

The Perceptions and Awareness of Homoeopathy and the
Homoeopathic Day Clinic (H.D.C.) amongst Students at the
Durban University of Technology (D.U.T.).

By

Thomas Macquet

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

I, Thomas Macquet, do hereby declare that this dissertation represents my own work,
both in conception and execution.

Signature of Student

08-06-2007
Date

APPROVED FOR FINAL SUBMISSION

Signature of Supervisor

08-06-2007
Date

Dr. R. Steele

B.A., H.D.E., M.Tech (HOM)

DEDICATION

I dedicate this research to my father and to my mother.

Dad, you have supported me always. Giving me the means to grow. Guiding me along the way. Teaching me what it means to be a decent, gentle, and strong man. That there is nothing more important and precious than family. I thank you.

“Trust Life.”

Mom, you love your children with such devotion. I have done things and pushed boundaries in my world that I may never have without you being there. Your greatest achievement is the love your children share for each other, for their family, for their friends and for their lives. Your deep sense of compassion speaks in my own heart and will come of great use in my healing endeavours.

“If you are going to laugh, laugh loud.”

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ABSTRACT

Tertiary education students are present and future health care consumers, and as such it is important that they are well educated in both mainstream and complementary health practices. Prior to this study, no data was available on the perceptions of tertiary education students towards homoeopathy in South Africa. The aim of this study was to bridge this gap in the database of knowledge by determining the perceptions and awareness that students at Durban University of Technology (D.U.T.) have towards homoeopathy and the Homoeopathic Day Clinic (H.D.C.) that exists on the D.U.T. campus.

This survey-based study was conducted by administering 1080 questionnaires to full-time registered students at D.U.T. who were in at least their second year of study at the university. A stratified random sample method was employed, based on the demographic variables of faculty, gender and race so as to generate a suitably representative sample. Of the 1080 questionnaires distributed, 1054 (97.6%) were returned and 1005 (93%) met the inclusion criteria to be used in the final sample.

The responses showed that the students at D.U.T. have a fairly poor level of knowledge about homoeopathy. Only 48% of them had ever heard of homoeopathy and around 95% said that they had either never heard of it, had heard only of the name, or said they knew a little bit about it.

In terms of practical experience with homoeopathy, only 6% have ever consulted a homoeopath personally before, and 9% said that they have family members who have

consulted a homoeopath. This family statistic is very important because what became clear in the study is that most of the knowledge that the respondents had about homoeopathy came predominantly from family and friends, and confirmed that much knowledge is spread through word of mouth. A positive observation, however, is that respondents who have had practical experience with homoeopathy were generally happy with the care received and would recommend it to others.

When it came to more specific questions about the homoeopathic profession and training of homoeopaths, many of the respondents could not provide an answer or answered incorrectly showing a lack of knowledge about the profession as a whole in South Africa.

More surprising was that only 29% of the respondents were aware of the H.D.C. showing that it is not well marketed on the campus at D.U.T. However, an encouraging sign is that 49% said that they would be interested in attending the H.D.C. now that they are aware it exists with a further 44% saying that they might be interested. Furthermore, 68% wish to know more about homoeopathy, showing that a marketing/educational programme would be well received and is needed.

In terms of the demographic variables in the study, Whites have the best knowledge of homoeopathy, while Africans have the poorest level of knowledge. However, Africans were shown to have the highest interest in learning more. It also showed that females have a higher level of knowledge about homoeopathy than males do, and that females have a higher interest in it too. In terms of faculty, Health Sciences students

were shown to have the highest level of knowledge, while Engineering, Science and the Built Environment students had the lowest level of knowledge.

In conclusion, the level of knowledge that the respondents had about homoeopathy was low, and this will mean that they may not think of homoeopathy as an option when ill. It is important that homoeopathy is better marketed amongst tertiary education students so that they can consider it as a viable health care option both for themselves, and importantly for their families in times to come.

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CHAPTER 1: INTRODUCTION

1.1 Overview

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

The aim of this questionnaire-based study was to broaden the database of knowledge regarding the public perceptions of homoeopathy in South Africa, by investigating the perceptions of tertiary education students at The Durban University of Technology (D.U.T.) regarding their knowledge of homoeopathy and their awareness of the Homoeopathic Day Clinic (H.D.C.) on the campus. The D.U.T. is one of only two universities that offer homoeopathic training in South Africa. The other institution that offers training in homoeopathy is the University of Johannesburg (Homoeopathic Association of South Africa, 2007).

