

A COMPARATIVE STUDY OF THE KNOWLEDGE, ATTITUDES AND PERCEPTIONS OF POST GRADUATE HOMOEOPATHY AND POST BASIC NURSING STUDENTS WITH REGARD TO THE ADVERSE EFFECTS OF VACCINATION IN CHILDREN

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This mini-dissertation was submitted in partial compliance with the requirements for the Master's Degree in Technology: Homoeopathy, in the Faculty of Health Sciences at the Durban University of Technology.

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Date: May 2014

Declaration

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is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources).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

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Dedication

I dedicate my work to my Guru Shri Sathaya Sai Baba and Mr. MT Singh gone to soon but definitely not forgotten. Your legacy shines bright through me every day. You will always be the epitome of a legend. I know you will be smiling down at me from heaven as I have finally achieved, what you set out for me to achieve, to the future of Dr SR Singh.

Acknowledgements

Growing up I always believed you are the Master of your own destiny. I can finally say I have "Mastered" my destiny. My five years of studying towards my Master's degree and my research study would not have been possible without the help and guidance of many individuals who have offered their support, supervision and academic assistance along the way.

First and foremost, I cannot express how grateful I am to be blessed with such a loving support system. A hearty "Thank You" to my mother Rashica Singh and sister Shamiska Rohith. Everything I earned is because of your constant mentorship and guidance throughout my life, and beyond that you are my pillars of strength without which I would have not been able to get to where I am today. This successful path I have paved I owe to both of you.

To my dad Raj Rohith, thank you for the support and financial assistance in my chosen field of studies, it is gladly appreciated.

To my siblings, Shamir and Pariksha Madanjeeth and Shameek Malthoo for the unconditional love, inspiration, support and mentorship throughout my years of studying and the constant motivation to put forth my best.

To my research supervisor Dr. Corné Hall, thank you for being ever so generous and available in lending a helping hand throughout my studying career and the hours you put aside to assist me in my research. Thank you for your mentorship, help and guidance in my research. I am so appreciative of your constant support, vast knowledge and always being able to educate me to the best of your ability. Your words of encouragement and motivation throughout my research and career are gladly appreciated.

To my co-supervisor Professor Nokuthula Sibiya, thank you for your extreme help, advice and patience throughout my research. Thank you for always reviewing my work with such precision and dedication and constantly motivating me in the direction I needed to take to complete my research study. Your professional work, ethics and advice was much appreciated.

Lastly, and most importantly a big thank you to the participants for their willingness and time taken to part take in my research study and share their knowledge and perceptions, without which this research would not have been possible.

Abstract

Aim of the Study

The study aimed to identify the knowledge, attitudes and perceptions amongst post graduate homoeopathy students and post basic primary health care nurses serving in a primary health care setting regarding adverse effects associated with childhood vaccinations.

Methodology

In this qualitative study 18 participants were selected through purposive sampling. Semi-structured interviews were conducted with each participant. The interviews were recorded and analysed conceptually.

Results

The findings of this study revealed that all of the PHC nursing participants were in favour of the childhood immunisation schedule of South Africa, contrary to the homoeopathic participants where the majority of participants were not in favour of the childhood immunisation schedule. Knowledge, attitudes and perceptions varied amongst the homoeopathic participants in contrast to the PHC nursing participants where there was a much more unified stance and cohesive outcome with regard to their attitudes and perceptions.

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Glossary of Terms

Adverse

A result of drug therapy that is neither intended nor expected in normal therapeutic use and that causes significant, sometimes life-threatening conditions (Stedman 2005).

Cold chain

The “cold chain” includes all of the materials, equipment and procedures used to preserve vaccines in the compulsory temperature range of +2 °C to +8 °C from the time of manufacture until the vaccines are administered to individuals (Ministry of Health and Long-Term Care of Ontario, 2011).

Complementary Alternative Medicine

A general term for therapeutic methods, some primeval and widely practiced, to treat non-emergency conditions from a holistic and non-invasive approach. Examples of complementary practices include acupuncture, chiropractic, osteopathy and homoeopathy (Stedman 2005).

Homoeopathy

Homoeopathy is a therapeutic medical system based on the observation that substances that are capable of causing diseases of the mind or body in healthy people can be used in a dilute form as remedies to treat a 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. Dr. Samuel Hahnemann (1755-1843) was the physician who developed the use of the therapeutic principle of similars, in 1796. Homoeopathy is a medical system with which any medical condition in any human being of any age has the potential to be treated. Homoeopathy is safe and effective, which is proven not only by the world-wide support and interest of patients and health professionals, but also by

research and clinical trials in various related areas/fields (Homoeopathic Association of South Africa, 2012).

Nosode

A homoeopathic remedy created from some element of the disease itself, such as a discharge or diseased tissue (Jonas 2005).

Post graduate homoeopathy

The Department of Homoeopathy at the Durban University of Technology offers the Master's Degree in Technology: Homoeopathy. Post graduate students are full time, in their 5th or 6th year (Department of Homoeopathy 2012:1).

Post basic nursing

The Department of Nursing at Durban University of Technology, offers PHC as a post basic course. This course is offered on part time basis as a B. Tech Degree over a period of two years (Sibiya 2012a: 1).

Potentiation

Potentiation in homoeopathy is the process of making a remedy more potent by serial dilution (even to an extent that is unlikely to contain a single molecule of the original substance) (Dorland 2007).

Purposive sampling

Purposive sampling is a planned non-random method of sampling, which aims to sample a group of people, or settings, with a particular characteristic (Bowling 2009: 409).

Primary Health care

Essential health care; based on practical, scientifically sound, and socially acceptable method and technology; universally accessible to all in the community through their full participation; at an affordable cost; and geared toward self-reliance and self-determination (WHO & UNICEF, 1978).

Repertorisation

The process of utilising the repertory to determine the accordance of specific remedies to a particular set of symptoms (Birch, 2010).

Vaccine

A vaccine is a biological preparation that improves immunity to a particular disease. A vaccine typically contains an agent that resembles a disease-causing microorganism, and is often made from weakened or killed forms of the microbe, its toxins or one of its surface proteins. The agent stimulates the body's immune system to recognize the agent as foreign, destroy it, and "remember" it, so that the immune system can more easily recognize and destroy any of these microorganisms that it later encounters (WHO:2014).

Qualitative research

Qualitative research attempts to make sense of and value phenomena in terms of meaning that individuals bring to the issue. Qualitative research is generative and is designed to describe and explain the topic at hand, data is often collected through interviews (Blessing and Forister 2013: 159).

List of Acronyms

ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AHPCSA	Allied Health Professions Council of South Africa
BCG	Bacilles Calmette Guerin
BTECH	Bachelors in Technology
CDC	Centre For Disease Control
CAM	Complementary Alternative Medicine
DTP/DTaP	Diphtheria, Tetanus and /Acellular Pertussis
EPI	Expanded Programme on Immunisation
ENT	Ear, Nose and Throat
FM	Family Medicine
GI	Gastro Intestinal
HiB	Haemophilus Type B
Heb B	Hepatitis b Vaccine
IPV	Inactivated Polio Vaccine
HPCSA	Health Professions Council South Africa
HSA	Homoeopathic Association of South Africa
KZN	KwaZulu-Natal
MCC	Medicine Control Council
MMR	Measles, Mumps and Rubella
MTECH	Master's degree of Technology
OPV	Oral Polio Vaccine
PCV	Pneumococcal Conjugate Vaccine
PHC	Primary Health Care
RV	Rotavirus
SANC	South African Nursing Council
TD	Tetanus and Diphtheria
URTI	Upper Respiratory Tract Infection
UNICEF	United Nations International Children's

	Emergency Fund
WHO	World Health Organisation

CHAPTER ONE: OVERVIEW OF THE STUDY

1.1 INTRODUCTION

It has been recognized that there is endless controversy when it comes to the “vaccination debate”. The debate is based on two issues: whether vaccinations are essential treatment and whether they are detrimental to the health of some individuals. The implications of this controversy may be far reaching (Couchman 2011: 21). In some quarters, homoeopathy is seen as an alternative treatment regime in treating the adverse effects of vaccinations and PHC nurses deal first hand with vaccinations. The knowledge, attitude and perceptions with regard to the possible adverse effects of vaccinations in children generated from this study can assist in the direction parents take when deciding to immunise their children.

1.2 PROBLEM STATEMENT

Presently, there is much controversy when it comes to vaccinations. Homoeopathy is seen as an alternative treatment regime in treating the adverse effects of vaccinations and PHC nurses deal first hand with vaccinations. This research study aimed to investigate these controversies and determine whether a consensus exists within the PHC system in South Africa.

Previous related research had identified the opinions and interventions of registered South African homoeopaths regarding childhood vaccinations (Couchman 2011: 21) and concluded that the assumption that homoeopaths are aware of the side effects associated with vaccinations is the case as 72% of the participants were not in favour of vaccinations and 44% were of the opinion that the risks involved did not outweigh the benefits.

1.3 AIM OF THE STUDY

The aim of the study was to identify the knowledge, attitude and perceptions amongst post graduate homoeopathy students serving in a PHC setting and post basic PHC nurses, working in a PHC setting with regard to the adverse effects associated with childhood vaccinations.

1.4 OBJECTIVES OF THE STUDY

The objectives of this study were to:

- Assess knowledge amongst post graduate homoeopathic students and post basic PHC nurses working in a PHC setting with regard to the adverse effects associated with childhood vaccinations.
- Determine the attitudes of these two groups regarding the adverse effects of childhood vaccinations and the treatment regimes in the PHC setting to address these adverse effects.
- Explore the perceptions of these two groups regarding the adverse effects of childhood vaccinations amongst the post graduate students and post basic PHC nurses working in the PHC setting.
- Investigate the current standard protocols and treatment regimens followed by the two groups in the PHC setting with regard to the adverse effects associated with childhood vaccinations within South Africa and additionally explore the post graduate nursing students knowledge, attitudes and perceptions of Complementary Alternate Medicine and Homoeopathy as an alternative treatment regime to the side effects of vaccinations.
- The Study explored the knowledge, attitudes and perceptions of the two groups in order to draw any significant relations.

1.5 SIGNIFICANCE OF THE STUDY

This study establishes a foundation with regard to the current standard protocols, treatment regimens and possible alternatives in the treatment of adverse effects of childhood vaccinations which in turn can assist parents in their decision-making regarding immunisation of their children. This study provides information on the current knowledge, attitudes and perceptions on childhood vaccinations within the allopathic as well as the Complementary and Alternative Medical field.

1.6 OUTLINE OF THE DISSERTATION

Chapter 1: Overview of the study

Chapter 2: Literature review

Chapter 3: Research methodology

Chapter 4: Data Analysis

Chapter 5: Discussion of data

Chapter 6: Conclusion

1.7 CONCLUSION

This chapter presents the background, purpose and aims of the study and highlights a general overview of the research topic. Chapter Two will focus on the relevant literature related to this study. Chapter Three describes the methodology used to obtain the data needed for this study with Chapter Four presenting the results obtained, as well as the themes and sub themes drawn. Chapter Five discusses the results and trends observed from the relevant data. Chapter Six completes the dissertation with conclusions and recommendations for future studies.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

Vaccines are one of the most popular preventive interventions worldwide (Bloom, Canning and Weston 2005) and have reduced the epidemics of smallpox, polio, diphtheria, and measles. Vaccines have become an essential part of our world, for the present health of our children and for future generations. But because each act of administering small amounts of disease and foreign substances to children opens the door to the possibility of debilitating consequences or even death, every possible effort must be made to ensure that today's vaccines and those in the future are as safe as possible (Cave 2004).

The main advantage of vaccinations is seen as the elimination of childhood diseases (WHO 2005: 288) whereas the main disadvantage is seen as the side effects caused by the vaccination itself (Offit and Jew 2003: 1394). Although immunisation to protect infants and children from vaccine preventable disease is one of the greatest achievements of public health, immunisation is not without risks (Stratton, Wilson, and McCormick 2002: 15). Vaccination from a conventional or homoeopathic point of view has always been controversial because it carries certain risks, yet there are also many concerns regarding not vaccinating children (Bhatia 2006).

According to Dr. Richard Primavasi, a consultant paediatrician: "The further down the field of vaccination we go, the less serious the disease we treat. We started with smallpox, diphtheria, pertussis, polio and then tetanus. Then it was measles, mumps, rubella, HiB and meningitis. The second group of diseases are not as serious as the first group" (Alexander 2003: 68).

Since the beginning of the 20th century, the wide use of vaccination has created significant achievements in the control of vaccine preventable diseases. Major victories

against disease have been won by vaccination, eradicating certain diseases or reducing their incidence to rare case reports. The economic, medical and social importance of vaccines lies partly in the burden of disease that can be avoided and partly in the competition for resources between vaccines and other interventions (e.g. drugs, other preventive measures) (Bloom, Canning and Weston 2005). "Vaccines are an incredible implement to control disease in all countries and are still a very smart buy in health and economic terms," according to Dr Fred Were, National Chairperson of the Kenya Paediatric Association (WHO 2009).

Research indicates that less than 10% of German children are vaccinated against pertussis but the number of cases of pertussis has steadily decreased even though far fewer children are receiving the pertussis vaccine (Howenstine 2003). In 1986, there were 1300 cases of pertussis in Kansas and 90% of these cases occurred in children who had been adequately vaccinated. Similar failures have been reported from Nova Scotia where pertussis continues to be occurring despite universal vaccination. Pertussis remains endemic in the Netherlands where for more than 20 years 96% of children have received 3 pertussis shots by the age of 12 months. Measles outbreaks have occurred in schools with vaccination rates approaching 100% (Howenstine 2003).

"Worldwide measles deaths fell by 74% between 2000 and 2007, and vaccinations played a significant part in that decline," said Ann M. Veneman, Executive Director, UNICEF (WHO 2009). Vaccines are among the most resourceful prevention tools available. However, the success of an immunisation program depends on high rates of acceptance and coverage; there is evidence of a raise in vaccine refusal in the United States and of geographic clustering of refusals that result in outbreaks. Children with exemptions from school immunisation requirements are at increased risk for measles and pertussis and can communicate a disease to others who are too young to be vaccinated, cannot be vaccinated for medical reasons, or were vaccinated but did not have a sufficient immunologic response (Omer et al. 2009: 1981).

It is for example well established that oral polio vaccine can on rare occasions cause paralytic polio. In other cases, vaccines sometimes cause anaphylactic shock (Stratton, Wilson, MacCormick 2002: 15). According to King (1999: 366), evidence is escalating on both sides of the vaccination issue. Minor symptoms to lifelong diseases can arise from either not being immunised, or more alarmingly, from being immunised.

