

**Patients' perceptions of their first Homoeopathic
consultation at Ukuba Nesibindi Homoeopathic Community
Clinic**

Nontobeko Sibusisile Dube

Dissertation submitted in partial fulfilment of the requirements for the Degree of Master
of Technology in Homeopathy in the Faculty of Health Sciences at the Durban
University of Technology.

Supervisor : Prof MN Sibiya
Co-supervisor : Dr JC Ngobese-Ngubane
Date : March 2015

Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

Signature of student

Date

Approved for final submission

Prof MN Sibiya (Supervisor)

RN, RM, D Tech: Nursing

Date

Dr JC Ngobese-Ngubane (Co-Supervisor)

M Tech: Homeopathy

Date

Dedication

This study is dedicated to my Lord and Savior Jesus Christ. Thank you for the everyday strength and hope you gave me when things appeared to be impossible and thank you that you have never left me nor forsaken me. You have always been there when I needed you. I LOVE YOU.

To my mother Goodness Ngcobo, thank you for the unconditional love, support and the sacrifices you made for me to have a better education and to study Homoeopathy.

Lastly I dedicate this study to Mr. and Mrs. Mnyandu. Thank you for raising me up, for teaching me to prioritize and put God first. Thank you for the guidance, love and support you have given me all these years.

Acknowledgements

I would like to thank the following people for their contribution towards the completion of this dissertation and throughout my studies.

- My supervisor Professor Sibiya, thank you for being my supervisor, thank you for your guidance, support, commitment and hard work. Thank you for being there when I needed your assistance, thank you for communicating many things with me and I appreciate everything.
- My co-supervisor Dr. Ngobese-Ngubane; thank you for guidance, undying support and commitment in assisting me. You are the best.
- Dr. R. Steele thank you for making sense of my study. You did more than just editing. The amount of thought process and articulation that I would have never been able to do myself is exceptional. Thank you for the positive feedback.
- All Homoeopathic Lecturers and Clinicians thank you for imparting knowledge.
- To Mr. Zwakele Ngubane, thank you for the encouragement, love, support and hope you have given me. Thank you for going the extra mile for me without complaining. I will forever be grateful.
- My brothers and sisters (particularly Njabulo, Gugu, Zipho, Sbo, Bongiwe, Sbusiso, Sne and Andile). I love you so much and thank you for the support.
- My lovely little sister (Monti); I love you and thank you for sincerely loving me and for being my friend as well.
- Akhona, Asanda, Sis Sindi, Sis Zinhle and Zodwa; thank you for being there when I needed you; thank you for the prayers, sincere love and thank you for the Wisdom of God you imparted.
- My friends (Mamncane, Cosmos, Sis Busi, Monde, Ndue, Pretty, Stella, Tholah, Zama, MaZah, Sya, Ovayo, Bhuti Bo, Boyce, Sis Kwando, Sis Vuyiseka, Minenhle, Bhuti Zweli, Bhuti Mkhanyisi, Bhuti So, Palesa, Sis Sthe, Mr and Mrs Mthembu); thank you for being part of my life.
- Pastor Maduna; thank you for being a Father, for the spiritual guidance, earnest prayers, for teaching me the Word of God and mostly thank you for the love.

- Thank you to the patients attending Ukuba Nesibindi Homoeopathic Community Clinic who participated in this study.

Abstract

Brief background

The Durban University of Technology (DUT) Department of Homoeopathy in collaboration with Lifeline established a clinic in 2004 located in Warwick Junction, Durban, an area classified as being disadvantaged. The Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) serves as a free primary health care service on the third floor of the Lifeline building in Acorn Road, Warwick Junction, less than one kilometer from the main DUT campus.

Aim of the study

The study aimed to determine the perceptions of patients after their first Homoeopathic consultation and their satisfaction with service delivery at UNHCC and to assess patients' knowledge about Homoeopathy.

Methodology

A quantitative, descriptive, cross sectional study design was used to guide the study. The first 50 new consenting patients were selected using convenience sampling, and answered a self-administered survey questionnaire. The data was analyzed using Excel software and differences between groups were tested using the student t-test.

Results

The results of the study showed a very high degree of satisfaction with the health care and the service provided. The results also showed that the majority of respondents attended the clinic as a result of the blood pressure drives held by students during the clinic sessions (Monday mornings and afternoons and Thursday afternoons). It is recommended that future studies be of a qualitative nature and with a larger sample size. It is also recommended that the facility be operational on all weekdays which would result in an increase in the patient numbers and would enable further research studies.

Table of Contents

DECLARATION	I
DEDICATION	II
ACKNOWLEDGEMENTS	III
ABSTRACT	V
TABLE OF CONTENTS	VI
LIST OF TABLES	XII
LIST OF FIGURES	XIV
LIST OF ACRONYMS	XV
CHAPTER 1: ORIENTATION TO THE STUDY	1
1.1 BACKGROUND TO THE STUDY	1
1.2 PROBLEM STATEMENT	1
1.3 AIM OF THE STUDY	2
1.4 RESEARCH QUESTION	2
1.5 OBJECTIVES	2
1.6 OPERATIONAL DEFINITIONS	3
1.7 SIGNIFICANCE OF THE STUDY	3
1.8 CONCLUSION	3

CHAPTER 2: LITERATURE REVIEW	5
2.1 INTRODUCTION	5
2.2 THE HOMOEOPATHIC CONSULTATION	5
2.3 PROCESSES OF HEALING	7
2.4 THE UKUBA NESIBINDI HOMOEOPATHIC COMMUNITY CLINIC (UNHCC)	9
2.5 THE UNHCC STATISTICS OF THE PATIENT NUMBERS THAT VISITED THE CLINIC AND OTHER KEY COMPONENTS OF THE CLINIC	10
2.6 CONCLUSION	11
CHAPTER 3: RESEARCH METHODOLOGY	13
3.1 INTRODUCTION	13
3.2 RESEARCH DESIGN	13
3.3 SETTING	14
3.4 SAMPLING PROCESS	14
3.4.1 Inclusion criteria and Exclusion criteria	15
3.5 DATA COLLECTION PROCESS	15
3.6 DATA ANALYSIS	16
3.7 PRE-TESTING OF THE QUESTIONNAIRE	16
3.8 RELIABILITY AND VALIDITY OF THE STUDY	17
3.9 ETHICAL CONSIDERATIONS	17
3.10 CONCLUSION	18
CHAPTER 4: PRESENTATION OF RESULTS	19

4.1 INTRODUCTION	19
4.2 OVERVIEW OF THE RESULTS	20
4.3 DEMOGRAPHICS	20
4.3.1 Gender	20
4.3.2 Age	21
4.3.3 Age group versus gender	22
4.3.4 Race	23
4.3.5 Home language	24
4.3.6 Marital status	25
4.3.7 Marital status versus gender	26
4.3.8 Occupational status	27
4.3.9 Gender versus occupation status	28
4.3.10 Area	30
4.3.11 Gender versus area	30
4.3.12 Education	32
4.3.13 Gender versus education	33
4.3.14 General health status	34
4.3.15 Gender versus health	35
4.4 HOMOEOPATHY	36
4.4.1 Knowledge about Homoeopathy	36
4.4.2 Source of knowledge about Homoeopathy	37
4.4.3 Previous consultation with a Homoeopathic practitioner	37
4.5 UKUBA NESIBINDI HOMOEOPATHIC COMMUNITY CLINIC (UNHCC)	38
4.5.1 Location of the UNHCC	38
4.5.2 Welcoming at the UNHCC	39
4.5.3 Overall impression of the Homoeopathy student practitioner	41
4.6 THE HOMOEOPATHIC CONSULTATION	42
4.6.1 Impact of the Homoeopathic consultation	42
4.6.2 Time spent in the Homoeopathic consultation	43
4.6.3 Amount of trust in the Homoeopathic student practitioner during the consultation	43
4.6.4 Experience at the Homoeopathic consultation	45
4.6.5 Feeling after the Homoeopathic consultation	46

4.6.6 Homoeopathy student practitioner's manner	46
4.6.7 Information and advice to the patient	47
4.6.8 Repeat visit to the UNHCC and referrals to the UNHCC	48
4.6.9 Homoeopathic consultation versus orthodox	49
5.1 INTRODUCTION	53
5.2 OVERVIEW	53
5.3 DEMOGRAPHICS	53
5.3.1 Gender	53
5.3.2 Age	54
5.3.3 Age group versus gender	55
5.3.4 Race	55
5.3.5 Home language	56
5.3.6 Marital status versus gender	57
5.3.7 Occupational status	57
5.3.8 Gender versus occupation	58
5.3.9 Area versus gender	58
5.3.10 Education	59
5.3.11 Gender versus education	59
5.3.12 General health status versus gender	59
5.4 HOMOEOPATHY	60
5.4.1 Have you ever heard of Homoeopathy?	60
5.4.2 How did you get to know about UNHCC?	60
5.4.3 Have you ever consulted with a Homoeopath before?	60
5.5 UKUBA NESIBINDI HOMOEOPATHIC COMMUNITY CLINIC	61
5.5.1 Location of the UNHCC	61
5.5.2 Welcoming at the UNHCC	61
5.5.3 The overall impression of the Homoeopathy student	61
5.6 THE HOMOEOPATHIC CONSULTATION	62
5.6.1 The impact of the Homoeopathic consultation	62
5.6.2 Time spent in the Homoeopathic consultation	63
5.6.3 Trust in the Homoeopathic consultation	64

5.6.4 Experience at the Homoeopathic consultation	64
5.6.5 Feeling after the Homoeopathic consultation	64
5.6.6 Homoeopathy student practitioners' manner	65
5.6.7 Information and advice	65
5.6.8 Repeat visit to the UNHCC and the referrals to the UNHCC	66
5.6.9 Homoeopathic consultation versus Orthodox	66
5.7 COMMENTS	67
5.7.1 Comments on how Homoeopathic consultation is different	67
CHAPTER 6: CONCLUSION AND RECOMMENDATIONS	69
6.1 CONCLUSION	69
6.2 LIMITATION OF THE STUDY	70
6.3 RECOMMENDATIONS	70
6.3.1 Recommendations to enhance the service provided at UNHCC	70
6.3.2 Further research	71
REFERENCES	72
APPENDIXES	79
Appendix 1: IREC Ethical approval	79
Appendix 2a: Information letter and consent form for participants (English)	80
Appendix 2b: Information letter and consent form for participants (isiZulu)	83
Appendix 3a: Questionnaire (English)	87
Appendix 3b: Questionnaire (isiZulu)	94
Appendix 4a: Permission letter to the Homoeopathy Head of Department	103
Appendix 4b: Permission and approval letter to the Homoeopathic Clinic Director	104
Appendix 4c: Permission and approval letter to the Clinicians on duty at UNHCC	105

List of Tables

Table 2.1: Patient numbers from 2004-2014	10
Table 2.2: New patients that visited the clinic from 2010-2013	10
Table 3.1: Number of patients in 2013	15
Table 4.1: Gender distribution of respondents	20
Table 4.2: Age group distribution of respondents	21
Table 4.3: Age group versus gender distribution of respondents	22
Table 4.4: Age group versus gender distribution of participants	23
Table 4.5: Race group distribution of respondents	23
Table 4.6: Home language distribution of respondents	24
Table 4.7: Marital status distribution of respondents	25
Table 4.8: Marital status versus gender distribution of respondents	26
Table 4.9: Marital status versus gender distribution of respondents	27
Table 4.10: Occupational status distribution of respondents	27
Table 4.11: Gender versus occupational status distribution of respondents	28
Table 4.12: Gender versus occupational status distribution of respondents	29
Table 4.13: Area distribution of respondents	30
Table 4.14: Gender versus area distribution of respondents	30
Table 4.15: Gender versus area distribution of respondents	31
Table 4.16: Education distribution of respondents	32
Table 4.17: Gender versus education distribution of respondents	33
Table 4.18: Gender versus education distribution of respondents	34
Table 4.19: General health status distribution of respondents	34
Table 4.20: Gender versus general health status distribution of respondents	35
Table 4.21: Knowledge about Homoeopathy	36
Table 4.22: Source of knowledge about the UNHCC	37
Table 4.23: Previous consultation with a Homoeopathic practitioner	37
Table 4.24: Location of the clinic	38
Table 4.25: Welcoming at UNHCC by the Homeopathy student practitioner	39
Table 4.26: Overall impressions distribution of respondents	41
Table 4.27: Impact of the Homoeopathic consultation	42
Table 4.28: Time spent in the Homoeopathic consultation	43
Table 4.29: Amount of trust in the Homoeopathic student practitioner during the consultation	43
Table 4.30: Experience at consultation	45

Table 4.31: Feeling after the consultation	46
Table 4.32: Student practitioner’s manner during the Homoeopathic consultation	46
Table 4.33: Information and advice	47
Table 4.34: Homoeopathic versus Orthodox	49
Table 4.35: Compared to the other doctors you have consulted, how is this Homoeopathic consultation different?	50
Table 4.36: Comments (if there are any other comments regarding your experience with the Homoeopathic consultation)	51

List of Figures

Figure 4.1: Gender distribution of respondents	20
Figure 4.2: Age group distribution of respondents	21
Figure 4.3: Age group versus gender distribution of respondents	22
Figure 4.4: Race group distribution of respondents	23
Figure 4.5: Home language distribution of respondents	24
Figure 4.6: Marital status distribution of respondents	25
Figure 4.7: Marital status versus gender distribution of respondents	26
Figure 4.8: Occupational status distribution of respondents	28
Figure 4.9: Gender versus occupational status distribution of respondents	29
Figure 4.10: Area distribution of respondents	30
Figure 4.11: Gender versus area distribution of respondents	31
Figure 4.12: Education distribution of respondents	32
Figure 4.13: Gender versus education distribution of respondents	33
Figure 4.14: General health status distribution of respondents	35
Figure 4.15: Gender versus general health status distribution of respondents	36
Figure 4.16: Knowledge about Homoeopathy	36
Figure 4.17: Source of knowledge about the UNHCC	37
Figure 4.18: Previous consultation with a Homoeopathic practitioner	38
Figure 4.19: Location of the clinic	39
Figure 4.20: Welcoming at UNHCC by the Homeopathy student practitioner	40
Figure 4.21: Bar Graph: Overall impressions distribution of respondents	41
Figure 4.22: Impact of the Homoeopathic consultation	42
Figure 4.23: Time spent in the Homoeopathic consultation	43
Figure 4.24: Amount of trust in the Homoeopathic student practitioner during the consultation	44
Figure 4.25: Bar Graph: Experience at consultation	45
Figure 4.26: Feeling after the consultation	46
Figure 4.27: Student practitioner's manner during the Homoeopathic consultation	47
Figure 4.28: Information and advice	48
Figure 4.29: Visit again and refer others	48
Figure 4.30: Homoeopathic versus Orthodox	49

List of Acronyms

Acronym	Full Name
UNHCC	Ukuba Nesibindi Homoeopathic Community Clinic
DUT	Durban University of Technology
KZN	KwaZulu-Natal
BP	Blood Pressure
Hom	Homoeopathy

CHAPTER 1: ORIENTATION TO THE STUDY

1.1 BACKGROUND TO THE STUDY

Homoeopathy recognises life in three parts; body, mind and the spirit which are dependent on each other. Any disturbance of the vital energy shows itself in lack of harmony through the outward manifestation of our being, namely, symptoms (Roberts 2005). Homoeopathy is based on the observation that a substance, when taken by a healthy person, is capable of producing a particular array of symptoms (De Schepper 2001).

Homoeopathy acknowledges the connection of mind and emotions, body and spirit, and address the whole person and not just an organ or a part (De Schepper 2001). The Homoeopathic consultation is a gentle yet thorough exploration of the physical and emotional makeup of the patient and seeks to build up a well-rounded picture of the patient as an individual (De Schepper 2001). The consultation lasts about one to one and a half hours and patients discuss their symptoms and other related aspects of their lives which bring the Homoeopath an understanding of their vital force and what might have altered it (Dancu 1996).

The study aimed to determine the perceptions of patients after their first Homoeopathic consultation and their satisfaction with service delivery at UNHCC and to assess patients' knowledge about Homoeopathy. The study will help improve Homoeopathic consultations for future patients that will be visiting the clinic and the service delivery offered by the clinic.

1.2 PROBLEM STATEMENT

Two research studies have been conducted at UNHCC since its establishment in 2004. Smillie (2010) conducted a retrospective audit of UNHCC between June 2004 and June 2008. The results of this study showed an increase in patient numbers over

the years. In a study by Watson (2014), 75% of patients showed a high degree of satisfaction regarding the attention given to the case by the Homoeopathic student practitioners when a patient benefit and perception survey of UNHCC was done.

This study focusses on the impact of the Homoeopathic consultation alone before the patient takes Homoeopathic treatment. This study seeks to ascertain if there are any positive results and positive patients' perceptions from the homoeopathic consultation alone. The time period of the Homoeopathic consultation from diagnosis through to physical examination to the end of consultation is the most critical for patients. Patients need information, assistance with decision making, and emotional and social support to help cope with their diagnosis and treatment. A good Homoeopathic consultation enables the patient to be at ease because the Homoeopathic consultation is holistic and individualised.

1.3 AIM OF THE STUDY

The aim of the study was to determine the perceptions of patients regarding their first consultation at UNHCC.

1.4 RESEARCH QUESTION

- What are the perceptions of patients regarding their first consultation at UNHCC?

1.5 OBJECTIVES

The objective of the study was to:

- Determine the perceptions of patients at UNHCC regarding their first consultation at UNHCC and their level of satisfaction with the service offered at UNHCC.

1.6 OPERATIONAL DEFINITIONS

Homoeopathy: derived from the Greek words *homeos* and *pathos*, which mean ‘similar suffering’. When a natural substance is given to a healthy individual, symptoms will arise and when that same substance is ingested by someone ill with similar symptoms its acts as a curative (Dancu 1996).

Placebo effect: the difference in outcome between a placebo treated group and an untreated control group in an unbiased experiment (Peters 2001).

Consultation: a service provided by a physician whose opinion or advice regarding evaluation and management of a specific problem is requested (Schwalm 2006).

Vital force: the “spirit-like life force that enlivens the material organism as dynamis, governs without restriction and keeps all parts of the organism in admirable, harmonious, vital operation, as regards both feelings and functions, so that our indwelling, rational spirit can freely avail itself of this living, healthy instrument for the higher purposes of our existence” (O’Reilly 1996).

1.7 SIGNIFICANCE OF THE STUDY

Surveys of patient satisfaction form an essential role in assessing public opinions of the service provided (Herr 2008). Patient satisfaction is a combination of need and expectation. The health care which does not satisfy the patient is usually less effective (Al-Assaf 1998). Therefore, the significance of the study is to assess patients’ perceptions of the service provided at UNHCC with the intention of identifying areas that need improvement and upgrading for the UNHCC to operate effectively.

1.8 CONCLUSION

As stated earlier, Homoeopathy is a unique and complete system of medicine and has a holistic approach to treatment, which is not only to treat an individual for their physical complaints-but to rather consider the totality of their mental, emotional states

and physical states in the complete healing and treatment process as well (Grey 2000). Homoeopathy relies on gathering a detailed picture of a complaint before homoeopathic remedies can be correctly prescribed (Lockie 1998). Therefore, this process of the consultation could be therapeutic on its own because of the in-depth and intensity of the first consultation that could enhance more knowledge about health and homoeopathy. Another factor is the current state of public health facilities that is under pressure it could be a relief to the patient to get a service that is comprehensive and this in return could advance their level of satisfaction with the service offered at UNHCC.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Homoeopathy is a holistic practice of medicine that aims to treat the person in totality. The word totality encompasses symptoms, pathology, personality, trauma and inherited tendencies and individual tendencies (Van Wyk 2009). Homoeopathic medicine works by stimulating the body's inherent ability to heal itself (Trivieri 2001). Homoeopathy was developed by the German Physician and Chemist Samuel Hahnemann (1755-1843) in 1796 based on the Law of Similars 'Like cures like' which states that in order to cure a disease, one must look for medical substances that can create similar symptomatology in a healthy body (Vithoulkas 2009; Dancu 1996).

In Homoeopathy, illness is understood as a multi-dimensional phenomenon, brought on by an internal disturbance that manifests in each person in a uniquely characteristic way. These individual characteristics are the result of many different factors, including heredity, life experiences, life style and the kind of interventions a patient has had for their condition.

Unlike conventional medicine which treats disease symptoms by attempting to suppress them, the goal of Homoeopathy is to reverse any suppression that may be present in order to free the patient's vital energies so that healing may occur (Trivieri 2001).

2.2 THE HOMOEOPATHIC CONSULTATION

The Homoeopathic consultation is a gentle yet thorough exploration of physical and emotional make up or constitution of the individual and endeavours to build a well-rounded picture of a patient (De Schepper 2001). The Homoeopathic consultation is guided by particular philosophical standpoints which dictate the basic approach towards the patient and his/her disease (De Schepper 2001).

The Homoeopathic consultation lasts about one to one and a half hours. During the consultation, patients discuss their symptoms, personalities, family history, traumas and other related aspects of their lives which bring understanding to the practitioner of their vital force and what might have altered it (Dancu 1996).

