasonable	166	16.1	16.1	96.2
	Poor	39	3.8	3.8	100.0
	Total	1034	100.0	100.0	

4.2.10 Taking of medication (Q1.10)

The largest group of respondents took no medication (76.0%) as can be seen in Table 4.8.

Table 4.8 Taking of medication (Q1.10)

Taking of medication					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Non-respondent	4	.4	.4	.4
	Natural/herbal medicine	19	1.8	1.8	2.2
	Homoeopathic remedies	3	.3	.3	2.5
	Over the counter/non prescription medications	8	.8	.8	3.3
	Prescription medications	146	14.1	14.1	17.4
	African traditional medicine	68	6.6	6.6	24.0
	Taking no medication	786	76.0	76.0	100.0
	Total	1034	100.0	100.0	

4.3 Section 2 – Knowledge of Homoeopathy

4.3.1 "Have you heard of homoeopathy?" (Q2.1)

The largest group in this category indicated that they had never heard of homoeopathy (98.6%). Only 0.1% of respondents had heard of it. The instruction associated with this question was as follows: "If **No** please skip 2.2 - 2.9 and go to Section 3."

Table 4.9 "Have you heard of homoeopathy?" (Q2.1)

Heard of homoeopathy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	.3	.3	.3
	Yes	10	1.0	1.0	1.3
	No	1020	98.7	98.7	100.0
	Total	1034	100.0	100.0	

4.3.2 First encounter with homoeopathy (Q2.2)

As shown in Table 4.10, only 4 respondents had heard of homoeopathy before taking part in this survey.

Table 4.10 First encounter with homoeopathy (Q2.2)

	Responses (n=10)	Percent
When doing this questionnaire now	6	0.6%
Relative, friend or acquaintance	3	0.3%
Media (newspaper, television, radio, leaflets)	1	0.1%
Doctor or paramedical services, pharmacist, nurse, etc.)	0	0%
Other	0	0%

4.3.3 Opinion regarding what a homoeopath does (Q2.3)

Table 4.11 below shows the statements and percentages of what respondents thought a homoeopath does. The number of respondents (n=39) indicates that most of these correspondents had answered “No” to the previous question, which brings into question the validity of these answers.

Table 4.11 Opinion regarding what a homoeopath does (Q2.3)

	Responses (n=39)	“Yes” in percentage	“No” in percentage
Takes blood pressure	3		0.3%
Stimulates the skin with sharp needles	3		0.3%
Boosts the immune system	3	0.3%	
Usually prescribes painkillers	2		0.2%
Prescribes medicines that are diluted and shaken	3	0.1%	0.2%
Can diagnose the majority of diseases	3		0.3%
Makes use of the remedies that can cause the same symptoms	4	0.1	0.3%
Makes use of antibiotic treatments	3		0.3%
Looks into peoples eyes to make diagnoses	3		0.3%
Prescribes plant extract	3		0.3%
Emphasizes a healthy life style	3	0.1%	0.3%
Usually prescribes a diet	3		0.3%
Can treat the majority of diseases	3		0.3%

4.3.4 Statements concerning homoeopathy (Q2.4)

All the respondents answered “Not sure” to these statements.

4.3.5 Opinion regarding similarity of traditional medicine and homoeopathic medicine (Q2.5)

The respondents who knew about homoeopathy, 20% answered “No” to the above question and 80% never responded.

4.3.6 Opinion regarding similarity of traditional medicine and homoeopathy training (Q2.6)

The respondents who knew about homoeopathy, 20% answered “No” to the above question and 80% never responded.

4.3.7 Opinion regarding similarity of homoeopathy and working with spirits (Q2.7)

The responses to the above question who knew about homoeopathy were 20% who answered “No” and 80% never responded.

4.3.8 Effectivity of homoeopathy in the treatment of short (acute) lasting conditions (Q2.8)

100% of respondents answered “Do not know”.

4.3.9 Effectivity of homoeopathy in the treatment of long (chronic) lasting conditions (Q2.9)

100% of respondents answered “Do not know”.

4.4 Section 3 – Experience of health care system

4.4.1 Which practitioner consulted when ill or not feeling well (Q3.1)

As can be seen from Table 4.12, most respondents consult a general practitioner (76.6%).

Table 4.12 Which practitioner consulted when ill or not feeling well (Q3.1)

	Responses=1186 (n=1034)	Percent
A general practitioner	792	76.6%
Inyanga	196	19.0%
Isangoma	77	7.4%
A healer (e.g. spiritual healer)	65	6.3%
Medical specialist	54	5.2%
A homoeopath	1	0.1%
Other	1	0.1%

4.4.2 Primary health care provider (Q3.2)

As can be seen from Table 4.13, most correspondents have a general practitioner as their primary health care provider (66.1%). None have a homoeopath as their primary health care provider.

Table 4.13 Primary health care provider? (Q3.2)

	Responses=1027 (n=1034)	Percent
A general practitioner	683	66.1%
Inyanga	172	16.6%
Isangoma	60	5.8%
A healer (e.g. spiritual healer)	56	5.4%
A medical specialist	55	5.3%
Other	1	0.1%
A homoeopath	0	0%

4.4.3 Applicability of statements to the respondents' health care providers (Q3.3)

Tables 4.4.3.1 – 4.4.3.15 provide details of answers to each statement.

4.4.3.1 "Prescribes medicines that make me feel better"

Table 4.14 "Prescribes medicines that make me feel better

	Responses (n=989)*	Percent
1 – Always	267	25.8%
2 – Sometimes	180	17.4%
3 – Never	542	52.4%
	Median	3
	Mode	3
	Average	2.18

4.4.3.2 "Listens to all I have to say about my illness or not feeling well"

Table 4.15 "Listen to all I have to say about my illness or not feeling well"

	Responses (n=828)*	Percent
1 – Always	174	16.8%
2 – Sometimes	150	14.5%
3 – Never	504	48.7%
	Median	2
	Mode	3
	Average	1.92

4.4.3.3 "Treats me as his/her equal"

Table 4.16 "Treats me as his/her equal"

	Responses (n=737)*	Percent
1 – Always	43	4.2%
2 – Sometimes	141	13.6%
3 – Never	548	53.0%
	Median	3
	Mode	3
	Average	1.90

4.4.3.4 "Soon finds out what is wrong with me"

Table 4.17 "Soon finds out what is wrong with me"

	Responses (n=719)*	Percent
1 – Always	50	4.8%
2 – Sometimes	156	15.1%
3 – Never	513	49.6%
	Median	2
	Mode	3
	Average	1.84

4.4.3.5 "Sympathizes with my problems"

Table 4.18 "Sympathizes with my problems"

	Responses (n=865)*	Percent
1 – Always	205	19.8%
2 – Sometimes	147	14.2%
3 – Never	513	49.6%
	Median	2
	Mode	3
	Average	1.97

4.4.3.6 "Knows of the best treatment for my illness or indisposition"

Table 4.19 "Knows of the best treatment for my illness or indisposition"

	Responses (n=803)*	Percent
1 – Always	47	4.5%
2 – Sometimes	148	14.3%
3 – Never	608	58.8%
	Median	3
	Mode	3
	Average	2.10

