

**THE PERCEPTIONS OF HOMOEOPATHIC DOCTORS
PRACTICING IN KWAZULU NATAL ON THEIR ROLE IN THE
PUBLIC HEALTHCARE SYSTEM IN SOUTH AFRICA**

BY

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Technology in partial compliance with the requirements for a
Master's Degree in Technology: Homoeopathy.

I, Sindile Fortunate Majola, declare that this dissertation represents my own work in
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DEDICATION

Mum,

Through the years you have instilled great values in my life and showed me
you are a woman of wisdom and great strength

You are always there for me even when I seem frustrated, unhappy,
disappointed, discouraged and want to be alone

You never fail to encourage me to believe in my abilities

My sincere thanks to you for your everlasting support, guidance, love,
wisdom, patience and belief in my abilities to finish this dissertation in order
for me to lay out the foundation for my long-term goals

As I get older, I realize more and more how much you have done for me
and continue to do each day

Thank you for your unconditional love and friendship

I dedicate this dissertation to you

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The biggest danger in the world today is
not asking questions, but assuming that
we have all the answers,

Not the invitations to change but the
tendency to run from change

Not dramatically new ideas about God,
Life and Medicine but the same old
ideas - Unknown

ABSTRACT

South Africa has a dual healthcare system which consists of the public and private healthcare sectors. The private healthcare sector is used by a small percentage of South Africans as its services are more expensive. It makes provision for both allopathic and Complementary Alternative Medicine (CAM) practitioners.

In contrast, the public healthcare sector employs only allopathic practitioners. Due to its services being rendered free of charge or at very low cost, it caters for the majority of the population and as a result has become overburdened.

South Africa's healthcare system is undergoing major changes in order to ease the burden on the public sector. The integration of homoeopathy into this sector is a possible viable solution.

In order to facilitate integration, homoeopathic practitioners should be in agreement with this radical change and suggest ways in which this paradigm shift can be initiated. Hence, the overall aim of this study was to explore the perceptions of homoeopathic practitioners on their role in the public healthcare system in South Africa.

The paucity of research on the perceptions of homoeopathic doctors suggests that this is an unexplored topic. This study therefore employed a qualitative approach based on the grounded theory method. Semi-structured interviews were conducted to determine homoeopathic practitioners' perceptions of this phenomenon.

Participants were selected using snowball sampling. Inclusion and exclusion criteria were also used to guide the selection of the research participants. The participants were

interviewed individually using an interview guideline. Each interview was audio recorded and transcribed prior to data analysis. Once transcribed, the data was evaluated and analyzed manually.

Four common themes emerged from the data. The prevalence, frequency and variation (in the frequency) of each theme amongst the participants was established. Further analysis revealed links between all four themes. It was evident that knowledge/awareness of homoeopathy, the homoeopathic education system and the in-practice experiences of homoeopathic doctors all influence integration. These factors represented homoeopathic practitioners' perceptions on such integration.

The identification of the factors that influence integration is a clear indication that the homoeopathic practitioners who participated in this study are aware of their role in the public healthcare system and that the majority would welcome a shift from the private to the public healthcare sector. There is thus a need for further nationwide and more in-depth research on integration.

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LIST OF ABBREVIATIONS

AHPCSA

Allied Health Professionals Council of South Africa

AIDS

Acquired Immune Deficiency Syndrome

CAM

Complementary Alternative Medicine

CPD

Continued Professional Development

DUT

Durban University of technology

GDP

Gross Domestic Profit

GP

General Practitioner

HE

Homoeopathic Education

HIV

Human Immunodeficiency Syndrome

HPCSA

Health Professional Council of South Africa

HSA

Homoeopathic Association South Africa

IE

In-practice Experiences

IN

Integration

HE

Homoeopathic education

KN

Knowledge of Homoeopathy

MBChB

Bachelor of Medicine and Bachelor of Surgery

MEC

Member of the Executive Council

NHI

National Healthcare Insurance

P1- P12

Participant 1-12

UJ

University of Johannesburg

UK

United Kingdom

USSR

Union of Soviet Socialist Republics

LIST OF DEFINITIONS

CAM

CAM is a group of medicinal therapies that are seen as an alternative to the usual allopathic medicine.

Constitutional treatment

The management of a case that is intended to treat the patient on an emotional and spiritual level of his being as well as physical, thus resulting in a cure (Harripershad, 2009: xxii).

Holistic treatment

The management of a case that involves the use of both CAM and allopathic medicine in order to allow for a better well-being of an individual.

Miasmatic treatment

The management of a case that intended to treat a miasm that presents in an individual or society. A miasm is a trait (usually weakness) that presents in an individual making them susceptible to a pattern of morbidity and it can either be inherited or acquired (Swayne, 2000: 137).

Potentised remedies

All homoeopathic remedies are potentised during their preparation. During preparation, a homoeopathic remedy undergoes serial dilution and is potentised (shaken) so that it may have a stronger therapeutic effect (Ullman and Reichenberg-Ullman, 1995: 47).

UNAIDS

United Nations programme established to assist with the global HIV/AIDS crisis

CHAPTER ONE: INTRODUCTION

1.1 Context of the study

South Africa became a democracy in 1994. The new South African constitution was a radical move away from the discriminatory laws of the apartheid government by granting equal rights to all people living in the country. Sections 27 and 28 of the constitution affirms the right to access free healthcare (Republic of South Africa 1996). However, fulfilling this right has not been easy as public hospitals and clinics now have to extend their services to all, rather than a racial minority. Furthermore, healthcare services had to be rolled out to rural areas that were previously under serviced (Coovadia *et al.* 2009: 817). Twenty years after the birth of democracy, South Africa still has an embattled public healthcare system (Van Rensburg 2014) that suffers from problems such as (Van Rensburg cited in Sibiyi 2009: 33):

- A lack of co-ordination of health services;
- An overall shortage of both health personnel and facilities;
- Health services not being equally available and accessible to all sectors of the population;
- Too much emphasis on curative services and institutional care with not enough focus on either the prevention of disease or community-based care.

South Africa has a dual healthcare system, with private and public healthcare providers (Van Rensburg 2014). Private healthcare is expensive and requires access to financial capital or expensive medical aid insurance. While public healthcare is free or provided at minimal cost, it is under-resourced and overburdened. Given this context, healthcare

is one of the major sources of inequality in South Africa (Benatar 2004: 892). The government has adopted a policy known as the National Healthcare Insurance (NHI) to enable every citizen to access healthcare in both the private and public sectors.

There is an urgent need to find a comprehensive solutions to the problems plaguing the public healthcare system. This is supported by the mission and vision set out in the National Health Act 61 of 2003 which states that:

“The vision is to achieve a caring and humane society in which all South Africans have access to affordable, good quality healthcare. The mission is to consolidate and build on the achievements of the past five years in improving access to healthcare for all, reducing inequity, to focus on working in partnership with other stakeholders to improve the quality of care of all levels of the healthcare system, especially preventive and promotive health, and to improve the overall efficiency of the healthcare delivery system” (Republic of South Africa 2004: 38).

There has been increased interest in the possibility of creating a national plural healthcare system, which does exist in some countries. Homoeopathic practitioners are one of the stakeholder groups that could be part of such a partnership. Homoeopathic practitioners are trained to be primary medical personnel, and focus on promotive and preventative health. The South African government subsidizes the cost of the homoeopathic qualifications offered at the Durban University of Technology (DUT) and the University of Johannesburg (UJ). However, these medically trained personnel are restricted to working in the private healthcare system after graduation. This is in stark contrast to the allopathic state funding model where newly graduated doctors have to do compulsory community serve in public hospitals and community clinics. This issue is addressed in more detail in the literature review.

The notion of homoeopathic practitioners joining the public healthcare system has generally been unexplored. To the researcher's knowledge, no study has been conducted to determine homoeopathic practitioners' perceptions of their role in the public healthcare system in South Africa. If, as outlined in the National Health Act 61 of 2003 (Republic of South Africa 2004: 38), South Africa is to adopt a partnership approach to strengthen access to healthcare and delivery, research on homoeopaths' perceptions is important in designing a more plural public healthcare model. The purpose of this study is not to determine the efficacy of homoeopathy, but rather to explore homoeopathic practitioners' perceptions of their role in the public healthcare system in South Africa.

1.2 Study problem

In South Africa, homoeopathy is currently not available to the public at large but only to those who can afford private healthcare (Solomon 2014: 11). There is a large deficit of personal in the public healthcare system that serves the majority of the population. Given the foundational medical training of homoeopaths in South Africa, there are positive prospects for an integrated approach to healthcare that draws skilled homoeopathic personnel into public hospitals and clinics to support overworked allopathic doctors and nurses. Various plural healthcare models of this kind exist in other countries. However, there is a paucity of research on integration in South Africa; thus, there is limited knowledge on this issue. If South Africa follows international trends, it is possible that homoeopathy might shift from the private to the public healthcare system in the future. However, before this opportunity arises, it is important to establish whether homoeopaths would welcome integration into the public healthcare system, and how they perceive that such integrated model would work. A qualitative study following the grounded theory method was conducted on twelve homoeopathic practitioners, practicing in the KwaZulu Natal region. Through a semi-structured interview, their perceptions of the role they could play in the public healthcare system in South Africa were attained.

1.3 Study question

What perceptions do homoeopathic practitioners have of homoeopathy being incorporated into the public healthcare system, and how do they envisage such integration occurring?

1.4 Aim of the study

The aim of this study was to examine the perceptions of homoeopaths practicing in the KwaZulu-Natal region on their role in the public healthcare system in South Africa.

1.5 Objectives of the study

- To determine the perceptions of homoeopathic practitioners on how they think the integration of homoeopathy into the public healthcare system in South Africa should occur.
- To determine the perceptions of homoeopathic practitioners on how they can enhance the current public healthcare system in South Africa by offering alternative forms of treatment.
- To determine how homoeopathic practitioners envisage treating patients if given the opportunity to practice in a plural public healthcare system in South Africa.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This Chapter reviews the existing local and international literature related to the study topic. Homoeopathy is defined and its historical development is highlighted. This is followed by a review of the literature on the homoeopathic profession in South Africa as well as its current status quo in South Africa and elsewhere. Issues relating to the South African public healthcare system are discussed and a case is made for an integrated healthcare system.

2.2 Homoeopathy

2.2.1 Definition

In an era of effective mass communication through the internet, journals and a host of other media, there is no consensus on the definition of homoeopathy, both in terms of its basic fundamental principles as well as its efficacy (Prinsloo 2000). Having considered various definitions of homoeopathy, and bearing in mind that this research is based in South Africa, this study uses the following definition offered by the Homoeopathic Association of South Africa (HSA):

“Homoeopathy is a therapeutic medical system, which is based on the observation that substances that are capable of causing diseases of the mind or body in healthy people can be used in their diluted form as remedies to treat the similar disorder in someone who is ill. This is the homoeopathic Law of Similars also expressed as ‘Let Likes be cured by

Likes'. The word homoeopathy is derived from the Greek words homoios, meaning like, and pathos, meaning suffering. Homoeopathic remedies are specifically prepared and diluted medicinal substances which are dispensed as potentised remedies to the patient" (HSA 2012a).

The HSA adds that homoeopathy is a safe and effective medical system which can be used to treat any condition presenting in an individual of any age (HSA 2012a). It has also been noted that homoeopathic medicine reinforces/strengthens the body's healing powers instead of vanquishing them (Harripershad 2009: 1 and Ottermann 2010).

2.2.2 Discovery

Before the discovery of homoeopathy and its current fundamental principles, Hippocrates (c460-c370 BCE) argued that there were two possible ways to cure a disease: the application of contraries (Law of Contraries) and the application of similitudes (Law of Similar) (Eizayaga cited in Ross 2011: 36 and Prinsloo 2000). In the world of medicine, the Law of Contraries was used more frequently than that of Similars by medical practitioners from the second century until modern times (Ross 2011: 36). Homoeopathic practitioners and many other alternative practitioners refer to this mainstream medical model as allopathic medicine.

In the 16th century, Paracelsus (1493-1541) favored the Law of Similars. As Ross (2011: 36) notes, *"Paracelsus was an eclectic follower of Hippocratic teachings and an avid vitalist. He subscribed to the notion of supporting the innate self-healing capacity of nature through minimal application of medicine and believed that this was the most easily achieved by the application of the law of similar remedy, as suggested by Hippocrates"*. He succeeded in treating a variety of conditions by applying this law (Ross 2011: 36).

In the 18th century, Samuel Hahnemann conducted further research on the law of similitudes (Dooley 2001: 37). His interest in the natural healing powers of the body would lead him to discover homoeopathy (Cook 1989: 1). He expanded on the theories and philosophical work introduced by Hippocrates and Paracelsus (Ross 2011:70). In validating these theories, Hahnemann established the laws and principles of homoeopathy which are currently used throughout the world (Spence, Thompson and Barron 2005: 793).

In the 19th century and mid-20th century, homoeopathy flourished in many countries throughout the world, after which it seemed to go through a period of decline. However in the 1970s it experienced a strong revival (Sharma, 1992: 3). In line with the increased regulation of medical practices, policies and laws were put in place in different parts of the world to regulate homoeopathic practice and usage.

2.3 Homoeopathy as a profession in South Africa

2.3.1 Legal aspects

Homoeopathy was introduced to South Africa in the late 1820s by missionaries from Europe (Gower 2013). A number of missionaries, doctors, and settlers practiced homoeopathy. While there was initially no legal body to regulate its practice, in 1972, a homoeopathic ordinance was passed in South Africa (Gower 2013). In 1974, the government established a registration procedure for those already in practice but it restricted the entry of new practitioners (Gower 2013). In 1982, the Allied Health Services Professions Act (Act 63 of 1982) was passed. Three years later the register was re-opened for established and new homoeopathic practitioners and other allied health professions (Kidd 2011:5). The Allied Health Professions Council of South Africa (AHPCSA) was established to regulate the practice of all allied health professions

(Republic of South Africa 1982). The Council has the same legal status as the body that allopathic graduates register with, namely, the Health Professions Council of South Africa (HPCSA). Act 63 of 1982 mandates the AHPCSA to promote and protect the health of the public; manage, administer and set policies relating to the professions registered with the AHPCSA; investigate complaints relating to the professional conduct of practitioners, interns and students; administer the registration of persons governed by the AHPCSA; and set guidelines for the education and training of prospective practitioners (AHPCSA 2010a). The AHPCSA is accountable to the Minister of Health and the National Department of Health. It advises the Minister on matters relating to the allied health professions; as well as matters of public importance known to the AHPCSA as a result of its activities (AHPCSA 2010a).

Despite the establishment of monitoring and regulatory bodies, homoeopathy in South Africa has been burdened by restrictive laws regarding education and scope of practice. One of the rules that are regarded as an impediment to the growth of the homoeopathic profession is Rule 9(1) of the Health Professions Act, 56 of 1974 (enforced by the HPCSA), which restricts free communication between CAM professionals and allopathic professionals (Republic of South Africa 2004: 26497). Studies conducted by Babletakis (2006:175) and Sweiden (2007:175) found that this is an unnecessary restriction and that it has led to limitations and isolation from allopathic professionals.

2.3.2 Supportive bodies

The HSA was formed in 2004 to represent homoeopathic practitioners, students and educators. It seeks to promote homoeopathy as an effective and professional form of medicine (HSA 2012b).

2.3.3 Education

Two tertiary institutions in South Africa offer a qualification in homoeopathy (AHPSCA 2010b). The only training recognized for registration with the AHPSCA is a Masters Degree in Homoeopathy, offered at DUT and UJ. These institutions offer a full-time, five-year, state subsidized Masters Degree programme in homoeopathic medicine (Prinsloo 2000). Graduates are required to register with the AHPSCA in order for them to practice as homoeopathy doctors (HSA 2012c).

The original homoeopathic programme was based on the Bachelor of Medicine and Bachelor of Surgery (MBChB) programme available to medical students in South Africa. Ross (2013) notes that, unlike homoeopathic programmes in other parts of the world, the South African curriculum includes intensive study of basic medical sciences (which include anatomy, physiology, pathology, and diagnostics) in the first three years of study, and focuses on purely homoeopathic medicine in the final two years of study. He adds that this curriculum aims to produce well-versed homoeopathic practitioners who can act as primary contact practitioners.

As noted earlier, the homoeopathic course is similar to the MBChB course offered by universities in South Africa. Thus allopathic doctors (qualified and registered with the HPCSA) who have an interest in practicing and dispensing homoeopathic medicine, do not start in year one at institutions that offer homoeopathy. The South African Faculty of Homoeopathy offers such graduates a three-year, postgraduate diploma in homoeopathy. On completion, they are eligible to register as homoeopathic practitioners (South African Faculty of Homoeopathy 2012). The homoeopathic training curriculum in South Africa is constantly re-evaluated in an effort to deliver high standards of training, producing graduates of high quality and caliber (South African Faculty of Homoeopathy 2012).

2.3.4 Scope of practice

A homoeopathic practitioner in South Africa is a certified and licensed primary contact practitioner. The AHPCSA lists the scope of a homoeopathic doctor as follows: *“diagnose, and treat or prevent physical and mental disease, illness or deficiencies in humans; prescribe or dispense medicine; or provide or prescribe treatment for such disease, illness or deficiencies in humans”* (Republic of South Africa 1982).

2.3.5 Common trends among homoeopathic students after graduation

At present, homoeopathy graduates are not employed in the public health sector and are restricted to working in the competitive private health sector (Solomon 2014:11). The following trends have been observed among homoeopathic graduates after they have registered with the AHPCSA as a practitioner:

- Graduates struggle to start-up a viable practice as they lack entrepreneurial skills and confidence and feel unprepared (Solomon 2014: 9-15);
- Graduates start-up a practice and struggle to maintain it, initially because they lack the funds to do so as a result of daily living expenses, paying off student loans and the cost of starting up a practice (Solomon 2014: 12);
- Graduates start-up a practice and end up abandoning it to explore a career that will enable them to be employed by the public health sector (Babletakis 2006: 168);
- Graduates who have established a practice find a way to supplement their income while in practice (Sweiden 2007: 155).