The Homoeopathic consultation starts when a Homoeopathic practitioner meets and greets the patient at the waiting room (De Schepper 2001). After the patient is seated, a brief explanation by the Homoeopathic practitioner of the principles of Homoeopathy and the healing process is offered so that a patient may understand the difference between Homoeopathy and standard medicine. The Homoeopathic practitioner may then give an opportunity to the patient to ask questions before case taking to avoid interruptions (Dancu 1996). The Homoeopathic practitioner then asks the reason for the visit, the chief/main complaint, writing down the key points exactly in patients words, not rushing a patient or suggesting symptoms (De Schepper 2001, O'Reilly 1996). During this time of the explanation of the main complaint by the patient, the Homoeopathic practitioner observes the patient's behaviour and appearance. The Homoeopathic practitioner asks questions related to the main complaint using the following guidelines:

- **Concomitants:** are there any other symptoms that arise with the original symptoms?
- **Location:** where is it painful / where is the pain located?
- **Aetiology:** the underlying cause of the disharmony.
- **Modalities:** symptoms relating to what makes a person better or worse.
- **Sensation:** how does it feel?
- **Intensity:** the intensity of the pain using a scale of 1-10.
- **Timing:** what time of the day/night do symptoms become worse?

Nell (2004) states that there is an increasing recognition in medical literature that medical interviews are a healing dialogue between patients and doctor. He further states that the outcomes of this interaction, both clinical and personal, depend on a set of skills. Nell's (2004) study revealed that during the Homoeopathic consultation the patient is dominant which allows the patient to impart information while the practitioner tries to maintain control over the direction and process of the consultation.

The use of open-ended questions in the Homoeopathic consultation helps to clarify symptoms and to understand the patient's problems in the context of their disease and life and reveal more information than closed questions. The Homoeopath needs to consider the emotional aspect of the patient and to respond to them on that level, which includes the ability to experience a sense of empathy and communicate this to the patient. This brings insight into the power relationship between practitioner and patient. The Homoeopathic consultation includes patient education about the illness and to motivate them. A study conducted by Eyles (2012) explored 'connecting' between a practitioner and a patient as a key component of the consultation. The study showed the homoeopath as an important component of the therapeutic context forming complex relationships and using communication that is skills based and shaped to interpret and respond to each individual patient and their narrative in the consultation. The process of 'connecting' and narrative exploration which both patient and practitioner engage in was also perceived as being potentially therapeutic by many practitioners.

2.3 PROCESSES OF HEALING

Healing through talking

Emotions are the basic units of communication. They are a form of energy and the nature of energy is movement. When emotions are abrupt, intense or persistent, they may over time produce functional disorders of the organs by upsetting harmonious balance of blood, fluids and energy (Nelson 2012). The Agency for Healthcare Research and Quality (2011) states that effective communication between patients and their healthcare practitioner is important and possible even when time is limited. Talking can be therapeutic in a sense that it can speed recovery. Talking about bad health is a good medicine for the ill and it helps to promote health and may also lead to better physical health if conversation between clinician and patient helps to identify the diagnosis (Street et al. 2009).

The opportunity to talk allows one to make connections between current symptoms and events in the past which one may not be aware of. These links can be valuable insight during the healing process (DeLaney 2010).

Healing through touching

Touch is one of the most important of the five senses. The role of touch is supported in Biblical scriptures where it serves as a vehicle for healing (Singh and Leder 2012).

After the Homoeopathic case taking the Homoeopathic practitioner needs to perform a physical exam of the patient. In the clinical examination touch is re-framed as 'palpation' probing for abnormalities (Singh and Leder 2012). This provides vital information about a patient (Offre 2010). Touching during the physical examination can directly express care, compassion and comfort. It also reinforces patient trust and helps in the healing process (Singh and Leder 2012).

The purpose of the Homoeopathic consultation is to arrive at the totality of symptoms of a patient on all three levels: the body, the mind and the spirit (Vithoulkas 1998). Homoeopathy relies on mental/ emotional symptoms, if a patient does not honestly say how they are feeling this can be an obstacle to cure (Roberts 2005).

Practitioners have described how Homoeopathic consultations can be difficult when patients are used to biomedical consultations, but many consider that the process of narrative exploration seems to assist the patient in engaging with Homoeopathic principles (Eyles 2012). The provision of an understandable and satisfying explanation of the illness, warmth, and demonstrating care and concern play a role in healing process (Peters 2001).

2.4 THE UKUBA NESIBINDI HOMOEOPATHIC COMMUNITY CLINIC (UNHCC)

To facilitate high standards of health care as well as teaching and learning, Durban University of Technology (DUT) Department of Homoeopathy in collaboration with Lifeline established its first Homoeopathic Community Clinic in 2004 called Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) located in Warwick Junction, Durban. UNHCC provides a free Homoeopathic primary health care service on the third floor of the Lifeline building in Acorn Road, Warwick Triangle, less than one kilometre from the main DUT campus. The area is classified as being disadvantaged with high crime rates, prostitution, violence, small informal businesses and low cost housing. The Lifeline runs a community outreach programmes that offers free courses in beadwork, sewing, hair dressing and computer skills. These offer people a chance to better themselves and provide skills that help them find jobs. On the premises there is also a school day care for children, rape counselling and free HIV testing (Smillie 2010).

The clinic has three consultation rooms with one examination bed in each room. When the clinic opened in 2004 it was operational in only one room and only on Wednesday afternoons and Friday mornings. However, over the years the number of patients increased due to the demand for the clinic services. The clinic now operates on Monday mornings from 08H30 – 12H00 and Monday and Thursday afternoons from 13H00 – 16H30. The clinical audit study conducted by Smillie (2010) of UNHCC showed that the majority of patients who visit the UNHCC were unemployed, middle aged, single African females. The most common illnesses encountered at UNHCC were of an infectious nature mainly Human Immunodeficiency Virus (HIV) and Tuberculosis (TB). The UNHCC treats the symptoms, complications and consequences of these illnesses and does not claim to treat the illnesses directly.

2.5 THE UNHCC STATISTICS OF THE PATIENT NUMBERS THAT VISITED THE CLINIC AND OTHER KEY COMPONENTS OF THE CLINIC

Table 2.1: Patient numbers from 2004-2014

YEAR	NUMBERS
2004-2014	3106 (Consultations)
2014-Jan-Mar	174
2013	280
2012	342
2011	383
2010	611
2009	272
2008	352
2007	224
2006	266
2005	133
2004	69
TOTAL	3106

(Ngobese-Ngubane 2014)

Table 2.2: New patients that visited the clinic from 2010-2013

Year	No. of new patients
2010	333
2011	164
2012	208
2013	179

(Ngobese-Ngubane 2013).

The UNHCC is funded entirely by the DUT Department of Homoeopathy (Smillie 2010). The clinic is run by 4th and 5th Homoeopathic master's degree (M. Tech: Hom) students under the supervision of a qualified and registered Homoeopath. This exposure gives students an opportunity to go beyond their academic environment and offer their energy and skills to the Warwick community to address issues affecting their wellbeing.

According to the results of the survey conducted by Watson (2014) on patient benefit and perception of UNHCC patients, 75% of patients had a high degree of satisfaction regarding the attention given to a case by the Homoeopathic student practitioner.

This current study aimed to improve Homoeopathic consultations for future patients that will be visiting the clinic and the service delivery offered by the clinic, so that patients will receive satisfactory services. The study assessed patients' knowledge about Homoeopathy and their understanding of what Homoeopathy is.

Since 2013 this clinic has embarked on blood pressure drives during each clinic session (Monday mornings and afternoons and Thursday afternoons). This occurs on the pavement outside the front door of the UNHCC and is aimed at all people in the area at the time irrespective of whether they are residing in the area or not. The services include weight, blood pressure and glucose check-up followed by brief health and lifestyle education. The drive is also proving to be effective in marketing the clinic and in increasing patient numbers seen per day.

According to the 2014 report on the UNHCC (Ngobese-Ngubane 2014), in these days of increasing chronic disease, sinister viral infections, resistant organisms and a host of incurable conditions, a system of healing that is non-toxic and capable of stimulating the body to heal itself is more essential than ever before. Homoeopathy is such a system that offers a holistic approach to treating patients. Homoeopathy offers a gentle, safe, cost effective and quick approach to treating patients.

Community engagement is an opportunity to put learning and commitments into practice and to exemplify values through deeds and action. Such engagement by an institution such as DUT is an attempt to harness the social commitment, knowledge, expertise and skills of staff and students and put them to work to forge mutually respectful, beneficial and reciprocal relationships within the community they serve. They also seek to develop the public and the students as citizens through a process of discovery, listening, understanding and contribution.

2.6 CONCLUSION

It is hoped that more such partnership projects can be started in the near future. The Department of Homoeopathy and its students are always keen to improve things in the clinic as well as in the area (Ngobese-Ngubane 2014). The relationship between

this clinic and its patients is symbiotic and maintaining and improving this relationship is vital to the longevity of this primary healthcare facility.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter shows the systematic process of collecting, interpreting and analysing data in order to increase ones understanding and to resolve the problem or a question that initiated the study which is: what are the perceptions of patients regarding their first consultation at the UNHCC?

3.2 RESEARCH DESIGN

A quantitative, descriptive, cross sectional study design was used to guide the study. A quantitative study design is defined as a study involving the use and analysis of numerical data using statistical techniques (Denscombe 2003). Quantitative studies pose and answer questions of who, what, when, where, how much, how many and how. The purpose of using a quantitative study design is that the analysis provides a solid foundation for description and the interpretations and findings are based on measured quantities rather than impressions and can be checked by others for authenticity. The analysis of the quantitative study can be analysed quickly (Denscombe 2003).

A descriptive study design refers to the type of research question, design and data analysis. A descriptive study aims to find out 'what is' by gathering and analysing data then describing it by using visual aids such as graphs and charts to assist the reader in understanding the data distribution (Hicks 2009).

A cross sectional study design involves data collection at a defined time. It describes variables and their distribution patterns. The advantage of a cross sectional study design is that there is no waiting for the outcome to occur so makes them fast and inexpensive (Hulley et al. 2007).

3.3 SETTING

The study was conducted at UNHCC in the Warwick Junction area in the Lifeline building. The Homoeopathic consultation rooms are on the third floor of the Lifeline building. The clinic services at UNHCC are run by 4th and 5th Homoeopathic master's degree (M. Tech: Hom) students under the supervision of a qualified and registered Homoeopath on Monday mornings from 08H30 – 12H00 and Monday and Thursday afternoons from 13H00 – 16H30. The appointments occur in various ways; some patients pre-book appointments, some are walk-ins, some are referred by Lifeline to the clinic and others are recruited via blood pressure drives that the students do when they are at the clinic and they are not busy with appointments. Patients are consulted on a first come first served basis. The UNHCC shares a receptionist with the Lifeline who does all the bookings for the patients at the clinic. The Homoeopathic consultations at UNHCC last for approximately 45 minutes.

3.4 SAMPLING PROCESS

The number of new patients that visited the UNHCC in 2013 from January-November was 179 with a minimum of 02 and a maximum of 35 new patients a month (Ngobese-Ngubane 2013). The first 50 new consenting patients during the study period were selected using a convenience sampling technique. The sample size was determined in consultation with the statistician in view of the total new patients who had consultations at the UNHCC in 2013. There were only 34 new patients seen at this clinic in the first three months of 2013, however this number was too small to base analysis and 50 was the reasonable number considering the duration of the study. Three months was the time stipulated for data collection by the researcher according to the plan of research activities, the student did anticipate the interference of data collection as the clinic was only operating certain days of the week, and DUT student strikes and public holidays.

Table 3.1: Number of patients in 2013

MONTH	NP	F/UP	TOTAL
January	2	1	3
February	18	5	23
March	14	14	28
April	10	6	16
May	21	16	37
June	23	6	29
July	17	8	25
August	35	22	57
September	18	8	26
October	11	9	20
November	10	6	16
TOTAL	179	101	280

3.4.1 Inclusion criteria and Exclusion criteria

Participants who were included in this study were patients who consulted with a Homoeopathic student practitioner for the first time at UNHCC as the study's focus was only on patients' perceptions of their first Homoeopathic consultation at UNHCC hence patients who were coming for their follow up were excluded in the study. Another inclusion was the age factor of participants, these patients had to be 18 years old or above in order to participate in the study as the Children's Act number 38 of 2005 states that the patient under the age of 18 years is a minor and therefore they are unable to conclude on valid contracts or make any legal binding decisions without their parents or guardian assistance (Children's Institute 2011). This means that all patients under the age of 18 were excluded. Lastly the participants had to be willing to participate in the study in order to be included therefore patients who were not willing to participate in the study were excluded.

3.5 DATA COLLECTION PROCESS

Permission was obtained from the Homoeopathy Head of Department (Appendix 4a), the Homoeopathic Clinic Director (Appendix 4b), the qualified Homoeopathic

practitioners on Clinician duty at UNHCC (Appendix 4c) and Lifeline officer (Appendix 4d).

Patients who attended the clinic for the first time were identified by the researcher and were requested by her to participate in the study. A Subject Information Letter that contained details of the study was given to patients by the researcher and thereafter a consent form was signed by the patients who agreed to participate in the study (Appendices 2a and 2b). The researcher handed out the questionnaires to the consenting respondents (Appendices 3a and 3b). Participants completed the questionnaire in the Lifeline reception area while waiting for their medication. Patients who were illiterate were assisted by the researcher to complete the questionnaire. Collection boxes were provided at the clinic for depositing the completed questionnaires to maintain confidentiality. The completion of the questionnaire took 15-30 minutes. The study was conducted at UNHCC during their normal sessions on Mondays and Thursdays.

3.6 DATA ANALYSIS

The information gathered was analysed using Excel data analysis software. The difference between groups was tested by using the student t-test.

The student t-test is a method of testing hypotheses about the mean of a small sample drawn from normally distributed population when the population standard deviation is unknown (Encyclopaedia Britannica 2014). The student t-test analysis tests for equality of the samples and measures the significance of any differences. It was preferred to the other tests such as chi-square because the numbers were small (Hammond 2015).

3.7 PRE-TESTING OF THE QUESTIONNAIRE

A pre-test was conducted at DUT before the study commenced using five Homoeopathic practitioners and ten 4th and 5th year Homoeopathic students. The study was to assist the researcher in getting to know if respondents would understand

the questions asked in the questionnaire and if the questions needed any clarification and if so the researcher made the necessary changes. A pre-test was also conducted at UNHCC before the study commenced using five new patients that were randomly selected. The pre-test was done so as to assist the researcher in getting to know if respondents would understand the questions asked in the questionnaire and if the questions needed any clarification and if so the researcher made the necessary changes. These participants were not included in the main study. Minor amendments to the questionnaire were made, for example, income was taken off the questionnaire list, and patients were asked to comment on their perceived differences between a Homoeopathic consultation and that of other doctors.

3.8 RELIABILITY AND VALIDITY OF THE STUDY

Reliability refers to the degree of consistency with which an assessment tool produces stable and consistent results and the extent to which studies can be replicated (Wiersma and Jurs 2009). The researcher gave an Information Letter to participants which explained the study before they embarked on the study, and an opportunity provided for questions to be asked for clarification.

Validity refers to whether or not a test measures what it is supposed to measure (Wiersma and Jurs 2009). The researcher was present to answer any questions and also to read the questions to the illiterate and write answers as required. The clinician on duty was present on site when the study was being conducted and supervision of the process was observed by a clinician on duty.

3.9 ETHICAL CONSIDERATIONS

Permission for this study was granted by the Institutional Research Ethics Committee (IREC) of the Faculty of Health Sciences, DUT (Appendix 1). Letters of permission were sent to the Clinic Director, Homoeopathy HOD, Lifeline officer, Clinicians on duty at UNHCC and permission was granted by all relevant stakeholders (Appendixes 4a-d). Information Letters were given to all potential participants and only consenting patients were included in the study after signing the consent form (Appendices 2a-b).

The information given by participants was anonymous and strictly confidential and will be stored securely at the Durban University of Technology for a period of 5 years and hard copies will be shredded after 5 years. There was no coercion of participants, participation to this study was voluntary and non-participation did not affect services offered to the patient by the clinic. No personal information was required from patients participating in the study. Patients had a right to withdraw from the study at any time.

3.10 CONCLUSION

The study was guided by the research problem and after the data was collected and organised, the collected data was interpreted to give meaning to the data which led to a resolution of the problem, thus confirming the hypotheses and provided an answer to a question. The outcome of the research was to determine changes and the upgrading needed to be made in improving service delivery at UNHCC and provided information how much participants knew about Homoeopathy and how Homoeopathy can be recognised as a form of primary healthcare through the quality of the service delivery offered at the clinic. In the next chapter the researcher analyses the data by tabulating it and using tables and pie charts to simply present the data.

CHAPTER 4: PRESENTATION OF RESULTS

4.1 INTRODUCTION

Following the methodology described in Chapter 3, the study produced raw data in the form of completed data sheets (Appendices 3a and 3b). The data contained therein was obtained from 50 new patient participants after their initial consultation at UNHCC during the study period and completed data sheets were used for the purposes of data analysis using Excel and graphical presentation with suitable graphs. The differences between groups were tested for statistical significance by using the t-test.

The specific objectives of the analysis were as follows:

- To determine the perceptions of patients at UNHCC regarding their first consultation at UNHCC and their satisfaction regarding the service offered at UNHCC.
- To assess patients' knowledge about homoeopathy.

The following information was recorded:

- Gender;
- Age;
- Population group;
- Home Language;
- Marital status;
- Occupational status;
- Area;
- Highest education;
- General health status;
- Homoeopathy;
- UNHCC;
- Homoeopathic consultation;

4.2 OVERVIEW OF THE RESULTS

The results will be conveyed in four sections, related to:

- Demographics;
- Homoeopathy;
- The Ukuba Nesibindi Homeopathic Community Clinic; and
- The Homoeopathic consultation.

4.3 DEMOGRAPHICS

4.3.1 Gender

Table 4.1: Gender distribution of respondents

Gender	
F	26
M	24
TOTAL	50

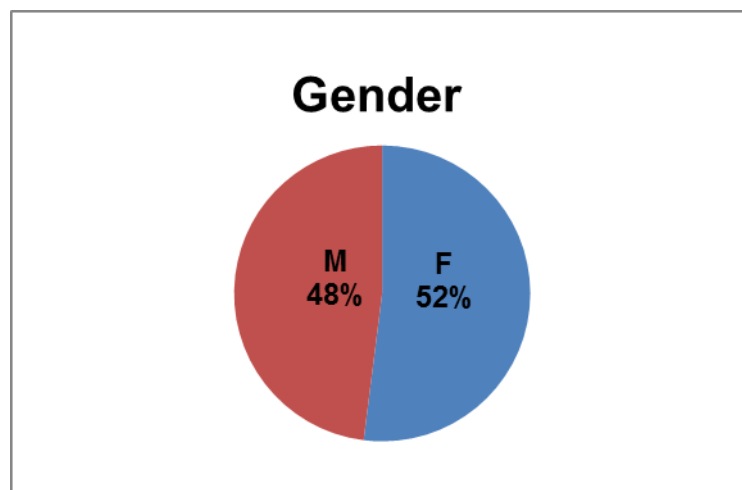


Figure4.1: Gender distribution of respondents

Table 4.1 and Figure 4.1 reflect the total number of male respondents versus female respondents. The results show that the majority of respondents were females (52%) compared to males (48%).

4.3.2 Age

Table 4.2: Age group distribution of respondents

Age Group	
21-25	13
26-33	12
34-40	6
41+	19
TOTAL	50

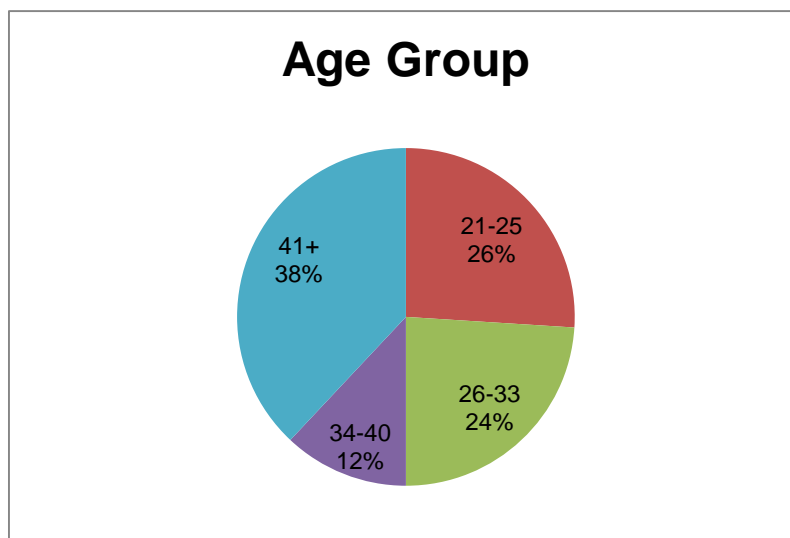


Figure 4.2: Age group distribution of respondents

Table 4.2 and Figure 4.2 reflect the age distribution of respondents. The results show that the majority of respondents were 41 years and above (38%) followed by those 21-25 years of age (26%).