4.4.3.7 "Puts me at ease"

Table 4.20 "Puts me at ease"

	Responses (n=)*	Percent
1 – Always	219	21.2%
2 – Sometimes	146	14.1%
3 – Never	508	49.1%
	Median	2
	Mode	3
	Average	1.97

4.4.3.8 "Prescribes medicine too easily"

Table 4.21 "Prescribes medicine too easily"

	Responses (n=873)*	Percent
1 – Always	219	21.2%
2 – Sometimes	146	14.1%
3 – Never	508	49.1%
	Median	2
	Mode	3
	Average	1.79

4.4.3.9 "Prescribes too many medicines"

Table 4.22 "Prescribes too many medicines"

	Responses (n=704)*	Percent
1 – Always	43	4.2%
2 – Sometimes	147	14.2%
3 – Never	514	49.7%
	Median	2
	Mode	3
	Average	1.82

4.4.3.10 "Makes me feel as if he or she is hiding something from me"

Table 4.23 "Makes me feel as if he or she is hiding something from me".

	Responses (n=694)*	Percent
Always	40	3.9%
Sometimes	96	9.3%
Never	558	54.0%
	Median	3
	Mode	3
	Average	1.84

4.4.3.11 "Examines me thoroughly"

Table 4.24 "Examines me thoroughly"

	Responses (n=769)*	Percent
Always	105	10.2%
Sometimes	121	11.7%
Never	543	52.5%
	Median	3
	Mode	3
	Average	1.91

4.4.3.12 "Merely wants to make money"

Table 4.25 "Merely wants to make money"

	Responses (n=650)*	Percent
Always	87	8.4%
Sometimes	90	8.7%
Never	473	45.7%
	Median	2
	Mode	3
	Average	1.63

4.4.3.13 "Discusses with me the treatment that he/she has in mind"

Table 4.26 "Discusses with me the treatment that he/she has in mind"

	Responses (n=623)*	Percent
Always	34	3.3%
Sometimes	123	11.9%
Never	466	45.1%
	Median	2
	Mode	3
	Average	1.62

4.4.3.14 “Is interested in me as an individual”

Table 4.27 “Is interested in me as an individual”

	Responses (n=628)*	Percent
Always	41	41.0%
Sometimes	111	10.7%
Never	476	46.0%
	Median	2
	Mode	3
	Average	1.64

4.4.3.15 “Diagnoses the majority of ailments correctly”

Table 4.28 “Diagnose the majority of ailments correctly”

	Responses (n=633)*	Percent
Always	55	5.3%
Sometimes	108	10.4%
Never	470	45.5%
	Median	2
	Mode	3
	Average	1.63

4.4.4 Consultation with a homoeopath (Q3.4)

The majority of respondents 98.8% chose the option “No” and only 0.1% chose the option “Yes” in response to the question regarding whether they have consulted a homoeopath in the past.

4.4.5 The number of times the respondents have consulted a homoeopath (Q3.5)

The responses showed that 0.4% had consulted a homoeopath once and 0.1% had consulted a homoeopath between 2-4 times.

4.4.6 Factors influencing the decision to consult a homoeopath (Q3.6)

The responses were distributed as follows: homoeopathy is natural 0.2%, conventional medicine failed 0.1%, personal recommendations 0.1% and homoeopathic medicines are safe and have minimal side effects 0.1%.

4.4.7.1 Reasons for not consulting a homoeopath (Q3.7.1)

The reasons provided are tabulated in Table 4.29.

Table 4.29 Reasons for not consulting a homoeopath (Q3.7.1)

	Responses= (1015)	Percent
Never heard of homoeopathy	1003	96.6%
Know too little about them	6	0.6%
Have never needed their service	4	0.4%
I am unsure of their methods	1	0.1%.
My medical aid scheme does not cover them	1	0.1%
Too expensive	0	0%
I have heard of their failures	0	0%
They are nothing but quacks	0	0%
Their training is not up to standard	0	0%

4.4.7.2 Would in the future consider consulting a homoeopath (Q3.7.2)

It is notable that 83.8% answered “Yes” indicating that they would consider consulting a homoeopath, and only 7.4% answered “No” that they would not. 1.8% were unsure.

4.4.7.3 Reasons to consider consulting a homoeopath (Q3.7.3)

This question applied to those who answered “Yes” in the previous question. The majority of respondents ticked the answer “If conventional medicine failed” (77.8%), followed by “If traditional medicine failed” (29.1%) and “Homoeopathy is natural” (0.8%).

4.4.8 Taking of homoeopathic medication (Q3.8)

The majority of respondents had never taken homoeopathic medication before (98.6%), and a minority had (0.3%).

4.4.9.1 How did the respondents get the homoeopathic medication? (Q3.9)

This question applied to those who answered “Yes” in the previous question. The majority of respondents to this question obtained the medication as “Over-the-counter medication” (0.2%) followed by “Prescription by a homoeopathic doctor” (0.1%) and “Other” (0.1%).

4.4.10 Homoeopathic medication as a treatment option for most medical conditions (Q3.10)

The majority of respondents (93.5%) did not answer this question. 2.3% answered “Yes”, and 4.2% answered “No” regarding homoeopathic medication being offered as a treatment option for most medical conditions.

4.4.11 Availability of homoeopathic treatment in hospitals and clinics (Q3.11)

The majority of respondents (76.6%) answered that homoeopathy should be available in hospitals and clinics.

4.4.12 Safety of treatment by homoeopaths in hospitals (Q3.12)

The majority of respondents (93.4%) did not answer this question. 2.5% answered “Yes” and 4.1% answered “No” regarding the safety of being treated by a homoeopath in hospitals.

4.4.13 Working together of homoeopaths and traditional healers (Q3.13)

The majority of respondents (93.5%) did not answer this question. 2.4% answered “Yes”, and 4.1% answered “No” regarding the prospect of traditional healers working together with homoeopaths.

4.4.14 Any interest in learning about homoeopathy (Q3.14)

The majority of respondents answered “Yes” to being interested in learning more about homoeopathy (43.3%), and the minority answered “No” (15.4%).

4.4.15 Any comment (Q3.15)

A minority of respondents (7.3%) made comments. These comments are as follows:

- Need a lot of public education;
- What do homoeopaths do?;
- Advertising the career;
- Does homoeopathy work;
- Are black people allowed to do it;
- Do you need education to do this?

4.4.16 Statistical analysis

Statistical analysis was performed on questions of gender, age, and area of origin from Section 1 against some of the questions on the knowledge of homoeopathy from Section 2.

4.16.1 Gender

Table 4.30, shows that there were more male than females who knew about homoeopathy.

Table 4.30 Chi-square: Gender (Q1.1) compared to "Have you heard of homoeopathy?" (Q2.1)

		Have you heard of homoeopathy? Q2.1			
		Non-respondent	Yes	No	Total
Q1.1.Gender	non-respondent	0	0	2	0
	male	1	7	512	520
	female	2	3	507	512
Total		3	10	1021	1034

Pearson Chi-square = 2.920.

a. 9 cells (75.0%) have expected count less than 5. The minimum expected count is .00.