As noted previously, the homoeopathy programme receives state funding but, by choice, the state receives no benefits in return. Instead of graduates struggling to practice in the private health sector, their skills could be channeled back to the sector that funds them while training. This would reap desirable benefits for both the public sector and the homoeopathy profession (Solomon 2014: 9-15 and Nzimande 2012: ii), including (Solomon 2014: 9-15 and Smillie 2010:8):

- Increased exposure of homoeopathy to the public at large;
- The profession would attract more black students; currently, only 50 of the 556 registered homoeopathic practitioners are black;
- Financial security for graduates upon graduation;
- Graduates would be able to practice their skills received while training, gain more experience and in this way gain confidence to practice in the private health sector.

Were integration to occur, the benefits to the public health sector would include:

- The public health sector is burdened by communicable and non-communicable diseases (Van Rensburg 2014). Homoeopathy could assist as homoeopathic medicines are considered to be safe and free from side effects (Solomon 2014: 4).
- The public health sector would gain more medically trained personnel; it currently suffers from a shortage of skilled staff (Kaytzky and Tollmen 2008: 24).

2.4 Status of homoeopathy in South Africa

2.4.1 Current status quo

Homoeopathy is utilized by a fairly small (but steadily growing) percentage of South Africans. Homoeopathy is largely unknown to many South Africans because it is only available through private healthcare. It is estimated that 20% of the population use private healthcare (Sibiya 2009: 34). The public and private healthcare systems in the country do not work in synergy (Benatar 2004:892). The fact that only allopathic medicine is available at public health facilities limits patients' options and creates a gap between allopathic medicine and other types of therapies (Van Wyk cited in Pillay 2013: 19). As will be argued later in this chapter, the availability of homoeopathy and other CAMs in the public healthcare system would create the possibility of an infused healthcare system, closing the gap and increasing the range of options, accessibility, affordability and a focus on individual users.

2.4.2 Homoeopathy community clinics

Most users of homoeopathy in South Africa fall into the upper socio-economic bracket, mainly because a higher income enables one to access the private healthcare system (Cromarty 2007: 59). However, homoeopathic practitioners have begun to offer their service to low income communities.

DUT offers free homoeopathic care to the public. These facilities are located in low-income areas and anyone can access them free of charge. The clinics include Ukuba Nesbindi, Redhill and Kenneth Gardens. Homoeopathy students consult with patients

under the supervision of qualified homoeopathic practitioners (Couchman pers. comm. 16 February 2015).

An evaluation of the Ukuba Nesbindi clinic concluded that it has been of great benefit to the community. Smillie (2010: V) found that 862 patients had attended the clinic since it was launched in 2004 and that more than 50% had returned for follow-ups. Smillie (2010: VI) noted that this suggested that the clinic should be expanded or that homoeopathy should be included in the public healthcare system, which would increase access and availability (Smillie 2010: VI).

Like DUT, the Department of Homoeopathy at UJ has established three homoeopathic clinics. The facilities are located at three primary schools in Enderdale and Soweto. Like the DUT initiative, medication and consultations are offered free of charge by fifth year students, under the guidance of a qualified homoeopathic doctor. Interviews with UJ fifth year students revealed that working at these clinics has been a useful and interesting experience, even though a large number of patients are seen in a short space of time (Mazibuko pers. comm. 15 September 2013). Many elderly people seek assistance and arthritis, back and bone pains are common complaints. The students also remarked that patients generally respond well to the medication they provide. Julian (pers. comm. 15 September 2013) also observed that, while there is initially no response to the medication from patients in the advanced stage of a disease, signs of relief eventually become apparent.

The free homoeopathic community clinics initiated by these institutions are comparable to the current public healthcare facilities as both offer primary health services, have a positive impact in their respective communities and are presented with similar illnesses and cases (Smillie 2010:VI and Van Rensburg 2014). The progress made at the homoeopathic clinics suggests that homoeopathy's integration into the South African public healthcare system could produce similar results.

2.5 Status of homoeopathy internationally

The status of homoeopathy varies across countries. Its widespread usage is evident in both developed and developing countries (Ullman 1991:47). Robert (2008: 48) believes that the potential role of CAM, particularly homoeopathy, in the public healthcare system cannot be ignored due to its increased usage by the public worldwide.

The United Kingdom (UK) has partially integrated homoeopathy into its public healthcare system (Robert 2008:48). Facilities have been created for the sole purpose of homoeopathic medicine which is available through the NHI. A few public hospitals also offer homoeopathic medicine to patients. Studies have been conducted to evaluate the effectiveness of the partial inclusion of homoeopathy into the public healthcare system in the UK. The results show that homoeopathy is indeed useful in the setting of a public clinic and hospital as it led to positive health changes for a large proportion of patients with various chronic illnesses (Robert 2008: 49 and Spence, Thompson and Barron 2005: 797). The health benefits offered by homoeopathic medicine are valuable to any healthcare system, especially in dealing with the stress of illness and the inexpensive nature of such medicine. These factors are important considerations when a state seeks to ensure a sustainable healthcare system (Spence, Thompson and Barron 2005: 795).

A number of less developed countries have also partially integrated homoeopathy into their public healthcare system, including India, Bangladesh, Cuba and Tuscany (Ullman 1991: 47).

India has successfully integrated homoeopathy into its healthcare system (Bakshi 2013: 12). Indeed, homoeopathy is one of the most popular medical therapies in the country

(Raman and Manchanda 2011: 353) as it blends well with the traditional beliefs of the Indian population and has played an important role in providing holistic healthcare to a large number of people (Prasad 2007: 1679). The use of homoeopathy in India is associated with the support it received from Mahatma Gandhi (Ullman 1991: 3). The Indian government has sought to make homoeopathy available to the public as most homoeopathic service providers are based in the private healthcare system (Prasad 2007: 1679).

According to Rahman (2013: 3) most people in Bangladesh choose homoeopathy over allopathic medicine and the government has been very supportive of homoeopathy. Not only did the government pass a homoeopathic ordinance (in 1983) but it increased the number of homoeopathic facilities available to the public, as well as institutions that provide a homoeopathic education (Rahman 2013: 3).

In an interview (12 August 2013), Kumar (a DUT student from Bangladesh and a frequent homoeopathic user) noted that, alongside ayurvedic medicine; allopathy and naturopathy, homoeopathy is the most frequently used therapy in Bangladesh. He added that, unlike in South Africa, homoeopathy is popular amongst non-educated people and in the rural parts of his country. He noted that minor illnesses are mainly treated by means of complementary therapies, while allopathic medicine is mainly used by educated people as well as in surgical emergencies. In Bangladesh, more than 10 homoeopathic medical colleges are accredited by the state (Bangladesh Homoeopathic Board 2015). Kumar (pers. comm. 12 August 2013) also observed that there are homoeopathic hospitals (that have even gone to the extent of using homoeopathy in pre- and post-medical procedures) and clinics in almost every part of the country.

In Italy, the inclusion of alternative medical practice in the public healthcare system started in 1999 (Rossi *et al.* 2010: 280). According to Rossi *et al.* (2010: 282) one of the

solutions to the problems experienced in the public healthcare system was to integrate CAMs into the public health sector.

In Cuba, the inclusion of alternative medicine therapies in the healthcare system was motivated by economic constraints and the limitations of traditional medical care. The economy and consequently the healthcare system, suffered severely following the disintegration of the USSR in 1991 (Nayeri, Candido and Lopez-Pardo 2005: 797). CAMs were perceived to be more accessible and affordable to the broader population (Merz 2002). Alternative therapies were thus introduced to the already well-established Western medicine model (National Foundation for Alternative Medicine 2004).

Since 1994, the increased usage of homoeopathy in Cuba has been encouraged (Rossi *et al.* 2010: 280). It has been noted that this has contributed significantly to ensuring sustainable public healthcare as well as improved health standards (Rossi *et al.* 2010: 280).

In considering the integration of homoeopathy into the South African public healthcare system, the experiences of other countries outlined above could serve as useful points of reference.

2.6. The public healthcare system in South Africa

As noted previously, South Africa has a dual healthcare system, the public system that serves the bulk of the population, and a smaller private system.

More than 42% of government expenditure in South Africa is allocated to the public health sector that serves roughly 80% of the population (Sibiya 2009: 37). The majority of South Africans rely on this sector because they cannot afford private sector facilities

(Kautzky and Tollmen 2008: 24). The National Treasury's Fiscal Review for 2011 reflects Gross Domestic Product (GDP) spend on healthcare as follows:

- R120.8 billion (48.5%) in the private sector, which covers 16.2% of the population or 8.2 million people, many of whom have medical cover.
- R122.4 billion (49.2%) in the public sector, which serves 84% of the population, or 42 million people, who generally rely on the public healthcare sector.
- The remaining R5.3 billion (2.3%) represents donor and Non-Governmental Organizations' (NGO) spend.

The 2015 National Treasury Budget (National Treasury n.d.) shows that there have been no drastic changes to this situation since 2011. Thus, South Africa remains plagued by large disparities in healthcare experiences that are directly tied to financial wealth. The difference in per capita costs between the two sectors reflects major inequality that implies a crisis in the healthcare system.

McIntyre and Gilson (2002: 1640) note that South Africa is regarded as a middle-income country, along with Brazil and Argentina but is not on an equal scale with these countries in terms of the status of its healthcare system. Many issues plague the public healthcare sector in South Africa including allegations of negligence and mismanagement of funds; a shortage of medication and treatment; a lack of funding of some public facilities; and staff shortages as well as the burden of infectious and lifestyle diseases (Van Rensburg 2014).

Of major concern is the reality that a healthcare system cannot function adequately or effectively if there are insufficient healthcare personnel, particularly in the public healthcare system where a large number of patients require attention (Kautzky and Tollmen 2008: 24). Whilst the public health sector experiences a deficit of personnel, the private health sector has experienced consistent growth in staff numbers. This has

resulted in a huge backlog of staff in the public health sector as well as a lack of skilled personnel. There are eight medical schools in South Africa and, in total, around 1 200 allopathic doctors graduate each year. However, the evidence suggests, that an estimated 79% will join the private sector, further exacerbating the staff crisis in public health facilities. The preference for the private health sector is perhaps not surprising since doctors in public hospitals earn low wages and work long hours with few resources (Van Rensburg 2014).

The double burden of communicable and non-communicable diseases relating to poverty, as well as emerging chronic diseases is usually associated with upward class mobility and also presents a challenge to the public healthcare sector (Van Rensburg 2014). Smillie (2010: 6-8) maintains that the South African public healthcare system is dysfunctional and is thus not capable of meeting the needs of all its users. Whilst some public hospitals offer world class healthcare, accessing facilities in these institutions can be traumatic and very time-consuming for patients. In contrast, as long as one has the money to pay for it, it is relatively easy to access world class healthcare in the private health sector (Harris *et al.* 2011: 197).

Healthcare has become a commodity in South Africa (The South African Civil Society Information Service 2013). A healthcare system needs to be formulated that stands for the good of the people regardless of their earning capacity or opportunities (Sibiya 2009: 34). The researcher argues that a unified healthcare system has the potential to provide a sustainable and more equitable healthcare model. An integrated healthcare system also has the potential to enable both professions (homoeopathic and allopathic) to collaborate in order to improve healthcare for all South Africans. An integrated system could address the burden of patient numbers through providing trained medical personnel who are able to assist in the public sector.

According to Sibiyi (2009: 27), the benefits of an integrated healthcare system include:

- Cost control or expenditure regulation;
- Increase efficiency in healthcare provision;
- The creation of a multi-purpose clinics and staff.

Benatar (1997: 892) contends that the successful transformation of the healthcare system is no simple matter, particularly in respect of the current state of the South African system. It is clear that the South African government has yet to formulate a plan for a sustainable healthcare system for all its citizens. Adopting a more pluralist approach which breaks down disciplinary silos could assist, as ultimately no discipline can exist in isolation and attend to the vast array of problems experienced in the public healthcare system (Smillie 2010: 8).

2.7 New developments in the public healthcare system in South Africa

2.7.1 Clinical associates

Some advances have been made towards a more inclusive system. For example the Member of the Executive Council (MEC) for Health in KwaZulu-Natal recently stated that the introduction of clinical associates is part of the Department of Health's efforts to explore different avenues to increase the number of skilled healthcare providers in under-served provinces (Mkhize 2013: 8). However, this begs the question of why the Department is introducing a new career path as an intervention to manage the prevailing health crisis instead of incorporating CAMs into the system, especially since homoeopathic practitioners in South Africa already have three years of medical training.

2.7.2 National Healthcare Insurance

2.7.2.1 Context

The NHI aims to bridge the gap between the private and public healthcare sectors (National Department of Health n.d.). It seeks to ensure that all citizens are able to utilize private sector services regardless of their socio-economic status (Matsoso and Fryatt 2013: 22). Developing countries such as Brazil, Mexico, South Korea and Argentina which are comparable to South Africa have implemented the NHI. This has helped to alleviate some of the problems experienced in the healthcare system (Bachman 1994: 157). One potential benefit of the NHI is that members of the public can access preventative and promotive services which are mainly based in the private sector.

Evidence on the NHI from other countries reveals that the success of the policy rests on an integrated healthcare system (Bachmann 1994: 153). This would reduce the huge differences that exist between the private and public healthcare systems.

It is unfortunate that homoeopathic practitioners have been excluded from discussions and planning for the NHI. The justification is that only evidence-based therapies were considered (Gower cited in Pillay 2013: 12). This is despite the findings of a number of research studies conducted worldwide and the increased use of homoeopathy by the public.

2.7.2.2 Goals

According to the South African National Department of Health (n.d), the goals of the NHI are to:

- Increase equity and the efficacy of healthcare resources;

- Achieve a sustainable healthcare system which has a minimal gap between its private and public sectors;
- Reduce the burden of disease by enabling everyone to have equitable access to the necessary healthcare services;
- Promote the prevention of disease and good health.

Given these goals, it is illogical to exclude certain therapies that could assist greatly in achieving them. Excluding CAM practitioners from the NHI undermines such goals, particularly that of bridging the gap between the private and public healthcare systems and integrating the system. The NHI can serve as a cornerstone for the integration of the private and public sectors if CAM practitioners, particularly homoeopathic practitioners, are included. As argued previously, the inclusion of homoeopathic practitioners and other CAMs would not only address the shortage of health personnel but the prevention of diseases and the promotion of health in public health facilities (Smillie 2010: 8).

2.7.2.3 Implementation

In April 2012, the Department of Health began piloting the NHI in ten selected districts. This involved medical doctors in the private sector working in a rural public health facility when they were not busy with their private practices (Matsoso and Fryatt 2013: 30). The potential downfall of this system is that there might be a lack of interest among allopathic doctors given the fact that most are based in the private sector by choice. With the inclusion of homoeopathic practitioners, this downfall could possibly be averted. The researcher anticipates that some homoeopathic graduates might be more interested in practising in the public health sector rather than confronting the competitive private health sector where both capital and skills are required to start and run a business.

The discussion now turns to a more precise argument for integrating homoeopathic practitioners, drawing on some of the points raised above.

2.7.3 The case for an integrated system

Homoeopathy is one of the most used alternative medicines worldwide (Ullman 1991: 1). Naicker (2008: 1) notes that more and more people are seeking a natural way of healing conditions/illnesses. Ottermann (2010) observes that, worldwide, homoeopathy grows at a rate of 20-25% per annum.

As noted earlier, South African tertiary institutions that train homoeopaths have launched initiatives that offer free homoeopathic services to those that cannot afford to pay private practitioners. Evaluations of these initiatives suggest that homoeopathy has been well-received by the users of these facilities. This suggests that homoeopathy has the potential to be received well in the South African public healthcare system. Erwin, Marks and Couchman (2013: 8) note that CAMs have stepped in where biomedicine has faltered. According to Jonas, cited in Erwin, Marks and Couchman (2013:8), patients who opt for CAM, are disillusioned by allopathic medicine. They add that:

“Homoeopathic practitioners, for example, seek to cure their patients on physical, mental and emotional levels. Treatment is tailored to an individual’s need. Furthermore, alternative medicines, such as homoeopathic pills and powders, make use of herbs and plants to promote wellbeing. The use of these natural substances is not only viewed as less harmful to the human body and to the environment, it also resonates with traditional, embedded forms of healing (Clark 2000). This has led Astin (1998) to conclude that it is not surprising that homoeopathy resonates with people who are familiar with traditional forms of healing” (Erwin, Marks and Couchman 2013:8).

Irrespective of the fact that homoeopathy is restricted to the private health sector, Erwin, Marks and Couchman (2013: 8) believe that it is more congruent with many people's beliefs and customs regarding healthcare and wellbeing than modern conventional medicine.

On another note, the researcher has observed the success of homoeopathy in South Africa since its inclusion in the private healthcare system. This is evident in the increasing number of established homoeopathic practitioners (Cromarty 2007: 6). The obvious future direction for homoeopathy is to be integrated into the public healthcare system, especially where this system lacks sufficient personal and infrastructure. The infusion of homoeopathy into the public healthcare system offers a possible remedy because homoeopathic practitioners are competent in primary medical care and would thus assist in remedying the shortage of medical practitioners at most public facilities (Pillay 2013: 21). Such infusion is neither intended to substitute for allopathic doctors nor to compete with them but to address the insufficiency of staff at public health facilities.

The AHPCSA website reveals that there are 556 registered homoeopathic practitioners in South Africa (AHPCSA 2010c). According to Babletakakis (2006: 178), some registered practitioners cannot survive by practicing homoeopathy alone. The study found that many practitioners supplement their income by other means or obtain another qualification in order to work in the public health sector. There seems to be a disconnection between the Department of Education (that sets the criteria for how homoeopathic students should be trained, which includes three years of traditional medical training) and the Department of Health (that prevents homoeopathic practitioners from working in the over-stretched public healthcare system that requires assistance). Since South African homoeopathic practitioners have both homoeopathic and medical skills, the building blocks to establish a plural healthcare system that incorporates homoeopathy are present, but this reality is overlooked. The skills of a group of medically trained people are not being used due to regulations (Sweiden 2007: 18).