4.3.3 Age group versus gender

Table 4.3: Age group versus gender distribution of respondents

			Percentage	
Age group	Female	Male	Female	Male
21-25	10	3	38	13
26-33	4	8	15	33
34-40	5	1	19	4
41+	7	12	27	50
	26	24	100	100
TOTAL		50		

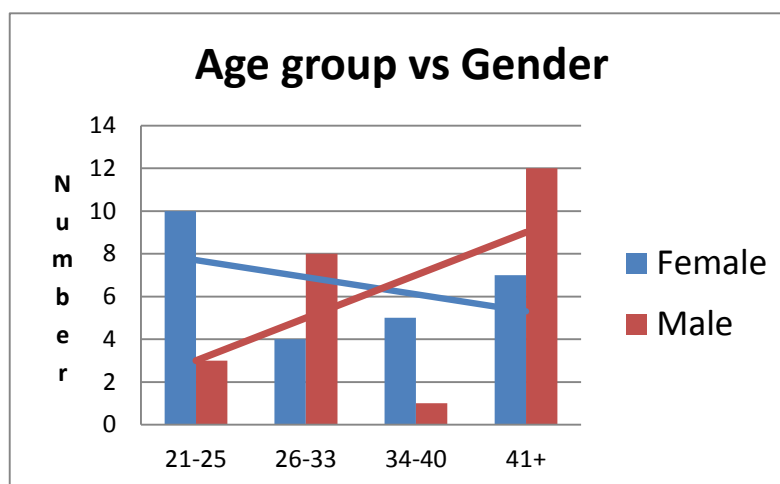


Figure 4.3: Age group versus gender distribution of respondents

Table 4.3 and Figure 4.3 reflect the age group versus gender distribution of respondents. The results show that there is a higher percentage of female respondents between the ages of 21-25 years of age compared to the ages of 41 and above whereas there is a lower percentage of male respondents between the ages of 21-25 years of age compared to the higher percentage of male respondents of the ages 41 and above.

Table 4.4: Age group versus gender distribution of participants

t-Test: Two-Sample Assuming Unequal Variances			
	<i>Female</i>	<i>Male</i>	
Mean	6.5	6	
Variance	7	24.6667	
Observations	4	4	
Hypothesized Mean Difference	0		
Df	5		
t Stat	0.1777		
P(T<=t) one-tail	0.43296		
t Critical one-tail	2.01505		
P(T<=t) two-tail	0.86593		*
t Critical two-tail	2.57058		
*Difference is not significant			

Table 7 reflects the age group versus gender distribution of participants. This table shows that there is no significant statistical difference in the gender distribution.

4.3.4 Race

Table 4.5: Race group distribution of respondents

Race	
African	47
Indian	3
TOTAL	50

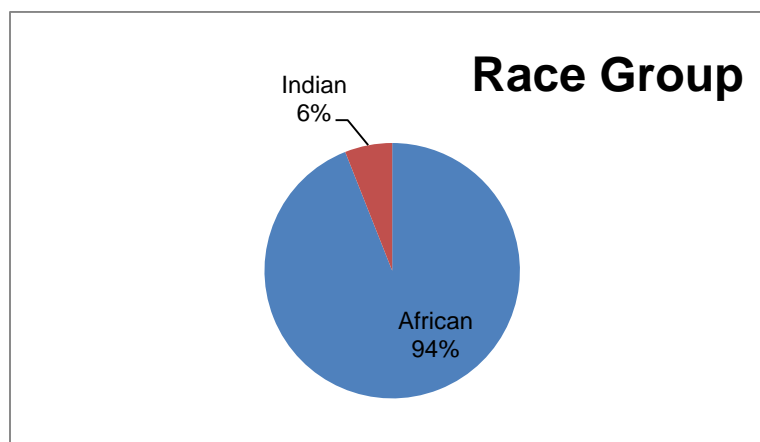


Figure4.4: Race group distribution of respondents

Table 4.5 and Figure 4.4 show that 94% of the respondents were African. Only a small percentage (6%) was Indian, none were White or Coloured.

4.3.5 Home language

Table 4.6: Home language distribution of respondents

Language	
IsiZulu	40
English	5
IsiXhosa	4
Other	1
TOTAL	50

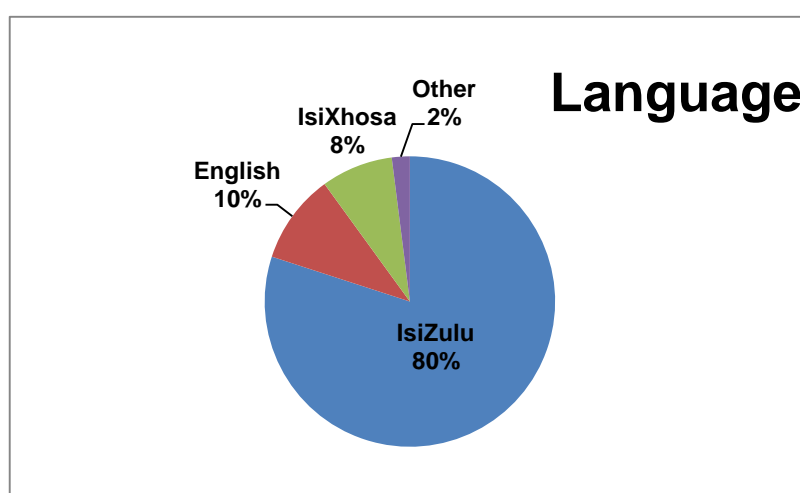


Figure4.5: Home language distribution of respondents

Table 4.6 and Figure 4.5 show that 80% of the respondents' home language was isiZulu, followed by 10% whose home language was English, 8% isiXhosa and 2% of other languages apart from the 11 South African languages.

4.3.6 Marital status

Table 4.7: Marital status distribution of respondents

Marital status	
Never married	32
Married	15
Divorced	1
Widowed	2
TOTAL	50

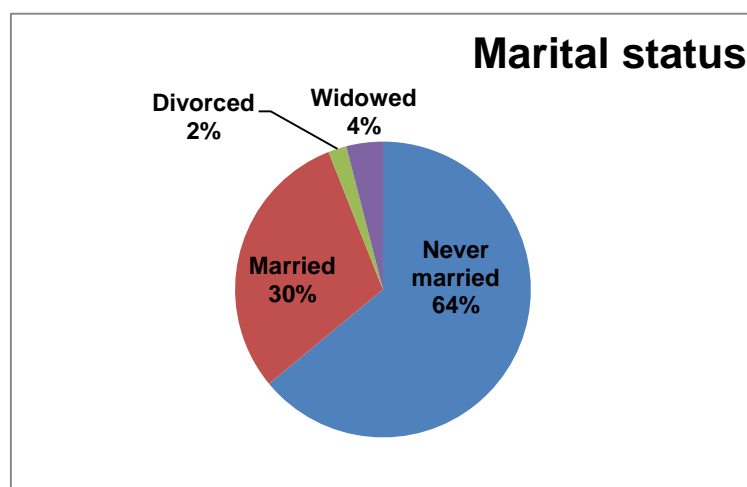


Figure 2.6: Marital status distribution of respondents

Table 4.7 and Figure 4.6 show that 64% of respondents were never married, 30% married, 4% widowed and 2% divorced.

4.3.7 Marital status versus gender

Table 4.8: Marital status versus gender distribution of respondents

	Male		Female
Never married	15		17
Married	8		7
Divorced	1		0
Widowed	0		2
TOTAL	24		26

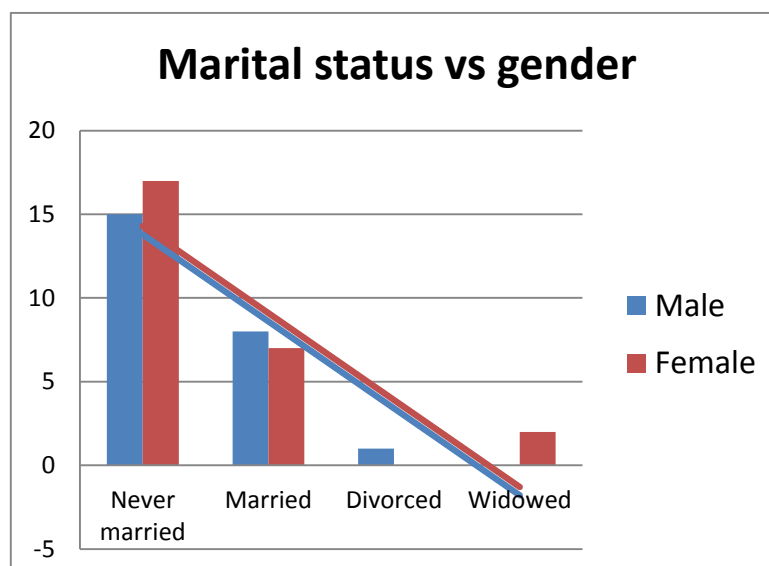


Figure 4.7: Marital status versus gender distribution of respondents

Table 4.8 and Figure 4.7 reflect marital status versus gender distribution of respondents. The results show that the majority of both male and female respondents were never married, followed by both male and female being married with a difference of 1%, one male participant was divorced and 2 female respondents were widowed.

Table 4.9: Marital status versus gender distribution of respondents

t-Test: Two-Sample Assuming Unequal Variances				
	<i>Male</i>	<i>Female</i>		
Mean	6	6.5		
Variance	48.66667	57.66666667		
Observations	4	4		
Hypothesized Mean Difference	0			
Df	6			
t Stat	-0.09698			
P(T<=t) one-tail	0.462952			
t Critical one-tail	1.94318			
P(T<=t) two-tail	0.925903		Not significant	
t Critical two-tail	2.446912			

Table 4.9 reflects the marital status versus gender distribution of respondents. This result shows that there is no significant statistical difference in the distribution.

4.3.8 Occupational status

Table 4.10: Occupational status distribution of respondents

Occupation	
Scholar	1
Retired	1
Employ part	2
Self employed	4
Student	8
Employ full	17
Unemployed	17
TOTAL	50

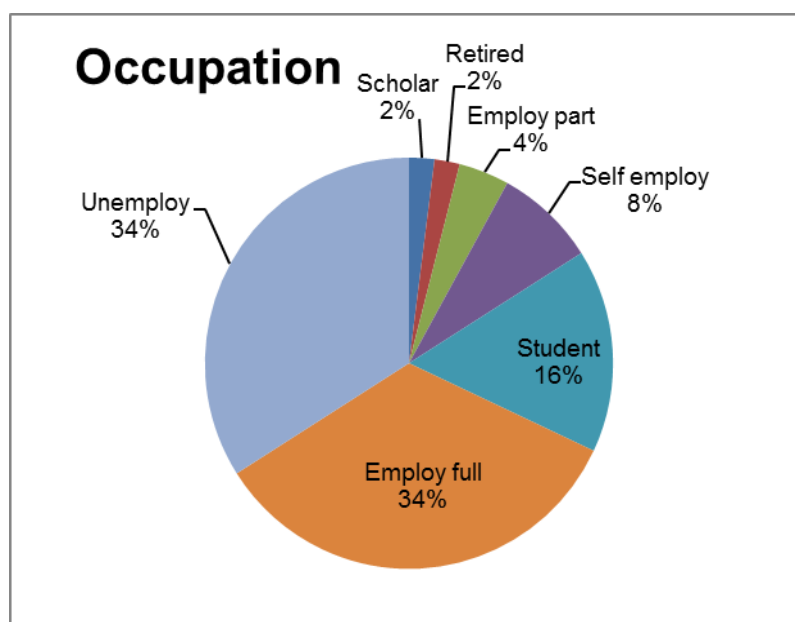


Figure 4.8: Occupational status distribution of respondents

Table 4.10 and Figure 4.8 show that only 34% of respondents were employed fulltime, with the same percentage (34%) unemployed. The remaining respondents were 16% students, 8% self-employed, 4% part-time employed and 2% were scholars or retired.

4.3.9 Gender versus occupation status

Table 4.12: Gender versus occupational status distribution of respondents

	Male	Female
Scholar	0	1
Student	2	6
Employ part	2	0
Employ full	10	7
Self employed	2	2
Unemployed	7	10
Retired	1	0
	24	26
TOTAL	50	50

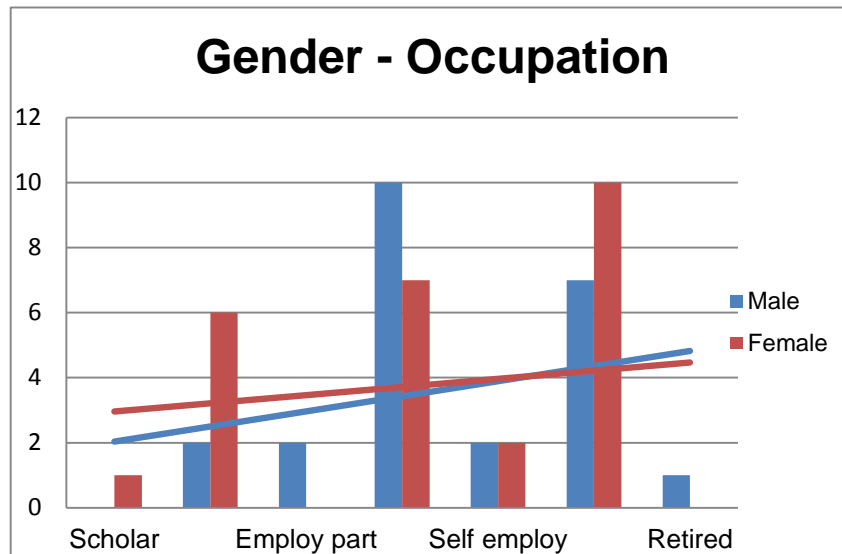


Figure 4.9: Gender versus occupational status distribution of respondents

Table 4.11 and Figure 4.9 reflect gender versus occupational status distribution of respondents. The results show that the majority of male respondents were employed full-time and majority of female respondents were unemployed and there were more female student respondents than male student respondents.

Table 4.12: Gender versus occupational status distribution of respondents

t-Test: Two-Sample Assuming Unequal Variances		
	Male	Female
Mean	3.428571	3.714286
Variance	13.28571	15.57143
Observations	7	7
Hypothesized Mean Difference	0	
Df	12	
t Stat	-0.14072	
P(T<=t) one-tail	0.445213	
t Critical one-tail	1.782288	
P(T<=t) two-tail	0.890426	Not significant
t Critical two-tail	2.178813	

Table 4.12 reflects gender versus occupational status distribution of respondents. This table shows that there is no significant statistical difference in the distribution.

4.3.10 Area

Table 4.13: Area distribution of respondents

Area	
Other	1
Rural	5
City	6
Suburb	8
Township	30
TOTAL	50

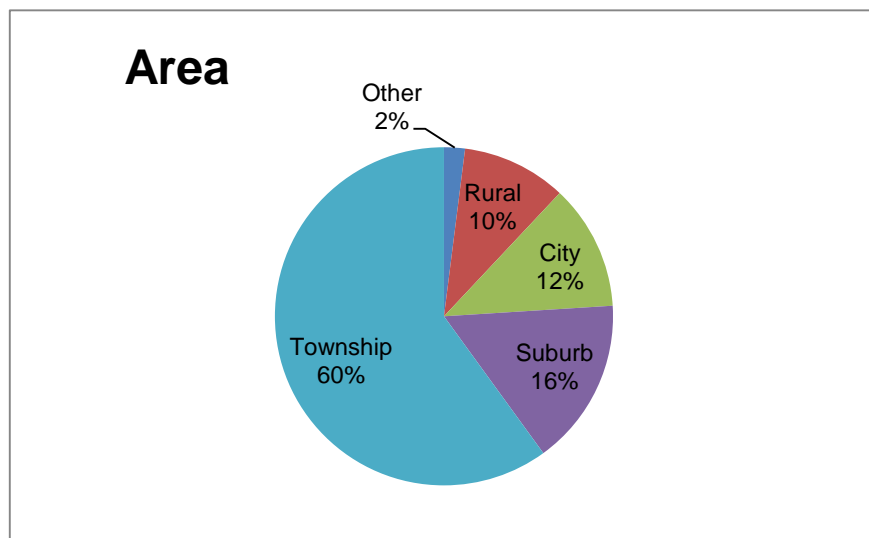


Figure 4.10: Area distribution of respondents

Table 4.13 and Figure 4.10 show that most of the respondents (60%) were from the township, 16% from the suburbs, 12% from the city and 10% rural.

4.3.11 Gender versus area

Table 4.14: Gender versus area distribution of respondents

	Male	Female
Suburb	5	3
City	2	5
Township	14	16
Rural	3	2
TOTAL	24	26

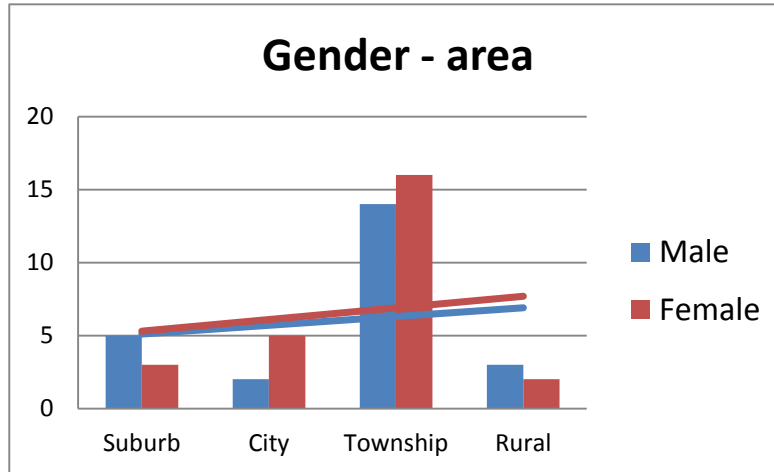


Figure 4.11: Gender versus area distribution of respondents

Table 4.14 and Figure 4.11 reflect gender versus area distribution of respondents. The results show that the majority of male and female respondents were coming from the townships, followed by the suburbs.

Table 4.15: Gender versus area distribution of respondents

t-Test: Two-Sample Assuming Unequal Variances			
	Male	Female	
Mean	6	6.5	
Variance	30	41.66667	
Observations	4	4	
Hypothesized Mean Difference	0		
Df	6		
t Stat	-0.11812		
P(T<=t) one-tail	0.454912		
t Critical one-tail	1.94318		
P(T<=t) two-tail	0.909824		Not significant
t Critical two-tail	2.446912		

Table 4.15 reflects gender versus area distribution of respondents. This table shows that there is no significant statistical difference in the distribution.

4.3.12 Education

Table 4.15: Education distribution of respondents

Education	N=50
Less than matric	20
Matric	20
Dip/degree	5
Post grad	2
None	3
TOTAL	50

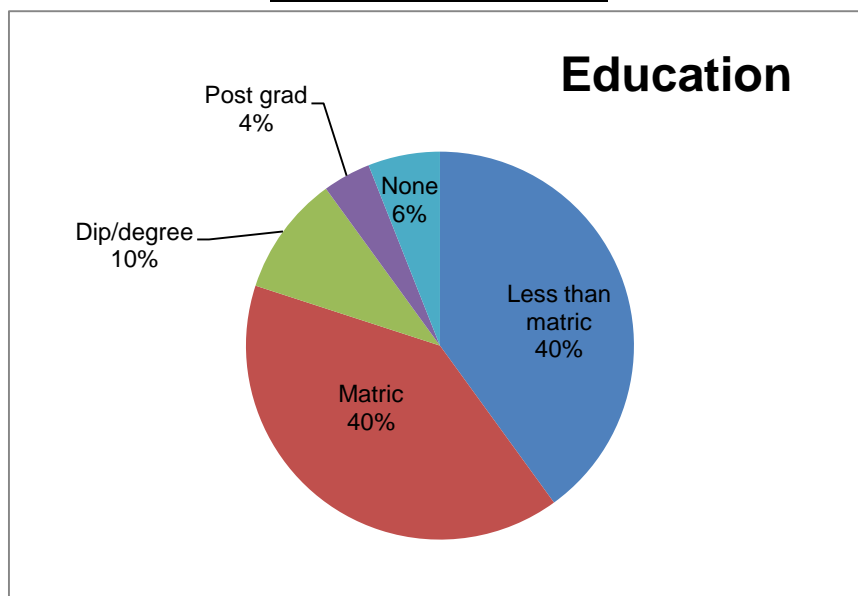


Figure 4.12: Education distribution of respondents

Table 4.15 and Figure 4.12 show that an equal percentage of respondents had matric and had less than matric (40%), 10% of respondents had diplomas/degrees, 6% had no education background and 4% of respondents were post graduates.

4.3.13 Gender versus education

Table 4.17: Gender versus education distribution of respondents

	Male	Female
None	3	0
Less than matric	12	8
Matric	8	12
Dip/degree	1	4
Post grad	0	2
TOTAL	24	26

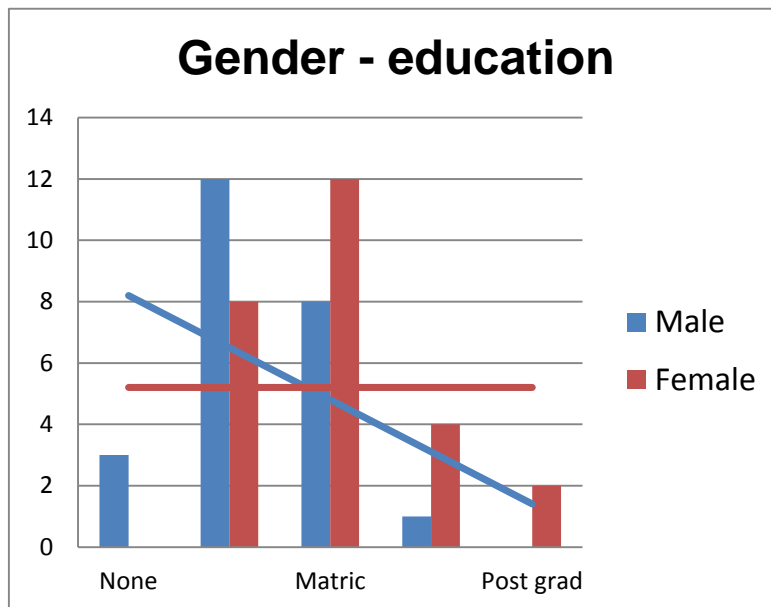


Figure 4.13: Gender versus education distribution of respondents

Table 4.17 and Figure 4.13 show that more of the female respondents had matric compared to male respondents and more of the male respondents had less than matric compared to female respondents.