The D.U.T. is located in Durban, in the Republic of South Africa. The Department of Homoeopathy at the university falls under the Faculty of Health Sciences. The department runs the H.D.C. on the campus. In this clinic, 5th year homoeopathic students and certain 6th year homoeopathic research students consult with patients for the purposes of completing the practical and research requirements of the course. Some of the Department lecturers also practice part-time from the clinic.

There are over 20 000 students registered at the D.U.T. (Kisten, 2005), all of whom are potential clients for the H.D.C. One of the aims of this study is to ascertain whether students at D.U.T. know about the H.D.C., and whether they have utilised its services.

Tertiary education students are current and future healthcare consumers in our country. It is important that they are well informed and educated about the various medical therapies available, so as to give their families the best opportunity for proper healthcare. Most people in our country and around the world are aware of orthodox medicine because it is the primary form of care provided by many governments, and in our country it is the primary form of medicine used in the clinics and hospitals. If the knowledge of homoeopathy is poor amongst the students at D.U.T., it may mean that they will fall upon orthodox medicine to help them when they are ill instead of considering homoeopathic treatment as an option.

Even though orthodox medicine is predominant around the world, there has definitely been a surge of interest in homoeopathy and other complementary therapies over the past three decades around the world. This interest has been well documented in the

United Kingdom (Fulder and Munro, 1985), Europe (Himmel, Schulte, and Koshen, 1993), and in the United States (Eisenberg, Davis, Ettner, Appel, Wilkey, Van Rompay and Kessler, 1998). In the United States, for instance, retail sales in this sector increased from \$100 in 1988 to \$250 million in 1996 (Jacobs, Chapman and Crothers , 1998:537).

This is the case in South Africa as well. The Health Products Association of South Africa conducted a market survey between the years of 2001 to 2003. South Africans spent R1,928 billion on natural health care products in 2003. In 2001 the market size was R1,377 billion. This amounts to a 17.9% increase from 2001 to 2003. During this time there was an average of 43.3% markup on products. The homoeopathic sector accounted for 4% of the total market sales for the year. South Africans spent R61 million on over-the-counter (OTC) homoeopathic products during the year, which is an increase of 16.4% on figures received from a similar survey conducted in 2001. The homoeopathic sector was attributed mainly to homoeopathic remedy sales, totaling 67% of the sales. There was a 23.9% increase in homoeopathic remedies sold from 2001 to 2003. The remaining portion of the sales comprised anthroposophicals (15%), homoeopathic creams (11%) and tissue salts (7%) (Health Products Association of South Africa, 2005).

What was interesting about the survey was that complementary practitioners accounted for only 1% of the total distribution of natural health care products. The primary method of distribution was through the direct sales (26%), with supermarkets and hypermarkets contributing 25%, pharmacies 21%, pharmaceutical wholesalers

12%, health shops 4%, export sales 2%, and other methods 9% (Health Products Association of South Africa, 2005).

There does however appear to be a general lack of understanding and awareness of these therapies, which could limit their use. Surveys indicate that doctors and medical students are increasingly interested in complementary and alternative therapies, yet lack of knowledge is one of the greatest barriers to their appropriate use (Berman, 2001).

Lack of knowledge, but an interest in learning more, is the common denominator in several South African studies of the public perception of homoeopathy (Daphne, 1997; Small, 2004; Maharajh, 2005; Paruk, 2006). For example, Small (2004) found that 76% of Grade 12 students at schools in Durban had never heard of homoeopathy, yet 80% of them wished to learn more about it. See Chapter 2 for a discussion of these studies.

The sample size used in the study was 1000. A stratified random sample method was employed, based on 4 strata (faculties) and 2 sub-strata (gender and race), roughly in proportion to their representation in the population as a whole. The data was analysed using SPSS® for Windows™ and Excel® XP™.

1.2 The Aims of the Study

- 1.2.1 To determine the perceptions of the students at D.U.T. of homoeopathy, by means of a questionnaire. This questionnaire will also assess the knowledge

the students have of homoeopathy with regards to general understanding of the function of a homoeopathic practitioner, the homoeopathic consultation process, the role of homoeopathy in the health care system, the degree of education required to be a homoeopathic practitioner in South Africa, and their interest in finding out more about it.

1.2.2 To establish the level of awareness, and utilisation of, the H.D.C. that exists on the D.U.T campus amongst students at D.U.T.

1.2.3 To identify any trends in the perceptions of homoeopathy and the awareness of the H.D.C. based on race, gender and faculty of study.

1.2.4 To ascertain reasons why more D.U.T students do not come to the H.D.C. as patients.

1.2.5 To establish the level of interest in further education about homoeopathy amongst the students of the D.U.T, and the aspects which such an educational and awareness-raising program will need to concentrate on.