The five-year training offered to homoeopathic students by DUT and UJ is amongst the best in the world (Sweiden 2007: 20). However, future employment outside of the private health sector is non-existent. As noted earlier, the fact that the state is indirectly funding the education of homoeopathic practitioners should be grounds for these professionals to serve their country.

With closely monitored implementation, staff shortages in the public healthcare system could be addressed by effectively utilizing the skills of homoeopathic practitioners. There are professionals that are ready to work; yet government is spending money on training and looking for people. It thus makes sense to incorporate homoeopathic practitioners into the overstretched public healthcare system. Should the South African Department of Health take this route, it could draw on the many successful models for integration in other countries comparable to South Africa (Dooley 2001: 40).

2.8 Local related research studies

Many clinical trials and research studies carried out by previous DUT homoeopathy students have come up with information that supports the credibility of homoeopathy. Previous DUT students have also conducted research on public perceptions of homoeopathy. Some found that the public would welcome the integration of homoeopathy with the public healthcare system. For example, Paruk (2006) conducted a study on pregnant women's perceptions of the use of homoeopathy during pregnancy. The study found that, although all the participants had heard of homeopathy, there was a lack of knowledge on what it entails (Paruk 2006: IV). Despite this lack of knowledge, the general consensus amongst the respondents was that homeopathy should be made available for the treatment of most medical conditions and be offered in hospitals and clinics (Paruk 2006: IV). Allopi's study on the perceptions of nurses in eThekweni on homoeopathy found that the majority of the respondents felt that homoeopathy does have a role to play in a hospital setting (Allopi 2008: IV).

Kay (2004) conducted a questionnaire survey on homoeopathic practitioners located in Gauteng, on their treatment protocol for patients infected with HIV/AIDS. This study was somewhat similar to the current study, as it captured the perceptions of homoeopathic practitioners. Communicable diseases are amongst the biggest problems presented to the public healthcare system in South Africa. The HI-Virus infects more than a thousand people per day in South Africa. UNAIDS estimated that 6 300 000 South Africans (just under 13% of the population) were infected with HIV/AIDS in 2013 (UNAIDS 2013). Kay (2004: IV) posits that homoeopathy has the potential to assist in alleviating the pressure placed by HIV/AIDS on the public healthcare system. Her study found that some homoeopathic practitioners are willing to undergo training on the treatment of HIV/AIDS. The study respondents also identified a range of homoeopathic medicines that have been successful in treating the symptoms of HIV/AIDS.

2.9 International related research studies

No international studies were identified that investigated homoeopathic practitioners' perceptions of the role they might play in the public healthcare system. Instead, there is a rich body of international research that suggests that homoeopathy is potentially beneficial to the public healthcare system of any country, including the following studies:

- Viksveen's (2003) study examined how homoeopathy could assist with the antibiotic resistance exhibited by certain microorganisms. Worldwide, there have been numerous reports of antibiotic resistance illnesses. Viksveen (2003:99) maintains that homoeopathy has a role to play in fighting antibiotic resistance and notes that numerous clinical studies have been conducted that have proven the effectiveness of homoeopathic treatment for upper respiratory tract infections in children, which often lead to the inappropriate prescription of antibiotics.

- As noted earlier, one of the problems in the public healthcare system is a lack of funding. Research conducted by Yu-Hin (2011) in the UK found that homoeopathic services cost less than allopathic medicine.
- CAM may offer a useful and sustainable resource in various healthcare fields (Rossi *et al.* 2010: 282). However, the decision on whether or not there is a place for homoeopathy in the public healthcare system should not only be based on its effectiveness and feasibility. Other aspects that should be taken into account include the fact that, worldwide, numerous patients suffer from diseases that are difficult to treat or are untreatable with allopathic medicine. Examples include eczema and the side effects of cancer treatment (Yu-Hin 2011: 184). Homoeopathy offers hope to these individuals as it acts as a welcome physical boost. Many homoeopathic medicines are made from ingredients taken from nature that are available in easy-to-use, variable forms. Thus, patients often show better compliance with homoeopathic medication as opposed to allopathic medication (Yu-Hin 2011: 185).

2.10 Conclusion

This literature review revealed that, while there is a rich body of literature on public perceptions of homoeopathy, there is a paucity of research on homoeopaths' perceptions. As the introduction of the NHI in South Africa is set to usher in many changes to the healthcare system, it is important to determine whether or not homoeopaths are open to the idea of integration into the public healthcare system. An examination of these perceptions can help to establish whether or not such practitioners would be an asset in the public healthcare setting. Furthermore, homoeopaths are in a good position to offer insight on what needs to be done to ensure that homoeopathy is successfully integrated into this system.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

The aim of this study was to examine the perceptions of homoeopathic practitioners practicing in the KwaZulu-Natal region on their role in South Africa's public healthcare system. The methodological framework was qualitative and semi-structured interviews were conducted with 12 participants. Prior to the interview, participants were required to read (Appendix A) and sign a consent form (Appendix B). This Chapter presents the methodology employed for this study.

3.2 Study design

A qualitative methodological framework is appropriate for establishing participants' perceptions of a certain issue as it allows for open-ended and descriptive questions and responses (Kidd 2011: 26). For the purpose of this study, the data collection method was semi-structured interviews. Semi-structured interviews enable a researcher to focus the questions on specific research questions that are crucial to the study and also offer a space for conversation and dialogue with each research participant (Kidd 2011: 26). This is highly beneficial when asking participants about their personal thoughts and perceptions. The interview guideline for this study is attached in Appendix C. It was formulated by the researcher and tested by means of a pilot study to ensure that the questions were articulate and clear. The semi-structured interviews were audio recorded, then transcribed and analyzed manually with the guidance of the Straussian approach from grounded theory.

3.3 Qualitative study

Qualitative research employs an inductive and exploratory method which assimilates and analyses contextual data from participants and is thus able to uncover meaning from an insider perspective (Holloway and Wheeler 2010: 20). Qualitative frameworks are useful when the phenomena under investigation cannot be quantified mathematically, as is the case with determining people's perceptions which vary according to individuals and context (Kidd 2011: 21). They are also a useful entry point to little or unexplored topics that do not have existing sets of variables to test or prior consensus on hypotheses (Patton 1987: 54). Given the focus on homoeopaths' perceptions, a qualitative method was well-suited to acquiring knowledge and insight in an area of interest about which little is known (Creswell 1994: 30 and Patton 1987: 54).

3.4 Pilot study

The term 'pilot study' refers to a mini version of a full-scale study (also called a feasibility study) that is usually conducted when a particular research instrument such as a questionnaire or interview schedule needs to be pre-tested (Teijlingen and Hudley 2002: 33). The interview guideline (Appendix C) formulated by the researcher consisted of two sections. Each participant was required to answer all of the questions in each section. The interview guideline was formulated in light of the current status of homoeopathy in South Africa and the public healthcare system. The first section was titled: Homoeopathy in South Africa and the second was titled: Public healthcare sector.

Three qualified homoeopaths practicing in the KwaZulu-Natal region that met the inclusion criteria were selected to be part of the pilot study. The study site, inclusion criteria, exclusion criteria and sampling method used to select participants for the pilot study were also used in the actual study. These methods are discussed in more detail

later in this chapter. Participants who were part of the pilot study did not take part in the actual study.

Once the participants for the pilot study had been selected, a semi-structured interview was conducted following the interview guideline (Appendix C). After the semi-structured interview, the researcher noted the time. Immediately after the semi-structured interviews, the participants were handed an assessment document (Appendix D) which requested them to note any improvements that should be made to the interview guideline as well as comments on the duration of the interview, and the understandability and ambiguity of the questions. Once the researcher had obtained all the assessment documents, the responses were compared and reviewed and appropriate changes were made to the interview guideline.

3.5 Study site

The researcher aimed to determine the perceptions of homoeopaths practicing in the KwaZulu-Natal region on their role in the public healthcare system in South Africa. While the study could have been conducted throughout South Africa, it was limited to KwaZulu-Natal. It is an established fact that South Africa is experiencing a national health crisis. Thus, there was a high possibility that the information provided by homoeopaths practicing in KwaZulu-Natal would be a fair reflection of the perceptions of homoeopaths across the country.

3.6 Study population

The study population consisted of legally registered homoeopathic practitioners who met the study's inclusion criteria. Homoeopaths with the characteristics specified in the

inclusion criteria were chosen because they related more to the topic under study. They also had more insight on the topic because of their in-practice experience. The evidence suggests that sufficient data is generally collected from between six and twelve participants (Guest, Bunce and Johnson 2006: 59). The study population consisted of 12 participants. The following criteria were set for participation:

- The participant needed to be a homoeopathic practitioner registered with the AHPCSA and be currently practicing homoeopathic medicine.
- Participants needed to be able to communicate in English as the interviews were conducted in English.
- Participants needed to be practicing in the KwaZulu-Natal region.
- All the participants needed to have more than two years' experience as a homoeopath.
- Participants who did not meet the above criteria were excluded from the study.

3.7 Sampling

Snowball sampling was used to recruit participants. This assisted the researcher in identifying appropriate participants who would be able to relate to the topic. Some participants provided more in-depth data, making them 'richer' informants than others (Marshall 1996: 523). Such participants are more likely to provide insight and understanding.

3.8 Data collection

Once the participants had been selected, an appointment was scheduled and a semi-structured interview was conducted. The majority of the semi-structured interviews took an average of 30 minutes, with only a few exceeding this length. All the participants were asked the same open-ended questions in the interview guideline (Appendix C); however, a few questions were asked based on the participants' responses during data collection. These questions are not reflected on the interview guideline (Appendix C). As data collection commenced, the researcher noted the emerging categories and themes.

3.9 Data analysis

3.9.1 Grounded theory method

The grounded theory method guided the data analysis for this study. This method is appropriate for gathering information on a phenomenon for which existing knowledge is insufficient (Strauss and Corbin 1998: 12). It also enables a researcher to formulate a theoretical model from the data collected for a study. Grounded theory has two different approaches: the Glaserian approach (after Barney Glaser) and the Straussian approach (after Anselm Strauss). The difference between these two approaches lies in the diverse logical methodological perspectives held by the two scholars (Annells 1996: 387).

3.9.1.1 Straussian approach

According to Strauss and Corbin (1998: 38), the research question is developed at the beginning of a study in order to set the boundaries for what will be studied because it is impossible to cover all aspects of a phenomenon. In this manner, the research question

narrows the study field down to a researchable size. The Straussian approach was appropriate for this study because the literature review enabled the researcher to approach the participants with some background knowledge; allowing an analysis to be developed based on emerging concepts and categories (Sibiya 2009: 52). The researcher also utilized the Straussian approach for data analysis because it offered a concrete, structured and clear way to analyze the data collected. Strauss and Corbin (1998: 12) maintain that this approach offers insight, enhances understanding and provides a meaningful guide to action.

Strauss and Corbin (1998: 96) identify three steps in data analysis, namely, coding of the data; axial coding and selective coding. During the coding of the data, each sentence of the participants' responses is coded into as many codes as possible (Strauss and Corbin 1998: 96). These codes can be derived from the participants' actual words. The categories and sub-categories are also identified at this stage (Strauss and Corbin 1998: 96). Axial coding involves making a connection between the identified categories and sub-categories and a conceptual framework emerges (Strauss and Corbin 1998: 96). Selective coding is the process of linking the categories and sub-categories in order to establish an emerging theoretical model for the core category (Strauss and Corbin 1998: 96). Strauss and Corbin (1998: 96) note that this central category accounts for variations in the data.

3.9.1.2 Glaserian approach

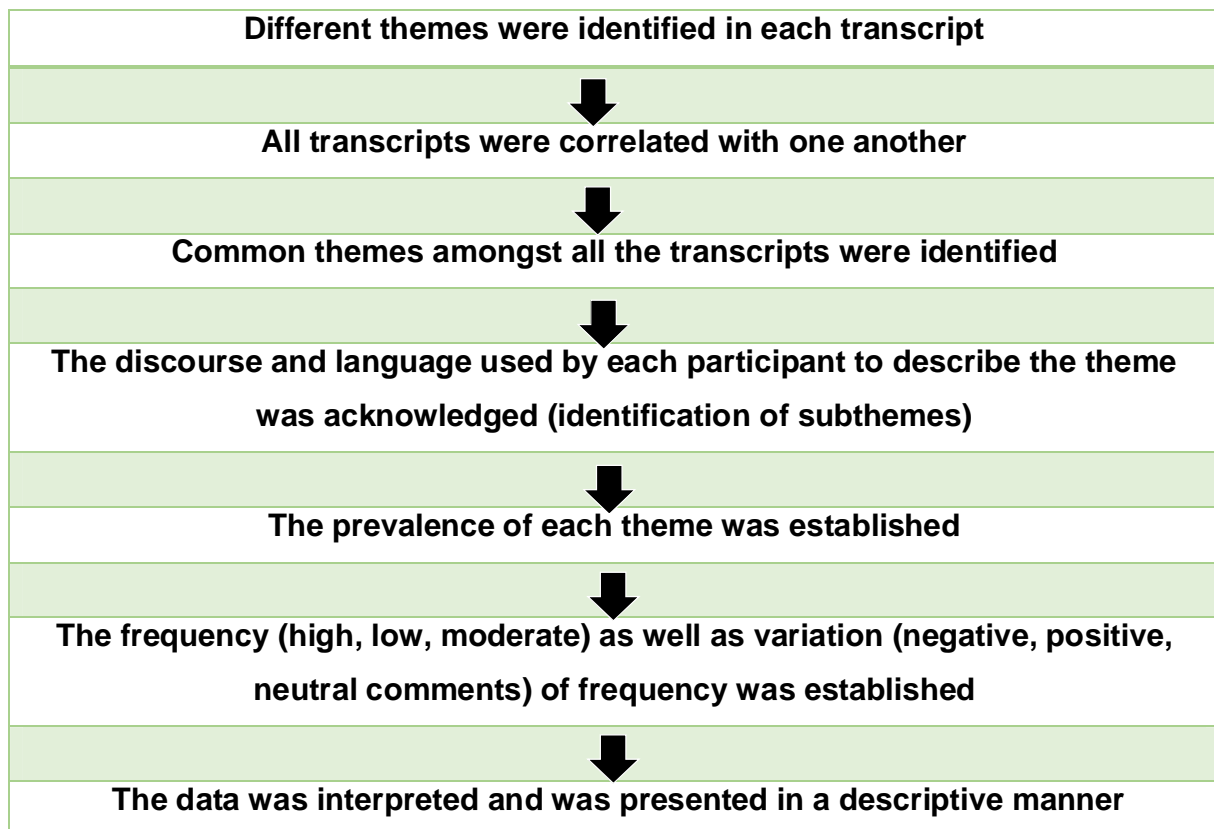
In contrast, the Glaserian method posits that posing a research problem/question at the beginning of the study does not allow for the natural development of the theoretical model (Glaser 1998: 123). Glaser (1998:8) contended that the research question should be developed after the data has been collected and a literature review should not be conducted in order to avoid prejudiced views or thoughts. Rather, the literature should be reviewed at the end stage of the research to confirm the theory that has emerged. Whilst this approach may have value for specific studies, the researcher felt that, while

the specific question of homeopaths' perceptions was unknown, there was sufficient background literature and context for the study to formulate specific questions that directly relate to the research problem. As a result this approach was rejected in favor of the Straussian approach.

3.9.2. Steps taken during analysis

As outlined above, the grounded theory approach provided a lens through which to analyze the data and present the findings. Table 3.1 depicts the steps taken by the researcher to analyze the data in order to produce sound results.

Table 3.1: Schematic representation of steps taken to analyze the raw data



3.10 Data Storage

The data stored in audio-recordings will remain in storage for five years at the DUT Department of Homoeopathy and then be destroyed. The data will only be accessed by the researcher and her supervisor.

3.11 Trustworthiness

It is important for a qualitative study to provide evidence of validity and reliability, as it has an element of subjectivity (Polit and Beck 2012: 174). Trustworthiness is used as an alternative term to validity and reliability (Lincoln and Guba 1985: 289). In qualitative studies, one of the main criteria to establish validity is contextualizing and substantiating the findings within existing theoretical and empirical studies that relate to the research in question. Four criteria were used to ensure the trustworthiness of this study.

3.11.1 Credibility

The credibility of a study is important as it deals with the validity of the findings (Shenton 2004: 65). To ensure the credibility of this study, open-ended questions were posed during the semi-structured interviews to portray an accurate reflection of the actual situation and the data collected was audio recorded and later transcribed. Excerpts from the data are presented verbatim in the study findings.

3.11.2 Dependability and Transferability

Dependability is reliant on credibility (Polit and Beck 2012: 585), and related to transferability which refers to the degree in which the findings can be transferred to another setting or group (Lincoln and Guba 1985: 321). The dependability of a study allows for the production of a prototype model of the research methods, which would enable future researchers to repeat a study and gain the same results (Shenton 2004: 71). Qualitative studies do not aim to be replicable in the same way as quantitative studies, especially since examining people's ideas, actions and perceptions may never yield exactly the same results even within two studies that are set up to be similar. However, it is important for all studies to offer transparent details of the study and clearly describe and explain the analysis and findings so that insight and learnings can feed into other knowledge building activities. The dependability and transformability of this study was ensured by:

1. Thoroughly describing all the steps taken in conducting the study from start to finish as recorded in this chapter.
2. The transcription and analysis phase was initiated by the researcher and checked by the research supervisors for any discrepancies.

3.11.3 Conformability

To reduce the effects of researcher bias, the research methods of any study should have an element of objectivity (Shenton 2004: 72). The following steps were taken to ensure conformability:

1. As demonstrated in this chapter, the research methods used to conduct this study were supported by the literature.
2. The research methodology was scrutinized by the research supervisors (who are experts in the qualitative field).

3.12 Confidentiality

The study participants were assured of strict confidentiality and their rights were safeguarded by means of written informed consent. Prior to the semi-structured interview, each participant was required to give written consent, as reflected in Appendix A. Participants' personal details were withheld and each was assigned a code that only the researcher had access to. The presentation of the findings in chapter 4 does not mention any participant's name.