Table 4.18: Gender versus education distribution of respondents

t-Test: Two-Sample Assuming Unequal Variances			
	<i>Male</i>	<i>Female</i>	
Mean	4.8	5.2	
Variance	25.7	23.2	
Observations	5	5	
Hypothesized Mean Difference	0		
Df	8		
t Stat	-0.12791		
P(T<=t) one-tail	0.45069		
t Critical one-tail	1.859548		
P(T<=t) two-tail	0.90138		Not significant
t Critical two-tail	2.306004		

Table 4.18 reflects gender versus education distribution of respondents. This table shows that there is no significant statistical distribution in the distribution.

4.3.14 General health status

Table 4.19: General health status distribution of respondents

Health	N=50
Excellent	7
Reasonable	10
Poor.	12
Good	21
TOTAL	50

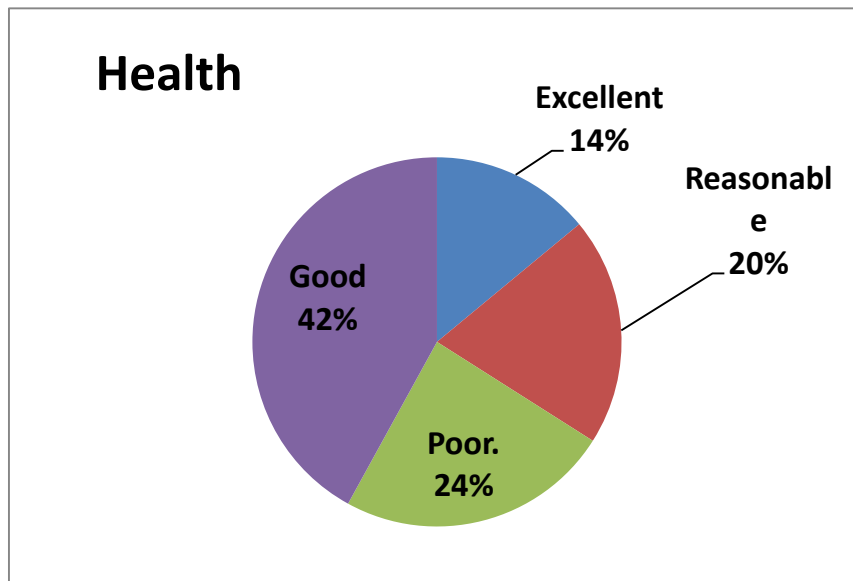


Figure 4.14: General health status distribution of respondents

Table 4.19 and Figure 4.14 show that 42% of respondents had good health, 24% poor health, 20% reasonable health and 14% excellent health.

4.3.15 Gender versus health

Table 4.20: Gender versus general health status distribution of respondents

	Male	Female
Excellent	1	6
Good	11	10
Reason	5	5
Poor	7	5
TOTAL	24	26

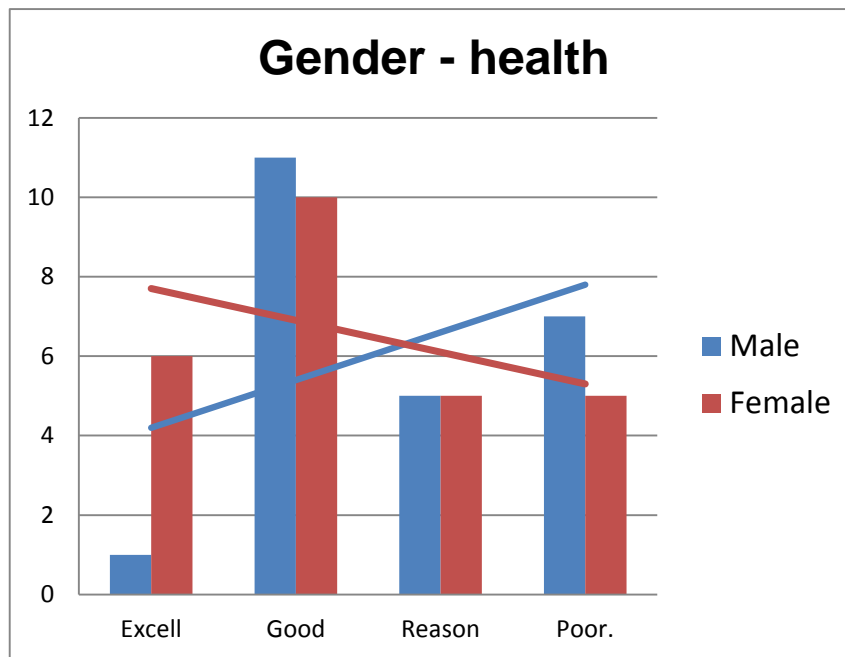


Figure 4.15: Gender versus general health status distribution of respondents

Table 4.20 and Figure 4.15 show that both male and female respondents had good health and reasonable health and more females than males had excellent health.

4.4 HOMOEOPATHY

4.4.1 Knowledge about Homoeopathy

Table 4.21: Knowledge about Homoeopathy

YES	23
NO	27
TOTAL	50

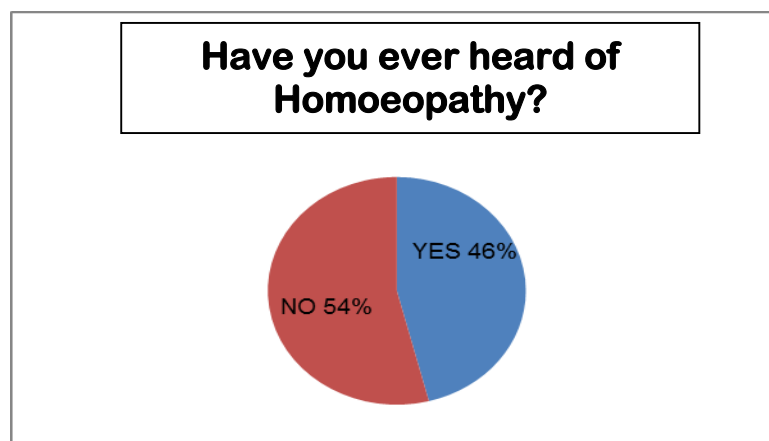


Figure 4.16: Knowledge about Homoeopathy

Table 4.21 and Figure 4.16 show that 54% of respondents had never heard of Homoeopathy and 46% had heard of Homoeopathy.

4.4.2 Source of knowledge about Homoeopathy

Table 4.22: Source of knowledge about the UNHCC

BP drive	20
Saw clinic	9
Friend	9
Refer	4
Colleague	4
Other	3
Pamphlet	1
TOTAL	50

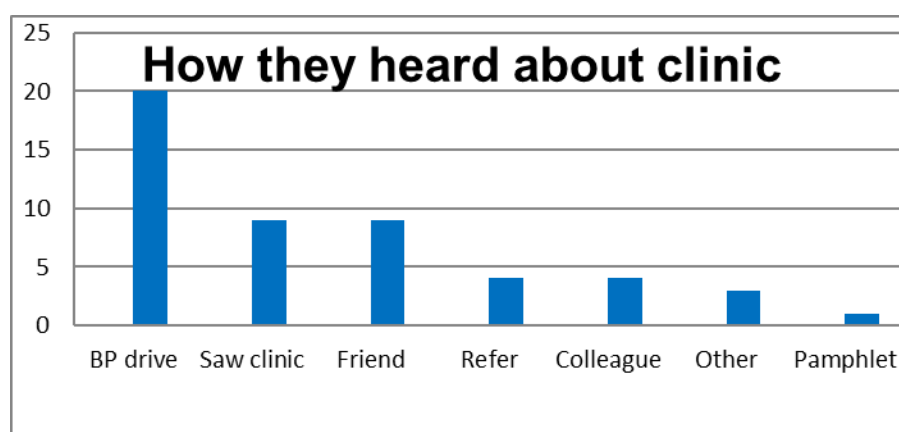


Figure 4.17: Source of knowledge about the UNHCC

Figure 4.17 shows that the majority of respondents that attended the UNHCC as a result of the BP drives during the clinic sessions (Monday mornings and afternoons and Thursday afternoons) followed by respondents that saw the clinic or were referred by a friend.

4.4.3 Previous consultation with a Homoeopathic practitioner

Table 4.23: Previous consultation with a Homoeopathic practitioner

Previous	Consult
YES	NO
8	42

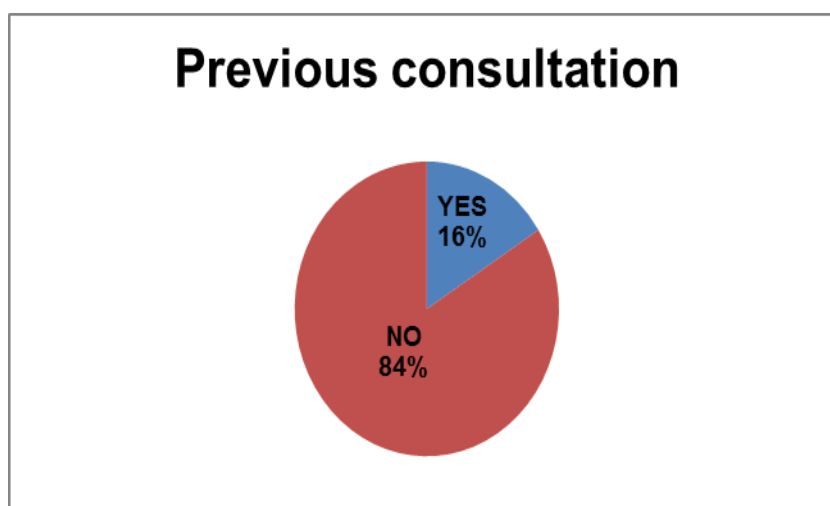


Figure 4.18: Previous consultation with a Homoeopathic practitioner

Table 4.23 and Figure 4.18 show that 84% of respondents had never consulted with a Homoeopathic practitioner before and 16% had consulted with a Homoeopathic practitioner before.

4.5 UKUBA NESIBINDI HOMOEOPATHIC COMMUNITY CLINIC (UNHCC)

4.5.1 Location of the UNHCC

Table 4.24: Location of the clinic

		Clinic easy to find	Convenient location	Professional impression
Strongly agree		27	29	28
Agree		13	13	13
Neither		4	3	2
Disagree		6	5	6
Strongly disagree		0	0	1
TOTAL		50	50	50

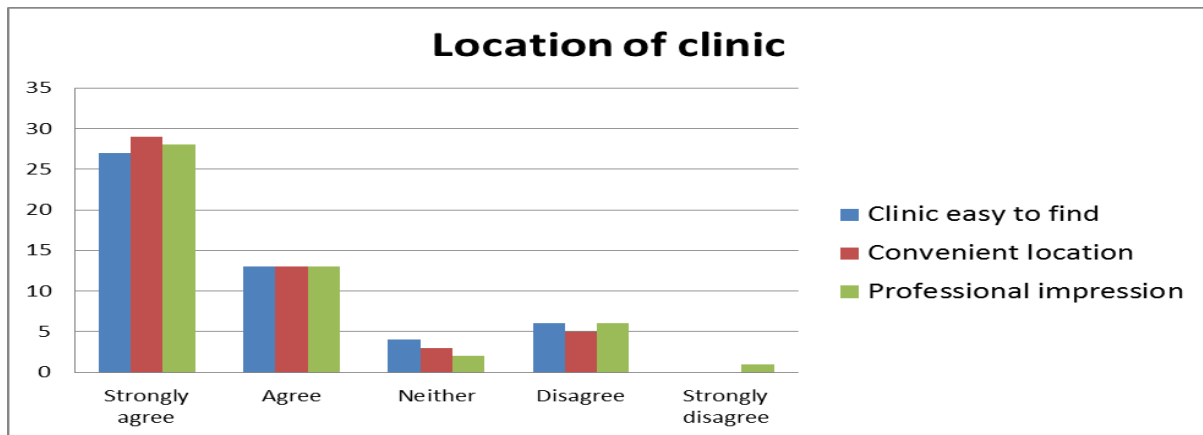


Figure 4.19: Location of the clinic

Table 4.24 and Figure 4.19 show a very high degree of satisfaction amongst respondents that the UNHCC was easy to find, convenient and the outside appearance and entrance gave a professional impression.

4.5.2 Welcoming at the UNHCC

Table 4.25: Welcoming at UNHCC by the Homeopathy student practitioner

	Attended to promptly	Friendly
Strongly agree	44	45
Agree	6	5
Neither	0	0
Disagree	0	0
Strongly disagree	0	0
TOTAL	50	50

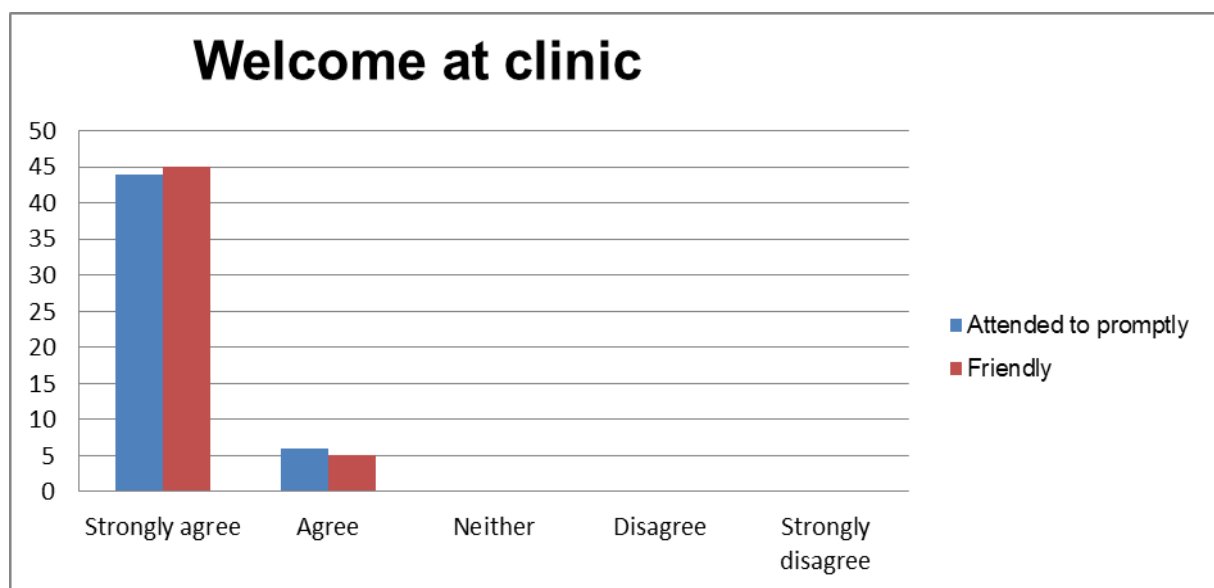


Figure 4.20: Welcoming at UNHCC by the Homeopathy student practitioner

Table 4.25 and Figure 4.20 show a very high degree of satisfaction amongst respondents regarding being attended to promptly and in a friendly manner.

4.5.3 Overall impression of the Homoeopathy student practitioner

Table 4.26: Overall impressions distribution of respondents

	Physical exam	Explanation diagnosis	Attention by student	Friendliness of student	Punctuality of student	Explanation Case taking	Time taken	Appearance of student
Very good	40	36	41	40	37	36	38	42
Good	9	13	9	10	12	10	10	8
Fair	1				1	1	1	
Poor						2	1	
Very poor		1				1		
	50	50	50	50	50	50	50	50

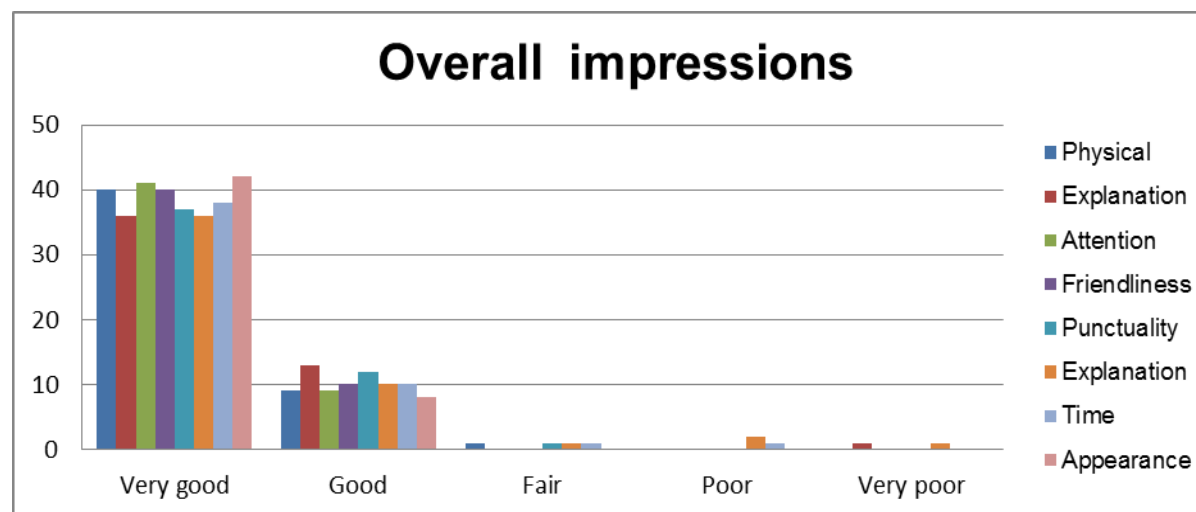


Figure 4.21: Bar Graph: Overall impressions distribution of respondents

Table 4.26 and Figure 4.21 indicate that the majority of the respondents had a very high degree of satisfaction in their overall impression of the Homoeopathy student practitioner.

4.6 THE HOMOEOPATHIC CONSULTATION

4.6.1 Impact of the Homoeopathic consultation

Table 4.27: Impact of the Homoeopathic consultation

	Impact on well being	Impact on emotions	impact on physical	Impact on main complaint
No impact	7	5	9	9
Very negative	2	1	1	1
None/neutral	5	3	5	1
Positive	22	24	20	24
Very positive	14	17	15	15
TOTAL	50	50	50	50

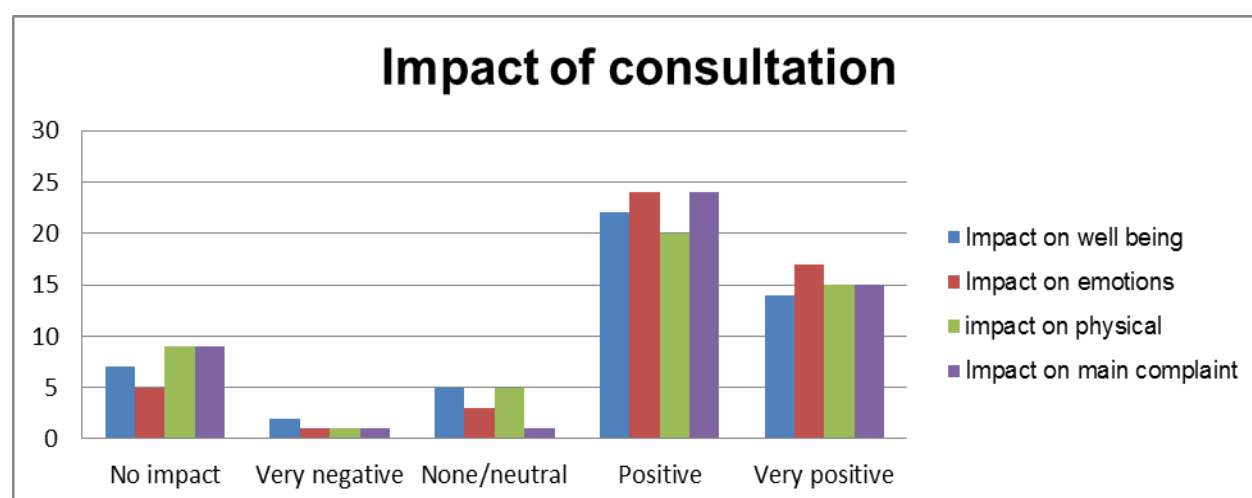


Figure 4.22: Impact of the Homoeopathic consultation

Table 4.27 and Figure 4.22 indicate that the majority of the respondents perceived a positive impact after the Homoeopathic consultation.

4.6.2 Time spent in the Homoeopathic consultation

Table 4.28: Time spent in the Homoeopathic consultation

Time spent	
Too much	10
Too little	3
Right	37
TOTAL	50

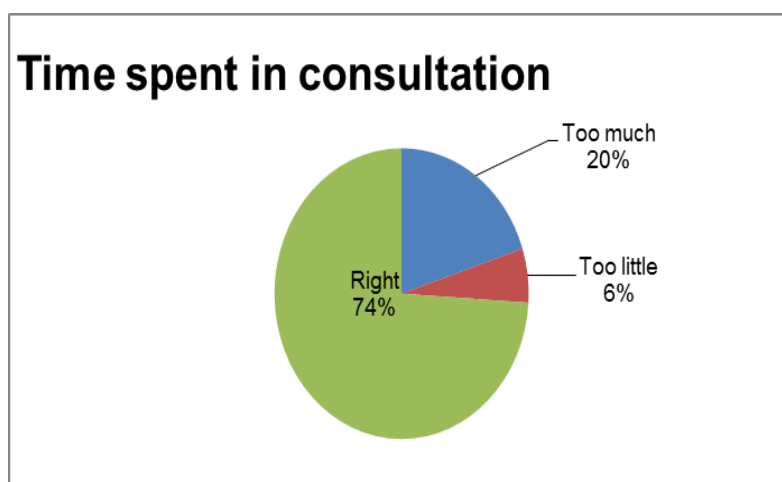


Figure 4.23: Time spent in the Homoeopathic consultation

Table 4.28 and Figure 4.23 show that 74% of respondents thought that the time spent with them during the Homoeopathic consultation was the right amount of time, 20% felt the time spent with them was too much and 6% felt that there was too little time that was spent with them in the consultation.