1.3 The Rationale for the Study

1.3.1 No survey assessing the perceptions of homoeopathy amongst the tertiary students in South Africa has been conducted.

1.3.2 To provide clear, reliable information rather than speculation or hearsay, on the current perception of D.U.T. students of homoeopathy and their awareness of the H.D.C. on the campus.

1.3.3 The survey process itself is a tool which can increase awareness of homoeopathy and utilisation of the H.D.C. at D.U.T. This may lead to increased utilisation of the H.D.C., which will be of benefit to the learning process of the 5th year students who staff the clinic.

1.4 Delimitations

1.4.1 All students that participated in the research were currently registered at the D.U.T. Any persons who are employed by the D.U.T. were excluded from the sample group.

1.4.2 Only full-time students at D.U.T., in at least their second year of study at the university were allowed to be part of the sample group. First year students were excluded because it was felt that many of them might not have been at the university for long enough to be exposed to the H.D.C. and homoeopathy.

1.4.3 The students are studying at a tertiary institution where the lectures are conducted in English, and therefore the researcher presumes that they were all fluent in the English language. However, any students not fluent in English were excluded from the study.

- 1.4.4 Homoeopathic students were excluded from the study.
- 1.4.5 The sample group was limited to students that are Black, White, Indian, or Coloured only. Any other race group fell under 'Other', and was presumed to be too small a population and therefore not practically useful in this research.
- 1.4.6 Ten students participated in the focus group that was held prior to the commencement of the main data collection process. They were excluded from the main sample group.

CHAPTER 2: LITERATURE REVIEW

2.1 Complementary and Alternative Medicine

Complementary and Alternative Medicine (CAM) is a title used to refer to a diverse group of health-related therapies and disciplines which are not considered to be a part of mainstream medical care. Other terms sometimes used to describe them include natural medicine, non-conventional medicine, complementary medicine and holistic medicine. However, CAM is currently the most often used term. CAM embraces those therapies that may either be provided alongside conventional medicine or which may, in the view of their practitioners, act as a substitute for it. Alternative disciplines purport to provide diagnostic information as well as offering therapy (Select Committee on Science and Technology Sixth Report, 2000).

In South Africa there are presently 10 CAM therapies that fall under the Allied Health Professions Council of South Africa (AHPCSA). They are as follows: Homoeopathy, Naturopathy, Phytotherapy, Chiropractic, Osteopathy, Reflexology, Therapeutic Aromatherapy, Therapeutic Massage Therapy, Chinese Medicine and Acupuncture (Government Gazette No. 50 of 2000, 2000).

2.2 Homoeopathy: The Founder, its laws and Principles

Homoeopathy was founded by Samuel Hahnemann in the late 18th century. He was an esteemed German physician, master pharmacist and linguist who resorted to translating various medical and literary texts in numerous languages to support his

family. He was a personal physician to members of the German royalty and the author of one of the most respected texts on chemistry in his day. Despite his successes, he left his own orthodox practice because he felt he was doing more harm than good with the routine use of bloodletting and other harmful medical practices that were in use at the time (Cummings and Ullman, 1986: 7-8).

While translating a work by William Cullen, a leading physiologist of the time, Hahnemann was startled by the author's claim that the bitter and astringent properties of Peruvian bark, which contains quinine, accounted for its effectiveness in treating malaria. However, Hahnemann did not agree with this account of the effect of the bark because he had prepared even more bitter and astringent mixtures that were useless against malaria. He decided to test the physiological effects of Peruvian bark by taking small doses himself. He found that his body reacted to the bark and to his amazement he developed symptoms very similar to those of malaria. Hahnemann wondered whether the curative power of Peruvian bark in malaria resulted from its capacity to create symptoms similar to those of the disease. So began the discovery of the first law of homoeopathy, the Law of Similars (Cummings and Ullman, 1986:7-8).

2.2.1 The Law of Similars

Hahnemann coined the Latin phrase *similia similibus curentur*, "let like be cured with likes". It describes his discovery that substances in small doses stimulate the organism to heal that which they cause in overdose. It states that any substance which can cause symptoms when given to healthy people can help to heal those who are experiencing similar symptoms (Cummings and Ullman, 1986:7-8). Homoeopathic remedies

produce an artificial medicinal disease state that is similar and stronger than the natural disease but it is not the same. This artificial “disease” induced by the dynamic properties of the remedy is just slightly stronger than the natural disease and exists only on the dynamic or energetic plane, not on the chemical or physiological plane. It strikes the vital force in almost the same way the disease force does, rousing the vital force to react against it with a stronger counterattack than against the disease itself, because the artificial disease is slightly stronger. The vital force can handle a dynamic (energy-based) disease more easily than a natural one and the artificial disease is easily overcome (De Schepper, 2001:27-28).