Cross-tabulation was performed on Gender (Q1.1) and First encounter with homoeopathy (Q2.2) with the finding that 3 males heard about homoeopathy from their friends, family and acquaintances and 4 heard when they were doing the questionnaire while 2 females heard about homoeopathy when doing the questionnaire.

Cross-tabulation was performed on Gender (Q1.1) and Opinion regarding what a homoeopath does (Q2.3) with the finding that 2 males thought homoeopathic medicine boosts the immune system while only 1 female thought so, and 1 male thought they prescribed medicines that are diluted.

4.16.2 Age

Table 4.31 shows that a slight majority of respondents who knew about homoeopathy were in the age group 26-33.

Table 4.31 Chi-square: Age (Q1.2) compared to "Have you heard of homoeopathy?" (Q2.1)

	Have you heard of homoeopathy? (Q2.1)		
Age (Q1.2)	Yes	No	Total
18-20 years	1	178	179
21-25 years	2	147	148
26-33	3	254	254
34-40	2	171	171
41 years and above	2	268	269

Pearson Chi-Square= 6.389

a. 19 cells (79.2%) have expected count less than 5. The minimum expected count is .00.

Cross-tabulation was performed on Age against First encounter with homoeopathy (Q2.2) and 3 respondents showed that they heard from family, friends and acquaintances.

4.16.3 Area

Table 4.32 shows that respondents from the former township areas were in the majority.

Table 4.32 Area (Q1.6) compared to "Have you heard of homoeopathy?" (Q2.1)

	Have you heard of homoeopathy? (Q2.1)		
	Yes	No	Total
Area of origin (Q1.6)			
1	1	109	110
2	3	98	101
3	6	597	603
4	0	213	213

Pearson Chi-Square= 9.152

a. 15 cells (75.0%) have expected count less than 5. The minimum expected count is .00.

CHAPTER 5: DISCUSSION

5.1 Introduction

The aim of this questionnaire based study was to broaden the database of knowledge regarding the public perceptions of homoeopathy in South Africa, by investigating the perceptions of adult African residents of Mnambithi municipality, uThukela district, northern KwaZulu Natal, regarding their knowledge of homoeopathy.

The study was distributed proportionally according to the areas where people stayed i.e. suburbs, centre of town, former township and rural areas. The majority of respondents were gained via approaching groups such as those at sports events and community meetings.

Community officials such as counselors, ministers of religion and indunas were approached with an explanation of the survey and asked for consent to work in their areas, but the majority only gave verbal assent, not being willing to sign the prepared consent forms, stating confidentiality concerns.

5.2 Section 1 – Background Information

Gender balance in the study was almost equal – 50.3% were male and 49.5% were female (Table 4.1).

The largest age group of respondents by age was the category 41 years and above with 26.2%, followed by 26-33 year olds with 24.9% (Table 4.2). This may be an indication that older people were being more willing to participate in the study.

Given the fact that the majority of respondents were over 26 years old, it is surprising that in regard to marital status, the majority of respondents answered that they were never married (65.2%. Table 4.3).

Considering the economic climate at the time of the survey, it is not surprising (although rather alarming) that the majority of respondents were unemployed (61.8%. Table 4.4), with no income (61.2%, Table 4.6).

The sample was reasonably well educated, with the majority of respondents having qualifications of matric and above (64.2%), and categorized their health as excellent or good (79.4%).

5.3 Section 2 – Knowledge of Homoeopathy

Results in this section of the study represent the most important finding of the study, that the vast majority of the respondents (98.6%) had not heard of homoeopathy. This is a far larger proportion of respondents than was the case in the study by Small (2004) (76%) and Macquet (2007) (52%).

Because the number of respondents (10) who had heard of homoeopathy was so small, the answers to the questions in Section 2 must be regarded as representative of those individuals only and cannot be generalized to the population of Mnambithi. This is reinforced by the fact that three of the eight sub-sections were answered by all of the respondents as “Not sure” or “Do not know”.

5.4 Section 3 – Experience of health care system

It is interesting to note from Table 4.12 that most respondents when ill reported that they consulted a general practitioner (76.6%), the next largest group reporting that they consulted either an Inyanga (19%) or an Isangoma (7.4%). Only one respondent consulted a homoeopath (0.1% of respondents). No respondent regarded a homoeopath as being their primary health care provider (Table 4.13). In future studies, “clinic” an “pharmacist” should be added as categories.

Considering the above proportions, results as reflected in subsections 4.4.3.1 – 4.4.3.15 have no direct relevance to homoeopathy or homoeopaths. It is interesting to note though that there is considerable dissatisfaction expressed by respondents with the treatment they receive from their health care providers.

The main reason provided by respondents for not consulting a homoeopath was that they had never heard of homoeopathy before (96.6%, Table 4.29).

It is notable that in answering the question regarding whether respondents would in the future consider consulting a homoeopath, 83.8% answered “Yes” and only 7.4% answered “No”. 1.8% were unsure (4.4.7.2). However, the main reasons given for this willingness were “If conventional medicine failed” (77.8%) and “If traditional medicine failed” (29.1%) (4.4.7.3), indicating that homoeopathy still needs to establish itself as a viable first option in the Mnambithi area.

Results reflected in 4.4.8 – 4.4.10 are too individualistic to discuss, considering only 0.3% of respondents had taken homoeopathic medicines before.

The majority of respondents (76.6%) answered that homoeopathy should be available in hospitals and clinics (4.4.11).

As reflected in 4.4.14, this study found that the largest group of respondents answered “Yes” to being interested in learning more about homoeopathy

(43.3%). This is similar to the findings of Small (2004, 80%) and Macquet (2007, 68.1%).

In the study conducted by Small (2004) amongst Grade 12 learners of greater Durban, the African race group showed the greatest lack of knowledge about homoeopathy compared to other race groups. The study conducted by Macquet (2007) amongst students of the Durban University of Technology revealed the same disparities.

5.5 Statistical analysis

Considering the small number of respondents (10) who answered “Yes” that they had heard of homoeopathy, the statistical analysis will not be discussed because the results are too idiosyncratic and cannot be generalized in any way.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

The overall aim of this study was to determine the perception, knowledge and utilization of homoeopathy amongst African adults resident in Mnambithi municipality, uThukela district, northern KwaZulu Natal.

6.1. Conclusions

6.1.1 First Aim

The first aim was to establish the level of knowledge of homoeopathy amongst respondents.

It can be concluded from the results that the level of knowledge of homoeopathy amongst respondents was minimal, with only 10 out of 1034 respondents having heard of homoeopathy (Table 4.9).

6.1.2 Second Aim

The second aim was to determine the perception and views of respondents regarding homoeopathy.

Ultimately the “sample within the sample” of those who had heard of homoeopathy or been to a homoeopath was too small to be able to draw any conclusion regarding the study population’s perceptions and views of homoeopathy.

6.1.3 Third Aim

The third aim was to establish the utilization of homoeopathic services in the study population.

The results indicate that 0.4% of respondents had consulted a homoeopath once and 0.1% had consulted a homoeopath between 2-4 times (4.4.5).