3.13 Ethical considerations

As noted above, the participants' personal details were withheld. The data collected for this study is not of a sensitive nature. The participants were also assured that participation in the study would not in any manner affect their lives in their current settings. They were informed that they were free to withdraw from the study at any time with no adverse consequences. Thus, participants were not coerced to take part in the study.

3.14 Conclusion

This Chapter described the methodology employed for this study. A qualitative study was conducted using the grounded theory method. The research methods were appropriate as they enabled the researcher to determine the perceptions of homoeopaths practicing in KwaZulu-Natal and thus fulfill the study's objectives. The findings are presented and discussed in the following Chapter.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

In line with the methodology described in Chapter 3, raw data was gathered using semi-structured interviews. This data collection method produced accurate results as it preserved the ideas of each participant and assisted in gaining a holistic view of the phenomena under study.

This Chapter presents the data in the form of themes. The themes that emerged from the data allowed for an in-depth analysis as well as a discussion of the related literature presented in Chapter 2. New literature that was not presented as part of the literature review is also used to further discuss the themes.

4.2 Participant demographics

4.2.1 Gender of participants

Coincidentally, the study population consisted of 6 males and 6 females as demonstrated below by Figure 4.1.

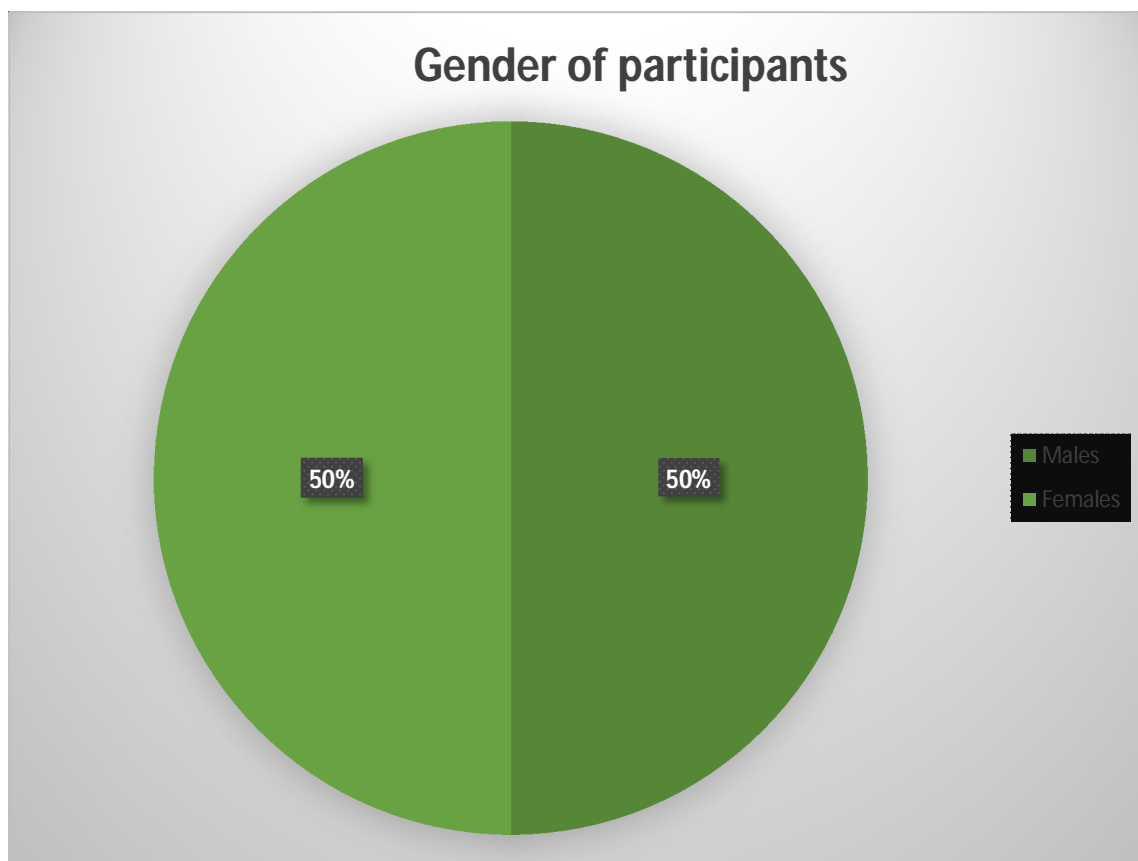


Figure 4.1: Gender of population.

4.2.2 Age groups of participants

The two predominant age groups were 31-40 (33%) and 41-50 (33%) as demonstrated below in Figure 4.2.

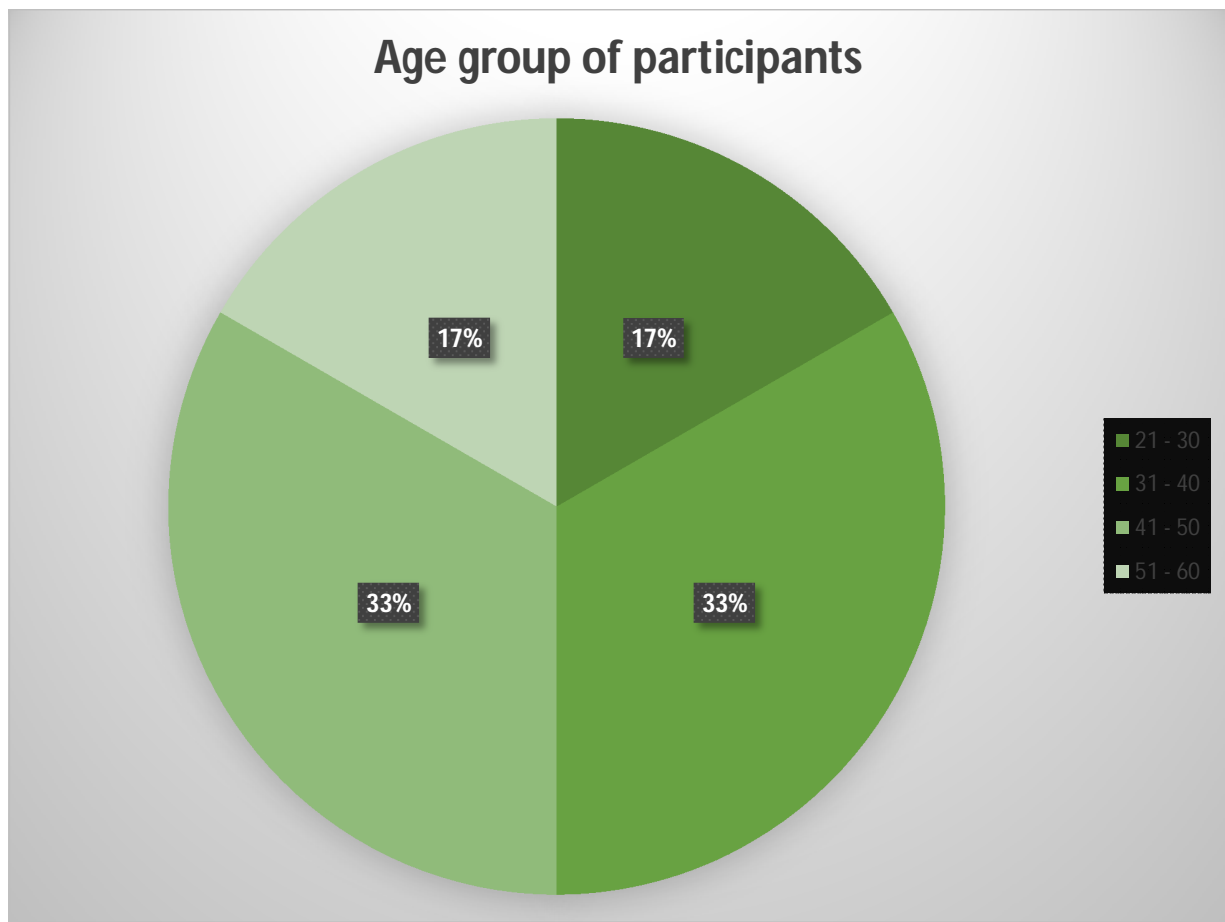


Figure 4.2: Age group of participants.

4.2.3 Consecutive years in practice

The most common period for years in practice was 2-10, which occurred in 50% of the participants as demonstrated below by Figure 4.3.

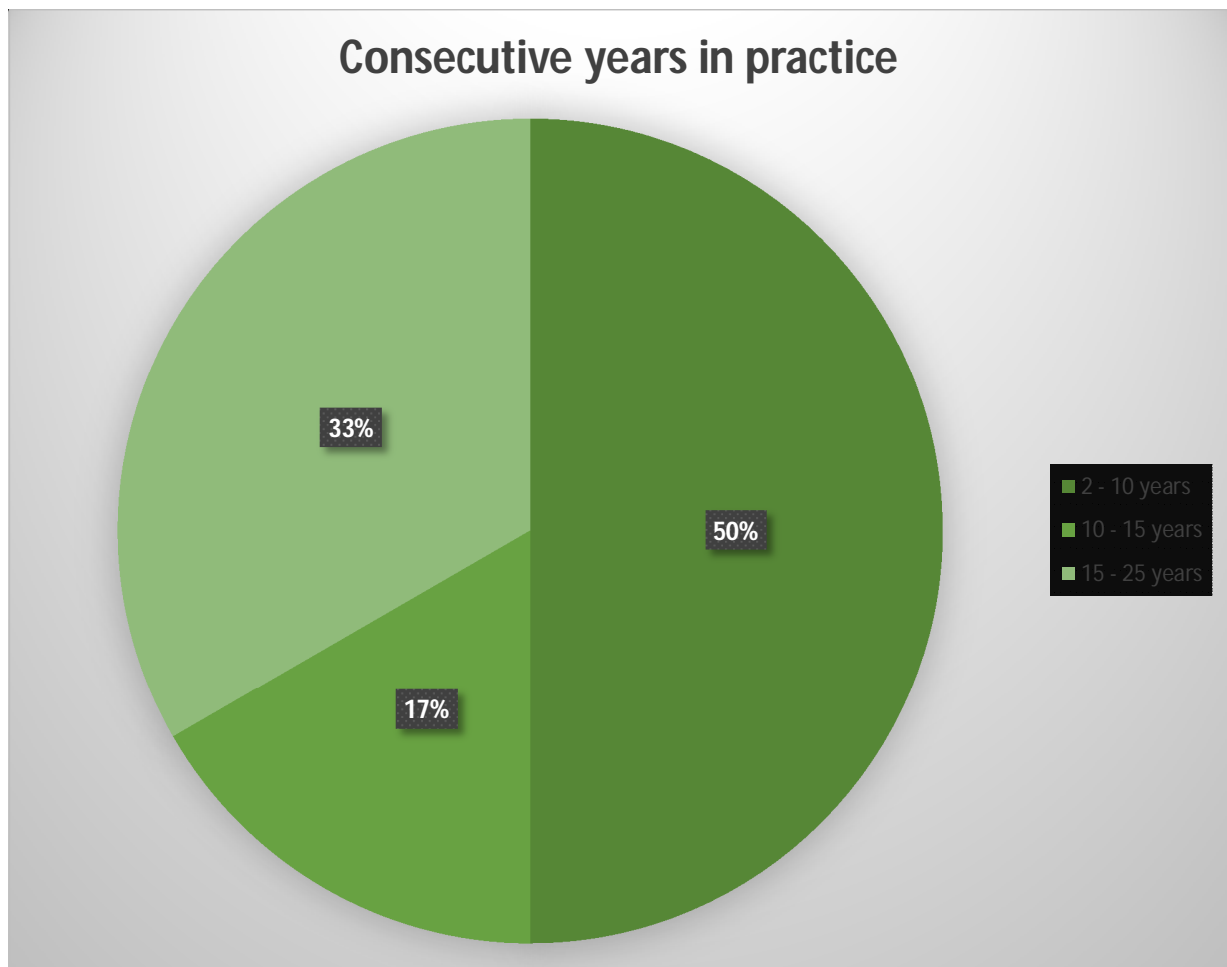


Figure 4.3: Consecutive years in practice.

4.2.4 Area of practice

As an inclusion criterion for the study, all participants were required to be practicing in the KwaZulu Natal region. As demonstrated below by Figure 4.4 the participants were practicing in the different parts of the KwaZulu Natal region. The majority of the participants (5 participants – 42%) were practicing in the Westville area.

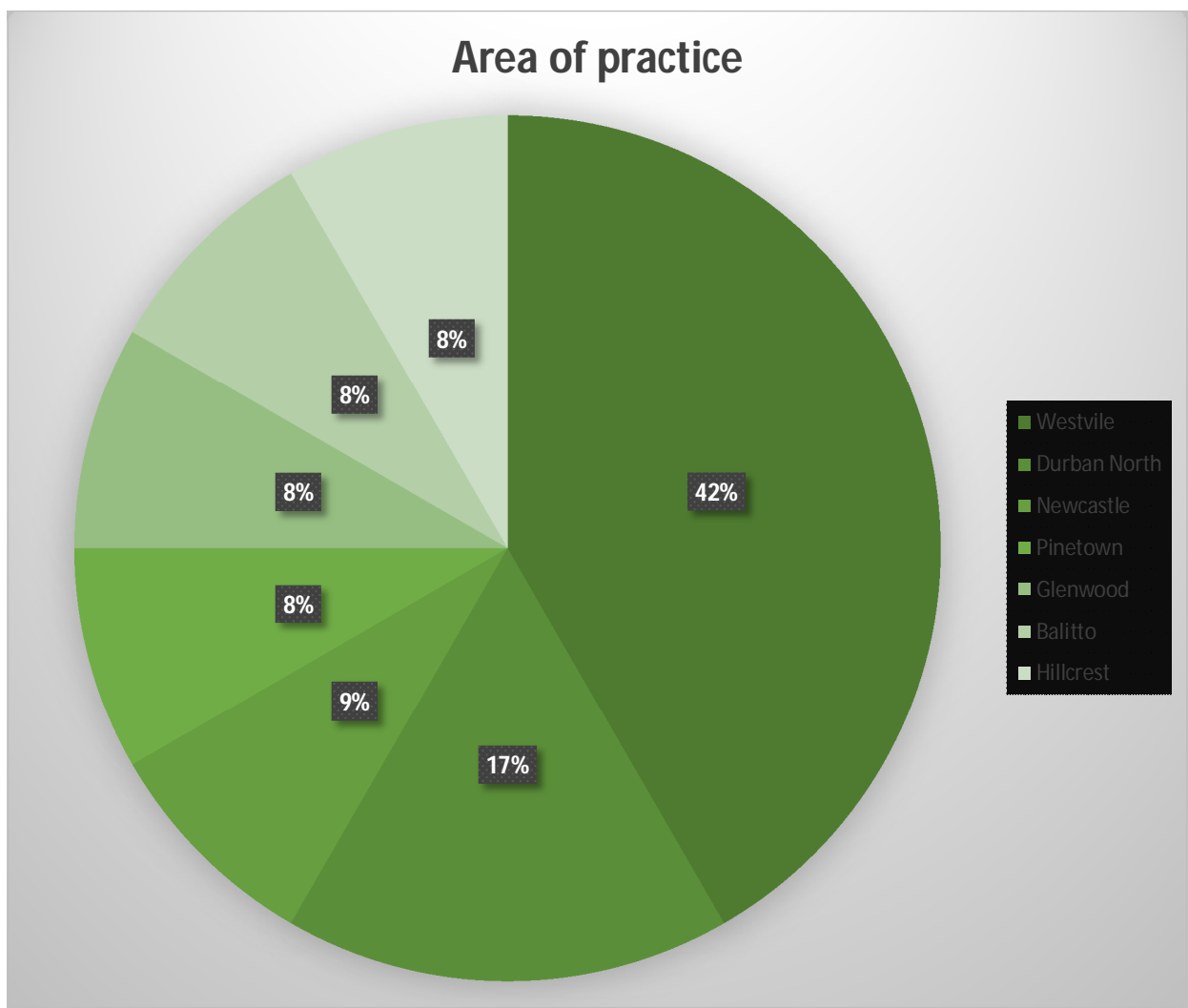


Figure 4.4: Area of practice.

4.3 Overview of the themes

An overview of the themes that were identified during data analysis is presented in Figure 4.5 below. As shown in Appendices F and G, the four themes that emerged were not prevalent amongst all the participants. Further analysis of each theme enabled the researcher to identify the frequency of each theme amongst each of the participants as well as variations (negative, positive or neutral) in the frequency.

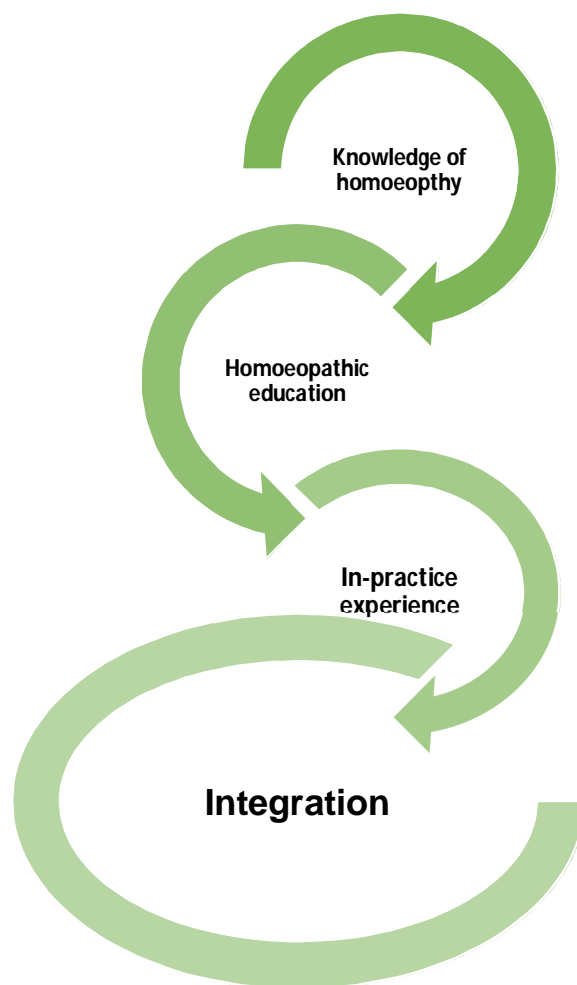


Figure 4.5: Overview of the themes

4.4 Knowledge of homoeopathy

4.4.1 Overview

The study participants shared a range of viewpoints on the level of awareness as well as the usage of homoeopathy in South Africa and elsewhere. No specific questions were asked about knowledge of homoeopathy in South Africa; this theme emerged during the study. As shown in Appendix F, the prevalence of this theme was very high as it was raised by ten of the twelve participants. As reflected in Appendix H, this theme reflected predominantly pessimistic viewpoints. The participants shared incidents that reflected a bad press, lack of knowledge, misconceptions, negative stereotypes and misinformation about homoeopathy. These negative attributes were regarded as major draw-backs for the profession. Each participant that mentioned negative attributes was requested to propose a realistic solution grounded in the South African context. All the participants suggested the need for education campaigns on homoeopathy. As reflected in Appendix H, only a few participants pointed to positive attributes under this theme. These included the inclination to use homoeopathy as well as its growing acceptance in South Africa. Excerpts from the interviews that reflect negative and positive attributes as well as proposed solutions are illustrated below in Table 4.1.