Clinicians can play a vital role in parental decision making. Health care providers are seen as the most authoritative source of immunisation information by parents, including parents of unvaccinated children. Although some clinicians have discontinued or have considered discontinuing their provider relationship with patients who refuse vaccines, the American Academy of Paediatrics Committee on Bioethics advises against this and recommends that clinicians address vaccine refusal by respectfully listening to parental concerns and discussing the risks of non-vaccination (Omer et al. 2009: 1981).

The American Academy of Paediatrics strongly endorses universal immunisation. However, for childhood immunisation programs to be successful, parents must comply with immunisation recommendations. The problem of parental refusal of immunisation for children is an important one for paediatricians. The goal of the academy is to aid paediatricians in understanding the reasons parents may have for refusing to immunise their children, review the limited circumstances under which parental refusals should be referred to child protective services agencies or public health authorities, and provide practical direction to assist the paediatrician faced with a parent who is reluctant to allow immunisation of his or her child (Diekema 2005: 1428). Communication about childhood vaccine risks and benefits has been legally required in paediatric health care for over a decade. However, little is known about the actual practice of vaccine risk/benefit communication (Davis et al. 2001: 17).

2.2 SURVEYS/STUDIES OF PHYSICIANS AND PARENTS PERCEPTIONS ON VACCINATIONS

Vaccinations are one of the most successful preventive procedures in modern medicine. However, previous studies have indicated that homoeopathic physicians do not advocate or apply vaccinations as frequently as their allopathic colleagues, few studies have been undertaken to shed light on this question and most of these have not distinguished between medically and non-medically qualified homoeopathic practitioners (Lehrke, Nuebling, Hofmann and Stoessel 2001: 4859). Therefore, misunderstandings have arisen with reference to this question. A study conducted by Lehrke et al. (2001: 4859) presented only medically qualified homoeopaths. In this study, 219 medically qualified homoeopathic and 281 non-homoeopathic physicians in Germany (response rate 30, 4%) returned a questionnaire about the application and recommendation of 17 different vaccinations in their practices. The results show that the responding homoeopathic physicians did not generally refuse vaccines but rather viewed them with a specific hierarchy. The 'classical' vaccines against tetanus, diphtheria and poliomyelitis were applied to nearly the same degree as by non-homoeopathic colleagues. Vaccines against childhood diseases, risk group vaccinations and vaccinations judged as ineffective were applied and accepted with more restraint by homoeopathic physicians.

A similar study conducted by Salmon et al. (2004: 552) studied school personnel involved in the review of students' immunisation status to establish whether personnel training, immunisation-related knowledge, attitudes, and beliefs, use of alternative medicine, and sources of vaccine information were connected with the vaccination status of school children.

School personnel reported in this study their training and perceptions of disease susceptibility/severity, vaccine efficacy/safety, key immunisation values, use of alternative medicine, assurance in organizations, sources, and credibility of vaccine information, and the rates of vaccine exemptions in their schools. The results of this

study established that the majority of respondents believed that children (95.6%) and the community (96.1%) benefit when children are vaccinated. Nurses were more likely than non-nurses to hold beliefs following the utility and safety of vaccination. Greater perceived disease susceptibility and severity and vaccine efficacy and safety were associated with a decreased likelihood of a child in the school having an exemption. Nearly half (45.5%) of the respondents or their direct family members had used some form of alternative medicine in the last five years. A child attending a school with a respondent who had (or had a family member) used an alternative medicine practitioner was more liable to have an exemption than a child attending a school with a respondent who had not used an alternative medicine practitioner (Salmon et al. 2004: 522).

The study further concluded that the frequency of vaccine misconceptions among school personnel warrants vaccine communication programmes for school employees who work with parents on immunisation issues. An intervention study could ascertain whether such programs have an impact on parental decisions to claim exemptions for their children. Personnel without formal health care training who advise parents on immunisation issues could be passing on misinformation to parents. Nurses or properly trained health personnel should be the primary school contacts for parents on immunisation issues, health departments and health care providers were used most often by school personnel for vaccine information and providers, professional organizations, health departments, and the Centre for Disease Control (CDC) were considered most reliable (Salmon et al. 2004: 552).

Busse, Kulkarni, Campbell and Injeyan (2002: 1531) conducted a study on the frequency of anti-vaccination attitudes among Canadian chiropractic students, with over 75% of the students (467 of 621) completing the questionnaire. Most students (53.3%) reported that in general they agreed with vaccination. This was particularly true among first-year students (60.7%). However, among fourth year students, only 39.5% agreed with vaccination. The number of respondents who stated that they were not in favour of vaccination in general was 5 (4.5%) of 112 first-year students, 10 (8.3%) of 121 second-year students, 16 (13.9%) of 115 third-year students and 35 (29.4%) of 119 fourth-year

students. The mean scores on the questionnaire were increasingly lower with each senior year of study at the college.

Cave (2004) states that there is an increasing number of parents who question the safety, effectiveness and necessity of vaccines. Thus public concern about the safety of immunisation has increased. A recent survey revealed that a substantial number of parents (23-25%) deem that getting too many immunisations weakens a child's immune system and children get more immunisations than what are good for them (Gellin et al. 2000: 1097). Given the extensive use of vaccines, state mandates requiring vaccination of children for entry into school or day-care and the significance of ensuring that trust in immunisation programs is justified, it is essential that safety concerns receive assiduous attention (Stratton, Wilson, McCormick 2002: 15).

Parental refusal or deliberate delay of their child's vaccinations poses a challenge for paediatricians. A study by Flanagan-Klygis, Sharp and Frader (2005: 929) of paediatrician attitudes cited safety concerns as a top reason for parent refusal. Fifty-four percent faced total vaccine refusal during a 12-month period. Thirty-nine percent said they would dismiss a family for refusing all vaccinations. Twenty-eight percent said they would dismiss a family for refusing select vaccines.

Physicians are seeing mounting numbers of parents who query the safety of vaccines or refuse to vaccinate their children. A recent study conducted by Leib, Liberatos and Edwards (2011: 13) consisted of a quantitative survey of primary care paediatricians in one New England state with 133 paediatricians completing the questionnaire. This study examined how regularly paediatricians encounter parental vaccine safety concerns and vaccine refusals, how often physicians dismiss families from their practices for vaccine refusal, and how parental vaccine refusal impacts paediatricians individually. The results revealed that the majority of responding paediatricians reported an increase in parental vaccine safety concerns and refusals. More than 30% of responding paediatricians have dismissed families because of their refusal to immunise.

Primary care physicians are the most familiar interface for parents with the immunisation delivery system and are to be expected to have the greatest opportunity for exposure and experience with parental vaccine safety concerns according to Freed, Clark, Hibbs and Santoli (2004:11). The authors conducted a quantitative survey of primary care paediatricians. Overall, 93% of paediatricians and 60% of family physicians reported at least one parental vaccine refusal in their practice in the past year. The most frequent concerns of parents were related to short-term reactions and pain from multiple injections.

Parental concerns may contribute to immunisation refusals and low infant immunisation rates. Little knowledge is on hand about how often and why parents refuse immunisations for their children. Fredrickson et al. (2004: 431) conducted a study to estimate the regularity of and reasons for immunisation refusal, based on reports from health care providers and parents. The researchers surveyed a random sample of private practice family physicians and paediatricians and public health nurses who immunise children. Findings indicated that parents seldom refused vaccination in general but occasionally resisted specific vaccines. Parents who were hesitant about vaccinating were open to discussions about vaccines with a reliable provider while most of these parents agreed to immunise after discussing concerns with their provider.

In a subsequent survey of providers, the reported mean number of refusals per 1000 children age <18 years immunised was 7.2 with varicella vaccine being the most commonly refused. Providers indicated that fear of side effects heard from media/word of mouth was the most frequently expressed reason for parents to refuse vaccines (52%). Religious (28%) or philosophical (26%) reasons or belief that the disease was not harmful (26%), were less common reasons (Fredrickson et al. 2004: 431).

Davis et al. (2001: 17) conducted a study to identify current practices of childhood vaccine risk/benefit communication in private physician office settings on a national scale in the USA. The findings of the study exposed that 69% of paediatricians and 72% of family physicians self-reported that their offices gave parents the Centres for Disease

Control and Prevention Vaccine Information Statement, while 62% and 58%, respectively, gave it with every dose.

The same study also maintained in ~70% of immunisation visits, physicians and nurses reported initiating discussion of the following: common side effects, when to call the clinic and the immunisation schedule. However, physicians reported rarely initiating discussion regarding contraindications (<50%) and the National Vaccine Injury Compensation Program (<10%). The authors of the study revealed lack of time was considered the greatest barrier to vaccine risk/benefit communication. Nurses reported spending significantly more time discussing vaccines with parents than paediatricians or family physicians. Both physicians and nurses indicated an additional 60 to 90 seconds was needed to optimally discuss immunisation with parents under present conditions (Davis et al. 2001:17).

Stratified analysis by Davis et al. (2001: 17) of results obtained in their study indicated that nurses played a vital role in immunisation delivery and risk/benefit communication. To improve vaccine risk/benefit communication, 80% of all providers recommended a pre-immunisation booklet for parents and approximately one half recommended a screening sheet for contraindications and poster for immunisation reference (Davis et al. 2001: 17). The results of this study further revealed that the majority of providers reported discussing some facet of vaccine communication but 40% indicated that they did not mention risks. Legal and professional guidelines for appropriate content and delivery of vaccine communication need to be clarified and to be made easily reachable for busy private practitioners. Efforts to improve risk/benefit communication in private practice should take into consideration the limited time available in an office well-infant visit and should be aimed at both the nurse and physician.

Vaccine safety concerns can reduce parents' willingness to vaccinate their children, according to Freed et al. (2010: 654). The objective of their study was to exemplify the current prevalence of parental vaccine refusal and specific vaccine safety concerns and to establish whether such concerns were more common in specific population groups.

The response rate was 62%. Most parents agreed that vaccines protect their children from diseases; however, more than half of the respondents also expressed concerns regarding serious adverse effects. Overall, 11.5% of the parents had refused at least one recommended vaccine. Women were more likely to be concerned about serious adverse effects, to believe that some vaccines cause autism, and to have ever refused a vaccine for their children. Hispanic parents were more likely than white or black parents to report that they generally follow their doctor's recommendations about vaccines for their children and less likely to have ever refused a vaccine. Hispanic parents were also more likely to be concerned about serious adverse effects of vaccines and to believe that some vaccines cause autism. Although parents overwhelmingly shared the belief that vaccines are a good way to protect their children from disease, these same parents expressed concerns regarding the potential adverse effects and especially seemed to question the safety of newer vaccines. Although information is available to address many vaccine safety concerns, such information is not reaching many parents in an effective or convincing manner.

A study related to parents' concerns about vaccine safety was conducted by Smith et al. (2006: 1287). Parents of 7695 children 19 to 35 months of age sampled by the National Immunisation Survey were administered the National immunisation Survey Parental Knowledge Module. Health care providers were defined as a physician, nurse, or any other type of health care professional. Of all of the parents, 5.7% thought that vaccines were not safe, and 21.5% said that their decision to vaccinate their children was not influenced by a health care provider. Compared with parents who responded that providers were not significant in their decision to vaccinate their children, parents who responded that providers were influential were twice as likely to respond that vaccines were safe for children. Among children whose parents believed that vaccines were not safe, those whose parents' decision to vaccinate was inclined by a health care provider had an estimated vaccination coverage rate that was significantly higher than the estimated coverage rate among children whose parents' decision was not influenced by a health care provider.

It is evident from the above study that health care providers have a positive influence on parents to vaccinate their children, including parents who believe that vaccinations are unsafe. Physicians, nurses, and other health care professionals should enhance their efforts to construct honest and respectful relationships with parents, especially when parents express concerns about vaccine safety or have misconceptions about the benefits and risks of vaccinations.

Taylor et al. (2002: 1110) found the most common obstacle cited by parents (22.6%) is concern about the side effects of vaccines. The authors conducted a national study on the immunisation status of children followed by practicing paediatricians and parents of children who were 8 to 35 months of age and seen successively at 177 participating practice sites. The study also revealed that two thirds of the responding parents indicating that their child should receive no more than two immunisations at one visit.

Smith et al. (2011: 135) evaluated the association between parents' beliefs about vaccines and their decision to delay or refuse vaccines for their children aged 24-35 months. The study revealed that approximately 60.2% of parents neither delayed nor refused vaccines, 25.8% only delayed, 8.2% only refused, and 5.8% both delayed and refused vaccines. Compared with parents who neither delayed nor refused vaccines, parents who delayed and refused vaccines were considerably less likely to believe that vaccines are necessary to protect the health of children (70.1% vs. 96.2%), that their child might get a disease if they aren't vaccinated (71.0% vs. 90.0%), and that vaccines are safe (50.4% vs. 84.9%) (Smith et al. 2011: 135). The study further established that children of parents who delayed and refused also had significantly lower vaccination coverage for nine of the ten recommended childhood vaccines including diphtheria-tetanus-acellular pertussis (65.3% vs. 85.2%), polio (76.9% vs. 93.8%) and measles-mumps-rubella (68.4% vs. 92.5%). After adjusting the socio-demographic differences, they found that parents who were less likely to agree that vaccines are essential to protect the health of their children, but also believed that their child might get a disease if they are not vaccinated.

In 2005, a self-administered, cross-sectional electronic survey of physicians was conducted by Gust et al. (2008: 573), being constrained to paediatricians and family practitioners. The objectives of this study were to verify the proportion of physicians who do and those who do not recommend that children receive all available vaccines and the characteristics, attitudes, and behaviours associated with not recommending the administration of all childhood vaccines. A total of 1,935 surveys were distributed, and 1,251 (65%) physicians responded. The results indicated that 11% of physicians did not recommend to parents that children receive all available vaccines. Compared with physicians who recommended all vaccines for children, physicians who did not were more likely to be family practitioners versus paediatricians. The researchers concluded that physician characteristics and concerns about childhood immunisations are associated with not recommending all childhood vaccines and that further investigation of physicians' concerns about vaccine safety is needed to improve health communications directed toward health care providers (Gust et al. 2008: 573).