6.1.4 Fourth Aim

The fourth aim was to ascertain whether there was a difference of knowledge and perception among the various demographic populations to be surveyed i.e. those living in the suburbs of Mnambithi, centre of town, former “township” areas, and rural areas.

Although the statistical analysis may not be reliable due to the small numbers, such analysis indicates that respondents from the former township areas were more likely to know about homoeopathy than from other areas (Table 4.32).

6.1.5 Fifth Aim

The fifth aim was to compare the findings of this research project with those of other researchers regarding the perception of homoeopathy in relation to the demographics of race, gender and age.

Results from this study confirm those of other researchers (e.g. Small 2004 and Macquet 2007) that the majority of Africans surveyed did not know about homoeopathy. Results from this study regarding perception of homoeopathy are too minimal to be able to compare with other studies.

6.2 Recommendations

This study is the first study conducted amongst Africans only. This study confirms the trend from other studies that knowledge amongst Africans of homoeopathy is low, but the majority of respondents are interested to know more about it.

This researcher does not recommend further surveys of Africans regarding knowledge and perception of homoeopathy because that terrain has now been reasonably well covered. The most useful research project arising from this study would be to conduct a pilot educational campaign in an area such as Mnambithi or Umlazi in Durban about homoeopathy using various channels (e.g. radio, TV, newspapers, pamphlets, public lectures etc) and then conduct a survey

afterwards regarding what knowledge was acquired, and which channel was the most effective. The aim would be to develop an effective educational campaign.

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APPENDIX A

PERCEPTIONS OF HOMOEOPATHY QUESTIONNAIRE
Adapted from: Moys (1998) and Small (2004)

SECTION 1: BACKGROUND INFORMATION
Please mark the correct answer by **ticking** the relevant box. Please add an explanation if requested to do so.
For example:

Do you prefer honey or sugar in your tea?

Honey	√
Sugar	

Explain…….It is healthy to have honey in your tea.
_____

1.1 Gender

Male	
Female	

1.2 Age

18-20	
21-25	
26-33	
34-40	
41 and above	

1.3 Home Language

isiZulu	
English	
Afrikaans	
Other	

1.4 Marital status

Never married	
Married	
Divorced	
Widowed	
Separated	

1.5 Occupational status

Unemployed	
Employed part-time	
Employed full-time	
Self employed	
Housewife	
Pensioner	
Student	

Other	

1.6 Please indicate which area you come from.

Suburb		Name:
Centre of town		Name:
Former township		Name:
Rural area		Name:

1.7 Highest education

Less than matric	
Matric	
Diploma/degree	
Post graduate diploma/degree	
No schooling	

1.8 Per month income: (overall income)

No income	
Less than R500.00	
Less than R1 000.00	
R1 000-R2 999	
R3 000-R5 999	
R6 000-R9 999	
R10 000-R19 999	
R20 000-R29 999	
R30 000 or more	

1.9 General health status

Excellent	
Good	
Reasonable	
Poor	

1.10 Are you taking any medication at present?

Vitamin supplements	
Natural/herbal medicine	
Homoeopathic remedies	
Over the counter/non prescription medications	
Prescription medications	
African traditional medicine	
Taking no medication	

SECTION 2: WHAT DO YOU KNOW ABOUT HOMOEOPATHY?

Please answer EACH statement by **ticking** the appropriate box:

2.1 Have you ever heard of homoeopathy?

Yes	
No	

If **No** please skip 2.2 - 2.9 and go to Section 3.

2. 2 Where did you hear first about homoeopathy? Tick the appropriate box. More than one answer is permissible.

	YES	NO
Relative, friend or acquaintance		
Media (newspaper, television, radio, leaflets)		
Doctor or paramedical services, pharmacist, nurse, etc.)		
When doing this questionnaire now		
Other		

2.3 Indicate below what you think a homoeopath does? Tick the appropriate box. More than one answer is permissible.

	YES	NO
Takes blood pressure		
Stimulates the skin with sharp needles		
Boosts the immune system		
Usually prescribes painkillers		
Prescribes medicines that are diluted and shaken		
Can diagnose the majority of diseases		
Makes use of the remedies that can cause the same symptoms		
Makes use of antibiotic treatments		
Looks into peoples eyes to make diagnoses		
Prescribes plant extract		
Emphasizes a healthy life style		
Usually prescribes a diet		
Can treat the majority of diseases		

2.4 Do you agree with each of the statement concerning homoeopathy?

	Yes	No	Not sure
Homoeopathy has scientific base			
The medicines do not contain chemical/drug material			
Medicines are made from plant only			
For the medicines to work you must believe in it			
Medicines have been tested through trial and error over many years			
Homoeopathic medicines have undergone clinical trials			

Homoeopathy works only on conditions that are not treatable by conventional medicine			
Homoeopathic medicines are safe to use in newborns and infants years			
Homoeopathic medicines are safe to be used in pregnancy			
Safe to be used by elderly people			

2.5 In your opinion, do you think traditional healer (Inyanga/Isangoma) and a homoeopath do the same thing?

Yes	
No	

Explain……
……

2.6 Do you think homoeopaths undergo the same training as Inyanga/Isangoma?

Yes	
No	

2.7 Do you think homoeopaths work with spirits of the ancestors?

Yes	
No	

2.8 In the treatment of acute (short-lasting) conditions, do you think that homoeopathic medicines are?

Not effective	
More effective than orthodox medicine	
Less effective than orthodox medicine	
As effective as orthodox medicine	
Do not know	

2.9 In the treatment of chronic (long lasting) conditions, do you think that homoeopathic medicines are?

Not effective	
More effective than orthodox medicine	
Less effective than orthodox medicine	
As effective as orthodox medicine	
Do not know	

SECTION 3: YOUR EXPERIENCE WITH THE HEALTH CARE PROFESSION.

Please answer by **ticking** the appropriate box in each category.

3.1 To whom do you usually go for medical advice, or who do you usually consult when you feel ill or not feeling well?

A general practitioner	
A medical specialist	
A homoeopath	
A healer (e.g. spiritual healer)	
Inyanga	
Isangoma	
Other	

If you ticked "Other", please explain: ……

3.2 At present who is your primary health care provider?

A general practitioner	
A medical specialist	
A homoeopath	
A healer (e.g. spiritual healer)	
Inyanga	
Isangoma	
Other	

If you ticked "Other", please explain: ……

3.3 In your opinion, how applicable is EACH of the following statements for your health care provider. Tick the appropriate box. More than one answer is permissible.

Always	A
Sometimes	B
Never	C

	A	B	C
Prescribes medicine that make me feel better			
Listen to all I have to say about my illness or not feeling well			
Treats me as his/her equal			
Soon finds out what is wrong with me.			
Sympathizes with my problems			
Knows of the best treatment for my illness or indisposition			
Puts me at ease			
Prescribes medicine too easily			
Prescribes too many medicines			
Makes me feel as if he or she is hiding something from me			
Examines me thoroughly			
Merely wants to make money			
Discusses with me the treatment that he/she has in mind			
Is interested in me as an individual			
Diagnose the majority of ailments correctly			

3.4 Have you ever consulted a homoeopath?

Yes	
No	

If your answer is ``NO'' please go to question 3.7.1-3.