Table 4.1: Excerpts that reflect negative and positive attributes and possible solutions.

Negative attributes

“There is a lack of understanding of homoeopathy. The stereotypes are so confused, most people don’t understand the difference between homoeopathy and herbal medicine. They should understand that herbal medicine is the foundation for even orthodox medicine, they are still critical and still mix the two up.” (Participant 8, 02 May 2014)

“The perception is that homoeopaths are non-medically trained and have no medical skills and put their patient’s life in danger and they treat them with this and that, unproven, non-scientific methods and a waste of their money.” (Participant 9, 13 May 2014)

“I still think that it’s considered as the elite medicine for housewives, or people that want to try something different or for desperate moms who want to try something different and are tired of antibiotics. Most people confuse homoeopathy with naturopathy for example they would go: ‘I took this vitamin B and so and so and it’s homoeopathic’ ... There is a lot of religious perception that it is a lot more Eastern and its placebo and the medical profession view it as a pain in their butt.” (Participant 10, 06 May 2014)

“There is a lack of education about homoeopaths. We have been ignored and under the radar for so long and it does do damage to your self-esteem as a practitioner and you end up feeling like you are not adequately trained... They are misinformed and lack the knowledge of how we are trained and what we do and they think that homoeopathy is just a three months diploma.” (Participant 5, 05 May 2014)

Proposed solutions

“Education is one way and once we start making an impact and obviously we need to be jealous of our profession because you get people who have never been to university and they have heard about homoeopathy and natural stuff so they will just open their small shops where they have our products and that’s exactly what destroys us and our profession.”
(Participant 12, 3 May 2014)

“I think more education, maybe HSA or an organization such as that would be more beneficial in action. I think the general knowledge of it in South Africa is not great. But it’s got potential... I think also maybe approaching with CPD, HSA could have a talk or something and invite other healthcare professionals. We always have GPs and specialists speaking at our talks and giving us advice. We need to be approached and asked, ‘would you be able to give a talk to some doctors on homoeopathy?’ and they will get CPD points based on that.” (Participant 4, 30 April 2014)

“Education, awareness creation, but we can’t do that unless we can do public talks and we are legally not allowed to do so. There is very little done by the HSA to educate the public about homoeopathy.” (Participant 10, 06 May 2014)

Positive attributes

“There is definitely a growing acceptance and much bigger, broader acceptance of homoeopathy. Every year people are interested in it and more people are seeking it out and more people are looking for alternatives, so there definitely are a lot more people using homoeopathy and it is growing. I think it’s growing steadily and not rapidly but it definitely is growing. There are a lot more people who are open to it. The conventional medics are making it easier and people are a lot more disillusioned by the conventional medicine and therefore seeking out an alternative and they are saying, ‘if I

can't take a tenth antibiotic, I'm going to see what the homeopath is going to do'." (Participant 2, 02 May 2014)

"Homoeopathy has grown in the last ten years I've been practicing. Ten years ago no one knew what a homoeopath is, they would compare you to a reflexologist but it has gained popularity, a fair share amongst other community that didn't know what homoeopathy is, the Indian community, the colored community, black community, because there's more Indian, colored and black homoeopaths, that are going into their area, there is more exposure. So the level and the understanding and awareness of homoeopathy has grown." (Participant 7, 8 May 2014)

"Homoeopathy is certainly growing and I've seen a huge growth in the past 18 years that I've been in practice and not just in myself but in a number of practitioners in the area, but I think there is light at the end of the tunnel for homoeopaths, in terms of being able to make a living from just homoeopathy and in terms of being able to help people." (Participant 11, 12 May 2014)

4.4.2 Discussion

Many members of the public are either confused or lack knowledge on what homoeopathy is and what it entails (Prinsloo 2000). This is borne out by the findings of this study. The study participants felt frustrated by this lack of knowledge which has persisted over the years. The following studies conducted by previous DUT homoeopathic students, validate this conclusion:

- An epidemiological pilot study by de Villiers (2006) investigated the level and knowledge of homoeopathy amongst pharmacy front shop assistants in KwaZulu-Natal. The study found that the respondents lacked such knowledge, thus confirming de Villiers' (2006: ii) initial perceptions. Surprisingly, 91, 8% of the respondents regarded homoeopathy as a legitimate form of medicine and 73, 5% had used it. Furthermore, 95, 9% of the respondents were keen to receive training on homoeopathy as this would assist them in relaying the correct information to their customers.
- Harripershad's (2009) study aimed to determine the knowledge, awareness and perceptions of parents located in central Durban towards pediatric homoeopathy. While her results reflected a lack of knowledge among the respondents, 72, 1% regarded homoeopathy as a legitimate form of medicine. Interestingly, 77, 14 % of the respondents felt that homoeopathy should be available at public health facilities and 90, 71% identified the need to raise awareness of homoeopathy.
- Lamula (2010) investigated the perceptions, knowledge and utilization of homoeopathy amongst African adults residing in Mnambithi. Only ten of the 1 034 of respondents had heard of homoeopathy.
- Macquet's (2007) study examined perceptions and awareness of homoeopathy amongst students at the DUT. The students were seen as potential CAM consumers; hence, the study was motivated by the lack of research on the

knowledge and perceptions of this target market. The study found that there was a poor level of knowledge about homoeopathy; 48 % of the respondents had heard of it. However 68 % of the respondents expressed the desire to learn more about homoeopathy.

With the vast lack of knowledge indicated in this study as well as in previous studies, it is clear that a solution is required to this problem. It is also clear that many members of the public would welcome educational campaigns on homoeopathy (de Villiers 2006: ii; Harripershad 2009: V and Macquet 2007: iii). Such campaigns would not only promote the growth of the profession, but would be advantageous for the whole country as homoeopathy has significant potential to assist with some of the challenges confronting the healthcare sector (Smillie 2010: 8).

While the majority of the study participants expressed concerns about the lack of knowledge of homoeopathy, a couple raised issues relating to the bad press and the negative stereotypes linked to the profession.

Homoeopathy has been marginalized by many allopathic practitioners (Ottermann 2010). Negative attitudes towards homoeopathy are the result of a lack of scientific evidence and protocols in homoeopathic research studies (Solomon 2014: 10). However, Odermatt observes that, *“When a homoeopathic study is not successful, this is often widely publicized by opponents of homoeopathy. However if a mainstream medical study fails, this is merely acknowledged”* (Ottermann 2010). Such issues need to be addressed in order to ensure the sustainability of the profession.

Despite negative attitudes towards homoeopathy, worldwide, the number of users of homoeopathy has increased (Naicker 2008: iii and Ottermann 2010). The study participants felt that increased usage is as a result of allopathic medicine failing the

public. People are gradually becoming disillusioned with allopathy and are thus more inclined to use homoeopathy and other natural therapies (Naicker 2008: 5).

While no studies were identified that traced the growth of homoeopathy in South Africa, Ottermann (2010) states that, worldwide, homoeopathy grows at a rate of 20-25% per annum. The researcher recommends that studies be conducted in South Africa to provide the homoeopathic profession with evidence on the success achieved thus far.

4.5 Homoeopathic education

4.5.1 Overview

The education provided to homoeopathic students at DUT was criticized by the majority of the participants and only praised by a few. Specific questions were not asked on the homoeopathic education offered at this institution. As a result, this theme was not prevalent among all the participants. As reflected in Appendix J, the majority of the 11 participants who spoke about the homoeopathic education system criticized it and pointed to deficiencies. These deficiencies included the curriculum and students, as well as lecturers. Homoeopathic education was seen as a factor that affected the profession as a whole. The participants believed that faults in the education system affect the growth of the profession and have resulted in negative stereotypes as practitioners are not always fit to practice. Thus this theme is interrelated with the previous one. In terms of solutions, some participants believed that the curriculum needs to encompass relevant skills which will enable graduates to be competent in both hospital and clinic settings (e.g. surgical skills), while others felt that homoeopathic practitioners with many years of experience should be drawn in to the education system. With regard to homoeopathic students, the participants observed an overall decline in their quality as well as quantity. This observation is directly linked to the preceding theme as it contributed to the negative attitudes towards homoeopathy. Only a few participants identified positive aspects of the homoeopathic education system (see Appendix J). These participants praised the curriculum as well as the lecturers. Table 4.2 shows criticism and praise for the homoeopathic education system as well as the solutions proposed by the participants.

Table 4.2: Excerpts that reflect negative and positive aspects of homoeopathic education

<p><u>Negative aspects</u></p>	<p><u>Curriculum</u></p> <p><i>“What you learn in DUT, you don’t use at all in practice. I don’t think the skills we learn are completely irrelevant but I think focus should be on more relevant things you see every day.” (Participant 6, 30 April 2014)</i></p> <p><i>“Graduates are probably clued up about what remedies to give but if you do not know how to diagnose a patient and what investigations to send and when to refer, that becomes a dangerous practitioner.” (Participant 7, 8 May 2014)</i></p> <p><u>Lecturers</u></p> <p><i>“The people that are lecturing at DUT are not practicing in the community but they spend most of their days at DUT. They aren’t in practice; they don’t know how it feels to be in private practice, so the message that gets sent to the students is very different from people who gained most of their royalties from practicing. If an external lecturer comes and lectures and teaches you, you could learn necessary tools that you need most in practice.” (Participant 1, 12 May 2014)</i></p> <p><i>“The lecturers at DUT have become complacent and that’s not helping the students in any way because it’s not showing them how to make a living out of homoeopathy.” (Participant 4, 30 April 2014)</i></p> <p><i>“The big problem is that you as a future homoeopath don’t even know how effective your medication is as a result of inexperienced educators. The problem with your educators is that they are teaching you theory and they</i></p>
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are not teaching you experience. I've been in practice for 20 years and have been asked to lecture when I was younger and I asked 'what do I know?' I would be the less blind leading the more blind. But now I can spread my knowledge because I know what I'm talking about and not from a book but from treating more than 6 000 people." (Participant 10, 06 May 2014)

Homoeopathic students

Quality

"My personal feeling is the caliber of students that decide to pursue this degree has changed greatly, unfortunately it's not a sought after degree and unfortunately not many people know about it, so it's not like you have people leaving school with a burning desire to be a homoeopath unless they had prior exposure with their practitioner... the greater majority of students are just finding something to study that will give them a qualification and they're really not passionate about the profession when they leave. If you compare that to medical students, medicine has so much authority to it, and because of that, in medicine you get the top intakes in school around the country that go into the profession and they develop a certain degree of professionalism in the industry." (Participant 9, 13 May 2014)

Quantity

"I think when a high school student is making career choices, what university to go to, what to study and how they going to support their family going forward, there's nothing to grab them, so homoeopathy is not the type of profession that grabs people." (Participant 1, 12 May 2014)

"I think there is a lack of numbers and there aren't enough students that

are wanting to study to become a homoeopath. I think when a student in high school is making a career choice, what university to go to and what to study and how they going to support their family going forward, there's nothing to grab them, so homoeopathy is not the type of profession that grabs people, and the reason being is because we are portrayed as the quack doctors and secondly there is a perception given by the institution that as a homoeopath you are going to struggle financially and to make it in practice, so why would any student set themselves for a life that's like that if they could choose engineering?" (Participant 9, 13 May 2014)

Proposed solutions

Addition of basic surgical skills

"I think the biggest problem is how effective we can be in a primary healthcare setting. We need to be able to do basic suturing... we have to be able to have that training so that we can be effective in a public healthcare setting and be able to use homoeopathy in that context." (Participant 2, 02 May 2014)

Internship

"We lack clinical skills and the internship can step in at sixth year where there is no studying and research and we are focusing mainly on pure patient and homoeopathic practice." (Participant 8, 08 May 2014)

Positive aspects

Curriculum

"Our skills and everything are not recognized. We have a lot to offer." (Participant 5, 05 May 2014)

"Realistically the training we get is actually really good and we learn about so many things." (Participant 3, 30 April 2014)

Lecturers

“The lecturers are very good and they know their stuff and there are some that have excellent clinical skills and I still feel they have helped me a lot in practice.” (Participant 4, 30 April 2014)

4.5.2 Discussion

The homoeopathic education system was modeled on the MBChB curriculum in that homoeopathic practitioners could claim the title of ‘doctor’ (Solomon 2014: 8). Recent additions to the homoeopathic education system include homoeopathic students working in various homoeopathic community clinics under the supervision of a qualified homoeopath (Couchman pers. comm. 16 February 2015). The patients seen at these community clinics reflect the demographics one would find in the public healthcare system (Smillie 10: VI and Van Rensburg 2014). As discussed in chapter 2, a case can thus be made for integrating homoeopathy into the public healthcare system. Interestingly, certain participants appeared to have contradictory views on the education offered to homoeopaths. The researcher was unable to corroborate some of these views since to some extent they are based on personal experiences and are deemed subjective. However some of these views may prove useful in conceptualizing how tertiary institutions could reconsider and re-evaluate their curriculum if integration was to occur. It was interesting to note that the new additions to the homoeopathic curriculum resulted in different views on this issue.

The majority of the participants felt that the correct information and skills are not being imparted to enable students to succeed in their careers as well as being resilient in response to the struggles encountered while in practice. These findings are substantiated by research conducted by Babletakakis (2006: 147) and Sweiden (2007: 147).

The findings suggest that the addition of an internship to the homoeopathic curriculum would be of great value as it would better equip graduates for private practice. An internship is a legal requirement for registration with the AHPCSA (AHPCSA 2010a). The AHPCSA Act of 63 of 1982 states that: *“an intern must complete a prescribed internship programme as he or she may be registered as a practitioner of the profession*

in question” (Republic of South Africa 1982). However, no documents or evidence exist to show that an internship programme was once carried out by the Department of Homoeopathy at DUT and UJ. Internship programmes offer the following benefits (Govender 2009: 102):

- Exposure to the real world of work;
- Addition of relevant skills and improved levels of confidence;
- Retaining the homoeopathic doctor in the profession;
- Better-equipped practitioners.

The views expressed by the participants on the importance of a homoeopathic internship concur with a quantitative study conducted by Chella (2007), where the majority of respondents agreed on the importance of homoeopathic internships. They believed that internships would result in the production of well-rounded homoeopathic practitioners.

The findings of this study also suggest that basic surgical skills should be added to the homoeopathic curriculum. The skills suggested by the participants included suturing and the placement of intravenous drips as well as practical skills in wound care. These were seen as tools that would enable homoeopathic practitioners to be effective in a public hospital/clinic environment if integration were to occur. Initially the researcher questioned such additions as it would represent moving into other practitioners’ scope of practice. However, through the participants’ input, the researcher came to appreciate that basic surgical skills are medical procedures that are invasive and are conducted in emergency cases where any type of medicine would not be able to assist.

The Kerala University of Health Sciences is one of the numerous institutions in India that offer homoeopathic medicine and surgery as a degree/qualification. It aims to produce homoeopathic doctors that are able to work in both rural and urban settings (The Kerala University of Health Sciences Handbook 2010: 3). The course is offered as a six-year degree, with the surgical component being initiated in the third year of study (after having attained knowledge on homoeopathy for the first three years). The basic surgical skills mentioned by the participants in this study are consistent with what is included in the surgical component of the homoeopathic medicine and surgery degree offered at the Kerala University of Health Sciences.

The majority of the study participants believed that the quality of education offered to homoeopathic students is affected by lecturers in the Department of Homoeopathy at DUT. These perceptions reflect an antagonistic relationship between the majority of the participants and the lecturers. Some of the participants stated that the lecturers focus on passing on knowledge and offer less in-practice experience. This was regarded as a major disadvantage since the homoeopathic profession is a dynamic one. As a result, numerous homoeopathic practitioners pursue post-graduate studies in order to cope in their practices. This finding is consistent with studies conducted by Sweiden (2007) and Babletakakis (2006). A lecturer with in-practice/ industry experience integrates the theoretical and practical aspects of knowledge (Sweiden 2007: 151). In contrast, Viksveen, Steinsbekk and Rise's (2012: 176) study found that self-development, the availability of resources, and basic knowledge and skills should exist in order to produce a competent homoeopathic graduate. Lecturers' influence on the homoeopathic education system did not emerge in Viksveen, Steinsbekk and Rise's (2012) study.

With regard to homoeopathic students, it was interesting to note that more participants expressed concern about the dwindling numbers than those that felt that the standards had dropped. The low number of students enrolling and graduating from the Department of Homoeopathy has direct implications for the growth of the profession. The researcher taught in the Department of Basic Medical Sciences at DUT over a period of four years

and observed an increase in the in-take of homoeopathic students (see Appendix P). However, the number of students declined over the years, with only a handful graduating to become homoeopathic practitioners.

A couple of participants believed that the institution's failure to offer encouragement to homoeopathic students is one of the reasons for the low number of students graduating. Some shared the discouragement they experienced at DUT about their future prospects in the profession. Since no studies were found to corroborate these findings, the researcher recommends that a qualitative study be conducted on the career paths followed by non-graduating homeopathic students. This would also serve to establish the reasons why students do not complete the homoeopathy programme.