Zimmerman et al.'s (1997: 657) interview-based study was designed to determine physicians' likelihood of recommending vaccination in common clinical scenarios and to probe reasons behind these decisions. The objective of the study was to determine the causes of low childhood immunisation rates based on physicians' knowledge, attitudes, and self-reported practices with reference to childhood immunisation. A stratified random sample of office-based family physicians, paediatricians, and general practitioners younger than 65 years was selected. It was noted in the study that only 4% of physicians who thought the risk for side effects was increased by upper respiratory tract infection (URTI) were likely to vaccinate a child with URTI vs 55% of physicians who thought there would be no increased risk. It was also noted in this study that 83% of those who thought the efficacy of the measles, mumps, and rubella vaccines would not be affected by a URTI recommended vaccination vs only 8% of physicians who thought efficacy would decrease. Some respondents (11%) would not administer three injectable vaccines simultaneously based on beliefs about side effects, parental objections, and vaccine efficacy. Physicians' likelihood of vaccination also varied by

type of visit: Forty seven percent were less likely to vaccinate a child with a URTI in an acute case as opposed to a well-child setting.

According to Kempe et al. (2011: 548) little is acknowledged about the impact of increased parental vaccine safety concerns on physicians' vaccine communication attitudes and practices. To address this issue a survey was conducted to assess among paediatricians and family medicine physicians the prevalence of parental requests to deviate from recommended vaccine schedules; responses to such requests; and attitudes about the burden and success of vaccine communications with parents. Response rates were 88% for paediatricians and 78% for family medicine physicians. Overall, 8% of physicians reported that $\geq 10\%$ of parents refused a vaccine and 20% reported that $\geq 10\%$ of parents requested to spread out vaccines in a typical month. More paediatricians than family medicine physicians reported always/often requiring parents to sign a form if they refused vaccination; 64% of all physicians would agree to spread out vaccines in the primary series at least sometimes. The burden of communicating with parents about vaccines is elevated, especially among paediatricians. Physicians account the greatest success convincing sceptical parents using messages that rely on their personal choices and experiences (Kempe et al. 2011: 548).

2.3 POST VACCINATION SYNDROME

Smits (1997) has proposed that the side effects of vaccinations be recognized as a new syndrome which he called "Post Vaccination Syndrome" subdivided into acute and chronic syndromes. The following are the main symptoms of the *acute* syndrome: fever, convulsions, absent-mindedness, encephalitis and/or meningitis, limbs swollen around the point of inoculation, whooping-type cough, bronchitis, diarrhoea, excessive somnolence, frequent and inconsolable crying, penetrating and heart-rending shrieking (*cri encéphalique*), fainting/shock, pneumonia, death and cot death (Smits 1997).

The following are the main symptoms of the *chronic* syndrome: Physical symptoms include; colds, amber or green phlegm, inflamed eyes and squinting. General symptoms include inflammation of the middle ear, bronchitis, expectoration, coughing, asthma, eczema, allergies, inflamed joints, tiredness and lack of vigour, excessive thirst, diabetes, diarrhoea, constipation, head-aches, rigidity of the back and muscle cramps,. Mental symptoms include, disturbed sleep with periods of waking and crying, epilepsy, rigidity of the back, muscle cramps, light-headedness, lack of concentration, loss of memory, growth disturbances, lack of coordination, disturbed development, behavioural problems such as fidgeting, aggressiveness, irritation, moodiness, emotional imbalance, confusion, loss of will-power, mental torpidity (Smits 1997).

Vaccination reactions usually take place within seven days of the vaccination. Doctors are required by law to inform parents of the numerous side effects associated with vaccination (King 1999: 366).

2.4 PRIMARY HEALTH CARE NURSING

Quality nursing care is a constitutional right of patients which must be upheld. Health care in all its manifestations is a high competence demanding service (Sibiya 2012b: 1). As PHC nurses deal first hand with vaccinations, their knowledge, attitude and perceptions with regard to the adverse effects of vaccinations in infants and children is valuable, and can assist in the direction parents take when immunising their children. As more parents are acknowledging Complementary and Alternative medicine (CAM) this is opening up more room for debate, as to whether vaccinations in relation to their adverse effects are worthwhile or even necessary (Couchman 2011: 21).

2.5 HOMOEOPATHIC PHILOSOPHY

According to Homoeopathic philosophy, Homoeopathy is a therapeutic medical system, which is based on the observation that substances that are capable of causing diseases in healthy people can be used in the dilute form as remedies to treat similar disorders in someone who is ill. This is known as the Homoeopathic Law of Similars also expressed as "Let likes be cured by likes" (HSA: 2012). The word Homoeopathy is derived from the Greek word homoios, meaning like, and pathos, meaning suffering. Dr. Samuel Hahnemann (1755-1843) was the physician who developed the use of the therapeutic principle of similar, in 1796. Specifically prepared and diluted medicinal substances are dispensed as potentised remedies to the patient (HSA: 2012). Homoeopathy is safe and effective, which is established not only by interested patients and health professionals in the world, but also by research and clinical trials. Patients often make the choice to visit a homoeopathic doctor for a safe yet effective alternative to conventional medicine. Homoeopathic doctors support a conventional medical approach both diagnostically and therapeutically through various complementary treatments (HSA: 2012).

2.5.1 HOMOEOPATHY IN PRIMARY HEALTH CARE

While Homoeopathy is a primary healthcare profession, it highlights the importance of individualisation, being patient focused it caters for every patient's illness on a mental, emotional and physical level. Homoeopathic practitioners are clinically trained to diagnose and treat disease; there is no condition that should be excluded from the repertoire of Homoeopathy as it is a comprehensive medical science with which any medical illness or underlying condition in any human being of any age can be treated. No other therapy is as inclusive in considering the mental, emotional and physical elements of an individual. Homoeopathic medicines are scientifically manufactured from plants, minerals, animal material or scheduled medicines, according to the process described in the homoeopathic pharmacopoeia. Due to the success and practically

unlimited range of conditions that can be treated, most Homoeopathic practitioners establish family practices to render an all-round health service (AHPCSA: 2010).

2.5.2 HOMOEOPATHY IN THE ALLIED HEALTH PROFESSIONAL COUNCIL OF SOUTH AFRICA (AHPCSA)

Registration in South Africa grants Homoeopathic practitioners' privileges and rights similar to those of medical practitioners. Homoeopathic practitioners are qualified diagnosticians acknowledged as PHC practitioners. It should be noted that, whereas the vast preponderance of international Homoeopathic schools offer skills oriented Homoeopathic training, South Africa offers professional education at a level required for the practising of Homoeopathy as a PHC profession in accordance with the scope of practice of such a profession. The training recognised by the AHPCSA is a five year full-time Masters degree in Homoeopathy obtainable at the University of Johannesburg and Durban University of Technology. The M. Tech (Hom) consists of a five year full time medio-scientific course based on the medical curriculum with the central focus on classical, clinical, modern and conventional Homoeopathy, Homoeopharmaceutics and concluding with a masters research dissertation. Graduates are registered as Homoeopathic practitioners only after having completed their post-graduate internship (AHPCSA: 2012).

2.5.3 HOMOEOPATHIC TREATMENT

Smits (1997) identifies how a vaccine propagates the ailment and homoeopathy has ever since its initial stages used agents which cause disease, therefore vaccines after dilution and potentisation can be regarded as remedies. Remedies such as *Tuberculinum* (tuberculosis), *Syphilinum* (syphilis) and *Medorrhinum* (gonorrhoea) were successfully applied in the 19th century and today are still frequently used (Smits 1997).

Homoeopathic remedies such as *Silicea terra*, *Thuja occidentalis*, *Atropa belladonna*, *Aconitum Napellus*, *Apis mellifica*, *Matricaria chamomilla*, *Hypericum perforatum* and *Ledum Palustre* can be safely and easily used both to prevent and to effectively correct the common side effects of immunisation. Key homeopathic remedies have been found over many years of clinical use to be effective in overcoming the side effects of immunisations. These remedies can also be used preventatively to actually reduce the negative side effects of immunisations and have proven to be effective for the common reactions to vaccinations (King 1999: 1153). It has been suggested that improved vaccine risk/benefit communication needs to be implemented (Tenreiro 2005: 469).

2.6 CONCLUSION

This chapter presented a diverse view from the literature regarding the perceptions of immunisations and the side effects/adverse reactions of childhood vaccinations both from physicians' and parents' perspective. It also reviewed the homoeopathic and the PHC nursing setting. The next chapter will discuss the research methodology used to obtain and analyse the findings of this study.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The purpose of this study was to explore the knowledge, attitudes and perceptions amongst post graduate homoeopathic students and post basic PHC nurses, with regard to the adverse effects associated with childhood vaccinations. Chapter three describes and examines this process. This chapter presents the study design, setting and selection, as well as the semi-structured interview, the study population and sample size. Data collection, storage and analysis, as well as ethical considerations are discussed in this chapter.

3.2 STUDY DESIGN

This study utilised a descriptive qualitative research design, not specific to any research tradition. Qualitative research is appropriate in promoting a deep understanding of a social setting or activity as viewed from the perspective of the research participants. This approach emphasises exploration, discovery and description (Bloomberg and Volpe 2008: 7). By using qualitative research, one can understand how nursing or health care affects patients. It can provide vital information on attitudes and satisfaction, and this kind of information can then be used to improve care (Bassett 2004: 1).

3.3 SETTING

The Department of Homoeopathy at the Durban University of Technology (DUT) offers the Master's Degree in Technology: Homoeopathy. Students undergo full time study for a period of five years which includes two years of basic medical sciences (Anatomy, Physiology, Pathology, Diagnostics) followed by homoeopathic teaching and a Masters level research dissertation. The practical component of their studies includes various clinical activities within the DUT Homoeopathic Day Clinic and associated satellite

community clinics and additional clinical exposure periods with private/public health care professionals (Department of Homoeopathy, 2012: 1).

The Department of Nursing at DUT offers PHC as a post basic course. This course is offered on a part time basis as a Bachelors Degree (B. Tech.) over a period of two years. Students are expected to spend 960 hours in PHC clinical placements as required by the South African Nursing Council (SANC) Regulation 48, of which 388 hours are covered in first year where a paediatric module is completed and the outstanding 572 hours are completed in the second year of study in adult health assessment. Students are placed in different PHC clinics in KwaZulu-Natal (KZN) that are approved by SANC for experiential training (Sibiya 2012b: 1).

3.4 STUDY POPULATION AND SAMPLING PROCESS

The sampling strategies of the qualitative researcher are guided by principles of ethics and the opportunity of gaining access to people whom they can observe and interview, and from whom they can obtain rich data. The selection of participants is criterion based, i.e. certain criteria are applied and the sample is chosen accordingly. Sampling units are selected for a specific purpose on which the researcher decides; therefore the term purposive sampling is used (Holloway and Wheeler 2010: 138).

Participants in this study were selected through purposive sampling. Purposive sampling is a deliberate non-random method of sampling, which aims to sample a group of people, or settings, with a particular characteristic (Bowling 2009: 409). The logic of purposive sampling lies in selecting information rich cases, with the objective of yielding insight and understanding of the phenomenon under investigation (Bloomberg and Volpe 2008:7).

Qualitative sampling consists of small sampling units studied in depth; six to eight data units are seen as sufficient when the sample consists of homogeneous groups.

A maximum of 10 participants were selected from the Post graduate Homoeopathy students and Post basic PHC nurses initially, however the sample was governed once saturation point was reached at nine post graduate homoeopathy students and nine post basic PHC nurses (n=18). Permission was requested by the researcher from the participants drawn. Once permission was granted, the researcher assessed if the participant fitted the inclusion criteria. Participants who met the criteria were then approached and asked to participate in the interview process. Participants were gathered from the Department of Homoeopathy and the Department of Nursing at the DUT. The rationale for using the post basic PHC nurses from DUT ensured a diverse sample range of nurses, working in the PHC setting across KZN. A wide array of knowledge, attitude and perceptions was gathered by using post basic PHC nurses.

3.4.1 Inclusion criteria for the post basic nurses

- Participants had to be post basic PHC nurses, registered for post basic nursing with the Department of Nursing at the DUT.
- Participants had to be currently working in a PHC setting in KZN, with at least two years of experience.

3.4.2 Inclusion criteria for the post graduate homoeopathy students

- Participants had to be post graduate homoeopathy students registered for M Tech: Homoeopathy at the DUT.
- Participants had to have worked/working in a PHC setting in KZN, with at least two years of experience.

3.5 DATA COLLECTION

Prior to the interview process, the suitable and willing participants were presented with a Letter of Information (Appendix 5) and were also required to give their consent

(Appendix 6). The interview process took the form of a semi-structured interview, where the researcher proceeded with main questions and follow up questions based on an interview guide (Appendices 7 and 8). During the process, if the researcher felt there was need for more explanation from the participants, the researcher allowed the participant room for elaboration, thus questioning differed slightly from participant to participant.

The saturation point of the data collection was reached at 9 participants, the two groups being saturated separately thus saturation point was reached at 18 participants. Saturation indicates that everything of importance to the agenda of a research project has emerged in the data and concepts obtained; data saturation means sampling to redundancy (Holloway and Wheeler 2010: 146). Sufficient data is generally collected within six to twelve interviews (Guest, Bunce and Johnson 2006: 59).

Before analysing the data, the researcher had to preserve the participant's words as accurately as possible. The best form of recording interview data is tape recording. Tapes contain the exact words of the interview, inclusive of questions, and researchers do not forget important answers and words can have eye contact and pay attention to what participants say (Holloway and Wheeler 2010: 95). Therefore, in this study all the interview data was collected in the form of note taking by the researcher and tape recording (audio) of the interview (Welman, Kruger and Mitchell 2005). A time limit of an hour was set for each interview, in order to fit into the busy schedules and in between lectures of the participants. The semi-structured interviews gathered the information needed to perceive if there were gaps in knowledge, and the nature of the controversies, regarding the adverse effects of childhood vaccinations.

3.6 DATA ANALYSIS

The data was captured and analysed as follows:

STEP 1: Familiarisation and immersion;

STEP 2: Induction of themes from the data collected;

STEP 3: Coding of the data;

STEP 4: Elaboration, familiarisation and revision of the data until all the information could be represented; and

STEP 5: The data was lastly subjected to checking and interpretation of the data to ensure its trustworthiness (Tere Blanche et al, 2006).

All data remained confidential. Consent forms were kept safe by the researcher and were only permitted to be viewed by the witness and the supervisor. All tapes were kept by the researcher. Recorded data will be stored in a safe area, with limited access at the Durban University of Technology and will be destroyed after 15 years.

3.7 TRUSTWORTHINESS

Guba's four principles of credibility, transferability, dependability and confirmability were applied to ensure trustworthiness of the data (Lincoln and Guba 1985). Credibility was achieved through purposive sampling, and by investigating important concepts until saturation. Transferability was ensured by collecting sufficient data to verify the findings. Study dependability was achieved by consistent analysis, coding of data and interpretation. Direct excerpts were used reflecting accuracy and precision. Confirmability of the data was accomplished through audio recording of interviews as well as by note taking which could be conserved for future reference.