4.6.3 Amount of trust in the Homoeopathic student practitioner during the consultation

Table 4.29: Amount of trust in the Homoeopathic student practitioner during the consultation

	Trust
Too much	34
Too little	2
Right	14
TOTAL	50

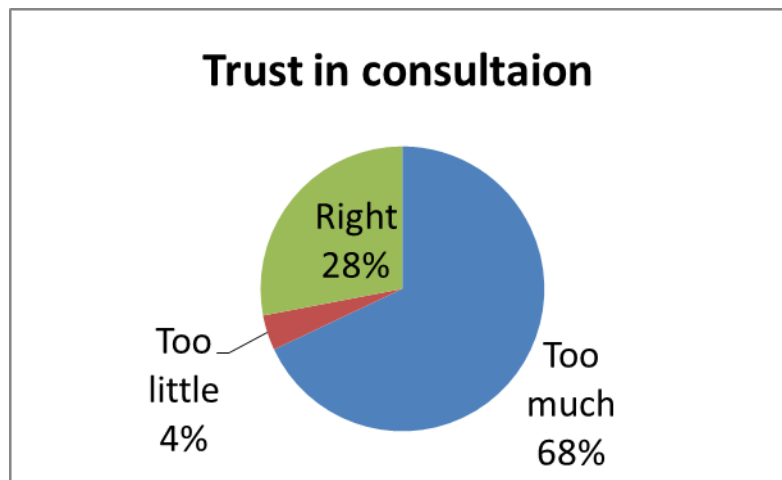


Figure 4.24: Amount of trust in the Homoeopathic student practitioner during the consultation

Table 4.29 and Figure 4.24 show that 68% of respondents had too much trust in the Homoeopathy student practitioner during the Homoeopathic consultation, 28% the right amount of trust and 4% had too little trust.

4.6.4 Experience at the Homoeopathic consultation

Table 4.30: Experience at consultation

	Explanation of condition	Student Listen	Consultation satisfactory	Easy talking to student	Student Professional
Very good	45	35	42	41	37
Good	3	14	7	7	12
Moderate	2	1	0	1	1
Not good	0	0	1	1	0
TOTAL	50	50	50	50	50



Figure 4.25: Bar Graph: Experience at consultation

Table 4.30 and Figure 4.25 show that over 95% of respondents had a very good or good experience of the Homoeopathy student practitioner during the Homoeopathic consultation.

4.6.5 Feeling after the Homoeopathic consultation

Table 4.31: Feeling after the consultation

Feeling after consultation	
No change	5
Better	36
Worse	7
Other	2
TOTAL	50

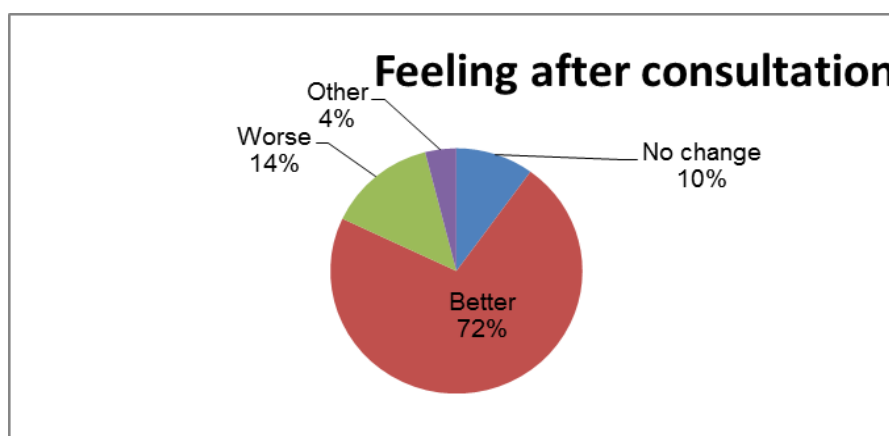


Figure 4.26: Feeling after the consultation

Table 4.31 and Figure 4.26 shows that 72% of respondents felt better after the homoeopathic consultation, 14% felt worse, 10% no change and 4% other.

4.6.6 Homoeopathy student practitioner's manner

Table 4.32: Student practitioner's manner during the Homoeopathic consultation

	Communication	Empathy	Questions encouraged
Very good	41	35	39
Good	9	13	10
Fair	0	1	1
Poor	0	1	0
	50	50	

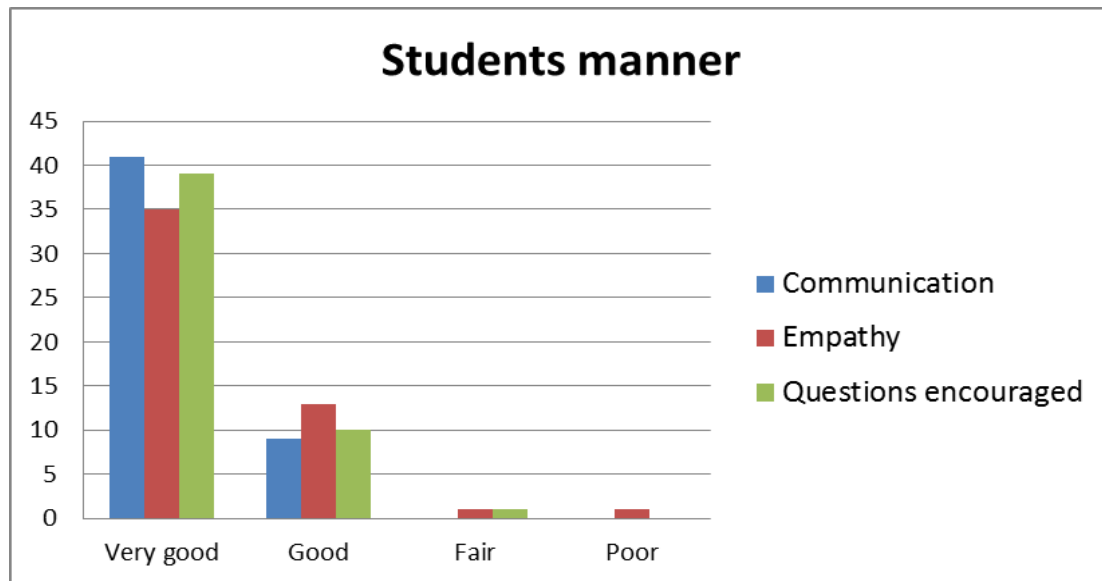


Figure 4.27: Student practitioner's manner during the Homoeopathic consultation

Table 4.32 and Figure 4.27 show a very high level of satisfaction regarding the student practitioners' manner during the Homoeopathic consultation.

4.6.7 Information and advice to the patient

Table 4.33: Information and advice

	Information	Advice
Too much	35	22
Right	14	22
Too little	0	1
None	1	5
TOTAL	50	50

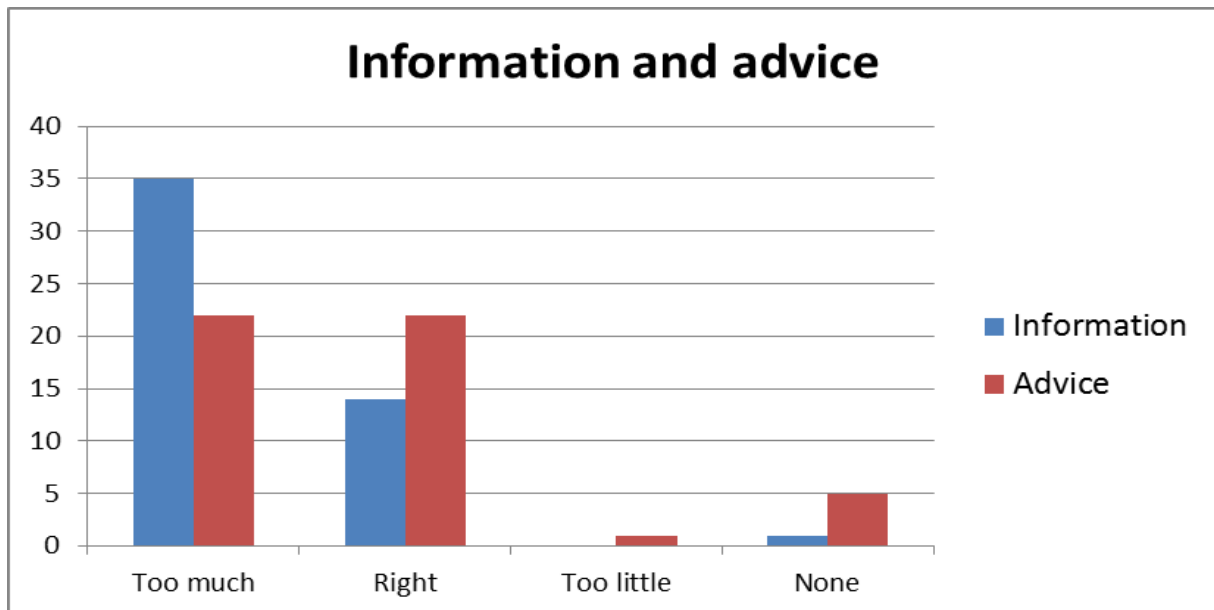


Figure 4.28: Information and advice

Table 4.32 and Figure 4.28 show that the majority of respondents had too much information given to them and there was an equal number of responses from respondents that they had too much advice and the right amount of advice.

4.6.8 Repeat visit to the UNHCC and referrals to the UNHCC

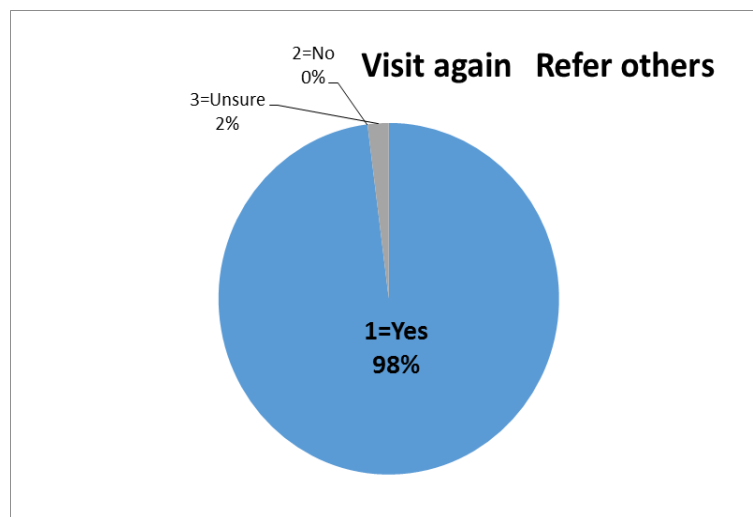


Figure 4.29: Visit again and refer others

Figure 4.29 shows that 98% of respondents would visit again and 100% of the respondents would refer others to the UNHCC.

4.6.9 Homoeopathic consultation versus orthodox

Table 4.34: Homoeopathic versus Orthodox

	Orthodox vs Homeopathy
Very diff	39
Moderate diff	7
Slight diff	2
No diff	2
TOTAL	50

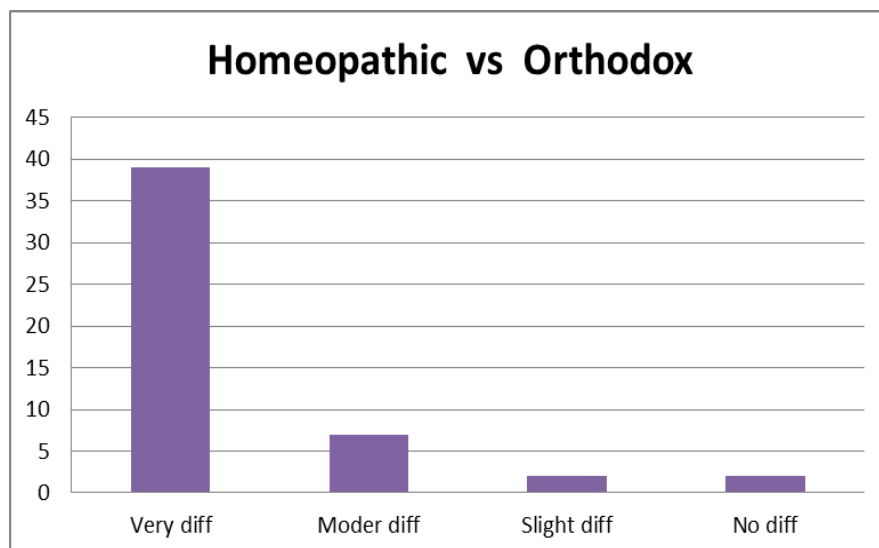


Figure 4.30: Homoeopathic versus Orthodox

Table 4.34 and Figure 4.30 show that the majority of respondents felt that the Homoeopathic consultation was very different compared to the other consultations they had with Orthodox practitioners.

Table 4.35: Compared to the other doctors you have consulted, how is this Homoeopathic consultation different?

Patient number	Comments on how Homoeopathic consultation is different
1	No comment
2	They are very friendly with the patients
3	They were friendly, gave advice, sympathetic, very professional. They made me feel comfortable and in good hands.
4	No comment
5	No comment
6	No comment
7	No comment
8	The Homoeopathic doctor gave me attention and thoroughly examined me.
9	No comment
10	You fully examine a person and are thorough in doing it.
11	They gave me plenty of time and gave me attention.
12	I don't know
13	They ask everything; spend time to explain the disease and they spend lot of time focusing on you.
14	No comment
15	No comment
16	They have time to ask you about your illness that what I like.
17	They gave me information about my condition.
18	You bring hope and hope brought healing.
19	Homoeopathic doctors take care of you.
20	In other places you cannot talk about your emotions but here I was able to.
21	No comment
22	The difference is that here they are fast and you don't wait long.
23	At the other clinics we get shouted at.
24	No comment
25	No comment
26	Here they checked sugar levels but at the other clinic they have never checked me.
27	They is a huge difference.
28	No comment
29	At the other clinics they don't have time and respect for others.
30	No comment
31	It's different than being in hospitals; here they go deep to your illness as an individual.
32	I saw love and gentleness.
33	Here they don't take long to attend you.
34	She listened to me thoroughly.
35	It's fast.
36	It's fast here.

37	It's different because it's free.
38	No comment
39	The doctors here take their time.
40	Pay attention to details of patients; give time to patients to say whatever they feel.
41	Here at the clinic they don't have equipment for check-ups.
42	Homoeopathic doctors are gentle and give enough time.
43	I did not wait long to be attended.
44	Homoeopathic doctors took a good care of me.
45	It is different because of the way they speak, it is respectful.
46	They are friendly.
47	They are better than my G.P. They are very patient and take their time in understanding a patient.
48	No comment
49	The other Homoeopaths I have seen are kind, empathetic and treat patients well like the students at Ukuba.
50	No comment

Table 4.35 contains comments from respondents on the difference in perception of the Homoeopathic consultation compared to an Orthodox consultation.

Table 4.36: Comments (if there are any other comments regarding your experience with the Homoeopathic consultation)

Patient number	General comments
1	No comment
2	No comment
3	No comment
4	No comment
5	Doctors are very good to treat patients.
6	I would encourage others to come and do check-ups.
7	No comment
8	No comment
9	No comment
10	You need to put a sign outside that shows that they are doctors inside because people need help.
11	Please continue with what you are doing, being friendly and treating patients with respect.
12	Everything is perfect, continue with the good work.
13	Keep up the good work.
14	No comment
15	No comment
16	Keep up the good work since other people cannot afford private doctors.
17	No comment

18	I wish people may know this clinic but it's hard to recognise it.
19	The waiting place before we see the doctor is small and limiting.
20	Keep up the good work.
21	I can see that they can take a good care of people.
22	The clinic cannot be identified; a board need to be paced outside to explain that they is a clinic.
23	No comment
24	No comment
25	No comment
26	No comment
27	They need to tell us of what we are suffering with so that we may know.
28	Continue with your good work and for caring for people.
29	I felt loved, cared and got advice based on my condition.
30	Thank you for your gentleness and the advice you gave me on how to look after my health.
31	It was nice.
32	I had a good conversation with the student. She showed professionalism on how to look after a patient.
33	No comment
34	I wish Homoeopathic doctors may continue. They are of help.
35	The consultation was good.
36	The doctor did good examination on me.
37	These doctors stand outside to call us.
38	No comment
39	No comment
40	No comment
41	No comment
42	No comment
43	No comment
44	No comment
45	The steps cause difficulty especially for the elderly.
46	No comment
47	I will be happy if the clinic was opened every day.
48	I wish other clinics have the same doctors. It was easy to talk to her. She was not only a doctor but a counsellor.
49	No comment
50	No comment

Table 4.36 contains comments from respondents regarding their experience of the Homoeopathic consultation.

CHAPTER 5: DISCUSSION OF THE RESULTS

5.1 INTRODUCTION

The results of the statistical analysis of the responses to the questionnaire (Appendix 3a and 3b) from Chapter 4 are discussed further in this chapter.

5.2 OVERVIEW

The outline of the chapter is as follows:

- Demographics;
- Homoeopathy;
- Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC);
- Homoeopathic consultation.

5.3 DEMOGRAPHICS

5.3.1 Gender

The results in Figure 4.1 showed that the majority of the respondents were females (52%) compared to males (48%) which concurs with the study conducted by Smillie (2010), and the Experian Simmons (2007) research that more females than males attend clinics. This could be due to females being more health conscious than males.

This is further in accordance with the study conducted by Suraj (2012) who conducted research amongst North Indian students and found that female students in city colleges were more health conscious compared to male students. Further, the study found that while more male students were involved in physical activities and exercising, more female students (63%) consulted doctors and were more particular about hygiene issues. The study found that females cared more about their health than males.

5.3.2 Age

The results in Figure 4.2 showed that the majority of the respondents were 41 years and above (38%). The researcher postulates that in the early years young people do not have as many health issues as adults and early lifestyle behaviours will mostly catch up with the majority of young people at about the ages of 40 years. Furthermore, middle aged adults go through an age-related midlife crisis, the condition is most common ranging from the ages of 41-60.

A midlife crisis could be caused by aging itself, or aging in combination with changes, problems, or regrets over work or career (or lack thereof), spousal relationships (or lack thereof), maturation of children (or lack of children), aging or death of parents and physical changes associated with aging.

According to the International Health Racquet and Sports club Association (2006), the health of an individual declines with age and older people tend to become more health conscious. They become aware of old age related diseases hence the majority of respondents in the current study were 41 years and above. This is further noted by Rothman and Salovey (1997) that men often are unwilling and lack the motivation to engage with health-related information both in times of stressful life events and in everyday life. Courtenay (2000) observes that men, due to gender role strains and social constructions of masculinity, tend to be unaware of sources of health related information and have inadequate competency to search for them because of either pure ignorance or reluctance.

According to Stoller and Pollow (1994) young adults tend to start reckless lifestyles using stimulants like drugs, alcohol and tobacco without thinking of later life health consequences, while older people are more content about their potential disorders, diseases, their current and future health status. Tseng and Lin (2008) state that younger people are more likely to perform risky health behaviours, whereas increased age predicts more protective health behaviours. This concurs with the community the study was conducted on at the UNHCC where there is a high incidence of youth at risk.

5.3.3 Age group versus gender

The results in Figure 4.3 show that 50% of male respondents aged 41 years and above were male compared to 27% female. The researcher postulates that this could be due to aging and evolving awareness of vulnerability to disease and disorders, particularly in men, who are developing a greater sense of responsibility for their own health during their life course. Bartlett (2004) notes that parenthood might also be an important trigger for growing health awareness and protective health behaviours especially among men of this age group. This suggests that fatherhood can be beneficial to a man's health. It has furthermore been argued that the health benefits of fatherhood increase over the lifespan due to heightened paternal competence as they experience high levels of attributes closely linked to health and well-being of men of the same age compared to men of the same age who are not parents (Nelson et al. 2013).

This study revealed that the peak age group for female respondents is 21-25 years old. This could be linked to UNHCC community outreach programmes run by Lifeline that offer free courses to youth at risk in beadwork, sewing and hair dressing which attract mainly females of that age group.

5.3.4 Race

The results in Figure 4.4 show that the majority of respondents were African (94%), 6% were Indian and none were White or Coloured. This concurs with Smillie (2010) who found that over 80% of the patients that attended the UNHCC from June 2004 – June 2008 were African, small percentages (20%) were Coloured and Indian, and that the clinic was never attended by White patients. However, Herr's (2008) study on patient perception at the Durban University of Technology Homoeopathic Day Clinic found that the majority of patients that visited that clinic were White (40%) followed by Indian (26%), African (24%) and Coloured (7%). This could be due to the location of the clinics and the provincial population demography. The Warwick Junction Triangle where the UNHCC is located is predominantly travelled through by Africans followed by Indians and Coloured people. Lehohla (2004) states that the population of KZN is dominated by African (84.9%), followed by Indian/Asian (8.5%), White (5.1%) and

Coloured (1.5%). The UNHCC is offering free services hence people from poor socio economic background will access it more than their counterparts who are from better socio-economic backgrounds or would rather access clinics in better locations.