3.5 How many times have you consulted with a homoeopath in the past?

Once	
2-4 times	
5-9 times	
10 times or more	

3.6 What made you decide to consult a homoeopath?

Conventional medicine failed	
Homoeopathy is natural	
Personal recommendations(friend,family,GP,nurses etc	
Homoeopathic medicines are safe and have minimal side effects.	

3.7

3.7.1 If you yourself have never consulted a homoeopath, what reason(s) would you give?

Never heard of homoeopathy	
Have never needed their service	
Know too little about them	
Too expensive	
My medical aid scheme does not cover them	
I am unsure of their methods	
I have heard of their failures	
They are nothing but quacks	
Their training is not up to standard	

3.7.2 If you have not consulted a homoeopath, would you consider doing so?

Yes, I would consider consulting a homoeopath	
No, I would not consider doing so	
Not sure	

3.7.3 If you answered “Yes” to 3.7.2 above, for which reason might you consider consulting a homoeopath?

If conventional medicine failed	
If traditional medicine failed	
Homoeopathy is natural	
Homoeopathic medicines are safe and minimal side effects	

3.8 Have you ever taken a homoeopathic medication before?

Yes	
No	

3.9 If the answer is yes above, please answer the following question.

3.9.1 How did you get it?

Prescription by a homoeopathic doctor	
Over-The-Counter homoeopathic medication	
Friend/ relative	
Other	

3.10 In your opinion, should homoeopathic treatment be offered as a treatment option for most medical conditions?

Yes	
No	

3.11 In your opinion, should homoeopathic treatment be available in hospitals and clinics?

Yes	
No	

3.12 In your opinion, will it be safe to be treated by a homoeopath in hospitals?

Yes	
No	

3.13 Do you think homoeopaths and traditional healers can work together?

Yes	
No	

Explain……
……

3.14 Would you be interested in learning more about homoeopathy?

Yes	
No	

3.15 Are there any other comments you would like to make?

……
……

ISELEKO A

UHLA LWEMIBUZO NGEMICABANGO NGEHOMOEOPATHY
Isuselwe kweka: Moys (1998) beno Small (2004)

INGXENYE YOKUQALA: IMININGWANE NGEKAMUMVA LAKHO
Uyacelwa ukuba ubeke umaka kulelobhokisi okuyilonalona. Uyacelwa ukuba unezezele ngencazelo lapho ucelwa khona ngovo lwakho.
Isibonelo:
Ingabe uncamela ushukela noma uju etiyeni lakho?

Uju	√
Ushukela	

Uvo lwakho ngempendulo…….kunempilo ukufaka uju etiyeni.

1.1 Ubulili

Isilisa	
Isifazane	

1.2 Iminyaka yobudala

18-20	
21-25	
26-33	
34-40	
41 nangaphezulu	

1.3 Ulimi lwasekhaya

IsiZulu	
IsiNgisi	
IsiBhunu	
Olunye	

1.4 Isimo somshado

Angikaze ngishade	
Ngishadile	
Ngahlukanisile	
Umfelokazi/umfelo	

1.5 Isimo sokusebenza

Angiqashiwe	
Ngisebenza okwesikhashana	
Ngiqashwe ngokugcwele	
Ngiziqashe mina/ ngiyazisebenza	
Unkosikazi wasendlini/ umgcinikhaya	
Ngihola upoyinandi/impesheni	
Ngingumfundi	
Okunye	

1.6 Khombisa ukuthi uqhamukaphi/uvela kuphi ngokwendawo yokuhlala.

Emasabhabhu		Igama	
Phakathi nedolobha		Igama	
Elokishini		Igama	
Emakhaya		Igana	

1.7 Izinga lemfundo ephakeme

Angikaze ngiye esikoleni	
Ngaphansi 10 (ibanga leshumi)	
Ibanga leshumi	
Diploma/degree	
Ngaphezu kwegraduate diploma/degree	

1.8 Umholo wenyanga owutholayo usuwonke

Angitholimuholo	
Ngaphansi kuka-R500.00	
Ngaphansi kuka-R1 000.00	
R1 000-R2 999	
R3 000-R5 999	
R6 000-R9 999	
R10 000-R19 999	
R20 000-R29 999	
R30 000 noma ngaphezulu	

1.9 Isimo sempilo yakho

Inhle kakhulu	
Inhle	
Ngokunelisayo	
Ayiyinhle neze	

1.10 Ngabe ikhona imithi oyidlayo njengamanje?

Namasupplements	
Amakhambi	
Imithi yehomoeopathy	
Imithi oyithenga ekhemisi enagnikwanga udokotela	
Umuthi kadokotela	
Umuthi wesintu	
Angidli muthi	

INGXENYE 2 (YESIBILI): ULWAZI LAKHO NGEHOMOEOPATHY

Phendula imibuzo ngokubeka umaka ebhokisini elifanele:

2.1 Ngabe sewake wezwa ngehomoeopathy?

Yebo	
Cha	

Uma uphendule ngo **(Cha)** embuzweni ongenhla, yeqa u-2.2 kuya ku-2.9 uye Engxenyeni 3 (yesithathu).

2.2 Wezwa kuphi okokuqala ngehomoeopathy? Khombisa ebhokisini okuyilonalona. Izimpendulo ezingaphezulu kweyodwa zamukelekile.

	Yebo	Cha
Ngesihlobo, ngomngani noma ngomlingani		
Abezindaba (amaphepha, umabonakude, umsakazo, izikhangisi)		
Udokotela noma abosizo oluphuthumayo, usokhemisi, umhlengikazi, njalo njalo.)		
Ngokuphendula loluhla locwaningo		
Okunye		

2.3 Uyacelwa ukuba ukhombise lapha ngezansi ukuthi ucabanga ukuthi yini umsebenzi wehomoeopath?

	Yebo	Cha
Ithatha l blood pressure		
Ikhuthaza ukusebenza kwesikhumba ngenaliti/iyakutshopa		
Ivuselela amasotsha omzimba		
Ngokujwayelekile banikezela ngemithi yezinhlungu		
Inikeza ngemithi ehlanjululiwe yase iyaxukuzwa		
Bayakwazi ukusho/ukubona ukuthi uphethwe yini		
Basebenzisa indlela yesisho ethi iva likhishwa ngilinye		
Basebenzisa ama antibiotics		
Babuka amehlo ukusho isifo esikuphethe		
Banika imithi yezithako zezitshalo		
Bagcizelela impilo ehlelekile		
Bayala ngendlela okuyiyo yokudla		
Balapha izifo eziningi		