3.8 ETHICAL CONSIDERATIONS

Prior to the interview process with the selected, appropriate and willing participants, permission was sought and granted from the DUT Research Director (Appendix 2a and 2b), the Heads of Departments of Homoeopathy (Appendix 3a and 3b) and Nursing (Appendix 4a and 4b) to conduct the research interviews at their departments, using their students. The researcher ensured confidentiality at all times, no personal details were used in the write up; instead numbers was assigned to each participant, all data remained confidential. Recorded data will be stored confidentially at Durban University

of Technology and be destroyed within 15 years. Under no circumstances were participants pressurized to participate in this research study, coercion was prevented as participants at any time could withdraw their consent and participation from the study. The participants were not remunerated for participating in this research study. There were no risks to participants in this research study. At any stage if the participant did not feel comfortable with a question, he/she was free to decline from answering; no pressure was placed on the participant for any reason.

Prior to the interview process, the suitable and willing participants were presented with a Letter of Information (Appendix 5) and were also required to give their consent (Appendix 6). Participants at any time could withdraw their consent and participation in the study. The research participants also had the opportunity and were free to ask any questions related to the research study. Findings of the research which relate to their participation will be made available to them when the research and final dissertation are completed.

3.9 CONCLUSION

A few of the common themes that were discovered through the data analysis included: immunisation and its impact on life; protection and prevention of childhood infectious diseases; the safety and side effects/adverse reactions of vaccines as well as the acceptance of these side effects/adverse reactions; current standard protocols and treatment regimes. The following chapters provide an in-depth discussion, comments and analysis of these themes.

CHAPTER FOUR: DATA ANALYSIS

4.1 INTRODUCTION

This chapter presents the results of the in-depth interviews. Information was gathered on the knowledge, attitude and perceptions amongst nine post graduate homoeopathy students serving in a PHC setting and nine post basic PHC nurses working in a PHC setting with regard to the adverse effects associated with childhood vaccinations. After analysis of the in-depth interviews the researcher categorized findings into common themes and related factors arising from the data.

4.2 RESEARCH FINDINGS

4.2.1 Demographic data of the nursing participants

Tables 1-4 list the demographic data of the nursing participants.

Table 1: Age of nursing participants

YEARS	PARTICIPANTS
20-30	2
31-40	3
41-50	4
51-60	0
61-70	0
TOTAL	9

Table 2: Age on qualification of nursing participants

YEARS	PARTICIPANTS
20-30	2
31-40	3
41-50	4
51-60	0
61-70	0
TOTAL	9

Table 3: The PHC sites where the nursing participants were working

HOSPITAL/ CLINIC	PARTICIPANTS
Townhill Hospital	2
Umnini Clinic	1
Netcare St Augustines Hospital	1
Hlengisiowe CHC	1
Sundumbiu CHC	1
Daris Goodwin Hospital	1
University of Zululand campus health clinic	1
Edendale Hospital- Gateway clinic	1
TOTAL	9

Table 4: The number of years participants had been working as nurses

YEARS	PARTICIPANTS
0-5	5
5-10	2
10-15	0
15-25	2
>25	0
TOTAL	9

4.2.2 Demographic data of the homoeopathic participants

Tables 5-8 list the demographic data of the homoeopathic participants.

Table 5: Age of homoeopathic participants

YEARS	PARTICIPANTS
20-30	9
31-40	0
41-50	0
51-60	0
61-70	0
TOTAL	9

Table 6: Age on qualification of homoeopathic participants

YEARS	PARTICIPANTS
20-30	9
31-40	0
41-50	0
51-60	0
61-70	0
TOTAL	9

Table 7: The PHC sites where the homoeopathic participants worked

Durban University of Technology homoeopathy day care clinic
Ukuba Nesibindi community clinic
Redhill community clinic
Kenneth gardens community clinic

NOTE: All participants worked at all of the PHC sites on a rotation basis

Table 8: The number of years' participants had been working as a homoeopath.

YEARS	PARTICIPANTS
0-5	9
5-10	0
10-15	0
15-25	0
>25	0
TOTAL	9

4.3 THEMES

Once the interview data was analysed accordingly, the following themes were drawn:

THEME ONE: The childhood immunisation schedule of South Africa

- i. In favour/agreement of the childhood immunisation schedule of South Africa
- ii. Impact to life: A child not receiving his/her immunisation would impact their life and could be detrimental
- iii. Protection and Prevention: Administering childhood vaccines protects and prevents majority of the childhood infectious diseases

THEME TWO: Safety

- iv. Vaccines are safe to administer to children
- v. Benefits of vaccinations outweighing the side effects

THEME THREE: Side effects

- vi. Side effects/ adverse reactions noted and the severity
- vii. Side effects/adverse reactions seen as acceptable

THEME FOUR: Standard protocol and treatment

viii. Standard protocol and treatment by the PHC nurses and the homoeopaths

THEME FIVE: Complementary Alternative Medicine

ix. Complementary Alternative Medicine as a treatment regime to the side effects of vaccinations

Table 9: Main themes and sub-themes

MAIN THEMES	SUB-THEMES
<p><u>THEME ONE</u> The childhood immunisation schedule of South Africa</p>	<p>i. In favour/agreement of the childhood immunisation schedule of South Africa</p> <p>ii. Impact to life: a child not receiving his/her immunisation would impact their life and could be detrimental</p> <p>iii. Protection and prevention: Administering childhood vaccines protects and prevents majority of the childhood infectious</p>
<p><u>THEME TWO</u> Safety</p>	<p>iv. Vaccines are safe to administer to children</p> <p>v. Benefits of vaccinations outweighing the side effects</p>
<p><u>THEME THREE</u> Side effects</p>	<p>vi. Side effects/ adverse reactions noted and the severity</p> <p>vii. Side effects/adverse reactions seen as acceptable</p>

<p><u>THEME FOUR</u></p> <p>Standard protocol and treatment</p>	<p>viii. Standard protocol and treatment by the PHC nurses and the homoeopaths</p>
<p><u>THEME FIVE</u></p> <p>Complementary Alternative Medicine</p>	<p>ix. Complementary Alternative Medicine as a treatment regime to the side effects of vaccinations</p>

4.3.1 THEME ONE: The childhood immunisation schedule of South Africa

4.3.1.1 In favour/agreement of/with the childhood immunisation schedule of South Africa

It was apparent from the responses that all PHC nurses were in favour of the childhood immunisation schedule of South Africa. The view of the majority of PHC nurses were that childhood immunisations protect and prevent the majority of childhood diseases. They articulated that since the introduction of these vaccines it is very rare that they see children presenting with these diseases. This is supported by the following statements:

“Yes, I am in favour, I have seen children when they immunised they do not easily contract diseases and they seem very healthy when they immunised, being protected from diseases. I think yes, I am in favour of the immunisations to be given because they have...we have seen immunisations saving our country, saving our children as well as from getting diseases like polio and measles, it is very rare now to see children with measles after the introduction of these vaccines.” [Nurse 1]

“Yes, I am in favour. It helps to prevent communicable diseases in kids, as they are younger, their immune system can be affected easily so if they are immunised, prevention is better than cure.” [Nurse 3]

By comparison, four of the homoeopathic participants were not entirely in favour of the childhood immunisation schedule of South Africa and the other five participants were totally not in favour. It was strongly evident from the responses that they were concerned with the introduction of the vaccines at such a young age, with the majority of the participants agreeing that a later age of immunisation would be better when the child's immune system is fully developed to handle the strains introduced. It was also apparent that the homoeopaths' main concern was the adverse effects, possible ear, nose, throat (ENT) and skin problems, and the possible link to Attention Deficit Hyperactivity Disorder (ADHD) and Autism, as well as the chemicals used as additives in the vaccines. The findings further revealed that the majority of homoeopaths felt that children still caught childhood diseases even after being vaccinated. Actual excerpts from the interviews with the participants are testament to this:

"No, I'm not; I'm not in favour not just as a homoeopath but as a mother, because I have actually seen the effect that it has on children, especially my child and the children of my friends." [Homoeopath 9]

"I am for the idea for immunisation to help or to prevent disease but it's just the formulation and you know introducing it as such a young age, maybe later on it would be a better idea." [Homoeopath 4]

4.3.1.2 Impact on life: A child not receiving his/her immunisation would impact their life and could be detrimental

Another pertinent theme that emerged according to the PHC nurses was that if a child did not receive his/her immunisations that it would have a negative impact, as it would be life threatening and a danger to the child. The most common response from the PHC nurses that was evident in the majority of the interviews was the danger and risk of not receiving the polio vaccine, as it puts the child at risk and can result in possible death. This is strongly evident from the PHC nurses responses below:

“The children that have been coming to the clinic with Polio, are the ones that were not getting the vaccines.” [Nurse 4]

“The children end up suffering from the conditions that supposed to be prevented, and therefore the children end up dying.” [Nurse 6]

The common responses from the homoeopathic participants in this study was that not receiving the childhood immunisation would not have a negative impact on the child’s life, however the majority of participants felt that not receiving the polio vaccination could be seen as detrimental. This is supported by the following statements below:

“There is no guarantee, either way whether they vaccinate or not that they not going to get the disease or get the disease.” [Homoeopath 1]

“No, I don’t feel it would impact their life, because I know people who are not vaccinated and are totally fine.” [Homoeopath 8]

4.3.1.3 Protection and prevention: administering childhood vaccines protects and prevents the majority of childhood infections

Another important theme that emerged from the PHC nurses was that childhood vaccines not only protect from and prevent childhood diseases, but also reduce the severity of the illness in children who did contract these diseases. The following statements made by the PHC nurses in this study confirm this:

“Yes, it does protect the majority of the children.” [Nurse 1]

“Yes, because the way it is given and the effectiveness on those disease, it helps.” [Nurse 7]

The majority of homoeopathic participants were of the opinion that administering childhood vaccines did not protect and prevent the majority of childhood infectious diseases. The common response from homoeopaths was that individuals can still contract the disease even though they are vaccinated against it, and it can be just as severe as if they were not vaccinated. The statements below made by the homoeopathic participants support this notion:

“Well, I don’t think it protects them, because I know a lot of people like even my sister who was vaccinated for mumps when she was a child and yet a few years ago she got mumps and it was quite a severe case.” [Homoeopath 4]

“To me, not really, because I had all my vaccinations but I had all the childhood illness. I was vaccinated it did not help. People are vaccinated, but there is still TB out there.” [Homoeopath 9]

4.3.2 THEME TWO: Safety

4.3.2.1 Vaccines are safe to administer to children

All the PHC nursing participants agreed that vaccines are safe to administer to children. It was evident from the PHC nurses reports that if correct precautions and measures are followed, vaccines are safe to administer to children. Participants further stated if the correct advice on adverse reactions and side effects is given to parents after their child has been immunised, and they are informed on what to look out for, adequate safety measures are put in place.

“They are safe, if they are kept under cold chain, when you need to administer it, you need to check if it is still valid, you need to make sure that it is stored correctly even in a minus 4 degree fridge.” [Nurse 2]

“Yes, it’s safe to administer to children, as long as you tell the parent what to observe when they get home for example, they must know that they will have like a

slight swelling on the arm, but also know to take note of major side effects, you must advise them.” [Nurse 5]

The homoeopaths’ responses indicated that vaccines are not entirely safe. The main concerns related to the safety of vaccinations were the introduction of many viruses in a short space of time to a young infant as well as the heavy metals, preservatives and ingredients that are added to the vaccine. Below are the statements made by the homoeopathic participants:

“No, I believe you have to vaccinate, because that is what is expected from people out there and it is really frowned upon if you don’t do it, but I don’t believe that vaccines are entirely safe for children. I think that it has somewhat of a detrimental effect on childhood development and children not developing their immune system.”
[Homoeopath 3]

“Not all of the vaccines are safe, there’s too many different strains, there’s too many preservatives and heavy metals in the vaccine that are not required, that could have detrimental effects to the child they also need to consider at the safety of the materials of the vehicle of the vaccine.” [Homoeopath 7]

4.3.2.2 Benefits of vaccinations outweighing the side effects

The finding of this study revealed that all PHC nursing participants were in agreement that the benefits of vaccination outweigh the side effects. It was evident from the participants’ reports that they had not seen many side effects in comparison to the benefits. The benefits of vaccination were seen by the nurses as long term benefits. The following statements made by the participants confirm this:

“The benefit of vaccinations we see long term, because even as the patient grows older, he doesn’t contract the disease which shows it is effective.” [Nurse 6]

“There are not many patients; that come back with side effects; it’s a few of them that come back.” [Nurse 4]

In contrast, the response by homoeopaths regarding this aspect of the study was that the side effects and potential consequences outweigh the benefits. The majority of the homoeopaths were of the opinion that there is not much of a benefit if the child still presents with the childhood disease after being vaccinated. Below are the responses from the homoeopaths which support this notion:

“I don’t see the benefit of vaccinations, because when you get vaccinated, you still contract the disease. You still get chicken pox, you still get measles and you still get the mumps.” [Homoeopath 8]

“At present moment, the potential consequences outweigh the benefits, because even I have seen and read if the child is vaccinated they still get the disease, I think the consequences might be worse than the benefits.” [Homoeopath 7]

4.3.3 THEME THREE: Side effects

4.3.3.1 Side effects/ adverse reactions noted and the severity

Most of the PHC nurses did not see adverse reactions/side effects in their patients. It was also evident that the participants agreed that most of the side effects were “hear-say”.