South Africa's history and particularly that of its apartheid phase was one of exclusion determined by race, reinforced by spatial privilege and separation. The impact on South African urban life was to leave it bereft of a tradition of egalitarian, integrated, thriving urban communities. Apartheid infiltrated the built environment professions resulting in either privileged or deprived urban settlements, which generally reflected a Eurocentric character. High service standards in white areas were only sustainable through very low service standards in black neighbourhoods, entrenching a hopeless vision for black communities. Property ownership in the short-term generally remains in the hands of previous owners, thus excluding new entrants and the opportunity to engage in economic activity. Warwick Junction was one such apartheid dormitory located on the edge of the 'white' inner city.

5.3.5 Home language

The results in Figure 4.5 showed that 80% of the respondents home language was isiZulu (80%), followed by English (10%), isiXhosa (8%) and 2% of other languages beside the 11 official South African languages. This corresponds with the factors stated above with regard to African people being the majority attendees of this clinic. It is further noted in the South African Population Census of 2001 (Lehohla 2004) that the KZN populations' main home language is isiZulu (80.9%) followed by English (13.6%) and isiXhosa (2.3%) and this may be the reason for the above results. To facilitate good case taking and proper management of patients, isiZulu is taught as a subject to help Homoeopathic student practitioners whose language of communication is not isiZulu in order to better communicate with patients.

5.3.6 Marital status versus gender

The results in Figure 4.6 show that the majority of the respondents (64%) were never married and 30% were married, 4% widowed and 2% divorced. The costs of getting married within the African culture are very high due to customary expectations of both parties. It is difficult for a couple to get married if they cannot afford the dowry known as *ilobolo* which is payable by the husband to be to his future in laws before marriage can take place which is 11 cows or the equivalent thereof. Couples who cannot afford this will usually never get married because getting married in court is never fully appreciated and accepted within African families. The delays in these proceedings can take years whilst both families are negotiating the *ilobolo* price. This concurs with the results of the study by Smillie (2010) who found that 47% of participants never married, 35% were married, 13% were widowed and 2% were separated. Furthermore, the Lifeline project of 'youth at risk' at the same location as the clinic is intended to improve lives of the youth in that area which include youth that have ran away from their homes, drug addicts and street workers also known as 'prostitutes'. Under these circumstances it is difficult for marriages to be established in these young people while still engaging in this lifestyle.

5.3.7 Occupational status

The study conducted by Smillie (2010) between June 2004 and June 2008 showed that 41% of patients that attended the clinic were unemployed, 36% employed, 23% pensioners and 7% students whereas the results in Figure 4.8 show that 34% of respondents were employed full-time, 34% were unemployed, 8% self-employed, 16% students, 4% employed part time and 2% scholars and pensioners. Under apartheid there was no real provision for African businesses in the Central Business District and the laws prohibited trading in street or public place but the end of apartheid led to political-economic transition, the deregulation of cities and increase in population mobility with growing numbers of people living and working in sub-standard and 'informal' urban conditions (Chazan and Whiteside 2007). Furthermore, the end of apartheid allowed the city council in 1996 to launch an urban renewal initiative-the Warwick Junction Project, the project focused on trading, created employment

opportunities for over 5000 people and efficiency of public transport. Over the years, the Warwick Junction Project expanded into the entire inner city through the formation of the Inner eThekweni Regeneration and Urban Management Programme (i-Trump) to increase economic activities and reduce poverty and social isolation within the Warwick area (Dobson 2012).

5.3.8 Gender versus occupation

The results showed that male respondents were more frequently employed full-time compared to females. This could be due to a man's sense of responsibility to be a provider and to maintain financial security. This concurs with the study conducted by Nderitu (2011) that man's role was to work, protect, provide food, shelter and financial stability within the family whereas women were raised to be home makers, cook, clean, nurture children. Thus, women's career advancement is viewed as unimportant and on addition household chores can be a burden, limiting a woman's ability to take on paid employment, particularly in the African population. The study by Lehohla (2004) reported that in KZN 54.4% of males and 45.6% of females were employed.

5.3.9 Area versus gender

The results showed that 60% of respondents were from the townships; this could be due to the Apartheid Era where African people were evicted from properties that were in areas designated as 'White only' and were forced to move to townships. Furthermore, the reason for the most respondents to be from the townships may be due to the fact that UNHCC offers services that are free so draws people that cannot afford private health care providers. The study by Smillie (2010) states that the reason for most participants being from the townships could be because the clinic is located close to the taxi ranks and the area is regarded as the largest trading hub in Durban and KZN which allows patients from all over Durban to attend the clinic.

5.3.10 Education

The results show that 40% of the respondents had matric. This concurs with the study by Herr (2008) on patient perceptions at the DUT at the Homoeopathic Day Clinic, who found that 33% of respondents had matric. During the apartheid era, the Bantu Education Act closed many learning institutions when it withdrew funding from schools affiliated with religion, many of which had large numbers of Africans; hence they were deprived of study. However, the apartheid ended caused changes within education, and the doors were opened for equal opportunity to all South Africans regardless of race. According to the South African Statistical Population Census 2001 (Lehohla 2004), 19.8% of the population had Grade 12, 6.9% tertiary levels and 21.9% had no schooling.

5.3.11 Gender versus education

The results show that fewer male respondents had matric, which could be due to men needing to play the role of being a provider therefore having to leave school before they finish. Furthermore, Grasgreen (2013) states that girls are more engaged in school, are more likely to go to college and performs well compared to men which may be due to men being optimistic about their ability to earn a liveable salary, even though they are less educated than women.

5.3.12 General health status versus gender

The results showed that both male and female respondents had good health. This health awareness could be gained via media (television and radio) as indicated by Express Health Care (2011) which states that more young people between ages 18-24 years and 25-34 years of age use the internet to search for health information and that young people may educate older people to be aware of their health.

5.4 HOMOEOPATHY

5.4.1 Have you ever heard of Homoeopathy?

The results showed that 54% of the respondents had never heard of Homoeopathy. The reason for this result could be that Homoeopathy is still new in South Africa and has not been officially included within the health care sector. The population of South Africa is dominated by Africans and about 80% of the African population consult traditional healers who are believed to be a link between the worlds of the living and dead and they have always paid most attention to this form of healing even with the expansion of modern medicine (World Health Organization 2001).

5.4.2 How did you get to know about UNHCC?

The results show that most of the respondents that attended the UNHCC as a result of the BP drives that occurred during the clinic sessions (Monday mornings and afternoons and Thursday afternoons) and others were referred by friends, colleagues and others saw the clinic. The clinic has no sign outside stating the days and the hours the clinic operates and with a brief explanation of Homoeopathy in isiZulu and English this may result in people not being aware of the clinic.

5.4.3 Have you ever consulted with a Homoeopath before?

The results show that the 84% of respondents had never consulted with a Homoeopathic practitioner before. This could be because most of the African population consults with traditional healers and since Homoeopathy is new people have less knowledge about it. This concurs with the study by Macquet (2007) on the perceptions and awareness of Homoeopathic Day Clinic amongst students at DUT which revealed that the knowledge amongst tertiary students about Homoeopathy was poor and further stated that the African population group needed to be targeted in marketing of Homoeopathy since it is the largest ethnic group in South Africa.

5.5 UKUBA NESIBINDI HOMOEOPATHIC COMMUNITY CLINIC

5.5.1 Location of the UNHCC

The results show that more than 50% of the respondents had a high degree of satisfaction regarding the clinic being easy to find, convenient and providing a professional impression. This concurs with the survey by Watson (2014) on patient benefit and perception at UNHCC. The high degree of satisfaction could be due to the clinic being accessible to the traders working in the area, being close to the taxi ranks and since many people go past the Ukuba Nesibindi building on their way to the fresh produce market which is close by.

5.5.2 Welcoming at the UNHCC

The results show that 88% of respondents were attended to promptly and 90% of respondents felt that the Homoeopathy student practitioners were friendly, which could be due to the engagement (meeting and greeting) between the patient and the Homoeopathy student practitioner. The warm welcoming may allow a patient to speak openly which may promote health. This concurs with the study conducted by Friedwald Center for Rehabilitation and Nursing (2011) which concluded that it takes more than medicine for a patient to recover and that patients that had friendly and warm relationships with their doctors recover in a shorter time period.

5.5.3 The overall impression of the Homoeopathy student

The results show that 72-84% of patients that attended UNHCC had a high degree of satisfaction in the overall impression of the Homoeopathy student practitioners.

Case taking explanation. Since the majority of the people that visit the clinic do not have knowledge about what Homoeopathy is and the African population are not taught how to express themselves through talking about the things that bother them, and others may be offended by the questions asked during the Homoeopathic consultation, and in order to make them understand, the Homoeopathy student practitioner needs

to give a brief explanation of what Homoeopathy is and how the Homoeopathic case taking is done since it differs from other consultations. This concurs with De Schepper (2001) who writes that during the Homoeopathic consultation a Homoeopathic practitioner needs to give a brief explanation of Homoeopathic case taking so that the patient may understand the difference between Homoeopathy and Orthodox medicine and case taking.

Punctuality. Keeping time demonstrates that practitioners care for their patients. Because patients leave their work stations to consult with the Homoeopathy student practitioner it is vital that the student practitioner attend to them promptly. According to Non-Verbal Communication (2008), time conveys a message and it is a form of communication that can portray status, power and sense of importance so this is a very powerful influence on how practitioners are seen and perceived by patients. Based on the satisfaction of respondents in this study, the Homoeopathy student practitioners were perceived in the right light.

Student appearance. The clinic jackets worn by the Homoeopathy student practitioners and their appearance may contribute to them being identified as doctors and patients trusting them. This is supported by Non-Verbal Communication (2008) which states that appearance helps categorise, interpret and assess a person and a well-dressed person is perceived to be attractive and favourable hence the satisfaction of the respondents. Furthermore the Patients' Right Charter of KZN (2001) states that patients have the right to good quality care and high professional standards and to be treated with courtesy and consideration.

5.6 THE HOMOEOPATHIC CONSULTATION

5.6.1 The impact of the Homoeopathic consultation

The results show that more than 50% of patients that attended UNHCC had a positive outcome regarding the impact of the Homoeopathic consultation. The reason for this could be that the African race has been taught to be secretive and not to express themselves and this may result in stress and stress related illnesses and focusing on

the patient during the consultation may allow a patient to open up and talk and this may result in better health. This concurs with De Schepper (2001) who states that the Homoeopathic consultation is thorough and focuses on a patient as an individual. De Schepper goes on to say that during the consultation the patient dominates, allowing them to impart information in their own words without interruptions. Nell (2004) reports that good communication is important and entails listening to and understanding the patient as well as communicating that understanding back to the patient. Nell further states that allowing patients to express themselves may bring improvement to their health.

Healing through talking. In this study the Homoeopathic consultation had a positive impact, which could be due to treating the suppressed emotions whether from their childhood experiences or walks of life – these emotional wounds may manifest physically. According to Street et al. (2009) talking gives people the chance to explore their thoughts and feelings in order to be aware and make positive changes. The reason why the patients found the Homoeopathic consultation to have had a positive impact could be because talking can be therapeutic in a sense that it speeds recovery.

Healing through touching. After the case taking the Homoeopathic student practitioner will have conducted a physical examination and communicated the findings to the patient. According to Non-Verbal Communication (2008) touch (palpation) is a form of communication; it provides security, solace, expresses intimacy and affection, creates and maintains a bond between patient and practitioner, builds trust and can even be therapeutic. This could be the reason the respondents perceived a positive impact from the Homoeopathic consultation.

5.6.2 Time spent in the Homoeopathic consultation

The results show that 74% of respondents perceived that the time spent with them was the right amount, which could be a reason for the increase of patient numbers that visit the clinic and along with the practitioners giving patients undivided attention in order to understand their symptoms. The understanding of the patient's main

complaint should not be limited by time, a point made by the Agency for Healthcare Research and Quality (2001), which states that effective communication in the Homoeopathic consultation between patient and Homoeopath is important even if time is limited. Furthermore Swayne (1998) states that the value of time depends on quality rather than quantity and quality of time is best achieved by giving the patient full attention.

5.6.3 Trust in the Homoeopathic consultation

The results show that 68% of respondents had too much trust in the Homoeopathic student practitioner. This may be attributed to the professional appearance of the Homoeopathy student, punctuality, effective communication, attention during the consultation. According to Calnan and Rowe (2004), trust is the cornerstone of an effective doctor-patient relationship. Trust also encourages patients to disclose important medical information and has an indirect positive influence on health outcome.

5.6.4 Experience at the Homoeopathic consultation

The results show that 70-90% respondents had a high degree of satisfaction with the Homoeopathic consultation, perhaps due to the fact that patients were given time to talk about their symptoms while the Homoeopathy student practitioner listened attentively. Millington (2008) states that the aim of active listening is to engage, facilitate and encourage other people to speak, the reason being to understand what the patient thinks, feels and wants. Nell (2004) reports that during the Homeopathic consultation the Homoeopath listens more than talking in order to understand the patient so that at the end of the consultation patients may be given an appropriate medication and appropriate advice, motivation and education.

5.6.5 Feeling after the Homoeopathic consultation

The results show that 72% of respondents felt better after the Homoeopathic consultation. This could be due to the effective communication and thorough case

taking that allowed patients to talk about their symptoms uninterrupted. Such an approach is supported by Street et al (2009) who state that talking about bad health is good medicine for the ill to promote their health.

5.6.6 Homoeopathy student practitioners' manner

The results show that 70-82% of respondents had a very high level of satisfaction regarding the Homoeopathic student practitioner's manner, arising perhaps from the way the Homoeopathy student showed empathy, communicated well with the patient in a language the patient understood and allowed the patient to ask questions. Empathy during case taking could have contributed to patients' satisfaction. Act No. 61, 2003 (National Health Act) states that South Africans have the right to access health care services that include a positive disposition displayed by health care providers that demonstrates courtesy, human dignity, patient empathy and tolerance. Empathy is described as the ability to supportively communicate a sensitive awareness and affirmation of another person's feelings (Mearns and Thorne 2007) and is the ability to put yourself in someone else's shoes (Millington 2008). Larson and Yao (2005) state that empathy and effective communication develop trust and are integral components of healing.

5.6.7 Information and advice

The results show that 70% of respondents received too much information and were given 44% of both too much advice and the right amount of advice. Information given in simple, understandable language can help patients to understand, advise others and apply the advice. According to Millington (2008), the more complex the information given to patients the more likely it will be forgotten especially if the information is in a language they do not understand. To ensure that patients do understand Millington (2008) suggests the following technique:

- **Prioritise:** give important information first in details, explaining to the patient in language they understand.
- **Repeat:** repeat the information to check if the patient understood.

- **Check comprehension:** ask a patient if she/ he comprehend what you have said.

Furthermore, Act No. 61, 2003 (National Health Act) encourages that health information should include information on the availability of health services and how best to use such services, and be provided in language understood by the patient.

5.6.8 Repeat visit to the UNHCC and the referrals to the UNHCC

The results show that 100% of the respondents will refer others and 98% will visit again. The reason for these results could be that the clinic is free and particularly the African population cannot afford costly health care and another practical reason could be due to the satisfaction of patients with the service provision at the clinic. Patient satisfaction is an important and commonly used indicator for measuring quality in health care. Patient satisfaction leads to patient loyalty. If one patient is satisfied, that information can reach others. Bhanu (2010) lists the following important factors that contribute to patient satisfaction:

- **Waiting time:** The amount of the time the patient spends in the waiting area may determine the outcome of patient satisfaction. If it's too long the patient may never come back.
- **Doctor-patient interaction:** Patients expect their doctors to keep time, communicate in their language, care, show courtesy such as kind gestures, listen and understand, give attention, keep appointments, return calls and apologize if there have been delays.

The reason for the respondents' willingness to refer others could be the Homoeopathy student practitioners' manners, patients' experience at the consultation and the overall impression of the clinic set up.

5.6.9 Homoeopathic consultation versus Orthodox

The 78% of respondents felt that the Homoeopathic consultation was different compared to the consultations they had with other practitioners, which could be due

to the long hours spent in the consultation room and the depth of the case taking compared to the other practitioners who do not take long with the patient. This perception is supported by De Schepper (2001) who explains that the Homoeopathic consultation is thorough and focuses on the patient as an individual, and that the concept of health and healing in Homoeopathy is based on the energy/vital force within the body. De Schepper further states that during the Homoeopathic consultation a practitioner's concern is to try to find out where the energy leaks are and this demands more sensitive observation than most other practitioners practise. Trivieri (2001) states that Orthodox medicine treats the disease symptoms by attempting to suppress them whereas the goal of Homoeopathy is to treat a person and reverse any suppression that may be present in order to free the patient's vital energies so that healing may occur.

The reason for the above result may be due to the method that Homoeopathy uses in case taking.

5.7 COMMENTS

5.7.1 Comments on how Homoeopathic consultation is different

Respondents agreed that the Homoeopathic consultation was different. The patients stated that it was different because the Homoeopathy student practitioners were friendly, sympathetic, professional, spent time in the consultation with patients, thoroughly examined the patient, were gentle, paid attention to details and they went deep to one's illness as an individual. This approach is supported by Swayne (1998) who states that paying attention is the basis of good clinical method, attentiveness involves attention to details and attention to the whole person may be therapeutic, which could explain the positive impact that the patients experienced during the Homoeopathic consultation.

5.7.2 General comments

The respondents gave positive comments on the service delivery that was offered to them at the clinic, the high standard of which is displayed in the results' findings of the study.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

This study focused on a sample of patients' perceptions of their first Homoeopathic consultation at UNHCC. The clinic was opened in 2004 and over the years the patient numbers have increased. The UNHCC is located in a very poor area reflecting the quality of life of those living in the area. This indicates the need for an additional primary health care provision especially for those with little or no income (Smillie 2010). Therefore, one positive outcome of the study may be to motivate the building of a primary health care in the Warwick area to improve lives.

The increase in numbers may mean that patients are satisfied with the service delivered at the UNHCC.

The majority of the respondents did not know about Homoeopathy and hence 40% respondents attended mainly as a result of the BP drives that occurred during the clinic sessions. Therefore there is a need for strategic advertisements such as a board outside the Lifeline Building informing the public that there are Homoeopathic practitioners on the 3rd floor. This may benefit the Warwick Junction community and Homoeopathy students because UNHCC is one of their training venues.

The research question asked at the beginning of the study: "What are the perceptions of patients regarding their first consultation at UNHCC?" has been answered. Patients (as represented by the sample in this study) have a very high level of satisfaction with the clinic.

The study has helped to highlight the benefits of the Homoeopathic consultation alone. This could then be compared to future studies of both the Homoeopathic consultation in relation to Homoeopathic treatment. It could trigger questions like "does a poor Homoeopathic consultation result in poor patient benefit and perception?" This study emphasised the importance of a good Homoeopathic consultation as patients would be unlikely to come back for future ailments if the Homoeopathic consultation is

perceived to be poor and patients may then also be reluctant to refer patients to this facility.

6.2 LIMITATION OF THE STUDY

The study was conducted using 50 new patients and statistical analysis were insignificant due to the small number of the sample size. The same study may be done but using a much bigger sample size.

6.3 RECOMMENDATIONS

6.3.1 Recommendations to enhance the service provided at UNHCC

The following is recommended in order to improve service delivery at UNHCC:

- A sign needs to be placed outside the Lifeline Building informing the public that there is a Homoeopathic clinic on the 3rd floor.
- The Homoeopathic consultations occur on the 3rd floor of the Lifeline Building and old patients cannot walk up the stairs, so maybe one consultation room should be on the ground floor to cater for those that cannot walk up the stairs.
- The UNHCC waiting area is too small therefore patients who are still waiting for their consultations must at least wait in the larger reception area and be called up when there is room for them upstairs to prevent patients having to stand for a long time and a possibility of some leaving before they are seen.
- The number of consultation rooms needs to be increased since the patient numbers are increasing to avoid patients waiting for a long time.
- Increase the number of clinicians, so that students' discussion of the case may be completed quicker to avoid patients waiting long for the remedy and others waiting for their case to be taken.

6.3.2 Further research

- Another similar study may be done but as a qualitative study.
- Qualitative and quantitative studies should be conducted at the other Homoeopathic satellite clinics, namely, Kenneth Gardens Homoeopathic Community Clinic, Redhill Homoeopathic Community Clinic and 1000 Hills Homoeopathic Community Clinic. Results from these studies could be compared.

REFERENCES

- Al-Assaf, A. 1998. *Managed care quality: a practical guide*. 1st ed. Boca Raton, FL: CRC Press.
- Bartlett, E.E. 2004. The effects of fatherhood on the health of men: a review of the literature. *Journal of men's health and gender*, 1(2): 159-169.
- Bhanu, P. 2010. Patient satisfaction. *Journal of cutaneous and aesthetic surgery*, 3(3): 151-155.
- Calnan, M. & Rowe, R. 2004. *Trust in healthcare: An agenda for future research*. London: The Nuffield Trust.
- Chazan, M. & Whiteside, A. 2007. [The Making of Vulnerabilities: Understanding the Differentiated Effects of HIV and AIDS among Street Traders in Warwick Junction, Durban, South Africa](#). *African journal of AIDS research* [Online], 6(2):165-173. Available at: <http://www.heard.org.za/staff/may-chazan> [Accessed 05 June 2013].
- Children's Institute of the University of Cape Town. 2011. *Legal guide to age thresholds for children and young people* [Online]. Available at: <http://www.ci.org.za>. [Accessed 10 March 2015].
- Courtenay, W.H. 2000. Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social science and medicine*, 50(10): 1385-1401.
- Dancu, D.A. 1996. *Homoeopathic vibrations: a guide for natural healing*. Hygiene, CO: Sunshine Press Publications.
- DeLaney, S. 2010. *Homoeopathic consultation* [Online]. Available at: www.thewellnessalliance.com [Accessed 20 March 2013].