2.2.2 The Vital Force

The concept of health and healing in homoeopathy is based on the energy force within the body, which Hahnemann refers to variously translated as the life force, the life principle, the dynamis, the spiritual force, and the vital force. In Aphorisms 9 and 10 in the Organon of the Medical Art (2001), Hahnemann explains that it is the vital force that animates the body and maintains a harmony among all its members. Without it, the body would be an inert corpse. When a disease-causing agent attacks a human being it is the vital force that resists it, attempting to restore order and harmony (De Schepper, 2001:12-13).

2.2.3 Infinitesimal Dose

This important law is based on the principle that when substances are diluted, their therapeutic powers becomes intensified, but through the essential process of

potentisation where remedies are energized by succussion and trituration. Two hundred years ago Hahnemann showed clearly that if you treat a patient, or more precisely his or her Vital Force, using minute doses properly energized, it will bring about a curative reaction in the body. It is the energised remedy that brings about the process of health through its action on the energetic vital force (De Schepper, 2001:38-39).

2.2.4 The Use of a Single Remedy

The homeopathic remedy works by stimulating the vital force. The symptom picture of the remedy matches as closely as possible to the symptom picture of the patient's illness and it does not make sense to confuse the vital force by stimulating it with two or more remedies, each with its own energy. Therefore, only one remedy should be prescribed at a time (De Schepper, 2001:29-32).

2.2.5 Provings

These are experimentations with remedies on healthy individuals. A homoeopathic remedy is given to healthy individuals to produce symptoms. Provings are extremely important to gain vast information about major remedies and their effects, not only on all the tissues, organs and functions of the body, but even on the mind, the emotions and the energy level. The proving of remedies is a great undertaking, a fascinating adventure, for we never know what we will find. A properly conducted proving produces a living monument of value for all time (De Schepper, 2001:32-38).

2.2.6 Individualization

The homoeopath does not treat diseases, he or she treats sick individuals, and no two patients with the same disease are ill in exactly the same way. Kent expressed it so eloquently when he said, "It is an absurdity to find a tailor's cut which will suit all people, then why and how does a scientific man think of discovering a specific remedy which will suit all men?" Therefore, as a homoeopath it is not about finding the diagnosis for a disease that counts, it is about finding out about the individual patient characteristics in their disease state that matters. There is therefore not one remedy for diabetes or for any other chronic disease in homoeopathy, as a homoeopath will individualize the treatment to the patient (De Schepper, 2001:42-43).

2.3 Homoeopathic Training and Professional Status in South Africa

Homoeopathic registration in South Africa allows practitioners privileges and rights similar to those of medical practitioners. Homoeopathic practitioners are recognised as a primary contact professionals, with the same status as allopathic practitioners. The main route to qualification and registration involves a five-year full- time course leading to the degree, Master of Technology (Homoeopathy) (M. Tech. (Hom)). Graduates of this programme are required to register with the appropriate statutory body, namely, the Allied Health Professions Council of South Africa (AHPCSA). This body was established in terms of the Allied Health Professions Act, 1982 (Act 63 of 1982). This body has equivalent legal status to the body that medical graduates register with, namely, the Health Professions Council of South Africa (HPCSA) (www.hsa.org.za, 2007).

According to the law, an internship of one year is a requirement for registration with the AHPCSA, but this has not yet been organised, so has not yet been implemented. From August 2005 it became compulsory for homoeopaths who dispense their own medication to obtain a Compounding and Dispensing Certificate issued by the Pharmacy Council of South Africa, and then obtain the relevant licence from the Department of Health (www.hsa.org.za, 2007).

The M. Tech. (Hom) degree is offered at the Durban University of Technology and the University of Johannesburg. The degree extends over five years of which the first three provide a thorough grounding in traditional medical subjects with special emphasis on diagnostic skills. These subjects include Chemistry I, Biochemistry I, Physics I, Biology I, Pharmacology I, Anatomy I and II, Physiology I and II, Pathology I and II and Diagnostics I and II. In the final two years, emphasis is placed on the practical application of homoeopathic, herbal and naturopathic principles, including aspects such as preventative medicine, community health care, nutrition, physical exercise and related therapies. Subjects include Auxiliary Therapy I, Materia Medica I, II and III, Clinical Homoeopathy I and II, and Homoeopharmaceutics I. The student is guided to consider the patient as a whole and relate all peculiarities, reactions and modalities to the homoeopathic method of treatment (Department of Homoeopathy, D.U.T., 2006).