“No, truly speaking I have never experienced any side effects but we do tell mothers about the side effects, maybe if the child is presenting with symptoms at home, consider that it is; one of the side effects, but I’ve never seen a child with side effects from vaccinations.” [Nurse 7]

“I haven’t, I only hear a person, saying ‘I brought my child for immunisation and then a day or 2 days after, she developed a fever.’ I never witnessed it, it’s just hear-say or experience from other people.” [Nurse 2]

The majority of homoeopaths responded that they had seen many children with side effects/adverse reactions, most commonly from the BCG vaccination. The side effects noted ranged from skin conditions (flare up’s, eczema’s and skin rashes), ENT problems, fevers and asthma. Actual excerpts below, from the conversations with the homoeopaths are testament to this:

“I have seen tremendous side effects; there is not a single patient that I’ve seen who has been vaccinated, who has not had an adverse effect, not one, the kids especially. With the kids it’s so remarked because it is always there, the eczema, the skin reactions the flare ups the psoriasis becomes so bad, where you actually see the point of incision where it was done and the flare up’s that the kids get.” [Homoeopath 5]

“Yes. A lot of them have skin conditions, eczemas also most of them, that I’ve seen have eczema ever since they have got the vaccinations, the skin changes and they started having eczemas and have a lot of hypersensitivities.” [Homoeopath 9]

4.3.3.2 Side effects/adverse reactions seen as acceptable

The majority of PHC nurses agreed that the risks, side effects/adverse reactions to vaccines are acceptable, as these risks are seen as “mild risks” which are easily reversible. They regarded these side effects/adverse reactions and risks as short term which soon subsides, and that every medication has certain side effects. However one nurse disagreed with the side effects/adverse reactions being acceptable and felt vaccines are meant to be safe and should not manifest side effects. The statements below made by the PHC nurses support this notion:

“Yes, I think it is, cause with every drug there is a side effect and then with the proper advice and health education the mom will know to take action the minute she sees something wrong with that baby and take that baby back to the clinic where that child was vaccinated and if it is after hours the mom will take the child to the hospital directly.” [Nurse 5]

“Yes, I would say so, they are acceptable because it would just be fever which is going to be treated, rather than having a child having the defects for the rest of his/her life, because of immunisation.” [Nurse 2]

According to the data analysed seven out of the nine homoeopathic participants, were of the view that the risks/adverse reactions were not acceptable. They felt that there was no guarantee that childhood immunisations protect and prevent childhood infectious diseases, and therefore questioned why side effects/adverse reactions should be regarded as acceptable. Below is the homoeopath’s response in support of a common notion:

“No, because sometimes the adverse effects/side effects are much worse than the actual disease that they would have contracted anyway, they are worse off as opposed to just getting the disease, suffering with it for a bit and then at least having that lifelong immunity to that disease.” [Homoeopath 4]

4.3.4 THEME FOUR: Standard protocol and treatment

4.3.4.1 Standard protocol and treatment by PHC nurses and homoeopaths

Both PHC nurses and homoeopaths highlighted that there are standard protocols and treatment regimes that they follow in the treatment of the side effects and adverse reactions. From the homoeopaths' responses it was evident that people are unaware that homoeopathy and Complimentary Alternative Medicine (CAM) can also step in as a treatment regime in the treatment and management of the side effects and adverse reactions associated with vaccinations. Actual excerpts from the interviews with the PHC nurses and the homoeopaths below are testament to this:

“Yes there is standard protocol that should be followed, you need to give it at the correct site, maybe using the same route, maintain cold chain as required by the programme. If the child is sick you don't immunise that day. It is followed, since we are professionals we know how it will help our clients, our community as well.” [Nurse 1]

Treatment Regimes: *“They are treated according to the side effects that are prevailing but I have not seen one that is complicated.”* [Nurse 1]

“When a child is born, from the clinic because we do the “Road to Health” care chart for each and every child; so I think the standard procedure is already written out, the government has already laid out. I think it's called expanded programme on immunisation it's called EPI and you have a look at that “Road To Health” card, you can see from there at which stage the child must be immunised it is already laid out by the government.” [Nurse 8]

Treatment Regimes: *“I think the follow up will only be done if there is like a side effect, but we do tell the mother she is immunising the child as to what side effects she must look for.”* [Nurse 8]

“We give the nosode, which is the actual vaccine potentised, before and after, but most of the time we just deal with it, according to the child, if we know the child is more susceptible,”. [Homoeopath 2]

Treatment Regimes: *“They are treated with remedies, it just depends what they are presenting with, we will be able to treat them with medication it’s the same as going to an allopath.” [Homoeopath 2]*

“Yes we do have specific remedies; there are different remedies, after they have gone for vaccines and for the ailments that follow.” [Homoeopath 3]

Treatment Regimes: *“The case is taken from the child for his specific ailment and repertorised and we have a look at the child constitutionally and we prescribe remedies on a child to child basis, we have to see what the child shows up with.” [Homoeopath 3]*

4.3.5 THEME FIVE: Complementary and Alternative Medicine

4.3.5.1 Complementary and Alternative Medicine as a treatment regime for the side effects of vaccinations

This question was set aside for the PHC nurses only, in order to find out more about the position of CAM in the primary health care setting according to the PHC nurses. The assumption was that most PHC nurses would not know much about CAM or homoeopathy given that homoeopathy is not well established in South Africa, in comparison to other countries.

The assumption stood true, with the majority of PHC nurses not knowing much about CAM or homoeopathy in general. The majority of the PHC nursing participants did not know about the favourable benefits of homoeopathy or that it could step in as a treatment regime for the side effects of vaccinations. The PHC nurses explained that if they were educated on CAM and homoeopathy, homoeopathy could possibly step in as

a treatment regime or as a supplementary treatment for to the side effects of vaccinations.

“I don’t even know what Homoeopathy is? I am not acknowledged about Homoeopathy? It would good in the PHC setting, if it does help the patient.” [Nurse 3]

“I haven’t heard about homoeopathy, but I would be in favour of it, because as I said, I strongly believe if a child can be treated with something natural why go and give something...like a drug.” [Nurse 5]

4.4 CONCLUSION

The data presented in this chapter allowed the researcher to examine the information derived from the interviews with the selected participants so that common themes could be identified. These common themes drawn from the data will be further discussed and analysed in relation to the literature presented in the following chapter.

CHAPTER FIVE: DISCUSSION OF DATA

The previous chapter presented the findings and identifying themes of this study. This chapter will discuss these findings and themes in relation to the aims mentioned in Chapter 1. The main aim was to explore the knowledge, attitude and perceptions amongst the post graduate homoeopathic students serving in the PHC setting and post basic PHC nurses, working in the PHC setting with regard to the adverse effects associated with childhood vaccinations.

5.1 THEME ONE: The childhood immunisation schedule of South Africa

5.1.1 In favour/agreement of the childhood immunisation schedule of South Africa

Immunisation is one of the greatest medical achievements in human history, and has saved millions of lives in the 20th century. Many serious childhood diseases are preventable by using vaccines routinely recommended for children. Since the introduction of these vaccines, rates of diseases such as polio, measles, hepatitis B, rubella, diphtheria, pertussis (whooping cough), and meningitis caused by *haemophilus influenzae type B* (Hib) have declined by 90% (EPI (SA), 2013). It was clearly evident from the results obtained that all the PHC nurses are in favour of the childhood immunisation schedule of South Africa. According to the data from this study the nursing participants felt strongly about the benefits of childhood immunisation, stating that it helps children especially in the rural areas and that immunisation is contributing to the decline in the death rate of children.

The ability of the body to protect itself against infection is of course closely linked to underlying levels of wellbeing and immune system efficiency. This means that arguments for reliance on immune function to offer protection, which make perfect sense when related to a child of reasonable health and nutritional status in a developed society, may be meaningless to a malnourished child in an undeveloped country. The

hazards of immunisation differ for children from different backgrounds of hygiene and nutritional excellence (or the opposite). And it should be realized that there are all shades of variation between these extremes, in both developed and developing parts of the world. Chaitow (1998: 3) is of the view that there are better ways of achieving health and protection than vaccination and that the most important factors relate to enhancement of immune function (which is affected by numerous forces including nutrition and stress levels) as well as good hygiene .

The number of vaccines recommended for the Expanded Programme on Immunisation (EPI) has increased; as a result children are now protected from more infectious diseases than before including Hepatitis B and Hib (EPI (SA) 2013).

After analysis of the data from this study, it was evident according to the nursing participants that vaccines have specific purposes and prevent illnesses at a young age, consequently the nurses expressed that prevention is always better than cure.

Vaccination not only protects the individual but curbs the spread of disease within the community. There only needs to be a certain percentage of individuals within a community who are immunised then the spread of that disease will be prevented by “herd immunity”. Individuals who are not immunised increase the risk that they and others in their community will get the diseases vaccines can prevent (EPI (SA) 2013).

In keeping with the literature, PHC nurses 5, 6, and 9 agree that childhood vaccines “prevent illnesses”. The majority of the PHC nurse participants stated that since the introduction of these vaccines it is very rare that they see children presenting with these childhood diseases.

An increasing number of countries are now offering pneumococcal conjugate vaccine (PCV) and rotavirus vaccine (RV) in their immunisation programs, thus offering protection against some of the leading causes of child deaths, namely, pneumonia and diarrhoea (EPI (SA) 2013). The PHC nursing participants articulated that in their

experience there is a decrease in the cases of children presenting with TB and diarrhoea, due to the BCG and the Rotavirus vaccines (RV).

The findings of this study show the PHC nurses in favour/agreement with the childhood immunisation schedule. However, the homoeopathic participants expressed different views and raised the following concerns with regard to the childhood immunisation schedule of SA. Their main concern is that children are too young to introduce such strains of viruses. The homoeopaths stated that understandably parents want to give the BCG vaccine because TB is quite prevalent in our country, but they expressed that perhaps it is not needed at birth. They also stated that a new born child gains immunity from the mother as long as the child is breast fed for at least three months, receiving antibodies via the breast milk. Therefore, if the parents opted for the BCG vaccine, in their opinion, it would be better for the child to receive it at a later stage.

The views of the homoeopathic participants are supported by a study on long term breast feeding conducted by Dr. Michel Odent and his London based Primal Health Research centre. The study started out examining whether long term breast feeding protects against eczema and asthma, but in the course of the investigation, the researchers came up with an unexpected finding: children immunised against whooping cough were six times more likely to have asthma than those who hadn't been given the vaccination. In virtually every category – number of sick days, cases of earaches, and admittance to hospital – the unvaccinated children were healthier. Medical literature provides devastating proof that many vaccine programmes have left us far worse off than we were before (McTaggart 1996: 156).

According to O'Mara (1997) breastfed children generally have a stronger response to immunisations and develop higher levels of immunity after receiving vaccinations than do formula-fed children. Vaccines also contain preservatives and other chemicals.

Homoeopathic respondents emphasized that while they agreed that certain vaccines were helpful in certain circumstances, they disagreed with the schedule. The

participants expressed the view that the BCG will depend on the susceptibility of the child, and concern was raised that there were not many journal articles or items of literature supporting the effectiveness of the BCG vaccine.

Chaitow (1998: 38) indicates that with the BCG it is not easy to know who should receive it, and there is very little evidence that it works effectively, and it produces some severe side effects. The disagreement among the doctors using the vaccination as well as the views expressed as to its efficacy and danger, make this a singularly undesirable method of disease prevention.

According to Birch (2010: 213), BCG is widely used and the safety of this vaccine has not been a serious issue until recently. There is a concern that use of the vaccine in persons who are immune compromised may result in an infection caused by the BCG itself. In addition, even among immune competent persons, local reactions including ulceration at the site of vaccination may result in shedding of live organisms which could infect others who may be immune compromised. Damage from this vaccine includes delayed development, changes to the pituitary system resulting in abnormal growth, glandular conditions, and tendency to lung infections, allergies, atopic dermatitis and behavioural disorders marked by restlessness, hyperactivity, destructive tendencies and insolent behaviour.

Another major concern raised by the majority of the homoeopathic respondents is the alarming link between vaccinations and ADHD and autism, and the numerous side effects the BCG vaccine is responsible for including ear, nose and throat problems, asthma and eczema.

Dr. Alan Cohen, an environmental physician from Connecticut, states that autism may be the result of adverse reactions to childhood vaccinations. He notes that high levels of autism and ADHD did not occur until the mandatory use of childhood vaccinations, and suggests that there may be a connection between certain vaccines and the onset of these conditions (Null 2005). In all the studies conducted regarding vaccination,

epidemiologists have never investigated whether there is an upper limit to the number of vaccines a baby can tolerate, after which all sorts of subtle damage, asthma, learning disabilities, hyperactivity or chronic earache, for instance, come into play. In fact nobody has done long term safety studies at all. Dr J. Anthony Morris, formerly a Director of Virology at the Food and Drug Administration at the National Institutes of Health agrees and maintains that "We only hear about the encephalitis and the death, but there is an entire spectrum of reactions between fever and death, and it's all those things in between that never get reported" (McTaggart 1996: 117).

This research study also revealed the homoeopathic participants questioning the fact that children still contract the disease and quite severe cases of childhood diseases even after being vaccinated.

Vaccinations can be shown to stimulate some degree of protection in the individual, against particular micro-organisms. However what are the repercussions, short term and long term of the procedures involved? This is the crux of the problem; not that immunisation does not have at least one desirable effect, but that it may do so; at a cost to health that is unacceptable. Recent medical research has shown that the hypothesised dangers to long term health, produced of these methods, is not fantasy, and is deserving of profound attention (Chaitow, 1998:12).

Moritz (2009) maintains that the damage that has been caused so far by vaccinations is considerable and surpasses many times the problems that could possibly arise from having no immunisation program whatsoever. Many natural ways are available to acquire immunity. "The best vaccine against common infectious diseases," according to the World Health Organization, is "an adequate diet" (Moritz 2009).

5.1.2 Impact on life: a child not receiving his/her immunisation would impact their life and could be detrimental

Immunisation is one of the most successful and cost-effective public health interventions. According to the latest data, in 2011, global efforts to immunise children with vaccines against life-threatening diseases reached 107 million children and averted an estimated 2 to 3 million deaths per year along with countless episodes of illness and disability (UNICEF 2013).

According to the PHC nurse participants a child not receiving his/her immunisations would be negatively impacted in their life, and could have detrimental outcomes. All the PHC nurses strongly felt that all children should be immunised because not receiving their vaccines could be life threatening. Being immunised gives the child an opportunity to develop immunity against serious diseases and illnesses.

The responses from the majority of the homoeopathic participants were different – their view was a child not receiving immunisation would not be impacted in a major way. The participants made it clear that they are aware that certain diseases could be fatal if not vaccinated against, such as HiB, the consequences of which can be meningitis and permanent brain damage. Therefore, in certain instances the homoeopathic participants felt they would rather say stay on the safe side and vaccinate but in conjunction with using homoeopathic remedies to treat the adverse effects from the vaccinations.

One of the homoeopathic respondents expressed that the impact could be detrimental, but by the same token they are called “childhood diseases” for a reason, because children are meant to contract these diseases in childhood to strengthen and build up their immune system. Compelling evidence is available that is in agreement with this homoeopathic participant’s views. The development of the immune system after contracting the usual childhood diseases matures and renders it capable to fight infection in the future. The use of multiple vaccines, which prevents natural immunity, promotes the development of allergies and asthma. A New Zealand study disclosed that

23% of vaccinated children develop asthma compared to zero in unvaccinated children (Howenstine 2002).