De Schepper, L. 2001. *Hahnemann revisited*. Santa Fe, NM: Full of Life Publications.

Denscombe, M. 2003. *The good research guide for small-scale social research projects*. 2nd edition. Maidenhead, England: Open University Press.

Dobson, R. 2012. Warwick Junction: Innovative use of public space [Online]. Available at: <http://www.aet.org.za> [Accessed 05 June 2013].

Encyclopaedia Britannica. 2014. *Student's t-test* [Online]. Available at: <http://global.britannica.com> [Accessed 10 March 2015].

Experian Simmons Research. 2007. Marketing to women: addressing women and women's sensibilities [Online]. Available at: <http://www.accessmylibrary.com> [Accessed 05 June 2014].

Express Health Care. 2011. Indians are aware about their health and healthcare needs and are increasingly using internet to seek answers [Online]. Available at: <http://www.Expresshealthcare.in> [Accessed 05 June 2013].

Eyles, C. 2012. Forming connections in the Homoeopathic consultation. *Patient education and counselling*, 89(3): 501-506.

Friedwald Center for Rehabilitation and Nursing. 2011. How warm and friendly care providers speed up recovery [Online]. Available at: www.friedwaldcenter.com [Accessed 05 June 2014].

Grasgreen, A. 2013. The rise of women [Online]. Available at: www.insidehighered.com [Accessed 05 June 2013].

Grey, B. 2000. *Homoeopathy: Science or myth?* Berkeley: North Atlantis books.

Hammond, M.G. (drmghammond@gmail.com), 28 October 2013. *Statistics-data analysis*. E-mail to N.S Dube (nontobekosibusisile@yahoo.com) [Accessed 29 October 2013].

Hammond, M.G. (drmghammond@gmail.com), 10 March 2015. *Student t-test analysis*. E-mail to N.S Dube (nontobekosibusisile@yahoo.com) [Accessed 10 March 2015].

Herr, B.J. 2008. Patient perception survey – Durban University of Technology Homoeopathic Day Clinic. M. Tech: Homoeopathy dissertation. Durban University of Technology, Durban.

Hicks, C.M. 2009. *Research methods for clinical therapists: applied project design and analysis*. 5th edition. New York, NY: Churchill Livingstone.

Hulley, S.B., Cummings, S.R., Browner, W.S., Grady, D.G., and Newman T.B. 2007. *Designing clinical research*. 3rd edition. Philadelphia: Lippincott Williams and Wilkins.

International Health Racquet and Sport club Association. 2006. The elderly get more health conscious now [Online]. Available at: <http://diyhealth.com> [Accessed 05 June 2014].

Lamula, B.S. 2010. The perception of homoeopathy amongst African adults resident in Mnambithi Municipality (KwaZulu-Natal, South Africa). M Tech: Homoeopathy dissertation. Durban University of Technology, Durban.

Larson, E.B. and Yao, X. 2005. Clinical empathy as emotional labour in the patient-physician relationship. *Journal of the American medical association*, 293(9): 1100-1105.

Lehohla, P. 2004. KwaZulu-Natal Statistics South Africa [Online]. Available at: <http://www.sttssa.gov.za> [Accessed 05 June 2014].

Lockie, A. 1998. *The family guide to Homoeopathy: the safe form of medicine for the future*. London: Hamish Hamilton.

Macquet, T. 2007. The perceptions and awareness of homoeopathy at the Homoeopathic Day Clinic (H.D.C) amongst students at the Durban University of Technology (DUT). M Tech: Homoeopathy dissertation. Durban University of Technology, Durban.

Mearns, D. and Thorne, B. 2007. *Person-centered counselling in action*. London: Sage publications.

Millington, A. 2008. Language of empathy. *The optician*, 235(6156): 22.

Nderitu, A. 2011. Traditional roles of men and women [Online]. Available at: <http://www.studymode.com> [Accessed 05 June 2013].

Nell, N. 2004. Communication patterns in the Homoeopathic interviews: A comparative study of 5th year interns and qualified practitioners. M. Tech: Homoeopathy dissertation. Durban Institute of Technology, Durban.

Nelson, B. 2012. *Can 'emotional baggage' cause physical pain?* [Online]. Available at: www.drbradleynelson.com [Accessed 12 February 2013].

Nelson, S. K., Kushlev, K., Englsh, T., Dunn, E.W. and Lyubomirsky, S. 2013. In defence of parenthood: children are associated with more joy than misery. *Psychological science*, 24(1): 3-10.

Ngobese-Ngubane, J.C. 2014. Interviewed by N.S Dube. Durban University of Technology, Durban, 15 March.

Ngobese-Ngubane, J.C. jabulien@dut.ac.za, 29 April 2014. *Ukuba Nesibindi Statistics (Head Clinician, Ukuba Nesibindi Homoeopathic Community Clinic)*. E-mail to N.S Dube (nontobekosibusisile@yahoo.com) [Accessed 29 April 2014].

Ngobese-Ngubane, J.C. (Jnn2812@gmail.com), 6 June 2013. *Ukuba Nesibindi Statistics (Head Clinician, Ukuba Nesibindi Homoeopathic Community Clinic)*. E-mail to N.S Dube (nontobekosibusisile@yahoo.com) [Accessed 6 June 2013].

Non-Verbal Communication [Online]. 2008. Available at: <http://search.proquest.com> [Accessed 05 June 2014].

Offre, D. 2010. Healing touch: the importance of the physical exam. *New York Times* [Online], August 3. Available at: <http://www.idiopathicmedicine.wordpress.com> [Accessed 19 February 2014].

O'Reilly, W.B. (ed.). 1996. *Organon of the medical art* by Dr Hahnemann. 6thed. Redmond, WA: Birdcage Books.

Patients' Rights Charter. 2001. KwaZulu-Natal Department of Health [Online]. Available at: <http://www.kznhealth.gov.za> [Accessed 05 June 2014].

Peters, D. 2001. *Understanding the placebo effect in the complementary medicine: Theory, practice and research*. London: Churchill Livingstone.

Republic of South Africa. 2003. Allied Health Professions Act 63 of 1982. Pretoria: Government Printer.

Roberts, H.A. 2005. *The principles and art of cure by Homoeopathy*. 3rd edition. New Delhi: Jain Publishers.

Rothman, A.J. and Salovey, P. 1997. Shaping perceptions to motivate healthy behaviour: the role of message framing. *Psychological bulletin*, 121(1): 3-19.

Schwalm, E. 2006. *Understanding consultation guidelines* [Online]. Available at: <http://www.ericacodes.com> [Accessed 20 March 2013].

Singh, C. and Leder, D. 2012. Touch in the consultation. *The British journal of general practice* [Online], 62(596): 147-148. Available at: <http://www.ncbi.nlm.nih.gov> [Accessed 19 February 2014].

Smillie, T. 2010. A Clinic Audit of the Durban University of Technology Homoeopathic Satellite Clinic established at Ukuba Nesibindi. M Tech: Homoeopathy dissertation. Durban University of Technology, Durban

Stoller, E. P. and Pollow, R. 1994. Factors affecting the frequency of health enhancing behaviours by the elderly. *Public health research*, 109(3): 377-389.

Street Jr., R.L., Makoul, G., Arora, N.K. and Epstein, R.M. 2009. How does communication heal? Pathways linking clinician-patient communication to health outcomes. *Patient education and counselling* [Online], 74(3):295-301. Available at: www.elsevier.com. [Accessed 19 February 2014].

Suraj, S. 2012. Sense of coherence health promoting behaviour in North India students. *Indian journal of medical research*, 134(5): 645-652.

Swayne, J. 1998. *Homeopathic method: implications for clinical practice and medical science*. New York: Churchill Livingstone.

The Agency for Healthcare Research and Quality (AHRQ). 2011. Patient education management. *Communicating with patients encouraged* [Online]. Available at: <http://searchproquest.com>. [Accessed 19 February 2014].

Trivieri, L. 2001. *Guide to holistic health: healing therapies for optimal wellness*. New York, NY: John Wiley and Sons.

Tseng, T.S. and Lin, H.Y. 2008. Gender and age disparity in health-related behaviours and behavioural patterns based on a national survey of Taiwan. *International journal of behavioural medicine*, 15(1): 14-20.

Van Wyk, N.C. (ed.). 2009. *Integrative healthcare: a guide to meet the needs of Africa*. Cape Town: Juta.

Vithoulkas, G. 1998. *The science of Homoeopathy*. NewDelhi: Jain Publishers.

Vithoulkas, G. 2009. *Homoeopathy medicine for the new millennium*. 5th ed. Athens: The International Academy of Classical Homoeopathy.

Watson, T. 2014. A patient benefit and perception survey of the Durban University of Technology homoeopathic satellite clinic established at Ukuba Nesibindi. M Tech: Homoeopathy dissertation. Durban University of Technology, Durban.

Wiersma, W. and Jurs, S.G. 2009. *Research methods in education*. 9th ed. Philadelphia: Pearson.

World Health Organization. 2001. *Legal Status of Traditional Medicine and Complementary Alternative Medicine: a worldwide review*. Geneva.

APPENDIXES

Appendix 1: IREC Ethical approval



18 February 2014

IREC Reference Number: REC 91/13

Ms N S Dube
Flat No. 14, 30 Colenmore
Young's Avenue Road
Durban
4001

Dear Ms Dube

Patients' perceptions of their first Homoeopathic consultation at Ukuba Nesibindi Homoeopathic Community Clinic

The Institutional Research Ethics Committee acknowledges receipt of your final data collection tool for review.

We are pleased to inform you that the questionnaire has been APPROVED; you may now proceed with data collection on the proposed project.

Yours Sincerely

Prof J. K. Adam
Chairperson: IREC

Appendix 2a: Information letter and consent form for participants (English)



INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)

LETTER OF INFORMATION

Dear Participant

Thank you for agreeing to participate in this study.

Title of the Research Study: Patients' Perceptions on their first Homoeopathic consultation at UkubaNesibindi Homoeopathic Clinic (UNHCC).

Principal Investigator/s/researcher: Nontobeko Dube, B.Tech. Homoeopathy

Co-Investigator/s/supervisor/s: Prof. MN Sibiyi, D. Tech: Nursing and Co-supervisor: Dr J.C. Ngobese-Ngubane, M. Tech: Homoeopathy.

Brief Introduction and Purpose of the Study: The aim of the study is to explore and describe your perceptions towards the first homoeopathic consultation at the UNHCC.

Outline of the Procedures: The collection of data will take place at the UNHCC after the consultation whilst you are waiting for medication. You are requested to complete the questions on the paper that will be given to you and this may take 15-20 minutes. Please put in a completed questionnaire in a box that is provided. No treatment will be used in this study.

Non-participation: You are not forced to participate in this study. Participation in this study is voluntarily. If you don't participate in this study it will not affect the service offered to you by the UNHCC.

Risks or Discomforts to the Participant: You will not experience any discomfort from participating in this study.

Benefits: The information given by you will help to improve consultation for future patients that will be visiting our clinic.

Reason/s why the Participant May Be Withdrawn from the Study: You are free to withdraw from the study at any time without any form of penalty.

Remuneration: There is no remuneration for participating in this study.

Costs of the Study: You will not be expected to cover any costs towards the study.

Confidentiality: Please do not write your personal information like name, contact details on the questionnaire. **Research-related Injury:** There are no injuries that you may be exposed to during the course of the study.

Persons to Contact in the Event of Any Problems or Queries:

Ms. N. Dube (Student) Telephone no: 073 460 4592

Prof. M.N. Sibiya (Supervisor) Telephone number: 031-373 2606

Dr. J.C. Ngobese-Ngubane (Co-supervisor) Telephone no: 031-373 2484

The Institutional Research Ethics administrator: - 031-373 2900. Complaints can be reported to the DVC: TIP F. Otieno on 031-3732382 or dvctip@dut.ac.za.



INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant	Date	Time	Signature / Right Thumbprint

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full Name of Researcher	Date	Signature

_____	_____	_____
Full Name of Witness (If applicable)	Date	Signature

_____	_____	_____
Full Name of Legal Guardian (If applicable)	Date	Signature

Appendix 2b: Information letter and consent form for participants (isiZulu)



IKOMIDI LEZOCWANINGO NEMIGOMO YESINGUNGO / INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) INCWADI YOLWAZI

Ngiyakubingelela

Ngiyabonga ukuthi uvume ukuba yingxenye yalolucwaningo.

Isihloko socwaningo: Imibono novo lweziguli emveni kokubonwa kwabo okokuqala emtholampilo Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC), ngaphambi kokuthatha imithi yehomoeopathy.

Umcwaningi oqavile noma omkhulu: Nontobeko Dube, B.Tech. Homoeopathy

Umhloli omkhulu wocwaningo: Prof. M.N. Sibiya, D Tech: Nursing

Isekela likamhloli: Dkt. J.C. Ngobese-Ngubane, M. Tech. Homoeopathy.

Isingeniso esifinqiwe kanye nenjongo yalolucwaningo: Injongo yalolucwaningo ukuhlola imizwa noma imibono yakho emveni kokubonwa okokuqala kulomtholampilo.

Uhlahlondlela: Ukuqoqwa kocwaningolwazi kuzokwenzeka kuwo lomtholampilo. Uyacelwa ukuba ugcalise imibuzo ezobe isephepheni olunikeziwe lokhukungathatha imizuzu eyishuminesihlanu kuya kwimizuzu engamashumi amabili. Uma usuqedile ukugcalisa uyacelwa ukuba ufake iphepha lezimpendulo zakho ebhokisini lalolucwaningo. Ayikho imithi ezosetshenziswa kulolucwaningo. Uma ungabi inxenye yalolucwaningo akukho ukuphazamiseka ozobanakho ngokunakekelwa kwakho umtholampilo.

Ingcuphephe nesihluku kulabo abazibandakanyayo: Akukho ukuhlukumezeka ozokuthola ngokubayinxenye yalolucwaningo.

Inzuzo: Ulwazi olunikele luzosiza ukuthi sithuthukise ukuxilongwa kweziguli ngokuzayo uma zivakashele lomumtholampilo

Izizathu ezingenza ukuba lowo ozibandakanyayo ahoxiswe kulolucwaningo: Uvumelekile ukuphuma ekubeniynxenye yalolucwaningo nomangasiphi isikhathi ngaphandle kokujeziswa.

Inkokhelo: Ayikho Inkokhelo etholwa yilowo ozibandakanyayo kulolucwaningo.

Izindleko zalolucwaningo: Akukho zindleko okulindeleke ukuba uzikhokhe kulolucwaningo.

Imfihlo: Siyacela ukuba ungadaluli noma ubhale igama lakho neminingwane yakho ephepheni lemibuzo. Uhlaka olungawasebenzisi amagama liyosetshenziswa ukubona iphepha lakho.

Ukulimala okunobudlelwano nalolucwaningo: Akukho Ukulimala nabungozi okutholakala ngokuba ingxenye yalolucwaningo.

Abantu ongaxhumana nabo uma kwenzeka ubanezinkinga noma imibuzo mayelana nalolucwaningo: Uyacelwa ukuba uxhumane nomfundi owenza ucwaningo uNontobeko Dube (0734604592)

Noma nomhloli omkhulu wocwaningo uProf. M.N Sibiya (031-3732 606)

Noma nesebola likamhloli wocwaningo uDkt. Ngobese-Ngubane (031-373 2484)

Noma i-Institutional Research Ethics administrator on 031-373 2900.

Izikhazazo zingadluliselwa kwisekelamphathi wesikhungo se TIP, uProfnF. Otieno kulenombolo 031-373 2382 noma dvctip@dut.ac.za.

**IKOMIDI LEZOCWANINGO NEMIGOMO YESINGUNGO / INSTITUTIONAL RESEARCH ETHICS
COMMITTEE**

ISIVUMELWANO SOKUZIBANDAKANYA

Izitatimende zokuvuma ukuzibandakanya kulolucwaningo:

Ngimilana ngiyavuma ukuthi ngazisiwe umcwaningi u, _____ (igama lomcwaningi), mayelana nohlobo, indlela, inzuzo kanye nencuphephe yalolucwaningo- inombolo ye Research Ethics Clearance: _____,

Ngititholile, futhi ngiyifundile incwadi yokwazisa ngokuzibandakanya kulolucwaningo ngaba nokuphelele okuphelele mayelana nalolucwaningo.

Nginakho ukuqonda ngemiphumela yalolucwaningo, ukubandakanya ubulili, iminyaka, unyaka wokuzalwa, ama-inishiyali ami nokudalulwa kwesigulo sami ukuthi kuyobe sekudidiyelwa ukwenza umbiko ngalolucwaningo.

Ekwazini ngezidingo zalolucwaningo, ngiyanikeza igunya lokuba ulwazi ngami olutholakalyo ludidiyelwe bese luhlaziywa ngekhompuyutha nguye umcwaningi.

Ngingahoxa ukuba ngizibandakanye kulolucwaningo noma inini, ngaphandle kokuba ngicwaswe kulolucwaningo.

Sengibe nesikhathi nethuba elanele lokuba ngibuze imibuzo (futhi ngentando yami) ngizikhethile mina ukuba ngizibandakanye kulolucwaningo.

Nginyaqonda ukuthi kusangatholakala ulwazi olubalulekile olusha oluphathelele nalolucwaningo, lolo lwazi ngiyokwazi ukuluthola uma ngiludinga.

Igama eliphelele lalona

ozibandakanyayo

Usuku

Isikhathi

Uphawulokusayina /isithupha

sangasesandleni sokudla

Mina, _____ (igama lomcwaningi) ngiyavuma ukuthi lona ongenhla ozibandakanya kucwaningo ngimazisile ngokuphelele mayelana nohlobo, indlela, inzuzo kanye nencuphephe yalolucwaningo.

Igama eliphelele lomcwaningi

Usuku

Uphawulokusayina

**Igama eliphelele likafakazi
(Uma ekhona)**

Usuku

Uphawu lokusayina

**Igama eliphelele likamqaphi
Uma lidingeka**

Usuku

Uphawu lokusayina

Appendix 3a: Questionnaire (English)

Perceptions of Homoeopathy Questionnaires

Please mark the correct answer by **TICKING** the relevant box.

1. Gender

Male	1.	
Female	2.	

2. Age

18-20	1.	
21-25	2.	
26-33	3.	
34-40	4.	
41 and above	5.	

3. Population group

African	1.	
Coloured	2.	
Indians/ Asians	3.	
White	4.	
Other	5.	

4. Home Language

IsiZulu	1.	
English	2.	
Afrikaans	3.	
IsiNdebele	4.	
IsiXhosa	5.	
SePedi	6.	
SeSotho	7.	
SeTswana	8.	
SiSwati	9.	
TsiVenda	10.	
XiTsonga	11.	
Other, specify:	12.	

5. Marital Status

Never married	1.	
Married	2.	
Divorced	3.	
Widowed	4.	
Separated	5.	

6. Occupational status

Scholar	1.	
Student	2.	
Employed part time	3.	
Employed full time	4.	
Self employed	5.	
Unemployed	6.	
Retired/ Pensioner	7.	
Other, specify:	8.	

7. Please indicate which area you come from

Suburb	1.	Name:
Centre of town	2.	Name:
Former township	3.	Name:
Rural area	4.	Name:

8. Highest education

Less than Matric	1.	
Matric	2.	
Diploma/Degree	3.	
Post graduate diploma/degree	4.	
No schooling	5.	

9. General Health status

Excellent	1.	
Good	2.	
Reasonable	3.	
Poor	4.	

10. Homoeopathy

10.1 Have you ever heard of Homoeopathy?

Yes	1.	
No	2.	

10.2 How did you get to know about the Ukuba Nesibindi Homoeopathic Community Clinic?






I saw the clinic	1.	
I was referred to it by a health professional	2.	
A friend or a family member	3.	
A pamphlet	4.	
A blood pressure drive	5.	
A colleague	6.	
Other. Please specify	7.	

10.3 Have you ever consulted with a Homoeopath before?






Yes	1.	
No	2.	

UKUBA NESIBINDI HOMOEOPATHIC COMMUNITY CLINIC (UNHCC)

11. Location

	 Strongly Agree	 Agree	 Neither agree nor disagree	 Disagree	 Strongly disagree
	1	2	3	4	5
Was the clinic easy to find?					
The location is in a convenient area.					
The outside appearance and entrance give a professional impression.					

12. Welcoming

	 Strongly Agree	 Agree	 Neither agree nor disagree	 Disagree	 Strongly disagree
	1	2	3	4	5
When arriving for your appointment you were attended to promptly.					
When arriving for your appointment students were welcoming and friendly.					

13. How do you grade the following at the UNHCC

PLEASE ANSWER BY MAKING A **TICK** (✓) IN THE APPROPRIATE BOX FOR EACH QUESTION. (Please mark **ONLY** one box)

	☺☺☺ Very Good	☺☺ Good	☺ Fair	☹☹ Poor	☹☹☹ Very poor
	1	2	3	4	5
The quality of the physical examination performed.					
The explanation of your condition/ diagnosis by the homoeopathy student.					
The attention given to your case by the homoeopathic student.					
The approachability/ friendliness of the homoeopathic student.					
The punctuality of the homoeopathic student.					
The explanation of the homoeopathic case taking procedure.					
The time spent in a consultation with the person you saw.					
The appearance of the homoeopathic student. E.g. They were professionally dressed.					