The participants identified a lack of enthusiasm to venture into the homoeopathic profession as another reason for the decrease in the number of students enrolling to study homeopathy. Small's (2004) study found that the majority of matriculants lacked knowledge of homoeopathy and therefore did not consider it as a career (Small 2004: 84). Such findings should be further motivation for programmes that create public awareness of homoeopathy.

As noted earlier, the quality of homoeopathic students contributes to the development of negative stereotypes and misconceptions of homoeopathy as it results in ill-equipped homoeopathic practitioners. The selection criteria adopted by the Department of Homoeopathy at DUT include (Hall pers. comm. 27 February 2015):

1. Applicants must have a certain number of points which are calculated using their grade 12 results.

2. Applicants who achieve these points are then given an assignment to complete, in order for the Department of homoeopathy to determine each applicant's basic understanding of homoeopathy.

3. Once the assignments have been handed in, applicants are invited to write a Standardized Assessment Tests for Access and Placement (SATAP). Those that are successful are then invited for a panel interview. This is the final stage of the selection process. Panel interviews are conducted by various members of the Department of Homoeopathy.

The researcher advocates that these screening procedures to select suitable homoeopathic students be re-evaluated annually to eliminate candidates that could potentially become ill-equipped practitioners.

Alongside the many negative aspects of homoeopathic education raised by the participants, a few positive ones were identified. These positive findings are substantiated by a study conducted by Sweiden (2007: 20).

4.6 In-practice experiences

4.6.1 Overview

During the interviews, each participant was requested to share negative experiences while in practice as a homoeopathic doctor. Hence this theme was prevalent among all the participants. While participants were specifically asked to share their negative experiences, positive ones also arose (see Appendix L). The negative experiences included the lack of unity amongst homoeopathic practitioners which was identified as the biggest hindrance to the growth of the profession; restrictive council regulations; and the fact that allopathic practitioners are antagonistic towards homoeopathic practitioners. Once the negative experiences had been identified, the participants were asked to propose solutions. The various suggestions included liaison between the allopathic and homoeopathic professions as well as using the skills relative to their scope of practice, while keeping an open mind. For some participants, these suggestions were also seen as ways of overcoming the negative stereotypes of homoeopathy as well as a way to develop a better reputation for the profession. As reflected in Appendix L, only a few participants shared positive experiences. These included allopathic practitioners who were accepting of homoeopathy and liaised with homoeopathic practitioners. Excerpts that highlight negative and positive experiences as well as proposed solutions are illustrated in Table 4.3 below.

Table 4.3: Negative and positive in-practice experiences and proposed solutions

<p><u>Negative experiences</u></p>	<p><u>Lack of unity</u></p> <p><i>“There is a lack of unity and combined efforts in the homoeopathy side. We need to have unity if possible. Our suggestions need to be stronger and more cohesive and more active as a group and unfortunately we stand in different actions, camps and schools of thought, and I follow this, and I follow this way of doing things.”</i> (Participant 11, 12 May 2014)</p> <p><i>“I think we as homoeopaths individually on our own, we’ve not played a role. You find divisions.”</i> (Participant 12, 3 May 2014)</p> <p><u>Restrictive legislation</u></p> <p><i>“There are so many restrictions and the laws are old. Anyone who’s done anything in the public eye is deemed as someone who wants to gain some advertising. A lot of these laws were created by medical doctors who didn’t want homoeopathy to be out there in the public and they haven’t changed since then.”</i> (Participant 10, 06 May 2014)</p> <p><u>Practitioners averse to homoeopathy</u></p> <p><i>“I hear from my colleagues that are in practice that the other medical practitioners they work with are very negative towards them, selfish for lack of a better word with their intellectual property. I don’t have that.”</i> (Participant 1, 12 May 2014)</p> <p><i>“I had a big argument with a pediatrician once, who felt that homoeopaths are generally nice people and they put time and effort in their patient but taking a child to a homoeopath should be child abuse because it may prevent the child from getting the proper</i></p>
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treatment and because homoeopathy can't be explained and I tried to explain to him that some allopathic medication can't be explained as well but he didn't seem interested at all." (Participant 3, 30 April 2014)

"They feel threatened by someone who claims to be a doctor and didn't do surgery. The second thing is I find now that with patients who are 'converted' to homoeopathy, come to me first before going to any other medical doctor and this may impose as a threat to them. I think it is the in-depth route we take as well the fact that there is a scientific explanation now to explain potentization. GPs and specialists are worried now." (Participant 6, 30 April 2014)

Solutions to negative experiences **Use of skills relative to scope of practice keeping an open mind**

"We need to start practicing good medicine, and not being a hero. Knowing when to refer to other practitioners instead of practicing irresponsible medicine that could land the patient in hospital and that's how we can gain respect from other practitioners. Holistic treatment doesn't necessarily mean natural; holistic means treating a patient with what they need to be treated with or treatment that needs to be used." (Participant 6, 30 April 2014)

"Doing good work, providing the answers to people who are looking for answers, being well trained and being conservative and not making wild claims and all of these things are going to benefit us, slowly over time." (Participant 8, 02 May 2014)

Liaison with medical practitioners

"I liaise with physicians and other practitioners. I have conversations with them. There's a place for homoeopathy." (Participant 7, 8 May 2014)

Positive experiences

Medical practitioners accepting of homoeopathy

“I’m very fortunate to have good relationships with the practitioners in my area... if you are speaking to another professional, someone from mainstream medicine, you need to be able to speak the language they speak, know your diagnostics and pathology... if you want to be able to have an academic educational relationship with them you need to be able to speak their language. You need to be on the ball with diagnostics and pathology and secondly you need to be confident. So if you try to have a conversation with a GP about a patient you want to refer because an antibiotic is required, let’s just say for argument’s sake, you need to be able to give the case professionally and confidently. You can’t speak to them about the person’s dreams.” (Participant 1, 12 May 2014)

“I find that GPs are more accepting of homoeopathy if the homoeopathic practitioner knows what they talking about and aren’t against allopathic medicine.” (Participant 3, 30 April 2014)

“There are levels of practitioners who are open to this and know their limitations especially with their infective things where the drugs are not working anymore.” (Participant 2, 02 May 2014)

4.6.2 Discussion

Most of the study participants seemed to be concerned about the lack of cohesion in their profession. No studies were found to corroborate these findings. As this profession confronts so many external issues, unity amongst homoeopathic practitioners is crucial.

The majority of the participants were also concerned by Act 56 of 1974 enforced by the HPCSA. As discussed in chapter 2, this law has assisted in creating several gaps between homeopathic and allopathic practitioners (Babletakis, 2006: 174).

Prinsloo (2005) encourages liaison between homoeopathic and allopathic practitioners. Such interactions could lead to integrated and holistic healthcare for the South African public. The good experiences shared by a few participants offer hope for a more positive relationship between allopathic and homoeopathic practitioners.

It appears that the restrictions imposed by Act 56 of 1974 on homoeopathic practitioners in South Africa have not significantly affected the profession, as some participants had managed to find ways around them. These findings correlate with research conducted by Kidd (2011: 36-52) that found that many homeopathic practitioners have managed to be successful in the current situation.

However, many of the study participants believed that the restrictive law and contradictory schools of thought have caused disharmony between the homoeopathic and allopathic professions. Allopathic practitioners and homoeopaths speak two different languages and neither has an understanding of the other (Frenkel and Borkan 2003: 328). Interestingly, the “schools of thought” of the allopathic and homoeopathic professions were established by the same person, Hippocrates (Ross 2011: 36 and

Prinsloo 2000). This means that the two professions should not exist in isolation and none is superior to the other. The health issues experienced worldwide call for them to work side by side (Malhi, Ram and Saina 2013: 32). A symbiotic relationship could make a bigger difference not only in the health sector but in the broader society as health issues have a ripple effect.

It was interesting to note that there was no mention of practitioners within the CAM profession being opposed to homoeopathy.

Whilst the homoeopathic profession awaits plans for integration to be considered, the use of skills relative to the scope of practice (with open-mindedness) as well as liaison with medical practitioners is advisable. This study found that the use of skills relative to the scope of practice (with open-mindedness) is achieved when a homoeopathic doctor knows where his/her scope of practice begins and ends, does not seek to prevent their patients from using other types of medicine, thus emphasizing holistic treatment (which, for most participants, meant incorporating other types of therapies), is well informed about disease pathology and is a good diagnostician.

It was important to identify both negative and positive experiences as they could reveal what might transpire if integration was to occur. Therefore the homoeopathic profession should not simply accept negative experiences but rather formulate an action plan to rectify them. Overcoming the communication gap between homoeopathic and allopathic practitioners could build a solid foundation for integration (Frenkel and Borkan 2003: 324-332). Furthermore, as suggested by the researcher, the re-evaluation of Act 56 of 1974 and further training that is on par with/better relates to the allopathic education system as suggested by Birierley-Jones (2010: 121) would be a good start in finding common ground between homoeopathic and allopathic practitioners. Such partnerships would be a necessary condition for an integrated system.

4.7 Integration

4.7.1 Overview

In order to answer the research question, the study participants were asked specific questions relating to integration. The responses were classified as negative (against integration), positive (not against integration) or neutral (neither against integration nor for it). As reflected in Appendix N, the positive-negative ratio favored the positive element. The numerous questions asked on integration sought to determine the participants' perceptions on the following:

a) The future of the homoeopathic profession in South Africa

Participants were either optimistic or pessimistic about the prospects of the homoeopathic profession. Those with an optimistic viewpoint stated that there were nonetheless a couple of issues that need to be addressed.

b) The South African public healthcare system

The majority of the participants felt that the public healthcare system is in a bad way and is thus not able to deliver to all South Africans. A few participants said that, even though it is in a bad state, it is at least able to cater for some users, which is better than nothing.

c) Perceptions on integration

The majority of the participants were interested in making the shift from the private to the public sector. Only a few participants showed interest in integration under certain conditions or were not interested at all.

d) The prospective results of integration

All the participants identified some advantages and disadvantages and made recommendations that could enable homoeopathy's integration with the public healthcare system.

Table 4.4 below illustrates the variations in the participants' responses.

Table 4.4: Excerpts from the responses to questions on integration

<p><u>Perceptions</u> <u>on the future</u> <u>of</u> <u>homoeopathy</u></p>	<p><u>Positive responses</u></p> <p><i>“The future depends on us as graduates and older generation but I’d say it’s quite good, because the way patients respond, it’s quite amazing so I think the future is quite good. Provided the training is relevant and correct.” (Participant 12, 3 May 2014)</i></p> <p><i>“I think homoeopathy does have a bright future in South Africa but only if they are able to overcome the laws that are in place, that is a big thing. Homoeopathy has a huge scope.” (Participant 5, 05 May 2014)</i></p> <p><u>Negative responses</u></p> <p><i>“Unfortunately we don’t have a good future unless the standard of education changes as well as public awareness of homoeopathy as well as educating students on how to manage a homoeopathic practice and teach more relevant things in the business course we do in our final year such as accounting skills because it was a joke.” (Participant 6, 30 April 2014)</i></p> <p><i>“Again I am concerned about the future of my profession, now with the NHI, I’m concerned because we don’t really fit into that.” (Participant 1, 12 May 2014)</i></p> <p><u>Uncertainty</u></p> <p><i>“I’m not sure about the future of my profession.” (Participant 11, 12 May 2014)</i></p>
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Perceptions

on the public

healthcare

system

Negative responses

“I think the public healthcare sector in theory is good but in practice there is just not enough people to administer what is in theory, not enough people and not enough money. There is a lack of facilities which frustrates the practitioners that do work there and as a result they end up getting fed-up when things are not working.” (Participant 10, 06 May 2014)

“I don’t think the public healthcare system is meeting the demands of people.” (Participant 8, 02 May 2014)

“The public healthcare system is overburdened. It’s one of those ANC situations where they over promise the public and people flood the public healthcare system and don’t get what they were promised. I think from that point of view it’s overburdened, and eventually say stuff this and I’m not going to be abused anymore and go and work at private practice.” (Participant 10, 06 May 2014)

“I don’t think the government implements the correct services and procedures, they are employing unequipped people and inappropriate students are accepted to study medicine. They haven’t implemented a good system for patients to get help from. A good system is not perfect but it should be efficient.” (Participant 6, 30 April 2014)

“It’s seems to be very poorly managed and it seems to experience huge issues and problems in terms of the management of the system and the enormous amount of corruption and the Minister of Health seems to have his heart in the right place and he seems to be a hands-on-leader and he is one of the few Ministers who seems to be earning his salary and his perks.” (Participant 8, 02 May 2014)

Perceptions
on
integration

Positive responses

“I think the public sector is having a couple of challenges and the government is trying to fix that but I wouldn’t say it’s in a mess. I’d say they are challenges but I’d also say there are good areas. So the government has done a good job.” (Participant 12, 3 May 2014)

“The public health facilities are being made more available than it was and there’s certainly more availability to the average person. The quality is better than it was.” (Participant 8, 02 May 2014)

Positive responses

“Most definitely would welcome working in a public facility, because I have a genuine passion about treating people and for me it’s not just about homoeopathy, all I ever wanted to do was a healthcare profession and help heal people.” (Participant 5, 05 May 2014)

“I would definitely work in a public facility.” (Participant 6, 30 April 2014)

“I would be willing to work in a public healthcare setting following the training.” (Participant 8, 02 May 2014)

Negative responses

“I’m not going to sit and fight with an allopath on what a patient is to be treated with. Unless there were different circumstances and changes were made and if I had authority over my patient which I do in private practice, I can educate them in private practice. Because we come from different schools of thought and what I am trying to achieve is always going to be contradicted there. We won’t have enough authority because it is governed by the medical officers. I’m not going to go there where I need to tolerate them. We are always going to be arguing

over how to treat people and their standard protocols. They view infection different to how we view it.” (Participant 10, 06 May 2014)

“I’m not interested in working in a public facility because I think the interaction that I get with my patients, and how I decide to manage my patients is solely dependent on me, and from day one up until whenever I’d be able to understand my patient and all of that and make sure that I’ve tried enough that the patient gets healed and I end up building a relationship with the person. So there is a direct relationship with my patient in private practice.” (Participant 12, 3 May 2014)

**Prospective
results of
integration**

Advantages

“Homoeopathy is quite sustainable for a country that has the resources we have and the economy and most importantly for the patient themselves really being exposed to healing medicine that works.” (Participant 4, 30 April 2014)

“Our best bet would be in community satellite clinics where they can see us as a primary practitioner. Us as homoeopaths need to be trained more on emergency medicine. I think in that case you will have a lot more people having less recurrent sickness and in that way prevent all the flooding that’s happening in the public clinics and save on medication. Some allopathic medicine compromises the body’s ability to fight and you have made the condition worse. What happens with homoeopathy, you teach the body how to fight and become more professional at fighting and you’ll see people get sick less and less because the body is not developing secondary infection and all those kind of things. We would prevent a lot of unnecessary invasive approaches but that has to come from a governmental point of view.” (Participant 10, 06 May 2014)

“If integrated into the public healthcare system, there would probably be a lot less deaths from diseases and drug interaction and incorrect drugs being given and all that sort of thing, it would certainly save an enormous amount of money because of the production of homoeopathic medicine in huge quantities. I don’t imagine for a moment that we are going to replace surgeons and trauma work and all of that.” (Participant 8, 02 May 2014)

Disadvantages

“I think people would still be skeptical about homoeopathy at first if it was integrated into the public facilities. We have to get to change perceptions and here at the clinic we find people pitching up just for medical care and they don’t know that we are homoeopaths and they don’t necessarily care.” (Participant 11, 12 May 2014)

“I think people won’t use it because they don’t know enough about it, so they won’t welcome it in a way. The people who use homoeopathy in the private sectors and again upper middle class have a limited knowledge about it. There is a certain amount of education that needs to happen prior to integration.” (Participant 10, 06 May 2014)

“I think some people would be angry. Because of the way they perceive homoeopathy.” (Participant 4, 30 April 2014)

Recommendations

“I think it’s the law that needs to be corrected. The regulations. That’s the only thing that’s hindering us from going into the public healthcare sector. The laws that govern the country.” (Participant 12, 3 May 2014)

“Integration could work if we have a stand-alone clinic. The only way we can actually work if we have the stand-alone clinic where the government employs people to be there and the people have the choice to go and it’s not always in the private sector.” (Participant 10, 06 May 2014)

“I think the biggest problem is how effective we can be in a primary healthcare setting. We need to be able to do basic suturing. Possibly be able to prescribe basic pharmaceutical medication and lower schedule pharmaceuticals and doing injections and things like that. We have to be able to have that training so that we can be effective primary healthcare practitioners and be able to use homoeopathy within that context as well.” (Participant 9, 13 May 2014)

4.7.2 Discussion

Prior to the participants being questioned on homoeopathy's integration into public healthcare facilities in South Africa, they were asked their opinion of the profession's future prospects. Most envisioned that, under certain conditions, homoeopathy would have greater impact, while some disagreed.

It was interesting to note that none of the participants had previously considered the possibility of homoeopathy being integrated into the public healthcare system.

The homoeopathic practitioners that participated in this study appeared to be well informed about the state of the public healthcare system in South Africa. Numerous studies have described this system as one that is besieged by numerous challenges and that, for many years, has failed to deliver effective and efficient healthcare services, primarily to disadvantaged people (The South African Civil Society Information Service 2013). This study established that these challenges include a lack of resources; inappropriately skilled personnel leading to mismanagement and an increase in the number of patients without a concomitant increase in the number of staff. These findings are substantiated by studies conducted by Van Rensburg (2014); Sibiya (2009: 33); and Kaytzky and Tollmen (2008: 24).

The researcher posited that integrating homoeopathy into the public healthcare system could be one solution to these challenges. Three participants agreed wholeheartedly with this solution, while six reluctantly agreed provided that certain issues were addressed and three firmly disagreed.