2.4 Luthini uvo lwakho ngalezizitatimende mayelana nehomoeopathy?

	yebo	cha	anginasiqiniseko
Ihomoeopathy ayinaso isisekelo sezesayensi			
Imithi ayinazithako zobuthi obunjengamakhemikhali noma amadragi			
Imithi iphuma ezitshalweni kuphela			
Kumele ukholelwe kuyo ukuze isebenze			
Imithi seyacwaningwa kaningi eminyakeni edlule			
Imithi yamahomoeopath ihlolwe ngokwezinhlolo zobuchwepheshe			

ngokwesayensi			
Indlela yehomoeopathy isebenza kuphela ezifeni ezingelapheki ngemithi yesimanje			
Imithi yamahomoeopathy iphephile ukuyisebenzisa kubantwana abasanda kuzalwa nabancane			
Imithi yamahomoeopath iphephile ukuyisebenzisa noma uzithwele/ukhulelwe			
Imithi yamahomoeopathy iphephile kwabadala asebegugile			

2.5 Ngombono wakho, ucabanga ukuthi umelaphi wendabuko (Inyanga/Isangoma) nehomoeopath benza into eyodwa?

Yebo	
Cha	

Chaza kabanzi…….
……
……

2.6 Ucabanga ukuthi ukuqeqeshwa kwehomoeopathy kuyafana yini nalokho kwe-nyanga/Isangoma?

Yebo	
Cha	

2.7 Ingabe ucabanga ukuthi amahomoeopath asebenza ngemimoya yamadlozi?

Yebo	
Cha	

2.8 Ukwelapha izifo ezimfushane (zesikhashana), ucabanga ukuthi imithi yamahomoeopath:

Ayisebenzi	
Isebenza kangcono kunemihti yesimanje	
Ayisebenzi kangcono kunemithi yesimanje	
Isibenza ngokufana nemithi yesimanje	
Anginasiqiniseko	

2.9 Ukulapha izifo ezingapheli (amahlala khona), ucabanga ukuthi imithi yamahomoeopathy:

Ayisebenzi	
Isebenza kangcono kunemithi yesimanje	
Ayisebenzi kangcono kunemithi yesimanje	
Isibenza ngokufana nemithi yesimanje	
Anginasiqiniseko	

INGXENYE 3 (YESITHATHU): NGOLWAZI LWAKHO NGOKUNIKEZELWA KWEZEMPILO.

Ngicela uphendule ngokubeka umaka ebhokisini elifanele.

3.1 Imvamisa uma ugula noma ungaphathekile kahle uyaye ubone bani/uya kubani ukuthola iseluleko sezempilo?

Udokotela olapha ngokujwayelekile	
Udokotela onguchwepheshe	
Ihomoeopath	
Umelaphi (isibonelo:umelaphi wokomoya/umthandazi)	
Inyanga	
Isangoma	
Omunye	

Uma umake “omunye’’ ngicela uchaze……..

3.2 Okwamanje ubani umelaphi wakho?

Udokotela olapha ngokujwayelekile	
Udokotela onguchwepheshe	
Ihomoeopath	
Umelaphi (isibonelo:umelaphi wokomoya/umthandazi)	
Inyanga	
Isangoma	
Omunye	

Uma umake “omunye’’ ngicela uchaze……..

3.3 Ngokombono wakho, sihambisana kanjani lesitatimende kwezokwelashwa udokotela wakho. Khombisa ebhokisini okuyilonalona. Izimpendulo ezingaphezulu kweyodwa zamukelekile.

Njalo	A
Ngezinye izikhathi	B
Akukaze	C

Unginika imithi eyenza ngizizwe ngcono	A	B	C
Ilalela konke okumele ngikusho ngokungaphili kwami			
Ungithatha njengolinganayo naye			
Usheshe athole okungahambi kahle kimi.			
Uyazwelana nezinkinga zami			
Uyalazi ikhambi lesifo sami elizolapha ukungaphili kwami			
Ungenza ngizizwe ngikhululekile			
Unginikeza umuthi kalula			
Unginikeza imithi eminingi			
Uvele enze ngizizwele sengathi kukhona angifihlele khona			
Ungihlola ngokwanele			
Uzifunela ukwenza imali			

Ubonisana nami ngohlengo analo emqondweni wakhe			
Uyafuna ukwazi ngami njengomuntu angangifanisi nabanye			
Ungitshela ukuthi ngiphethwe yini ngokuyikho ezikhathini eziningi			

3.4 Sewake wayibona yini ihomoeopath njengomelaphi?

Yebo	
Cha	

Uma impendulo kungu ``cha'' ngicela uqhubekele kumbuzo 3.7.1-3.

3.5 Ingabe sewuke wabonana nehomoeopathy izihlandla ezingaki ngaphambilini?

Kanye	
Izikhathi ezingu 2-4	
Izikhathi ezingu 5-9	
Izikhathi eziyishumi nangaphezulu	

3.6 Yini eyenza ukuthi uyobonana nodokotela oyihomoeopath?

Ukwelapha kwasentshonalanga kwehluleka	
Ihomoeopathy eyemvelo	
Ngathola iseluleko (kumngani, kumndeni, kwi-GP, kubahlengikazi nabaye)	
Imithi yamahomoeopath iphephile kanti ayinabuthi.	

3.7

3.7.1 Uma ngabe wean awukaze ubonane nehomoeopathy ngabe isiphi/iziphi izizathu ongazinikeza?

Angikaze ngizwe ngehomoeopathy	
Angikaze ngiludinge usizo lwayo	
Ngazi kafushane ngabo	
Iyadula	
Usizo lwezempilo (medical aid) aluyikhokheli	
Anginasiqiniseko sezindlela zabo	
Sengizwe kaningi ngokuhluleka kwabo	
Abayilutho nje bayizimfundamakhwela	
Uqeqesho lwabo alukho ezingeni elimukelekayo	

3.7.2 Uma ungakaze ubone ihomoeopathy, ungacabanga ukuyibona?

Yebo, ngingenzenjalo	
Cha, angeke ngize ngikucabange lokho	

3.7.3 Uma uphendule ngo``Yebo'' kumbuzo 3.7.2 ngenhla, isiphi isizathu esingakwenga ubonane nehomoeopathy?

Uma ukwelapha kwesimanje kuhluleka	
Uma ukwelapha kwendabuko kwehluleka	
Ihomoeopathy ingeyemvelo	
Imithi yehomoeopathy iphephile futhi mancane amathuba	

okuthola izimpawu ezikhinyabeza umzimba	

3.8 Sewake wayithola imithi yehomoeopath ngaphambilini?

Yebo	
Cha	

3.9 Uma impendulo kunguyebo ngaphezulu, ngicela uphendule lemibuzo elandelayo.

3.9.1 Wayithola kanjani?

Wayinikwa udokotela oyihomoeopath	
Wayithenga esitolo	
Ngomngani/ngesihlobo	
Enye indlela	

3.10 Ngombono wakho, ingabe kumele izifo eziningi zelashwe ngemithi yamahomoeopath?

Yebo	
Cha	

3.11 Ngombono wakho, ingabe kumele imithi yamahomoeopath ibe sezibhedlela nasemtholampilo

Yebo	
Cha	

3.12 Ngombono wakho, ingabe kungaphepha ukwelashwa ngama homoeopath ezibhedlela?

Yebo	
Cha	

3.13 Ingabe uyacabanga ukuthi amahomoeopath nabelaphi besintu bangasebenzisana ndawonye?

Yebo	
Cha	

Chaza……
……
……

3.14 Ungakuthakasela ukuba ufunde kabanzi ngehomoeopathy?

Yebo	
Cha	

3.15 Ngakube kukhona okunye ofuna ukukuphawula na?

……
……

APPENDIX B

Participant Information Letter

Dear participants

Thank you for being willing to participate in this research project. I am currently a student at the Durban University of Technology studying homoeopathy. For me to finish my Masters degree and qualify as a homoeopath, I need to conduct research and write a dissertation. My research topic is the perception of African residents of Mnambithi municipality regarding homoeopathy. The method I am using to investigate this topic is a survey in the form of a self-administered questionnaire, available in English and Zulu.