Marion (1999) maintains and agrees with the homoeopathic participants' views that measles, mumps, and rubella (German measles) may serve a person's normal immune system development and strengthening. Research findings now available from many sources indicate that vaccinations interfere with the body's immune system development and make people more susceptible to diseases, not less (Marion 1999).

One of the homoeopathic participants expressed their own personal situation. Her child had not received any vaccinations and was seen to be much healthier than all the other children in her age group that she plays with. She noted that the other children were admitted in an out of hospital yet her child has not been to hospital. The respondent attributed this to not having received vaccinations, so there was no negative impact as a result thereof.

In keeping with the findings amongst the homoeopathic participants in this study, it has been noted by Garner (2008) that there is a growing body of evidence suggesting that childhood diseases, most of which are harmless, are critical stages in the development of a strong, fully functioning immune system. An immature immune system needs to develop naturally, by fighting off the illnesses that occur in childhood (Garner 2008).

Major concern was expressed by both groups about not receiving the polio vaccine, which could be seen as detrimental. Many of the homoeopathic participants expressed the same concerns with regard to the polio vaccine. The majority of the homoeopathic participants personally felt that not receiving the polio vaccine could be detrimental, and they would allow their children to be administered the polio vaccine as polio is something a homoeopath cannot reverse, but in saying that they also felt strongly that it would be in conjunction with using homoeopathic remedies to minimise possible side effects. Birch (2012:109) further agrees with the statements made by the respondents,

stating that once the damage from polio is established it is difficult to reverse even with homoeopathy.

5.1.3 Protection and prevention: administering childhood vaccines protects and prevents the majority of childhood infections

Without immunisation, the diseases we are now protected from will return to cause diseases and kill many children. There are no effective alternatives to immunisation for protection against some serious and sometimes deadly infectious diseases (EPI (SA) 2013). In keeping with the literature the results obtained from the PHC nurses supports this assertion; it was apparent to them that childhood vaccines protected and prevented the majority of childhood diseases.

The PHC nurse participants stated that with childhood immunisations being given they were not seeing so many cases of children presenting with these childhood diseases. Immunisation not only decreased the number of childhood disease cases but also the severity of the disease in these children.

The PHC nurse participants communicated that, in giving the child the BCG, you introduce a live organism into the child's body so as to make the child immune so that if they are exposed to the bacteria they will have the antibodies already so the immune system will be able to fight off the tubercle bacillus. Even if they do get sick, it will not be as severe as someone who becomes infected and has not had the immunisation.

Immunisation provides the most important and effective means through which parents can protect their children against serious diseases. Children who have not been immunised are at high risk of becoming infected with serious diseases. A recent study showed that children who had not received the measles vaccine were 35 times more likely to get the disease (EPI (SA) 2013).

It is clearly evident from the findings of this study that although the nurse participants' views were that immunisations improve immunity against illnesses, the homoeopathic participants' had different views. According to the data analysis, the homoeopathic participant's perceived that childhood vaccinations do not protect and prevent childhood infectious diseases.

The majority of homoeopathic participants stated that a person can still contract a childhood infectious disease even after being vaccinated against it. They stated that they have seen this to be the case amongst their family, friends and patients in the clinical settings – that an individual will still contract a childhood illness even after they have been immunised against them and the cases are just as severe as if they had not been immunised. In keeping with the findings of this study, in accordance to the homoeopathic respondents, Chaitow (1998: 99) asks the question of why anyone would want to expose their children to something like a measles vaccination which carries risks of massive, sometimes irreversible side effects, and which is inefficient in protecting against a disease which although unpleasant is relatively harmless if your child is well nourished and has adequate vitamin A intake.

McTaggart (1996: 119) supports the homoeopathic respondents' view that the success of vaccination is based entirely on assumption. Because the incidence and death rate of many infectious diseases have radically declined, with improved sanitation and hygiene, housing, better nutrition and isolation procedures, at coincidentally the same time that vaccines have been introduced, medicine has assumed that vaccination is entirely responsible for the eradication of these diseases (McTaggart 1996: 119).

The homoeopathic participants questioned the protection of vaccines, especially the MMR vaccine, pointing out the frequency with which this disease is still seen, even though the community is supposed to be protected because of immunisation.

Because viruses easily mutate, a vaccine may only protect you against one strain of a virus and not any new ones (McTaggart 1996: 130). Medicine doesn't really know

whether vaccines work for any length of time. All that the usual scientific studies can demonstrate (as they are only conducted over the short term) is that vaccines may create antibodies in the blood. What may happen is that a number of vaccines are capable of measurably raising antibodies to a particular infectious illness, but only for a short period of time. Or even if they do raise antibodies indefinitely, this may have nothing to do with protecting an individual from contracting the disease over the long (or even the short) term (McTaggart 1996:118).

5.2 THEME TWO: Safety

5.2.1 Vaccines are safe to administer to children

Immunisation is safe and getting safer and more effective all the time as a result of medical research and ongoing review by medical scientists. Immunisation is given to keep people healthy and to prevent diseases (EPI (SA) 2013).

All vaccines used in the EPI in South Africa are manufactured according to strict safety requirements and are evaluated by the Medicines Control Council (MCC) to ensure efficacy, quality and safety before registration and approval for marketing. In addition, these vaccines meet WHO standards of quality, safety and efficacy (EPI (SA) 2013).

From the results obtained in this research study, it is evident that all the PHC nurses were in favour of the statement that childhood vaccines are safe to be administered to children. The nursing participants explained as long as correct precaution measures are taken and followed, immunisations are safe. The immunisations need to be managed in a cold chain, because if the cold chain is not maintained this could put the child in danger as the immunisation would not be effective. The PHC nursing respondents explained that the immunisations are safe because they are professionally trained on how to administer them. Participants further stated that parents should be made aware of the possible side effects and should take heed as to what to observe after the child has received their immunisations. However the participants stated that they had never had any problems from their experiences thus far.

As it is clearly evident in this research study there is much controversy when it comes to the safety of childhood vaccinations. All the PHC nurses perceived that vaccines are safe to administer to children however the homoeopathic respondents and literature state the opposite. If it were established, for example, that protection against a common children's illness, such as measles, carried with it greatly increased risks of contracting a condition such as multiple sclerosis in adult life, how many parents would happily

comply with the advice to immunise and thus jeopardize their loved ones? (Chaitow 1998:12).

If the short term risks of immunisation against the unpleasant, but seldom serious (unless the infected individual is already compromised in health) condition of whooping cough could be shown to involve a serious (if small) danger of brain damage or epilepsy, how many parents would take that risk? (Chaitow 1998:13). And if DTP and polio immunisations can be shown to increase the risks of cot death, as suggested by Australian researcher Dr. Vera Schreibner (this research being a validation of earlier work reported in the early 1980's) how many parents would think that risk is worth taking? (Chaitow 1998: 13).

Just as there is no such thing as a safe drug, there is no such thing as a safe vaccine and we only beginning to come to grips with exactly how dangerous each one is (McTaggart 1996: 135).

The homoeopathic participants raised numerous concerns over the safety of childhood vaccinations.

Firstly, the majority of participants did not agree with introducing a virus into a child at such a young age and in such a short space of time and secondly the major concern being the side effects which are not acceptable.

The findings from the homoeopathic participants in this study were in agreement with Trudeau (2004) who states that a baby is born and immediately given a set of vaccinations. These vaccinations are drugs; which are being introduced into a new born; the baby is being injected with viruses, drugs, chemicals, and disease. The baby's immune system begins to act in a totally unnatural way and becomes very susceptible to bacteria. Virtually every child, then, gets infections, primarily an ear infection. These infections were caused by the vaccines themselves. The doctor then prescribes more drugs in the form of antibiotics (Trudeau 2004).

One of the homoeopathic participants' main concerns was the additive ingredients in the vaccines and the side effects that the additives could produce. The majority of the homoeopathic participants shared similar understandings concluding that they deal with the side effects on a daily basis in clinical settings as homoeopaths. The heavy metals and adjuvants in the vaccines cause their own level of disease, toxicity and reactivity in the immune system which compounds the problem of dissimilar disease (Birch 2012: 72). Vaccines can be seen as an example of a dissimilar disease.

The concept of dissimilar diseases is discussed in great detail by Hahnemann in Aphorisms 34 to 42 of the Organon of Medicine (O'Reilly 1996): "No previously existing disease can be cured, not even by Nature herself, by the accession of a new dissimilar disease, be it ever so strong" (Aphorism 34). If the two dissimilar diseases meeting together in the human being be of equal strength, or still more if the older be the stronger, the new disease will be repelled by the old one from the body and not allowed to affect it" (Aphorism 36).

"Or the new dissimilar disease is the stronger: In this case the disease under which the patient originally laboured, being the weaker, will be kept back and suspended by the accession of the stronger one, until the latter shall have run its course or been cured, and then the old one reappears, uncured" (Aphorism 38) (O'Reilly 1996).

It was evident from the data findings that the homoeopathic participants views were consistent with the literature presented. Since the 1990s, there has been a tenfold or 1000-percent increase in autism, an increase which has been linked by some researchers to the organic mercury preservative commonly found in baby vaccines (Last 2004). Multiple vaccinations especially in new born babies are a major source of childhood mercury exposure because of the mercury-containing preservative, thimerosal.

Over 22 vaccinations are now recommended for children before the age of two! Effects of exposure can vary from subtle to major malformations but even minor degrees of maldevelopment can have unacceptable consequences (Blaylock 2006).

According to Bock (2008) the vaccinations that contain thimerosal may create a double hit against the immune system. The immune system is assaulted with toxic mercury followed by an injection of combined live viruses which cannot be effectively handled by a mercury-altered immune system.

When legions of parents began to complain that their children had become ill soon after their vaccinations, while still controversial, the situation was studied and in 2001 began to gradually phase thimerosal out of vaccinations. Even with this gradual removal, however, the damage was done. Now there are countless new cases of autism, with more emerging every day (Bock 2008). As for vaccinations, parents should insist that their children receive only vaccines without thimerosal. Manufacturers are slow in producing mercury-free vaccines, but parents should insist they be free of this toxic metal (Blaylock 2006).

One of the homoeopathic respondents went into detail questioning the preservative ingredients that go into vaccines, especially the BCG which has the mercury component in it, saying that introducing any of these heavy metals to a child at such tender ages can lead to serious adverse effects and complications. The respondent further questioned the MMR, which uses egg embryo to synthesize the antibodies, so if the child is allergic to any sort of egg products, they may well have some atrocious side effects.

The findings of this study were consistent with literature from Birch (2010: 123), who states that the mumps vaccine is given in combination with measles and rubella in the MMR vaccine, and this vaccination is not recommended for infants under one year of age or for persons allergic to eggs or neomycin (an antibiotic for gram negative

bacteria). Mumps-immune globulin may afford some short term immunity when there is extraordinary need for protection.

Dr. Leonard Hayflick, a virologist at both Stanford and the University of California at San Francisco raised a concern that the common primary culture using animals and bird embryos to make vaccines has created a situation where it is "apparent that these cells contained many unwanted viruses, some of which were lethal to humans" (Moore 2011).

Additional concerns raised were the introduction of more than one vaccine in such a short space of time, and the fact that the many vaccinations are introduced at the same time, not giving the body the opportunity to deal with one particular vaccine at a time but being bombarded with more than one strain of a virus.

The homoeopathic participants agreed that parents, who opted not to vaccinate their children against certain illnesses, were frowned upon if they did not vaccinate.

McTaggart (1996: 117) states that a parent deciding against vaccination for their child are considered not only to be an irresponsible parent but an irresponsible citizen of their community and even the world.

5.2.2 Benefits of vaccinations outweighing the side effects

According to the World Health Organisation (WHO), immunisation currently saves an estimated three million lives per year worldwide. Pertussis vaccine saves over 600000 lives. Diphtheria has almost disappeared in some major regions of the world. The Hib related infections in children are said to have almost disappeared in the United States within 10 years of immunisation. Hepatitis B immunisation has caused a significant drop in the incidence of hepatocellular carcinoma. Before immunisation, hundreds of thousands of children were infected and thousands died each year from these diseases (EPI (SA) 2013).

According to this study the results revealed all PHC nursing participants to be in agreement with the statement that the benefits of vaccination outweigh the side effects. Nursing participants 1, 7 and 9 were adamant that the benefits by far outweigh the side effects. The PHC nurses stated in their years of experiences administering these childhood vaccinations they have not seen many side effects whereas they have seen long term benefits, and furthermore not every child has side effects and if they do get them, they are very mild. The nurses further elaborated that, as with most medication, there is always going to be side effects.

There was much dissimilarity between the nursing and the homoeopathic participants' views on the "benefits of vaccinations outweighing the side effects". Some of the homoeopathic participants questioned the above statement, while others questioned the benefits. Some felt in most serious cases they may be beneficial, in cases where the child might have died from some of these illnesses.

A different respondent questioned the benefits, saying a child getting a BCG injection will still get TB if exposed to it, so what do vaccinations equip children with if they still get the diseases?

In keeping with the data findings from the homoeopathic participants responses, Last (2004) and Chaitow (1998: 20) agree that, while the dangers of vaccinations are greatly understated by most health authorities, the advertised benefits are greatly exaggerated. For instance, incidence of the four leading childhood killer diseases – diphtheria, pertussis, scarlet fever, and measles – had already declined 90 to 97 percent before the introduction of vaccines, due to improved sanitation and hygiene (Last 2004).

The argument then is not that immunisation does not work at all, but that the concomitant risks are greater than acceptable (Chaitow 1998: 20).

5.3 THEME THREE: Side effects

5.3.1 Side effects / adverse reactions noted and the severity

The most common response across the board from the PHC nurses in this study was that the nurses did not see side effects in their patients. They had heard about side effects but did not actually observe these in their patients. Nurse 3, 4 and 8 explained that the most common side effect noted was abscess formation with pus on the arm at the site of the injection following the BCG vaccination.

Another controversial theme drawn from this research study was the conflicting views of the homoeopathic participants and the PHC nursing participants views over the adverse side effects noted.

Evidence mounted from the homoeopathic respondents with regard to the adverse reactions noted. The homoeopathic participant's chief complaint was the BCG vaccination with many side effects seen as a result of this childhood vaccination in particular. Participants said they had seen children presenting with adverse reactions often. One example was from a child of around four months old who had reacted badly to the BCG vaccine. A scar was evident on the arm of the child which was now inflamed, opened and oozed. The child was irritable and had also developed a rash that started on the face and spread all over the body. Another case presented was of a child presenting with eczema over her entire body. The homoeopathic respondents perceived that eczema is usually one of the first side effects from the BCG vaccine, which is given within 48 hours and paediatric patients come in all the time presenting with this adverse reaction.