Those that agreed that homoeopathy should be integrated into South Africa's public healthcare system stated that integration offered benefits for both homoeopathic practitioners and the overall system. It could result in the growth of the profession in South Africa as well as increased awareness; more secure employment prospects for practitioners; and practitioners gaining crucial experience and practicing the skills acquired during their training. These findings are substantiated by Solomon (2014: 9-15) and Smillie's (2010: 8) studies. Furthermore, the participants noted that the public healthcare system would benefit in a number of ways including more personnel; cost savings as homoeopathy is cost-effective; solutions to certain preventable health issues; patient education which was said to be neglected in the public healthcare system and better management of chronic cases. These findings correlate with previous studies that suggest that, homoeopathy has much to offer the public healthcare system in any country (Solomon 2014: 4, Rossi *et al.* 2010: 282 and Robert 2008: 49).

The homoeopathic philosophy and medicine promote the holistic well-being of a person and this is currently not emphasized in the public healthcare system in South Africa (Erwin, Marks and Couchman 2013: 8). Holistic well-being pertains to mental, physical and emotional health. By promoting such health, the public healthcare system could reduce the number of people in need of healthcare, which would alleviate the burden placed on the system.

The participants that were reluctant to work in the public healthcare system offered recommendations to the homoeopathic profession, educational institutions that offer a homoeopathy programme, allopathic practitioners and the South African government. These pertain to factors that could influence integration and are discussed in detail in chapter 5. The recommendations suggested by the participants were similar to those proposed by Myburgh, Hartvigsen and Grunnet-Nilsson (2008), but differed slightly. Six factors should be considered prior to the initiation of plans to establish an integrated healthcare system (Myburgh, Hartvigsen and Grunnet-Nilsson 2008: 802). These

include: educating practitioners and the public, government healthcare representatives, businesses, competition, practitioners and patients.

Among the participants who were not interested in homoeopathy being integrated into the public healthcare system, two were against the idea of integration and one was not against the idea but had no interest in making the shift from the private to the public sector. The reasons why these participants did not support integration were that they had established viable practices and were not comfortable with the protocols that would need to be followed in the public sector. They were also satisfied with their interaction with their patients that they feared might be lost were they to make this paradigm shift. This outcome is likely given that more than 80% of the South African population rely on the public health sector (Sibiya 2009: 37 and Kautzky and Tollmen 2008: 24).

A few participants felt that there might be negative reactions, skepticism and uncertainty regarding homoeopathy's integration into South African public healthcare facilities due to the juxtaposition of the homoeopathic philosophy and allopathic medicine. The private health sector, where homeopathy is currently located, is used by less than 20% of the population that can afford to pay for its services (Kautzky and Tollmen 2008: 24). Thus, the majority of South Africans could possibly not have any pre-conceived cognitions on homoeopathy as they have not had prior exposure to it.

Studies on the outcomes of integrating homoeopathy into the public healthcare sector in developing countries like India and Cuba suggest that homoeopathy can complement allopathic medicine (Spence, Thompson and Barron 2005: 795; Prasad 2007: 1679 and Rossi *et al.* 2010: 280). None of these studies found that homoeopathy does not complement allopathic medicine in an integrated public setting. Indeed, homoeopathy was found to be very useful in public clinics and hospitals (Robert 2008: 49).

Bearing in mind the state of the South African public healthcare system, any form of assistance should be considered. South Africa needs all the help it can get in the fight against ill-health, poverty and other community-based issues (Nzimande 2012: 9). With homoeopathy assisting in initiating the body's innate healing powers and allopathic medicine being anti-microbial, this combination would go a long way in addressing the burden of illnesses (Odermatt cited in Ottermann 2010).

4.8 Limitations

The main limitation of this study was that only homoeopathic practitioners who were practicing in the KwaZulu-Natal region, were able to communicate in English, were registered with the AHPCSA and had been practicing for more than two years were interviewed. It would have been interesting to interview other groups, including recent graduates (both practicing and non-practicing) and homoeopathic students. Lecturers were also not part of the study. The race, gender, age and socio-economic status of the homeopathic practitioners that were approached were not considered.

4.9 Conclusion

This Chapter presented and discussed the study's findings. Varying views on each theme emerged from these findings. Both negative and positive attributes of each theme were discussed. In terms of integration, the responses indicated that most homoeopathic practitioners would be amenable to integration. However the positive-negative ratio of the other themes favored a negative response. Negative attributes identified by the participants included the lack of knowledge of homoeopathy in South Africa, and deficiencies in the homoeopathic education offered at DUT as well as negative in-practice experiences. The themes discussed in this Chapter all interrelate with integration. Therefore, if integration is to be considered, the negative attributes highlighted in each theme require further scrutiny. This would not only serve to facilitate plans for integration but allow for the progression of the homoeopathy profession in South Africa, which is a desirable goal. The interrelationship between integration and the negative attributes identified by the participants include the following:

- Knowledge of homoeopathy is linked to in-practice experiences. The general lack of awareness of homoeopathy has resulted in the participants having negative experiences while in practice. In contrast, a few participants observed that, people that are knowledgeable about homoeopathy are more open and accepting of the profession. This resulted in positive in-practice experiences.
- Training deficiencies are linked to in-practice experiences. Deficiencies in the homoeopathy programme resulted in ill-equipped practitioners, fuelling misconceptions and negative stereotypes towards homoeopathy and thus resulting in negative in-practice experiences.

These interrelationships highlight that the themes identified do not exist in isolation. The following Chapter discusses the findings in relation to the study's objectives.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

As noted in Chapter 2, the South African public health sector is under increasing pressure. Of critical concern is the high volume of patients that present at public facilities coupled with insufficient personnel to handle the patient load. There have also been cases of mismanagement of public facilities. Overall, these factors lead to an unequal distribution of resources, with economically disadvantaged people unable to receive the same quality of care as those who can afford the services of the better-resourced private healthcare sector. The South African government itself has raised the possibilities of an integrated approach to healthcare to address these issues, although it is unclear how exactly it envisages such integration taking place. This study aimed to establish whether or not homoeopathic practitioners would be amenable to an integrated healthcare system.

Worldwide, plural healthcare systems are starting to record successes. In the South African context there is an insufficient supply of medical personnel in the public healthcare sector. This could be alleviated by the inclusion of homoeopathic practitioners, who are medically trained in basic healthcare yet are currently restricted to the private healthcare sector. Furthermore, the state subsidizes the training of homoeopathic practitioners but reaps no benefits from this investment. In contrast, other medical practitioners whose training is subsidized are required to do a one-year internship in a state facility prior to qualifying.

In view of the possible benefits of bringing homoeopaths into the public healthcare sector, this study examined whether or not homoeopathic practitioners perceive themselves as having a role to play in this system, and why. Most homoeopathic

practitioners that participated in this study were open to working in the public healthcare system. While a few expressed contrasting views, many participants supported integration and suggested ways in which this could happen. This included the creation of more homoeopathic clinics and hospitals to serve the public at large; the expansion and promotion of the current homoeopathic community clinics; the addition of homoeopathic departments to public health facilities and including homoeopathy in the NHI. However, the participants stated that under no circumstance should allopathic practitioners be replaced by homoeopaths, as all practitioners have their own unique role to play in the public healthcare system. Given the participants' openness to the notion of integration, it is recommended that homoeopathic practitioners should be included in the current public healthcare sector. This could assist with large patient loads at public facilities. It would also make homoeopathy more accessible and build awareness of holistic treatments that emphasize the prevention of disease pathology by strengthening the immune system. Homoeopathy offers non-invasive, cost effective alternatives to treat patients.

5.2 Recommendations

5.2.1 Recommendations for the homoeopathy profession and Government

As noted in Chapter 3, this study used a grounded theory analytical lens to generate an analysis (grounded in the South African context) of the research data on the integration of homoeopathic practitioners into the public healthcare system. The results suggest that integration has significant potential to address the lack of resources in this sector. It is thus highly recommended that the government use the resources that it invests in, in this case homeopathic and medical students. An internship programme to initiate the integration of homoeopathic graduates into the public healthcare sector would go a long way in bridging the gap that exists between the public healthcare sector and the homoeopathy profession. It is recommended that the government should hold an open

dialogue with the homoeopathy profession in order to formulate a model for integration. However, this requires simultaneously addressing the issues within the homeopathic profession itself.

Given the general lack of public knowledge of homeopathy highlighted by the majority of the participants, it is suggested that the profession embark on campaigns to promote homoeopathy. These will only work if both practitioners and students are involved. The campaigns should initially be directed at other medical professionals and later at the public at large. A symbiotic relationship with the allopathic profession could assist with further promotion of homoeopathy as the former serve a large proportion of the population. It is also recommended that deficiencies in the training of homoeopaths be addressed in order for this programme to better relate to the system used to train allopathic medical practitioners.

5.2.2 Recommendations for further studies

To the researcher's knowledge, an integrated healthcare system is a topic that has not been thoroughly explored in South Africa. Before conceptualizing such a system, it is important to determine the perceptions of all the professionals involved in this sector. Thus, nationwide and more in-depth research should be conducted on such integration. This study focused on one element (homoeopathy practitioners) that affects integration; hence, it is recommended that further research should focus on other stakeholders including homeopathic and allopathic students, policy makers, academics and allopathic practitioners to further develop a model for integration.

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APPENDIX A

INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)

LETTER OF INFORMATION

Dear doctor

My name is Sindile Fortunate Majola. I am a master's degree student at the Durban University of Technology, registered under the Department of Homoeopathy. This information letter serves to acquaint you with the study I am currently conducting.

Title of the study:

“The perceptions of homoeopaths practicing in the KwaZulu-Natal region on their role in the public healthcare system in South Africa”.

Principal Investigator/s/researcher:

Researcher: Sindile Majola, B.Tech. Homoeopathy

Supervisor: Dr Ingrid Couchman, M.Tech. Homoeopathy

Co-supervisor: Dr K Erwin, PHD (UKZN)

Brief Introduction and Purpose of the Study:

This study aims to explore the perceptions of homoeopaths on the role they could play in the public healthcare system in South Africa. To the researcher's knowledge no such research has been conducted. It is not my aim to determine the efficacy of homoeopathy but rather to provide the insight and knowledge which may be useful in

the efforts made to incorporate homoeopathy into the public healthcare system in South Africa. This study will only be conducted throughout the KwaZulu-Natal region. The study population will consist purely of homoeopathic practitioners who are registered with the Allied Health Council in South Africa and are practicing. You will only be selected to be part of the study if you satisfy the inclusion criteria.

Outline of the Procedures:

I will use referral sampling to recruit interested participants. A minimum of twelve participants will be selected to be part of the study. These participants will only be selected to be part of the study if they satisfy the inclusion criterion. You will be notified about the research through email or a phone call. An appointment will be made with you and I will travel to the location that is suitable to you. A semi-structured interview is well suited for this research as it will allow me to ascertain the perceptions you hold on the topic of the study. The semi-structured interview will be conducted using an interview guideline and is expected to take approximately 30 minutes. The semi-structured interview will be audio-recorded and kept in storage where only the researcher and the supervisor will have access to. The semi-structured interview will be audio-recorded as to preserve your words. During the semi-structured interview there will be themes and open-ended questions, to allow for a variety of responses to be gathered. You have a choice as the participant not to take part in the study as well as not to complete the semi-structured interview.

Should you wish to take part in the study you will be given a copy of a consent form.

Risks or Discomforts to the Participant:

The risks of participating in this study are minimal. Should you find a question difficult to answer or feel uncomfortable answering, we can (a) discuss the situation, (b) take a break, or (c) stop. If you choose to stop, we can either finish the interview another day or you can end your participation in the study. The risk of this study is very low and I will make every effort to protect you from this risk.

Benefits:

There are no direct benefits to you (the participant).

Reason/s why the participant May Be Withdrawn from the Study:

The researcher may stop you from taking part in the study at any time if she believes it is in your best interest or if the study is terminated. Also, you may choose to withdraw from the study at any time with no adverse consequences.

Remuneration:

You will not be remunerated for taking part in the study.

Confidentiality:

The privacy of all the participants in this study is protected. Data will be collected and stored in a safe place that is located at the Durban University of Technology. The place in which the data is stored will only be accessed by the researcher and the supervisor. Strict confidentiality and anonymity will be adhered to. You will be assigned a code and only the researcher will hold access to it. Your confidentiality will be maintained even on the final dissertation. The data collected will remain in storage for fifteen years at the Durban University of Technology, Department of Homoeopathy and then be destroyed. The data will be analyzed and placed in the final dissertation. The outcomes of the dissertation will be available at the Durban University of Technology library.

Research-related Injury:

Due to the nature of the research there is no anticipated risk for injury related to research. No compensation will be made for such claims.

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

Please contact the researcher, Sindile Majola (0743172430), the supervisor, Dr I Couchman (0722332458) or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za.

APPENDIX B

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, _____, 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 computerized 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, _____ 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 C

QUESTIONS TO BE ASKED IN THE SEMI-STRUCTURED INTERVIEW

Section A: Homoeopathy in South Africa

1. What is your perception of homoeopathy in South Africa?
2. What is hindering the growth of homoeopathy in South Africa?
3. Do other practitioners have stereotypes against homoeopathy/ homoeopaths?
4. How can you overcome this?
5. What do you perceive to be the future for homoeopathy in South Africa?

Section B: Public healthcare sector

1. What is your view of the public healthcare sector?
2. Does homoeopathy have a role in the public healthcare system?
3. Which/what issues do you predict homoeopathy eradicating if integrated into the public healthcare system?
4. Are you willing to work in a public healthcare setting should homoeopathy be implemented into it?
5. What adjustments need to take place in order to allow for homoeopathy to be effective in the public healthcare system?
6. What are your expectations/ anticipations if homoeopathy is implemented into the public healthcare setting?
7. How would the public healthcare system benefit from incorporating homoeopathy into it?
8. What are your pre-conceived cognitions by general society of homoeopathy being incorporated into public healthcare system?
9. What are your views on the National Health Insurance?

APPENDIX D

PILOT STUDY ASSESSMENT FORM

“The perceptions of homoeopaths practicing in the KwaZulu-Natal region on their role in the public healthcare system in South Africa”

Name:

Date:

Dear assessor,

Thank you for agreeing to assist in the piloting of the questionnaire to be used in the above mentioned research.

Once you have been interviewed by the researcher, you are kindly requested to read the attached questionnaire again in your own time. Once you have reviewed the questionnaire you are required to fill out the following assessment form. Additional comments can also be written on the questionnaire itself. All gathered information will be useful to us to ensure the intended results of the survey are achieved.

Please answer and elaborate on the following:

1. Time taken to complete: section A_____ and time taken to complete section B_____
2. Do you feel the time taken to complete the interview was too long?

3. Are the questions appropriate for the study?

4. Were the questions clear?

5. Do you understand the research topic?

6. Did the questions follow a logical sequence?

7. Were any questions irrelevant or inappropriate for the study?

8. Additional comments

Thank you for your cooperation

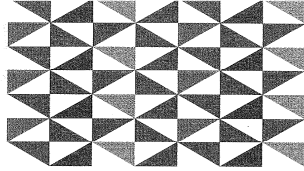
Yours sincerely

Sindile Majola
Research student

Dr I.M Couchman
Supervisor

Dr K Erwin
Co-Supervisor

APPENDIX E



Institutional Research Ethics Committee
Faculty of Health Sciences
Room MS 49, Mansfield School Site
Gate 8, Ricson Campus
Durban University of Technology
P O Box 1334, Durban, South Africa, 4001
Tel: 031 373 2900
Fax: 031 373 2407
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics
www.dut.ac.za

16 April 2014

IREC Reference Number: **REC 89/13**

Ms S F Majola
P O Box 771
Clernaville
3602

Dear Ms Majola

The perceptions of homoeopaths located in the KwaZulu-Natal region on their prospective role in the public healthcare system in South Africa

The Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Please note that you may now proceed with research on the proposed project.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'JK Adam', written over a horizontal line.