The aim of this research project is to find out how much participants know about homoeopathy, what is their view of homoeopathy, and whether they have any direct experience of homoeopathic consultations or medicines.

Who can participate in the survey?

Those who meet the following criteria:

- African ethnic origin (self defined);
- Republic of South Africa citizens;
- Resident in the Mnambithi municipality for at least six months (self defined);
- Literate in English or Zulu;
- Illiterate will be assisted with the completion of questionnaire.

What will be required of the participants?

The questionnaire will take 15 - 20 minutes to complete.

Confidentiality

Questionnaires will remain anonymous. Names and/or addresses are not requested. There is no way of linking a particular questionnaire to a particular participant. The questionnaire will be kept in a secure location without public access at the Durban University of Technology for 5 years and then will be destroyed.

A copy of the results and completed dissertation will be lodged at the library of the Durban University of Technology, and available on the internet via the library's website.

Your time and involvement is highly appreciated, thank you.

_____

Sboniso Lamula (research student) tel: 072 964 3203

Dr. Richard Steele BA, HDE, MTech (Hom) tel: 031-201-6508
(supervisor)

ISELEKO B

Incwadi yalowo ozobamba iqhaza

Sawubona

Ngiyabonga ngokuba ube yingxenye yalolucwaningo. Okwamanje ngingumfundi e-Durban University of Technology ngenza ihomoeopathy. Ukuthi ngiqede iziqu zami zemasters ngibe yihomoeopathy ngidinga ukwenza ucwaningo bese ngibhala umqulu. Isihloko socwaningo lwami sithi uhla lwemibuzo ngemicabango ngehommoeopathy. Ngisebenzisa uhla lwamibuzo ukuthola imicabango yabo ngehomoeopathy etholakala ngesiNgisi nangesiZulu.

Inhloso yocwaningo ukuthola ukuthi abantu bazi kangakanani ngehomoeopathy, imibono yabo ngehomoeopathy noma ukuthi bake bayibona yini ihomoeopathy naphambilini noma imithi yamahomoeopathy.

Ubani ongaba yingxenye yalolucwaningo?

Labo abangahlangabezana nalemibandela:

- Abangokudabuka e Afrika (kuyayichaza);
- Abangokudabuka Emzansi Africa;
- Abahlali kumasipala waseMnambithi okungenani izinyanga eziyisithupha (kuyazichaza);
- Abakwaziyo ukubhala bafunde isilungu;
- Abangakwazi ukufunda nokubhala bayosizwa ngokugcwaliswa kwefomu

Kuzodingakalani kwabazoba yingxenye

Lemibuzo izothatha isikhathi esiwu 15-20 yemizuzu.

Imfihlo

Uhla lwemibuzo angeke lubalule. Amagama namakheli kawadingeki. Ayikho indlela yokuxhumanisa ogcwalise imibuzo nalapho agcwalise khona. Uhla lwemibuzo ephenduliwe luyogcinwa endaweni ephephile e-Durban University of Technology bese igcinwe iminyaka emihlanu bese iyabhujiswa. Iphepha sibonelo yemiphumela yocwaningo iyogcinwa engcina lwazi mabhuku kanye ne-website yegcinimabhuku.

Siyabonga ukuba ube yingxenye yocwaningo.

Sboniso Lamula (mfundi owenza ucwaningo) ucingo: 072 964 3203

Dr. Richard Steele BA, HDE, MTech (Hom) ucingo: 031-201-6508
(Induna yocwaningo)

APPENDIX C

***Note to the Research Committee**: the letter below will be personalized with the name of the Ward Councilor, Induna, Principal or Minister of Religion being written to, and paragraph two adapted accordingly.*

Sboniso Lamula
Ward 10, Sahlumbe
Indaka municipality
3370

Dear Sir/Madam

Re: Survey regarding the perception of African residents of Mnambithi municipality of homoeopathy.

I am currently a student at the Durban University of Technology studying homoeopathy. For me to finish my Masters degree and qualify as a homoeopath, I need to conduct research and write a dissertation. My research topic is the perception of African residents of Mnambithi municipality regarding homoeopathy. The method I will use to investigate this topic a survey which will take the form of a self-administered questionnaire in English or Zulu.

I am writing to you to request your assistance please in giving me permission to approach the community / community group / student group / religious group you are a leader of so I can invite those individuals to participate in this research project.

Background

Homoeopathy is a form of natural medicine which originated in Germany about 200 years ago. It uses very diluted natural substances as medicines, so has a reputation for being very safe, even for babies. In South Africa it is a minority form of medicine, but public awareness, availability of over-the-counter homoeopathic medicines from health shops and some pharmacies, and the growing number of homoeopaths graduating from Durban University of Technology and the University of Johannesburg means that it is now growing in popularity. However, there has been no research specifically aimed at finding out what Africans' knowledge, perception and experience of homoeopathy is which is why this research project is being conducted.

Aims of the research project

This study proposes an investigation to determine the perception and knowledge of Africans about homoeopathy at Mnambithi.

The first aim is to establish the level of knowledge of homoeopathy of participants.

The second aim is to determine the perception and views of participants regarding homoeopathy.

The third aim is to establish the utilization of homoeopathic services by participants

The fourth aim is to ascertain whether there is a difference of knowledge and perception among the various demographic populations to be surveyed i.e. those living in the suburbs of Mnambithi, centre of town, former “township” areas, and rural areas.

The fifth aim is to compare the findings of this research project with those of other researchers regarding perception of homoeopathy in relation to the demographics of race, gender and age.

Benefits of the research project

Besides assisting me to complete my degree, participating in the survey will in itself raise the awareness of homoeopathy amongst participants, and the results can assist the homoeopathic profession in developing appropriate educational programs and services orientated toward the African community.

A copy of the results and completed dissertation will be lodged at the library of the Durban University of Technology, and available on the internet via the library’s website.

Who can participate in the survey?

Those who meet the following criteria:

- African ethnic origin (self defined);
- Republic of South Africa citizens;
- Resident in the Mnambithi municipality for at least six months (self defined);
- Literate in English or Zulu;
- Illiterate will be assisted with the completion of questionnaire.

What will be required of the participants?

The questionnaire will take 15 - 20 minutes to complete.

I will introduce the questionnaire to groups or individuals in order to explain the aims of the research project and explain the practical requirements for completion of the questionnaire. I will explain that participation is entirely voluntary.