A personal point of view was shared by a homoeopathic participant. The participant explained a close family member was vaccinated and she broke out with eczema. After corticosteroid treatment she developed full blown asthma. She is now three years old

but from the time she was six months old she had to be on an asthma inhaler as she could not breathe properly

The other homoeopathic participants explained their experience within clinical settings, witnessing and treating adverse effects in clinic settings, with a typical scenario being a child who is fine and healthy, but 3 to 5 days after being vaccinated returns sick and needs to be treated.

Recent evidence indicates that routine childhood vaccinations contribute to the emergence of chronic allergic problems such as eczema, ear infections, and asthma. While this contention is controversial, a growing number of scientists and physicians maintain that most standard vaccinations permanently disturb the developing immune system, setting the stage for hypersensitive reactions to foods and other common substances. In fact, childhood illnesses such as measles, mumps, and whooping cough may actually reduce the risk of allergy, according to Konrad Kail, N.D. (Trivieri et al. 2002).

Colbin (1986) is of the view that “the widespread use of antibiotics and vaccinations is probably among the main causes of immune system disorders”. George Vithoukias expressed a similar view; according to Vithoukias (1998) when a child receives a vaccine there will either be a reaction or the child will not react to the vaccine; this all depends on the susceptibility and the predisposition of the child for a particular vaccine. If there is no reaction it can be either good or bad. In the first case where there is no reaction it is indeed good, it means that the child's immune system is strong enough to throw off the adverse effects of the vaccine without any harm done to the child. In the second case this is not good; it might indicate that the child's immune system is too weak to respond to the vaccine as they show no reaction to vaccines and also for the same reason do not contract contagious diseases despite being exposed to it.

5.3.2 Side effects/adverse reactions seen as acceptable

It is evident from this study that all of the PHC nurse participants agree that the side effects of vaccines are acceptable with only one nurse disagreeing. That participant felt that children should not go through pain and suffering because vaccines are meant to be safe and it is something that should not promote side effects. The other nurses responded that the majority of the risks are seen as “mild risks” and are short term risks, which is much more acceptable rather than having defects for the rest of the child’s life. However, Chaitow (1998: 1) argues that immunisation is not safe in the short term; that it offers far less protection than might be imagined, and that the long term effects of certain forms of immunisation may constitute a major health hazard (Chaitow 1998: 1).

According to the PHC nursing participants, the side effects are usually there for a short duration and subside very quickly which is better than avoiding immunisation and getting polio, for instance. The other PHC nurses responses were that the majority of medications have side effects, and not every child will experience these side effects.

According to the results obtained the homoeopathic participants were not in agreement with the PHC nursing participants and were against the side effects being acceptable, the issue being raised that why should side effects be seen as acceptable if there is no guarantee that an individual will be fully protected from all childhood illnesses?

Homeopathic participants expressed that even though a child is vaccinated, there is no guarantee that they are protected from the disease, stating that they had seen children that had been vaccinated for a specific disease and later contract that disease. Literature by Birch (2010: 144) supports these assertions as it was found that the chickenpox vaccine is a more recently developed vaccine and does not bear the test of time as some of the other vaccines available. The vaccine is cultured on aborted human foetus tissue. Efficacy and duration of effect of the vaccine is undetermined and many people are concerned that if the vaccine is given to children and it only lasts a few years, it will leave them susceptible to getting chickenpox later in life. A case could be

made for the need of the vaccine in individuals with an already compromised immune system. Side effects of the vaccine include death, neurological symptoms including Bell's palsy, demyelinating syndromes, convulsions, auto-immune reactions such as joint pain, thrombocytopenia and increased incidence of shingles. These side effects seem far more severe than the actual disease; many individuals vaccinated actually develop the disease as a vaccine side effect (Birch 2012: 144).

One of the homoeopathic participants expressed the following view: much more research and literature needs to be conducted on vaccination and the long term adverse effects as the detailing of vaccinations is not really understood, with leading immunologists in the world actually protesting the idea of administering vaccinations especially at such a tender age.

McTaggart states, "Amid the rush to 'conquer' every possible disease, in which the defending vaccination at all costs, no one is pausing to examine the possible long term effects of introducing up to nine or more different antigens into the immature immune systems of a generation of babies under 15 months". (McTaggart 1996:117).

5.4 THEME FOUR: Standard protocol and treatment

5.4.1 Standard protocol and treatment by the PHC nurses and the homoeopaths

Results obtained revealed that there are standard protocols and treatment regimes that are followed by PHC nurses and homoeopaths. Both the PHC nurses and homoeopathic participants explained their protocols and treatment regimes. It was apparent from the homoeopathic participants' responses that people are uninformed about CAM in general and are unaware of homoeopathy as a treatment regime in the treatment and management of the side effects and adverse reactions associated with vaccinations.

The PHC nursing participants willingly expressed their standard protocols and treatment regimes. The nursing respondents explained that there is a department that deals with adverse reactions. Following the immunisations if a child is sick he or she is brought back to the hospital and monitored, and is given the necessary medication.

One nursing respondent explained that standard protocol and treatment is always followed. When a child is born, they get a “Road to Health” care chart where the standard procedure is already written out. The government has already laid it out; it’s called the expanded programme on immunisation (EPI). The follow up will only be done, if there are adverse effects following the immunisations, however the mother is made aware of these adverse effects when immunising the child as to what side effects she must look out for.

One of the respondents articulated that if a mother comes back complaining that after the childhood vaccinations the child is unwell, nurses treat the child and the symptoms accordingly. It is therefore significant to follow up, because then the nurses see that every time they give this vaccine, these are the adverse effects presenting and a record is kept to help with statistics. In this way nurses are made aware that most of the children are reacting towards this particular vaccine and then research can be done.

Imus (2008) writes: “Do not allow your doctor or his or her staff to downplay or dismiss your concerns about vaccinations. Unfortunately, some paediatricians become quite annoyed when parents question or resist some vaccinations, so be prepared to meet some resistance. Even today, as more and more parents and health professionals are waking up to the potential hazards associated with some vaccines, there’s still a lot of opposition out there.”

The homoeopathic respondents explained that their treatment regime involves the parent and the homoeopath working hand in hand. The child gets evaluated and the necessary treatment is given to the child and a follow up is done. There are remedies

such as *Thuja occidentalis* and *Silicea terra* which can be administered before the child goes for vaccinations, due to these remedies' capacity to reduce adverse effects.

Another respondent voiced that from a homoeopathic perspective they take a detailed case history and then give remedies according to what the baby needs at that time. There are remedies available to treat before, during and after vaccinations and what people are not aware of is that there are also specific homoeopathic remedies for treating adverse effects of vaccines.

An additional view from one of the respondents was that, depending on the type of symptoms, a remedy is selected, but there are specific remedies, such as *Silicea* and *Thuja* that are specifics for the effects of childhood vaccines. The respondent further explained that there is a remedy before the vaccination and a remedy after the vaccination or sometimes the parents come to you last minute when they vaccinated and there are adverse effects and they come to you, then you treat the adverse effects. It is definitely important to follow up because before the vaccination the homoeopath is preparing the body for what is going to happen and after the vaccination the homoeopath is treating what is happening currently.

A similar sentiment was expressed by another homoeopathic respondent who explained that the prescription depends on the case presented. The homoeopath takes the case and depending on the presenting symptoms, prescribes a specific remedy. Homoeopaths believe in individualization, i.e. individualise the treatment according to the adverse effects presenting in that specific body.

5.5 THEME FIVE: Complementary Alternative Medicine

5.5.1 Complementary Alternative Medicine as a treatment regime for the side effects of vaccinations

To a great extent the PHC nurses did not know much about CAM or homoeopathy. Most of the PHC nursing participants did not know homoeopathy could be used as an alternative treatment regime for the adverse effects of vaccinations. Many of the PHC nurses felt that if they were knowledgeable on CAM and homoeopathy then homoeopathy could step in as a treatment regime which they could recommend to parents who are seeking an alternative regime to eliminate any side effects. One of the PHC nurses expressed that they had heard about homoeopathy to an extent, but when it comes to vaccinations they had not been made aware of it as a treatment regime for the adverse effects of vaccinations however if it is researched and works they would be prepared to try it. Another PHC nurse shared the same sentiment, saying: "I think with every health related situation, it needs to be integrated with other medicine in order to help, as long as it's safe and is going to help the child; then I think it can be integrated with immunisations. If safe homoeopathic remedies can be used, I don't see the problem with that." Another PHC nurse voiced her opinion that she needs to be educated and more enlightened on homoeopathy because "I don't have any basis on what homoeopathy is right now, if I can have more light on what you are talking about then, maybe yes I would agree with the treatment."

5.6. CONCLUSION

This chapter discussed and detailed the main themes of this research study drawing from the knowledge, attitudes and perceptions of the PHC nursing and homoeopathic participants with regard to adverse effects of childhood vaccines. It is clear that certain

critical points discussed had a great influence on the participants' perceptions. These core factors will be highlighted in the following chapter.

CHAPTER SIX: CONCLUSION

6.1 INTRODUCTION

This chapter will reinforce the knowledge, attitudes and perceptions from both the homoeopathic participants and the PHC nurses, highlighting the major differences and views expressed by both research subject groups. It will further suggest possible future studies to obtain more information about this controversial issue.

6.2 CONCLUSION

It was expected that the majority of the PHC nurses would be in favour of the childhood immunisation schedule of South Africa, which held true. By contrast, four of the homoeopathic participants were not entirely in favour and five participants were totally not in favour of the childhood immunisation schedule. As a result of these notions the following conclusions were drawn, responses from the two groups were in keeping with their teachings and training as health care professionals and their philosophical backgrounds.

A few of the aspects that needs highlighting, raised by the PHC nurses, in favour of the childhood immunisation schedule were: "Prevention is better than cure", "There is a specific purpose for each of these childhood vaccines" and "there is a limited number of children presenting with childhood infectious diseases due to these vaccines". It was evident that their attitudes and perceptions were influenced by their teachings and training as health care professionals, and from the fact that they had not witnessed or seen many children presenting with side effects from vaccinations.

A few aspects worth mentioning, aired by the homoeopathic participants were: "The introduction of vaccines at such a young age", "safety of the childhood vaccines" and "children still get the disease even after being vaccinated". The main concerns were

“adverse reactions, the link to ADHD and autism” and the “chemical additives to vaccines”. It was evident with regard to the homoeopathic participants that their clinical exposure played a major influence on their views as this is where they had physically witnessed side effects presenting and were able to treat these.

Within the literature there is evidence that some homeopaths totally disagree with vaccines. The results from this descriptive qualitative research study show that the majority of homoeopathic participants share the same opinion regarding side effects and safety associated with vaccinations, not being acceptable. The literature reviewed expresses a strong anti-vaccination standpoint amongst homoeopaths, but this research study shows the homoeopathic respondents attitudes and perceptions varied. This could be due to variations in experience, clinical exposure, teaching, philosophical backgrounds and training.

There was a much more unified stance amongst the nurses with regard to their attitudes and perceptions in favour of the childhood immunisation schedule and vaccines in general. It was clearly evident in this research study that most of the PHC nurses were not knowledgeable about CAM and homoeopathy, demonstrating that CAM and homoeopathy has not made its mark in the allopathic field and has not been well established within South Africa.

6.3 RECOMMENDATIONS

As a result of this study the following recommendations are made:

- i. A descriptive study should be conducted amongst all registered health care professionals that fall within the Health Professionals Council of South Africa (HPCSA) and the Allied Health Professionals Council of South Africa (AHPCSA) to establish the similarities and differences of perception which exist on this topic.
- ii. Arising from the interview process the researcher noted that the type of patient referred to by the PHC nurses were most likely to be children from a disadvantaged background making use of PHC facilities often with additional

problems such as malnutrition, while the type of patient referred to by the homoeopathic student participants were likely to be children from a privileged background with access to more resources. The researcher therefore recommends that future studies could focus on nurses working in the private health care system and homoeopaths working in a rural environment with disadvantaged communities.

- iii. A study with regard to the side effects of vaccinations noted within the CAM field and the allopathic medical field, particularly taking into consideration the perceptions and experience of paediatricians could be a future consideration.
- iv. It was clearly evident from the results of this study that PHC nurses and conventional health care professionals in general are not aware of CAM and homoeopathy, so homoeopathy could not be seen or recommended as a treatment for the side effects of vaccinations. Therefore, this researcher recommends that homoeopathy be introduced and integrated into a wider spectrum of the allopathic field. All willing PHC medical professionals in South Africa should be made aware of CAM and homoeopathy. Once the willing PHC professionals acknowledge and are educated on homoeopathy and CAM, they can recommend it to the public. On a greater scale, the researcher hopes that the above recommendation will not only stand to serve the public but allow for homoeopaths to work in the public primary health care setting thus allowing the patient the best of both worlds, and with homoeopaths working in the PHC sector they could better understand why PHC nurses support vaccinations.
- v. Future studies could also take into account the experience of the participants interviewed; the majority of PHC nurses interviewed for this study had significant working experience, while the homoeopathic students were only at the beginning of their careers, with a lot of knowledge drawn from theory and teaching received, but still very little clinical experience in the field. Therefore the suggestion is to include homoeopaths with a number of years of experience in practice.

As more and more vaccines are being launched and with vaccination campaigns both for and against vaccinations, the vaccination debate is bound to continue if not actually escalate.

It is hoped that further research will be conducted based on the results obtained in this research study, so as to assist parents in their decision making regarding immunisation of their children.

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APPENDIXES

APPENDIX 1: University Ethics Clearance Certificate
APPENDIX 2a: Permission to conduct study at DUT (IRC)
APPENDIX 2b: Letter of Approval from DUT (IRC)
APPENDIX 3a: Permission to HOD of homoeopathy to access study respondents
APPENDIX 3b: Letter of Approval HOD of homoeopathy
APPENDIX 4a: Permission to HOD of nursing to access study respondents
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APPENDIX 1: UNIVERSITY ETHICS CLEARANCE CERTIFICATE



Institutional Research Ethics Committee
Durban University of Technology
P O Box 1334
Durban
4000

8 October 2012

Ms S Rohith
364 Mount Batten Drive
Reservoir Hills
4091

Dear Ms Rohith

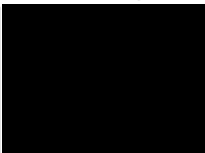
ACKNOWLEDGEMENT OF RECEIPT OF APPLICATION FOR ETHICAL APPROVAL

Title: A comparative study of the knowledge, attitudes and perceptions of Postgraduate Homoeopathy and Post Basic Nursing students, with regard to the adverse effects of vaccination in children
Reference Number: REC 58/12

The Institutional Research Ethics Committee wish to acknowledge receipt of your research proposal, received on 1 October 2012 which is to be reviewed at an IREC meeting scheduled for 15 October 2012.