Adapted from (Herr 2008)

14. Consultation

PLEASE ANSWER BY MAKING A **TICK** (✓) IN THE APPROPRIATE BOX FOR EACH QUESTION. (Please mark **ONLY** one box)

14.1

	☹☹☹ No impact	☹☹ Very negative impact	neutral	☺☺ Positive impact	☺☺☺ Very positive impact
	0	1	2	3	
What impact did the consultation have on your well-being ?					
What impact did the consultation have on your mind and emotions ?					
What impact did the consultation have on your physical body ?					
What impact did the consultation have on your main complaint ?					

14.2 During the consultation, how was the time spent with you? (Please **tick**)

Too much time	1.	
Too little time	2.	
About the right amount of time	3.	

14.3 How much trust did you have in the Homoeopathic student during the consultation?
(Please **tick**)

Too much trust	1.	
Too little trust	2.	
About the right amount of trust	3.	

14.4. How helpful was the Homoeopathic consultation in explaining your medical condition?
(Please **tick**)

Very helpful	1.	
Moderately helpful	2.	
Slightly helpful	3.	
Not helpful at all	4.	

14.5. How well did the Homoeopathic student taking your case listen to you? (Please **tick**)

Extremely well	1.	
Very well	2.	
Moderate well	3.	
Not at all	4.	

14.6. How satisfied are you with the Homoeopathic consultation? (Please **tick**)

Extremely satisfied	1.	
Moderately satisfied	2.	
Neither satisfied nor dissatisfied	3.	
Moderately dissatisfied	4.	
Extremely dissatisfied	5.	

14.7. How easy was it to talk to the Homoeopathy student about your medical condition(s)
during consultation? (Please **tick**)

Very easy	1.	
Easy	2.	
Not so easy	3.	
Difficult	4.	
Very difficult	5.	

14.8. How professional was the Homoeopathy student during the consultation? (Please **tick**)

Extremely professional	1.	
Professional	2.	
Not professional enough	3.	
Not at all professional	4.	

14.9. How do you feel after talking with a Homoeopathic student? (Please **tick**)

There is no change	1.	
I feel better	2.	
I feel worse	3.	
Other, specify	4.	

15. How was the communication during the consultation? (Please **tick**)

Very good	1.	
Good	2.	
Fair	3.	
Poor	4.	
Very poor	5.	

16. During the consultation how much empathy was shown? (Please **tick**)

Too much empathy	1.	
About the right empathy	2.	
Too little empathy	3.	
No empathy at all	4.	

17. How encouraged were you to ask questions during consultation? (Please **tick**)

Very encouraged	1.	
Moderately encouraged	2.	
Slightly encouraged	3.	
Not at all encouraged	4.	

18. How much information was given in the language you understand regarding your condition (s) during the consultation? (Please **tick**)

Too much information	1.	
About the right amount of information	2.	
Too little information	3.	
No information	4.	

19. How much of advice were you given regarding your conditions (s) during consultation?
(Please **tick**)

Too much advice	1.	
About the right amount of advice	2.	
Too little advice	3.	
No advice at all	4.	

20. Will you visit the Ukuba Nesibindi Homoeopathic Community Clinic again? (Please **tick**)

Yes	1.	
No	2.	
Unsure	3.	

21. Would you refer other people to the Ukuba Nesibindi Homoeopathic Community Clinic?
(Please **tick**)

Yes	1.	
No	2.	
Unsure	3.	

22. Compared to the other doctors you have consulted, how is this Homoeopathic consultation different? (Please **tick**)

Very different	1.	
Moderately different	2.	
Slightly different	3.	
Not at all different	4.	
Please comment		

24. Comments (if there are any other comments regarding your experience with the Homoeopathic consultation. Please do so in the space provided.

THANK YOU

Appendix 3b: Questionnaire (isiZulu)

Indikimba 2(b) Uhla lwemibuzo yocwaningo- IsiZulu

Uhla lwemibuzo yocwaningo lwemibono ngeHomoeopathy

Uyacelwa ukuba ubeke **uphawu** noma **umaka** kuleyo mpendulo esebhokisini okuyiyona yona efanelekile noma leyo oyikhethayo. ✓

1. Ubulili

Owesilisa	1.	
Owesifazane	2.	

2. Ubudala/ iminyaka yakho

Iminyaka engu18 kuya ku20	1.	
Iminyaka engu21 kuya ku25	2.	
Iminyaka engu26 kuya ku33	3.	
Iminyaka engu34 kuya ku40	4.	
Iminyaka engu41 nanga phezulu	5.	

3. Ubuhlanga

Onsundu	1.	
Oyikhaladi noma ilawu	2.	
Owasendiya/ noma eEshiya	3.	
Umhlophe	4.	
Okunye, cacisa:	5.	

4. Ulwimi lwasekhaya

IsiZulu	1.	
IsiNgisi	2.	
IsiBhunu	3.	
IsiNdebele	4.	
IsiXhosa	5.	
SePedi	6.	
SeSotho	7.	
SeTwana	8.	
SiSwati	9.	
Tsivenda	10.	
XiTsonga	11.	
Okunye, cacisa	12.	

5. Isimo sezomshado

Awukaze ushade	1.	
Ushadile	2.	
Udivosile	3.	

Washonelwa	4.	
Wehlukanisile	5.	

6. Isimo sezokusebenza

Ungumfundi webanga elingaphansi kweNyuvesi	1.	
Umfundi waseNyuvesi	2.	
Uqashwe ingxenye yosuku	3.	
Uqashwe ngokuphelele	4.	
Uyazisebenza	5.	
Awusebenzi	6.	
Usuwathatha umhlala phansi/uhola impesheni	7.	
Okunye	8.	

7. Uyacelwa Ukuba uveze ukuthi usuka kuyiphi indawo ngokuhlala.

Imizi yasedolobheni	1.	Igama:
Ngaphakathi kwedolobha	2.	Igama:
Elokishini lakudala	3.	Igama:
Emakhaya/ emaphandleni	4.	Igama:

8. Imfundo ephakeme onayo

Ingaphansi kukamatikuletshe	1.	
Umatikuletshe	2.	
Iziqu zeDiploma/iziqu zeDegree	3.	
Iziqu emveni kokugogodela idiploma/idegree	4.	
Awuyanga esikoleni	5.	

9. Isimo sezempilo

Sihle kakhulu	1.	
Sihle	2.	
Siyagculisa	3.	
Simbi	4.	

10. Ulwazi ngeHomoeopathy

10.1 Usuke wezwa ngeHomoeopathy?

Yebo	1.	
Cha	2.	

10.2 Waze kanjani ngalomtholampilo weHomoeopathy womphakathi i-Ukuba

Nesibindi?

Ngawubona lomtholampilo	1.	
Ngathunyelwa kuwona ngumhlengi wempilo	2.	
Ngomngani noma ilunga lomndeni	3.	
Ngesiqeshana sephepha / ipamphlet	4.	
Ngohlolo lweblood pressure drive noma iblood pressure drive	5.	
Ngomlingani	6.	
Okunye. Uyacelwa ukuba uchaze	7.	

10.3 Ingabe usuke wabonana nodokotela we Homoeopathy ngaphambilini?

Yebo	1.	
Cha	2.	

UKUBA NESIBINDI HOMOEOPATHIC COMMUNITY CLINIC (UNHCC)

11. Indawo yalomtholampilo

	☺☺☺ Ngiyavuma kakhulu	☺☺ Ngiyavuma	☺ Angivumi futhi angiphiki	☹☹ Ngiyaphika	☹☹☹ Ngiyaphika kakhulu
	1	2	3	4	5
Ngabe kubelula ukuwuthola futhi kunophawu oluphanyekiwe					
Lisendaweni esobala futhi engilungele.					
Ingaphandle lalomtholampilo nalapho ungenela khona kuyabukeka kanti kunikeza isithunzi sendawo esezingeni eliphakeme.					

12. Ukwamukelwa

	😊😊😊 Ngiyavuma kakhulu	😊😊 Ngiyavuma	😊 Angivumi futhi angiphiki	😞😞 Ngiyaphika	😞😞😞 Ngiyaphika kakhulu
	1	2	3	4	5
Ngesikhathi ufikela ukuzobonwa wanakwa ngokushesha.					
Ngesikhathi ufikela ukuzobonwa abafundi bakwamukela ngemfudumalo nangezandla ezivulekile.					

13. Ingabe isiphi isigaba ongalinganisela kuso salokhu okulandelayo eUNHCC

UYACELWA UKUBA UPHENDULE NGOKUBEKA UPHAWU NOMA UMAKA (✓)
KULELOBHOKISI ELIFANELEKILEYO MAQONDANA NOMBULO. (Uyacelwa Ukuba ubeke umaka ebhokisini **elilodwa** kumbuzo ngamunye)

	😊😊😊 Kuhle kakhulu	😊😊 Kuhle	😊 Kungcono	😞😞 Kubi	😞😞😞 Kubi kakhulu
	1	2	3	4	5
Iqophelo noma izinga lokuxilongwa kwakho abakwenzile.					
Incazelo mayelana nesigulo sakho noma nesimo sakho oyinikezwe umfundi wezehomoeopathy.					
Ukunakekelwa nokujula okunikezwe into obuyizele ngumfundi wezehomoeopathy.					
Ukufudumala nobulula kokwazi ukuxhumana nomfundi wezehomoeopathy					
Ukugcina isikhathi komfundi wezehomoeopathy.					
Ingcazelo yendlela yokuthathwa kwemininingwane yakho ngedlela yehomoeopathy.					
Isikhathi osichithile emagumbini ubonwa yilowo okubonile.					
Indlela abebukeka ngayo umfundi wehomoeopathy, njengokuthi ubegqoke ngokwamukelekayo nokufanelekile ukusebenza.					

14. Ukubonwa

UYACELWA UKUBA UPHENDULE NGOKUBEKA **UMAKA** (✓) EBHOKISINI ELIFANELEKILE LOMBUZO NGAMUNYE. (Uyacelwa ukuba ukhethe ibhokisi noma ubeke umaka ebhokisini (**ELILODWA VO**))

14.1

	😊😊😊 Awukho umthelelo	😊😊 Umthelelo umubi kakhulu	😊 Ngiphakathi nendawo	😞😞 Umthelelo omuhle	😞😞😞 Umthelela omuhle kakhulu
	1	2	3	4	5
Lukhona yini ushintsho olwenzekile ngokubonwa kwakho mayelana nesimo sakho sempilo?					
Lukhona yini ushintsho olwenzekile ngokubonwa kwakho mayelana nesimo sakho somqondo nomphefumulo?					
Lukhona yini ushintsho olwenzekile ngokubonwa kwakho mayelana nesimo sakho senyama noma somzimba?					
Lukhona yini ushintsho olwenzekile ngokubonwa kwakho mayelana nesesifo sakho esikhulu esikuhluphayo?					

14.2 Ngesikhathi ubonwa, besinjani isikhathi esichithwe nawe? (Uyacelwa ukuba ubeke **umaka**)

Isikhathi eside kakhulu	1.	
Isikhathi esincane kakhulu	2.	
Isikhathi esilingene kahle	3.	

14.3 Ubunethemba elingakanani kumfundi we-Homoeopathy ngenkathi ekubona?

(Uyacelwa ukuba ubeke **umaka**)

Ithemba elikhulu kakhulu	1.	
Ithemba elincane kakhulu	2.	
Ithemba elikahle	3.	

14.4 Ingabe indlela obonwe ngayo yezeHomoeopathy ibenosizo olungakanani

ekukuchazeleni ngesifo sakho? (Uyacelwa ukuba ubeke **umaka**)

Ibewusizo kakhulu		
Ibewusizo olungatheni		
Ibewusizo oluncane nje		
Ayibanganasizo nhlobo		

14.5 Ingabe umfundi obekucubungula ngemibuzo yesifo sakho ukulalele kangakanani?

(Uyacelwa ukuba ubeke **umaka**)

Ulalele kahle kakhulu		
Ulalele kahle		
Ulalele ngokuphakathi		
Akalalelanga nhlobo		

14.6 Ugculiseke kangakanani ngosizo olunikiwe ngenkathi ubonwa ezeHomoeopathy?

(Uyacelwa ukuba ubeke **umaka**)

Ngigculisekile kahle kakhulu ngokumangalisayo		
Ngigculisekile kahle		
Ngiphakathi nendawo		
Angigculisekile kahle		
Angigculisekile kahle kakhulu ngokumangalisayo		

14.7 Ingabe bekulula kangakanani ukukhulumisana nomfundi owenza iHomoeopathy

ngesifo noma ngezifo zakho ngenkathi ubonwa? (Uyacelwa ukuba ubeke **umaka**)

Bekulula kakhulu		
Bekulula		
Bekungekho lula		
Bekunzima		
Bekunzima kakhulu		

- 14.8 Ingabe ubenezinga eliphakeme lokusebenza nokwenza izinto ngendlela eseqophelweni elingakanani umfundi owenza iHomoeopathy ngenkathi ubonwa? (Uyacelwa ukuba ubeke **umaka**)

Elihle kakhulu		
Elihle		
Elingelihle ngokwenele		
Elingelihle neze		

- 14.9 Uzizwa unjani emveni kokubonwa umfundi owenza ihomoeopathy? (**uyacelwa ukuba ubeke umaka/ uphawu**)

Akukho mehluko	1.	
Ngizizwa ngingcono	2.	
Ngizizwa ngidlulele kulokhu engifike ngiyikho	3.	
Okunye, cacisa	4.	

15. Bekunjani ukuxoxisana ngenkathi ubonwa? (uyacelwa ukuba ubeke **umaka/ uphawu**)

bekukuhle kakhulu	1.	
Bekukuhle	2.	
Bekungcono	3.	
Bekukubi	4.	
Bekukubi kakhulu	5.	

16. Ngenkathi ubonwa belukhona uzwelo olutshengisiwe? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Uzwelo olukhulu kakhulu	1.	
Uzwelo olukahle	2.	
Uzwelo elincane kakhulu	3.	
Uzwelo belungekho	4.	

17. Ngabe ukhuthazeleke kangakanani ukubuza imibuzo ngenkathi ubonwa? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Ngikhuthazeke kakhulu	1.	
Ngikhuzakeke ngokungatheni	2.	
Ngikhuthazeke kancane nje	3.	
Angikhuthazekanga neze	4.	

18. Ngabe lungakanani ulwazi othe walinikwa ngolimi oliqondayo mayelana ngesifo/ ngezifo zakho ngenkathi ubonwa? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Ulwazi oluningi	1.	
Ulwazi olukahle	2.	
Ulwazi oluncane kakhulu	3.	
Angitholanga lwazi	4.	

19. Ngabe kungakanani ukuyalwa othe wakuthola mayelana nesifo / ngezifo zakho ngenkathi ubonwa? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Ukuyalwa okuningi	1.	
Ukuyalwa okukahle	2.	
Ukuyalwa okuncane kakhulu	3.	
Angitholanga kuyalwa	4.	

14.10 Ingabe uyobuye uwuhambele lomtholampilo i-UNHCC? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Yebo	1.	
Cha	2.	
Anginaso isiqiniseko	3.	

14.11 Ingabe ungabayalela abanye abantu ukuba beze kulomtholampilo Ukuba Nesibindi Homoeopathic Community Clinic? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Yebo	1.	
Cha	2.	
Anginaso isiqiniseko	3.	

- 20.** Uma uqhathanisa indlela yokubonwa ngabanye oDokodela/ kwezinye izindawo, ihluke ngani indlela obonwa ngayo kulomtholampilo we-Homoeopathy? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Ihluke kakhulu	1.	
Ihluke ngokuphakathi	2.	
Ihluke kakhudlwana	3.	
Ayehlukile nhlobo	4.	
Yisho umbono wakho		

- 21.** Imibono yakho (uma ngabe kukhona okunye onesifiso sokukunezezela mayelana nendlela obonwe ngayo ka-Homoeopathy uyacelwa ukuba wenzenjalo kulesisikhala esingezansi osinikiwe)

NGIYABONGA

Appendix 4a: Permission letter to the Homoeopathy Head of Department

30 Colenmore
14 Youngs Avenue,
Durban
4000
18 February 2014

Homoeopathy Head of Department
P.O Box 1334
Durban
4000

Dear Prof Ross

PERMISSION LETTER TO USE UKUBA NESIBINDI HOMOEOPATHIC COMMUNITY CLINIC

I am currently registered for M Tech: Homoeopathy and I am requesting to conduct a research study at Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) as my research station. The title of the study is: Patients' Perceptions on their first Homoeopathic consultation at Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC). The aim of the study is to explore and describe the perceptions of patients at UNHCC after their first Homoeopathic consultation. A questionnaire will be used to collect data from the patients that will be attending the UNHCC for the first time. Herewith, find a summary of the research proposal.

Yours Sincerely

[Redacted Signature]

Ms NS Dube (Student)
Tel: 073 460 4592
Email address: nontobekosibusisile@yahoo.com

[Redacted Signature]

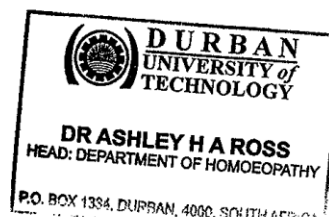
Dr J.C Ngobese-Ngubane
Tel: 031-373 2484
Email address: jabulilen@dut.ac.za

[Redacted Signature]

Prof MN Sibiya (Supervisor)
Tel: 031-373 2606
Email address: nokuthulas@dut.ac.za

Permission granted

[Redacted Signature]



Appendix 4b: Permission and approval letter to the Homoeopathic Clinic Director

30 Colenmore
14 Youngs Avenue, Botanic
Durban
4000
18 February 2014

Homoeopathic Clinic Director
Homoeopathic Day Clinic
P.O Box 1334
Durban
4000

Dear Dr. Naude

PERMISSION LETTER TO USE UKUBA NESIBINDI HOMOEOPATHIC COMMUNITY CLINIC

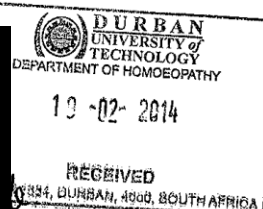
I am currently registered for M Tech: Homoeopathy and I am requesting to conduct a research study at Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) as my research station. The title of the study is: Patients' Perceptions on their first Homoeopathic consultation at Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC). The aim of the study is to explore and describe the perceptions of patients at UNHCC after their first Homoeopathic consultation. A questionnaire will be used to collect data from the patients that will be attending the UNHCC for the first time. Herewith, please find a summary of the research proposal.

Yours Sincerely

Ms NS Dube (Student)
Tel: 073 460 4592
Email address: nontobekosibusisile@yahoo.com

Dr J.C Ngobese-Ngubane
Tel: 031-373 2484
Email address: jabulilen@dut.ac.za

Prof MN Sibiya (Supervisor)
Tel: 031-373 2606
Email address: nokuthulas@dut.ac.za



Appendix 4c: Permission and approval letter to the Clinicians on duty at UNHCC

30 Colenmore
14 Youngs Avenue, Botanic
Durban
4000
18 February 2014

Clinician on Duty
Ukuba Nesibindi Homoeopathic Community Clinic
Warwick Junction
23 Stratford Road
Lifeline Building
Durban
4000

Dear Doctor

PERMISSION LETTER TO USE UKUBA NESIBINDI HOMOEOPATHIC COMMUNITY CLINIC

I am currently registered for M Tech: Homoeopathy and I am requesting to conduct a research study at Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) as my research station. The title of the study is: Patients' Perceptions on their first Homoeopathic consultation at Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC). The aim of the study is to explore and describe the perceptions of patients at UNHCC after their first Homoeopathic consultation. A questionnaire will be used to collect data from the patients that will be attending the UNHCC for the first time. Herewith, please find a summary of the research proposal.

Yours Sincerely

Ms NS Dube (Student)
Tel: 073 460 4592
Email address: nontobekosibusisile@yahoo.com

Dr J.C Ngobese-Ngubane
Tel: 031-373 2484
Email address: jabulilen@dut.ac.za

Prof MN Sibiya (Supervisor)
Tel: 031-373 2606
Email address: nokuthulas@dut.ac.za

Permission granted
Dr. J. Ngobese-Ngubane
Head Clinician UNHCC
19/02/2014

Appendix 4d: Permission and approval letter to the Lifeline Officer

30 Colenmore
14 Youngs Avenue,
Botanic
Durban
4000
18 February 2014

Lifeline Officer
Ukuba Nesibindi Lifeline
Warwick Junction
23 Stratford Road
Lifeline Building
Durban
4000

Dear Mr. Mofoekeng

PERMISSION LETTER TO USE UKUBA NESIBINDI LIFELINE FACILITY

I am currently registered for M Tech: Homoeopathy and I am requesting to conduct a research study at Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) as my research station. The title of the study is: Patients' Perceptions on their first Homoeopathic consultation at Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC). The aim of the study is to explore and describe the perceptions of patients at UNHCC after their first Homoeopathic consultation. A questionnaire will be used to collect data from the patients that will be attending the UNHCC for the first time. Herewith, please find a summary of the research proposal.

Yours Sincerely

.....
Ms NS Dube (Student)
Tel: 073 460 4592
Email address: nontobekosibusile@yahoo.com

.....
Dr J.C Ngobese-Ngubane
Tel: 031-373 2484
Email address: jabulilen@dut.ac.za

.....
Prof MN Sibiya (Supervisor)
Tel: 031-373 2606
Email address: nokuthulas@dut.ac.za