Confidentiality

Questionnaires will remain anonymous. Names and/or addresses are not requested. There is no way of linking a particular questionnaire to a particular participant. The questionnaire will be kept in a secure location without public access at the Durban University of Technology for 5 years and then will be destroyed.

Thank you very much for your assistance in this matter.

_____ _____

Sboniso Lamula (research student) Date

Contact details

Research student: Sboniso Lamula tel: 0729643203

Dr. Richard Steele BA, HDE, MTech (Hom) (supervisor) tel: 031-201-6508

ISELEKO C

Isiqapheliso ekomidini locwaningo*: lencwadi engezansi izoba negama lekhansela lendawo, Induna, Uthishanhloko noma Umfundisi wenkonzo ethile obhalelwe, bese ingxenye yesibili izolungiswa ngokunjalo.*

Sboniso Lamula
Ward 10, Sahlumbe
Indaka municipality
3370

Mnumzane/Nkosazane

Isihloko: Ucwaningo ngemicabango ngehomoeopathy kubahlani baseMnambithi.

Okwamanje ngingumfundi e-Durban University of Technology ngenza ihomoeopathy. Ukuze ngiqede iziqu zami zemasters ngibe yihomoeopath ngidinga ukwenza ucwaningo bese ngibhala umqulu. Isihloko socwaningo lwami sithi uhla lwemibuzo ngemicabango ngehommoeopathy kubahlali base Mnambithi. Ngisebenzisa uhla lwamibuzo ukuthola imicabango yabo ngehomoeopathy etholakala ngesiNgisi nangesiZulu.

Ngibhala lencwadi ukuba ngicele ukuba ngicele imvume yokwamukelwa futhi ngimeme amalungu omphakathi ukuba abambe iqhaza kulolucwaningo lwami. Amalungu kungaba umthimba womphakathi/umthimba wabafundi/umthimba wezenkolo owengamele.

Isenanelo

Ihomoeopathy ukwelapha kwemvelo okwadabuka e-Germany eminyakeni e ngu-200 eyadlula. Isebenzisa amakhambi emvelo, ngakho yaziwa ngokuphepha kakhulu ngisho nakubantwana. Emzansi Afrika yingxenyana encane yokwelapha, kodwa ukuqwashisa imiphakathi, ukutholakala kwemithi ezitolo kanye nasemakhemisi, kanye nenani lalabo abathola iziqu e-Durban University of Technology nase University of Johannesburg kusho ukuthi iyadlondlobala njengekhethelo. Nakuba alukabikhona ucwaningo olubhekiswe kumasizwe sabengabadi/sabomdabu oluhlose ukuthola ngolwazi lwayo ihomoeopathy, imicabango kanye nokuyisebenzisa ihomoeopathy, yisona sizathu sokuba lolucwaningo lwenziwa.

Izinhloso zocwaningo

Inhloso yokuqala ukuthola izinga lolwazi abayingxenye yocwaningo abanalo ngehomoeopathy kulabo abazozimbandakanya.

Inhloso yesibili ukuthola imicabango nemibono mayelana nehomoeopathy kulabo abazozimbandakanya.

Inhloso yesithathu ukuthola ukuthi bayisebenzisa kangakanani kulabo abazozimbandakanya.

Inhloso yesine ukuthola ukuthi ngabe kukhona yini umehluko yini kwimicabango, nolwazi phakathi kwabahlali basema-sabhabhu aseMnambithi, edolobheni, elokishini kanye nakomazakhele.

Inhloso yesihlanu ukuthola mayelana nezinye izincwaningo ezenziwa ngaphambilini mayelana nemicabango ngehomoeopathy ngokwehlukana kwebala, ubulili kanye neminyaka ukuqhathanisa imiphumela yalolucwaningo kanye naleyo yocwaningo olwedlule olwenziwa ozakwethu ngemibono ngehomoeopathy kulezizigaba.

Umuhlomulo ngocwaningo

Ngaphandle kokungisiza ukuqeda iziqu zami, kulowo oyozibzndakanya kulolucwaningo kuyofundisa, kuqwashise abaningi ngolwazi lwehomoeopathy, imiphumela yalolucwaningo iyosiza kakhulu odokotela behomoeopathy ukuba basungule izinhlelo zokufundisa kanye nezokusiza ezibhekelela abengabadi.

Umqulu wemiphumela yocwaningo uyogcinwa kumtapo wolwazi wasesikhungweni esiphakeme sase-DUT mabhuku kanye ne-website yegcinimabhuku.

Ubani ongaba yingxenye yalolucwaningo?

Labo abangahlangabezana nalemibandela:

- Abangokudabuka e Afrika (kuyayichaza);
- Abangabokudabuka Emzansi Africa;
- Abahlali kumasipala waseMnambithi okungenani izinyanga eziyisithupha (kuyazichaza);
- Abakwaziyo ukubhala bafunde isilungu noma isiZulu
- Abangakwazi ukufunda nokubhala bayosizwa ngokugcwaliswa kwefomu.

Kuzodingakalani kwabazoba yingxenye?

Lemibuzo izothatha imizuzu engu 15-20.

Ngiyobazisa ngocwaningo bese ngiyabachazela ngohlelo lwemibuzo amathimba, kanye namalunga amanye ngabanye nangokudingekile ukugcwalisa ifomu. Ngiyochaza ukuthi ucwaningo uyazikkhethela akuphoqwa muntu abambe iqhaza noma azibandakanye.

Imfihlo

Uhla lwemibuzo ephenduliwe angeke ludalulwe. Amagama namakheli kawadingeki. Ayikho indlela yokuxhumanisa ogcwalise imibuzo nalapho agcwalise khona. Uhla lwemibuzo ephenduliwe luyogcinwa endaweni ephephile e-Durban University of Technology bese igcinwe iminyaka emihlanu bese iyabhujiswa. Iphepha sibonelo yemiphumela yocwaningo iyogcinwa kumtapo wolwazi wasesikhungweni sezemfundo ephakeme e-DUT ne-website yegcinimabhuku.

Ngiyabonga kakhulu ngokuba nosizo kuloludaba

Sboniso Lamula (mfundi owenza ucwaningo) ucingo: 072 964 3203

Dr. Richard Steele BA, HDE, MTech(Hom) ucingo: 031-201-6508
(Induna yocwaningo)

APPENDIX D

PERMISSION FORM FOR OFFICIALS TO SIGN

PERMISSION FORM

Re: Survey regarding the perception of African residents of Mnambithi municipality of homoeopathy to be conducted by Sboniso Lamula

I _____ have read and understand the contents of the letter and in my capacity as _____ grant him permission to approach individuals and groups in _____ (area, or name of organisation).

Signature: _____ Date: _____

ISELEKO D

IFOMU LEMVUME LOPHETHE UKUBA ASAYINE

IFOMU LEMVUME

Isihloko: Ucwaningo ngemicabango ngehomoeopathy kubahlali baseMnambithi.

Mina _____ ngifundile ngaqonda okuqukethwe yilencwadi mina njenge/njengo (isikhundla) _____ ngikunikezela imvume ukuthi uye kumalunga omphakathi noma umthimba kulendawo _____ (indawo, noma igama lenhlangano).

Ukusayina: _____ Usuku: _____