Prof J K Adam
Chairperson: IREC

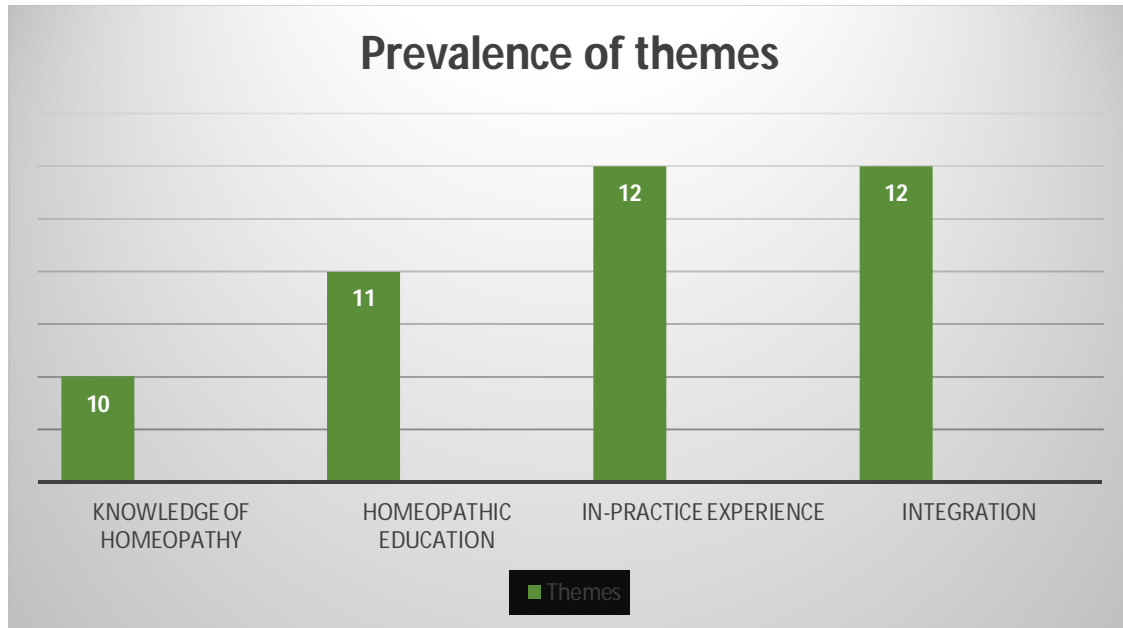
APPENDIX F

THE PREVALENCE OF THE THEMES THAT EMERGED

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
KN		X	X	X	X	X	X	X	X	X	X	
HE	X	X	X	X	X	X	X	X	X	X	X	
IE	X	X	X	X	X	X	X	X	X	X	X	X
IN	X	X	X	X	X	X	X	X	X	X	X	X

APPENDIX G

THE PREVALENCE OF THE THEMES THAT EMERGED



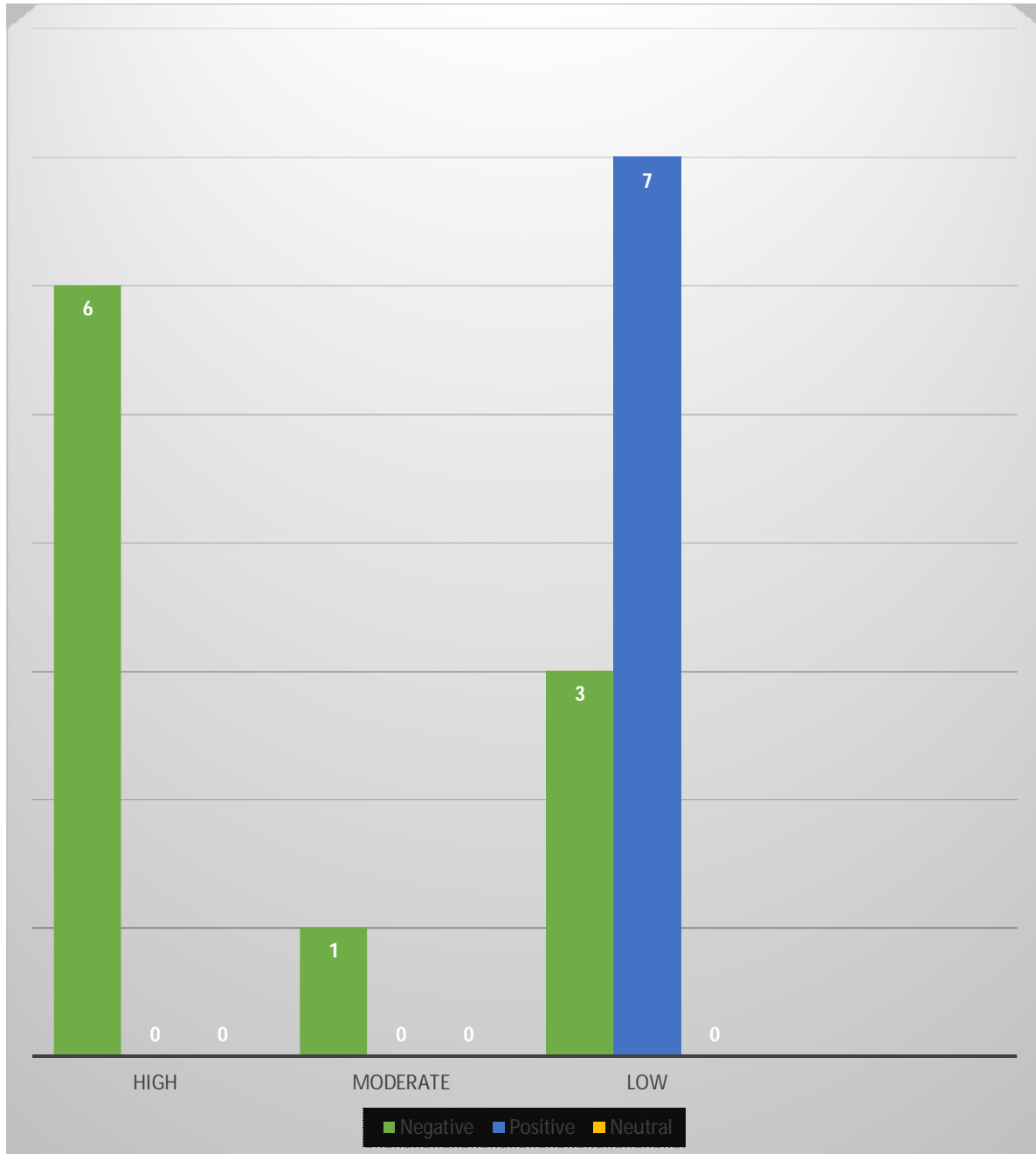
APPENDIX H

KNOWLEDGE OF HOMOEOPATHY

Theme	Frequency	Variation	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	
KN	High	Negative			x	x	x	x	x	x					
		Positive													
		Neutral													
	Moderate	Negative											x		
		Positive													
		Neutral													
	Low	Negative		x								x		x	
		Positive		x	x	x	x			x	x			x	
		Neutral													

APPENDIX I

KNOWLEDGE OF HOMOEOPATHY



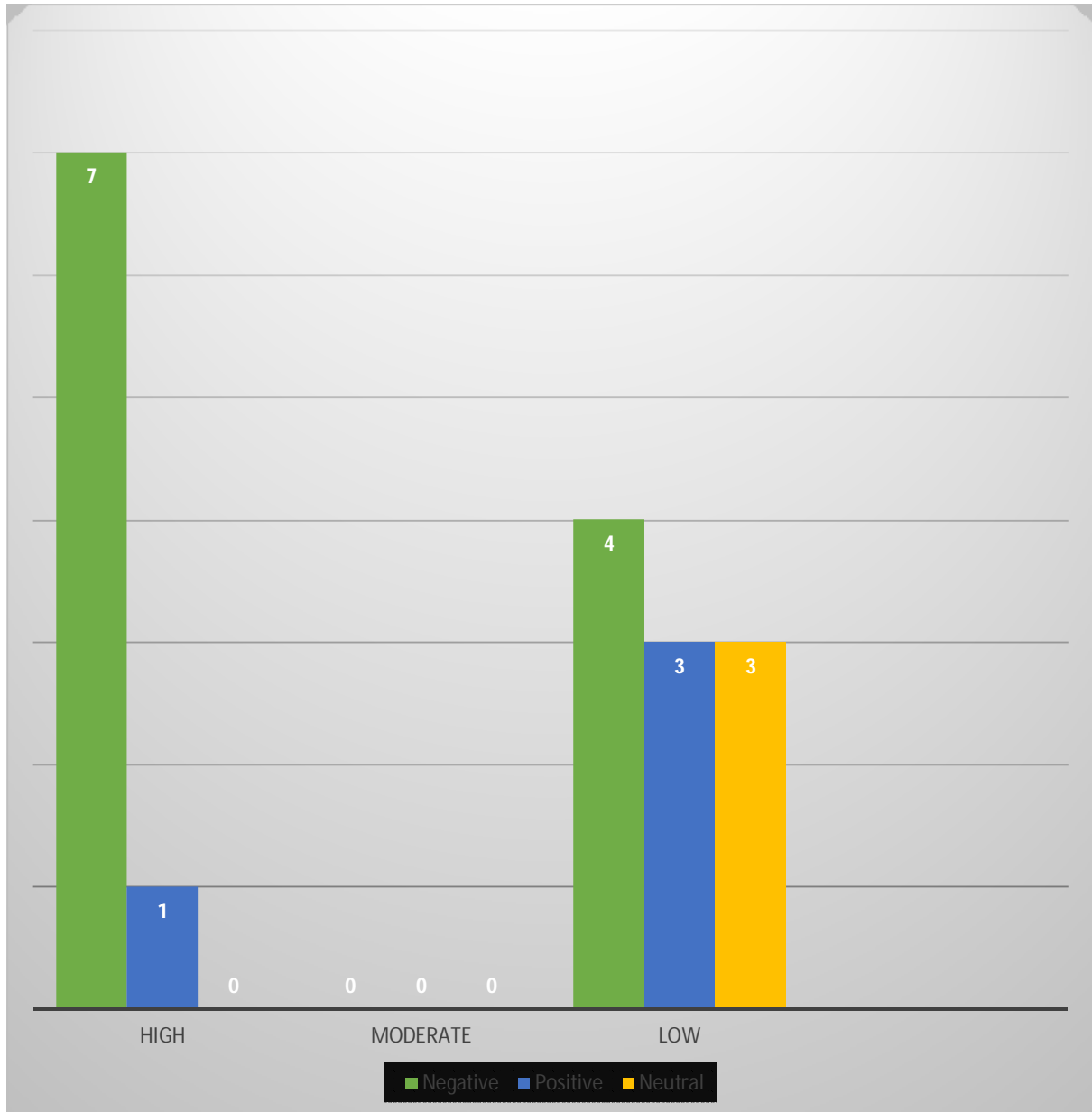
APPENDIX J

HOMOEOPATHIC EDUCATION

Theme	Frequency	Variation	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	
HE	High	Negative	x			x		x	x	x	x	x			
		Positive					x								
		Neutral													
	Moderate	Negative													
		Positive													
		Neutral													
	Low	Negative		x	x			x						x	
		Positive		x	x	x									
		Neutral													

APPENDIX K

HOMOEOPATHIC EDUCATION



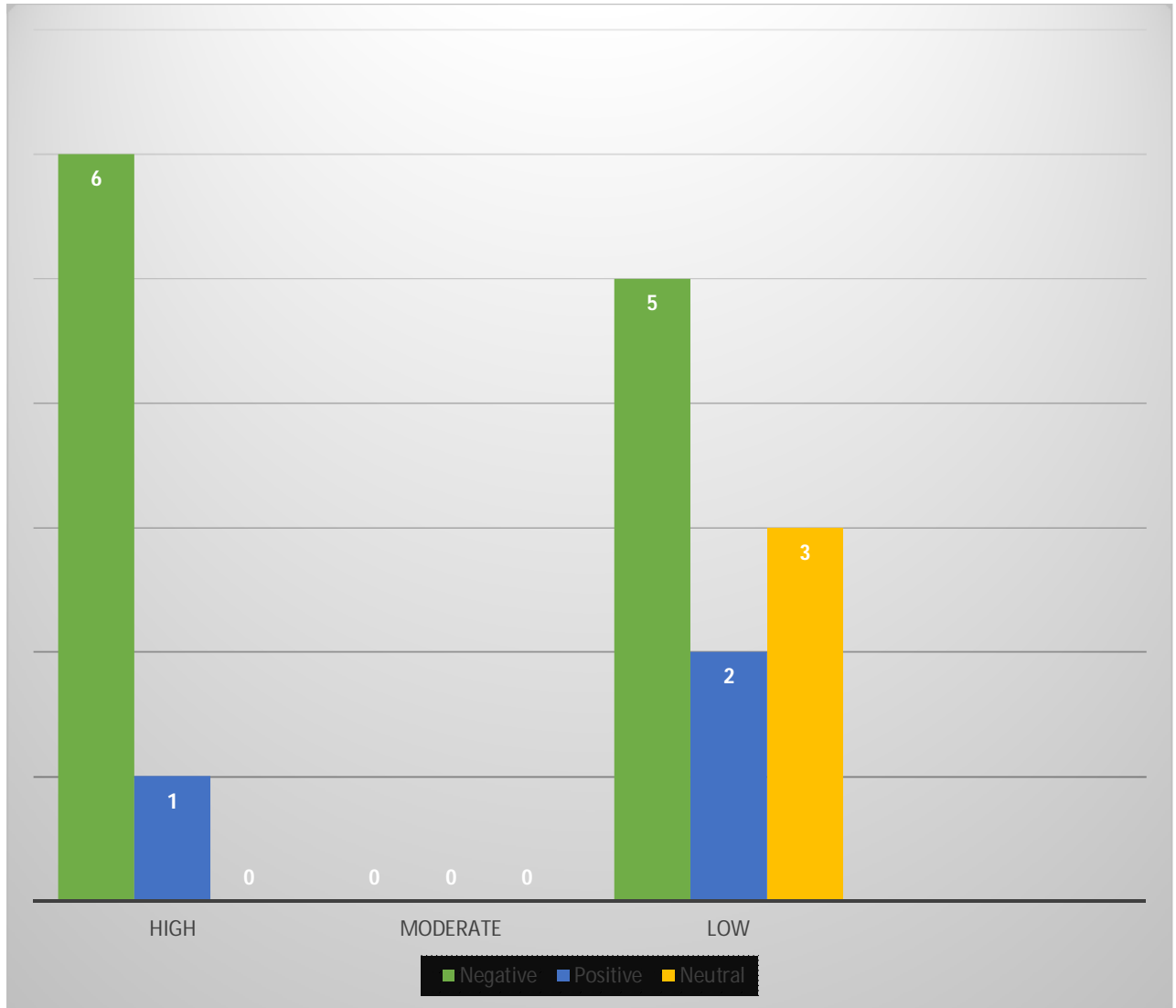
APPENDIX L

IN-PRACTICE EXPERIENCES

Theme	Frequency	Variation	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
IE	High	Negative			x	x	x	x			x			x
		Positive		x										
		Neutral												
	Moderate	Negative												
		Positive												
		Neutral												
	Low	Negative		x						x	x		x	x
		Positive	x		x									
		Neutral												

APPENDIX M

IN-PRACTICE EXPERIENCES



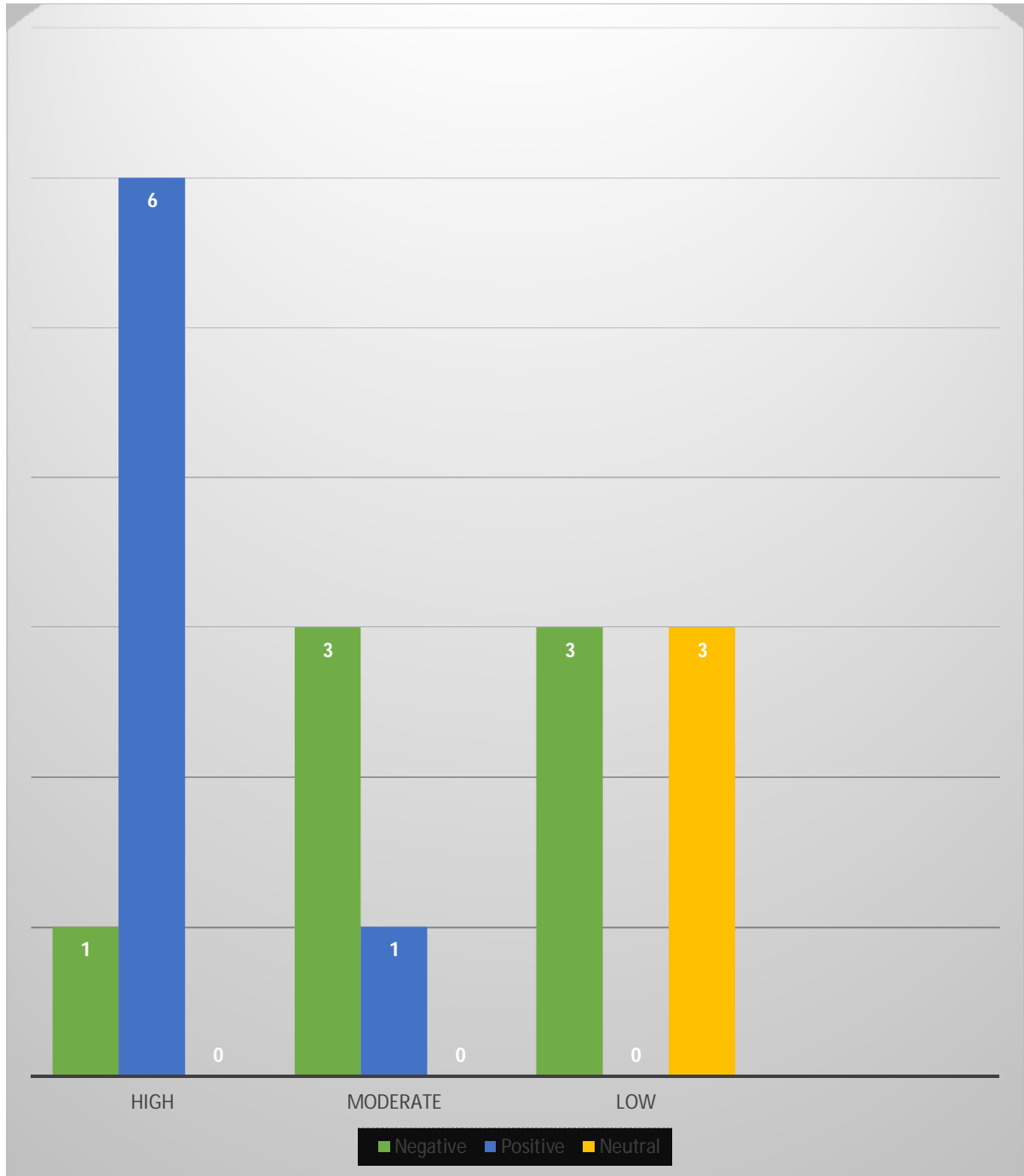
APPENDIX N

INTEGRATION

Theme	Frequency	Variation	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	
IN	High	Negative										x			
		Positive	x	X	x	x	x								x
		Neutral													
	Moderate	Negative							x			x		x	
		Positive									x				
		Neutral													
	Low	Negative	x			x				x					
		Positive													
		Neutral		x					x						x

APPENDIX O

INTEGRATION



APPENDIX P

Durban University of Technology													
Faculty of Health Sciences													
Department : Homoeopathy													
Cohort Study of ND: Homoeopathy First-time Entering Students completing their M Tech: Homoeopathy													
Year	No. First-time Entering	No. Graduated in :					No. Enrolled in 2014	No. Dropped out	Dropout Rate	Throughput Rate			Still in Progress
		2009	2010	2011	2012	2013				Min Time	Min Time + 1	Min Time + 2	
2005	17	0	0	0	0	0	6	11	65%	0%	0%	0%	35%
2006	11		0	1	0	1	3	6	55%	0%	9%	0%	27%
2007	16			0	0	0	7	9	56%	0%	0%	0%	44%
2008	7				0	0	5	2	29%	0%	0%		71%
2009	11					0	6	5	45%	0%			55%