A reference number has been assigned to your proposal. You are required to quote this number for all queries relating to the study.

Yours Sincerely



Dr D F Naude
Chair: IREC



APPENDIX 2a: LETTER OF PERMISSION DUT (IRC)

The Research Director
Durban University of Technology
08 April 2012

Dear: Professor

Re: Permission to conduct Masters Research

I am Suvishka Rohith, currently registered for a Master's Degree in homoeopathy at the Durban University of Technology. In order to qualify for Masters Degree, I am required to complete my dissertation.

My dissertation is a qualitative interview to determine: A Comparative Study of the Knowledge, attitudes and perceptions of post graduate homoeopathy and post basic nursing students, with regard to the adverse effects of vaccination in children.

In order to complete the interview process for my research, I am requesting permission to conduct my research study at the Durban University of Technology using the post graduate homoeopathy and post basic nursing students.

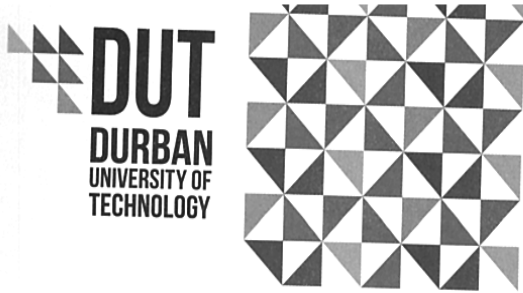
My research proposal has been attached. Anonymity and confidentiality of information will be maintained. Participants are not required to disclose any personal information. Your support and permission to conduct the study will be much appreciated.

Yours sincerely

Suvishka Rohith
M. Tech. Student
Contact no.:0745849388
Email:suvishkarohith@yahoo.com

Dr. C.M. Hall
Supervisor
Contact no.:0829216149
Email:corneh@dut.ac.za

APPENDIX 2b: LETTER OF APPROVAL DUT (IRC)



*Directorate for Research and Postgraduate Support
Durban University of Technology
Tromso Annexe, Steve Biko Campus
P.O. Box 1334, Durban 4000
Tel.: 031-3732576/7
Fax: 031-3732946
E-mail: moyos@dut.ac.za*

20 March 2013

Ms Suvishka Rohith
c/o Department of Homoeopathy
Durban University of Technology

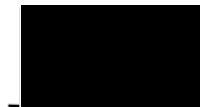
Dear Ms Rohith

PERMISSION TO CONDUCT RESEARCH AT THE DUT

Your correspondence in respect of the above refers. I am pleased to inform you that the Institutional Research Committee (IRC) will grant permission to you to conduct your research at the Durban University of Technology.

We would be grateful if a summary of your key research findings can be submitted to the IRC on completion of your project.

Kindest regards.
Yours sincerely



PROF. S. MOYO
DIRECTOR: RESEARCH AND POSTGRADUATE SUPPORT

APPENDIX 3a: PERMISSION TO HOD OF HOMOEOPATHY

The Head of Department
Department of homoeopathy
Durban University of Technology
08 April 2012

Dear: Sir

Re: Permission to conduct Masters Research

I am Suvishka Rohith, currently registered for a Master's Degree in homoeopathy at the Durban University of Technology. In order to qualify for Masters Degree, I am required to complete my dissertation.

My dissertation is a qualitative interview to determine: A Comparative Study of the Knowledge, attitudes and perceptions of post graduate homoeopathy and post basic nursing students, with regard to the adverse effects of vaccination in children.

In order to complete the interview process for my research, I am requesting permission to conduct the interviews at your Department of homoeopathy, using the post graduate homoeopathy students.

My research proposal has been attached. Anonymity and confidentiality of information will be maintained. Participants are not required to disclose any personal information.

Your support and permission to conduct the study will be much appreciated.

Your's sincerely

Suvishka Rohith
M. Tech Student
Contact no.:0745849388
Email:suvishkarohith@yahoo.com

Dr. C.M. Hall
Supervisor
Contact no.:0829216149
Email:corneh@dut.ac.za

APPENDIX 3b: LETTER OF APPROVAL HOD OF HOMOEOPATHY



Department of Homoeopathy
Durban University of Technology

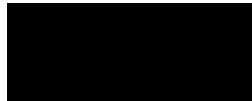
6 April 2013

Ms S Rohith (20702680)
Department of Homoeopathy
Durban University of Technology

PERMISSION TO CONDUCT RESEARCH IN THE DEPARTMENT OF HOMOEOPATHY

Your correspondence dated 2 April 2013 regarding the request for permission to conduct a research study in the Department of homoeopathy refers. I am pleased to inform you that you are granted permission to conduct research in the Department of Homoeopathy.

The Department of Homoeopathy wishes you the best of luck with your Master's research.



Dr A. Ross (HoD: Homoeopathy)

APPENDIX 4a: PERMISSION TO HOD OF NURSING

The Head of Department
Department of Nursing
Durban University of Technology
08 April 2012

Dear: Madam

Re: Permission to conduct Masters Research

I am Suvishka Rohith, currently registered for a Master's Degree in homoeopathy at the Durban University of Technology. In order to qualify for Masters Degree, I am required to complete my dissertation.

My dissertation is a qualitative interview to determine: A Comparative Study of the Knowledge, attitudes and perceptions of post graduate homoeopathy and post basic nursing students, with regard to the adverse effects of vaccination in children.

In order to complete the interview process for my research, I am requesting permission to conduct the interviews at your Department of homoeopathy, using the post graduate homoeopathy students.

My research proposal has been attached. Anonymity and confidentiality of information will be maintained. Participants are not required to disclose any personal information.

Your support and permission to conduct the study will be much appreciated.

Your's sincerely

Suvishka Rohith
M. Tech Student
Contact no.:0745849388
Email:suvishkarohith@yahoo.com

Dr. C.M. Hall
Supervisor
Contact no.:0829216149
Email:corneh@dut.ac.za

APPENDIX 4b: LETTER OF APPROVAL HOD OF NURSING



Department of Nursing
PO Box 1334
Durban
4000


4 April 2013

Ms S Rohith (20702680)
Department of Nursing
Durban University of Technology

PERMISSION TO CONDUCT RESEARCH IN THE DEPARTMENT OF NURSING

Your correspondence dated 2 April 2013 regarding the request for permission to conduct a research study in the Department of Nursing refers. I am pleased to inform you that you are granted permission to conduct research in the Department of Nursing (Undergraduate Programme).

The Department of Nursing wishes you the best of luck with your studies.


Dr MN Sibjya (HoD: Nursing)

APPENDIX 5: LETTER OF INFORMATION



INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) LETTER OF INFORMATION

Dear Participant

Thank you for taking time to participate in my research study.

Title of the research: A comparative study of the knowledge, attitudes and perceptions of post graduate homoeopathy and post basic nursing students, with regard to the adverse effects of vaccination in children.

Researcher: Suvishka Rohith

Supervisor: Dr. C. Hall – M Tech: Hom; B Sc (031-373 2041)

Co-Supervisor: Dr. M.N. Sibiya – D Tech: Nursing (031-373 2606)

Brief introduction and purpose of the study:

The main benefit of vaccinations is seen as the elimination of childhood diseases, whereas the main disadvantage is seen as the side effects caused by the vaccination. It has been recognised that there is endless controversy when it comes to the "Vaccination debate". immunisation/vaccinations, being vital treatment in infants and children or whether its adverse effects are detrimental.

Homoeopathy is seen as an alternative treatment regime in treating the adverse effects of vaccinations and PHC nurses, deal first hand with vaccinations. The knowledge, attitude and perceptions with regard to the adverse effects of vaccinations in children will not only be valuable for this study, but can assist in the direction parents take when immunising their children.

Outline of the procedure: An in-depth interview will be conducted between the researcher and the participant. The interview will be recorded by using a voice recorder and notes will be taken by the

researcher for data collection. A time limit of an hour (60 minutes) will be given, for your convenience. You are free to withdraw from the research study at any stage without any form of prejudice.

Risks or discomfort to the subject: If you do not feel comfortable with a question at any time during the interview you are free to decline from answering it.

Benefits: None.

Remuneration: You will not be remunerated for participating in this research study.

Confidentiality: The researcher ensures your confidentiality at all times. No names will be used in the write-up; instead numbers will be assigned to each participant. Recorded data will be stored for 15 years, confidentially at D.U.T.

Persons to contact in the event of any problems or queries:

Dr. C. Hall - (031-373 2041)

Dr. M.N. Sibiyi - (031-373 2606)

Or, The Institutional Research Ethics Administrator: 031-373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac

APPENDIX 6: CONSENT FORM



INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) CONSENT

Statement of Agreement to Participate in the Research Study:

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

Full Name of Participant
Thumbprint

Date

Time

Signature /

Right

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

Full Name of Researcher Date Signature

Full Name of Witness (If applicable) Date Signature

Full Name of Legal Guardian (If applicable) Date Signature

APPENDIX 7: QUESTIONNAIRE

DEMOGRAPHIC DATA (Please tick)

1.1. Please state your age:

20-30 () 31-40 () 41-50 () 51-60 () 61-70 ()

1.2. Please state the year of qualification and your age on qualification:

YEAR OF QUALIFICATION	AGE ON QUALIFICATION
-----------------------	----------------------

1.3. Please state whether you are registered with the Allied Health Professions Council of South Africa / Health Professions Council of South Africa / South African Nursing Council (AHPCSA/HPCSA/SANC) and the year of your registration:

REGISTERED, WITH:	Y	N	YEAR
AHPCSA/HPCSA/SANC			

1.4. Please state if you have any other additional qualifications:

1.
2.
3.

1.5. You currently serving/working or served as a homoeopath/nurse in the primary health care setting:

1.5.1. Where did you work/serve: (clinic name and district)

--

1.6. Please state the number of years that you have been working/serving or served as a homoeopath/nurse/primary health care professional:

0-5 () 5-10 () 10-15 () 15-25 () >25 ()

APPENDIX 8: INTERVIEW

Interview questions were compiled from a number of different sources, and were used as guidelines for the interviews.

PERCEPTIONS OF CHILDHOOD VACCINATIONS ACCORDING TO THE SOUTH AFRICAN IMMUNISATION SCHEDULE

1.1. The following vaccines are administered routinely:

POLIO, BCG, ROTAVIRUS, DTAP/ IPV/ HiB, HEPATITIS B, PNEUMOCOCCAL CONJUGATE, MEASLES and TD

(Ref: According to the Extended Programme on Immunisation (EPI) (S.A.) Revised childhood immunisation schedule from April 2009).

- As a homoeopath/primary health care nurse are you in favour/agreement with the childhood immunisation schedule of South Africa? Yes / No, Elaborate, Why? So do you believe if a child does not receive his/her immunisations, that it would impact their life and could be detrimental? Elaborate.
- With your experience, do you believe that by administering these childhood vaccines that it protects and prevents the majority of childhood infectious diseases? Elaborate.

1.2. Do you believe that vaccines are safe, to administer to children? What are the known side effects? Do the benefits of vaccinations outweigh these side effects. (Oral/Injectible)

EXPERIENCES WITH THE REGARDS TO THE SIDE EFFECTS AND TREATMENT REGIME OF THE CHILDHOOD VACCINATIONS

1.3. Working/ Serving first hand as a nurse/ homoeopath, have you noticed any side effects or adverse reactions in your patients, due to the vaccines?

- What side effects were noted in your patients, if there were any? What were the severity of the side effects / adverse reactions of the vaccines noted: Mild, moderate, severe?
 - If most children are seen to be protected against the childhood infectious diseases by immunisations do you believe these risks / adverse reactions to vaccines are acceptable?
- 1.4. Is there a standard protocol for treating children prior to (Before) or following (After) these childhood vaccines? Is it followed, or is it significant to follow up?
- How are the children treated if they experience any side effects / adverse reactions? Where are they treated? Monitoring system or parents?

NURSES ADDITIONAL QUESTIONS:

- 1.5. Do you recommend any preventative strategies in treating the side effects and adverse reactions of vaccinations?
- 1.6. What do you think about Complementary Alternative Medicine, as a treatment regime?
- 1.7. Homoeopathy is seen as an alternative treatment regime to vaccinations and its side effects. Have you heard about homoeopathy and the favourable benefits of homoeopathy?

APPENDIX 9: CHILDHOOD IMMUNISATION SCHEDULE OF SA

EXPANDED PROGRAMME ON IMMUNISATION - EPI (SA)

Revised Childhood Immunisation Schedule from April 2009

Age of Child	Vaccines needed	How and where is it given?
At Birth	Polio Vaccine (0)	Drops by mouth
	BCG (Bacille Calmette Guerin) Anti-tuberculosis vaccine	Injection in Right arm
6 Weeks	Polio Vaccine (1)	Drops by mouth
	Rotavirus vaccine (1)	Liquid by mouth
	DTaP-IPV//Hib (1) Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b Combined	Injection in Left thigh
	Hepatitis B Vaccine (1)	Injection in Right thigh
	Pneumococcal Conjugate Vaccine (1)	Injection in Right thigh
10 Weeks	DTaP-IPV//Hib (2) Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b Combined	Injection in Left thigh
	Hepatitis B Vaccine (2)	Injection in Right thigh
14 Weeks	Rotavirus vaccine (2)	Liquid by mouth
	DTaP-IPV//Hib (3) Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b Combined	Injection in Left thigh
	Hepatitis B Vaccine (3)	Injection in Right thigh
	Pneumococcal Conjugate Vaccine (2)	Injection in Right thigh
9 Months	Measles Vaccine (1)	Injection in Left thigh
	Pneumococcal Conjugate Vaccine (3)	Injection in Right thigh
18 Months	DTaP-IPV//Hib (4) Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b Combined	Injection in Left arm
	Measles Vaccine (2)	Injection in Right arm
6 Years	Td (1) Tetanus and reduced strength of diphtheria	Injection in Left arm
12 Years	Td (2) Tetanus and reduced strength of diphtheria	Injection in Left arm

NB. Rotavirus Vaccine should NOT be administered after 24 weeks of age (6 months)

Choose a healthy lifestyle



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