Medical practitioners registered with the HPCSA may obtain training and registration in homoeopathy via the South African Faculty of Homoeopathy. The Faculty offers a three-year part-time Postgraduate Diploma Course in homoeopathy for medical doctors comprising 25 three-day weekend modules of 20 hours each, providing 500

hours of direct tuition. The Faculty course is accredited by the British Faculty of Homoeopathy and by the AHPCSA. On successful completion of the course, graduates are awarded the diplomas of the SA Faculty of Homoeopathy (DFHom.SA) and the British Faculty (MFHom. UK) and are eligible for registration as homoeopaths with AHPCSA. (The South African Faculty of Homoeopathy, 2007).

There is a third route to qualification and registration, which is where qualifications have been obtained elsewhere which the AHPCSA deems to be equivalent as per the South African Qualifications Standards Authority. Such practitioners may be required to pass equivalency exams arranged by the AHPCSA before they will be permitted to register (www.hsa.org.za, 2007; Department of Health, No. 50 of 2000).

In terms of the Allied Health Professions Act 1982 (Act 63 of 1982) any person wishing to prescribe homoeopathic medicine or practice homoeopathy in South Africa must be registered as a homoeopathic practitioner with the Allied Health Professions Council of South Africa. This includes medical practitioners and it is for this reason that dual registration is allowed for medical practitioners with both the HPCSA and the AHPCSA (www.hsa.org.za, 2007).

Technikon Natal introduced the first formal South African homoeopathic education programme in 1989. In 2003, Technikon Natal merged with ML Sultan Technikon to become the Durban Institute of Technology. Once again in 2004, the Durban Institute of Technology changed its name to become the Durban University of Technology. In 1994, Technikon Witwatersrand became the second tertiary institution to offer homoeopathy as a higher education course in South Africa. It too has since changed

its name to the University of Johannesburg, after merging with the Rand Afrikaans University. (Ross, 2005).

The homoeopathic training course in South Africa is currently undergoing changes due to re-curriculation, in an attempt to deliver an even higher standard of training. The department of education in South Africa requires periodic re-curriculation for all courses in tertiary education (Maharajh, 2005).

2.4 The Homoeopathic Day Clinic

The Homoeopathic Day Clinic (H.D.C.) is run by the Department Of Homoeopathy, at D.U.T. It is situated on the Steve Biko Campus at the D.U.T. The H.D.C plays a very important role in the training of student homoeopaths at D.U.T., as it provides the infrastructure for 5th year students to fulfil the practical requirements of the Master's Degree in Technology: Homoeopathy. Academically speaking, this clinic time is the practical component of Clinical Homoeopathy V. Fifth year students are required to consult with patients in the clinic learning how to apply all of the theoretical knowledge provided by the previous years of study. This is a very important part of the course as it allows students to see the principles of homoeopathy in action, to understand at deeper levels the meaning of the teachings, and to gain a greater perspective of how to apply it to their patients. Students have the opportunity to practice their case taking, physical examination skills and patient management, and can learn about different styles of case taking and how to be flexible in dealing with different types of patients.

The H.D.C. is open Monday to Friday from 13:00 to 17:00 for this purpose; from the time the students have registered for the academic year in late January, up until early December when the University begins to close for the year. The clinic is open to anyone from the public and this includes D.U.T. students and staff. The H.D.C. offers a much-reduced rate for the consultations compared to homoeopaths in practice because it is a learning institution. It is important to mention that the H.D.C. has 19 rooms available for consultation purposes. Each student is allocated a room. During clinic hours it is possible for each student to see 2 patients over the span of the afternoon. Therefore the clinic could have a maximum of 38 consultations a day.

The consultations at the H.D.C. take place between the 5th year student and the patient unsupervised, but the process of treating and managing the patients is supervised. Every afternoon at the clinic there is at least one (usually two) qualified homoeopathic practitioners (clinicians) available to oversee all of the cases. Every case must be discussed with a clinician, a treatment plan agreed upon, and the case notes signed by the clinician as proof that the case has been appropriately supervised. Without this signature medicines are not allowed to be dispensed to the patient. This is also a legal necessity, because only a qualified and registered homoeopath can diagnose and prescribe homoeopathic medicine. If any difficulties arise in taking a case, if any help is needed in examining the patient, referring the patient elsewhere, or in deciding upon further diagnostic procedures the clinicians are available to direct the students throughout the process.

Homoeopathic students who have completed the academic syllabus, but are still completing proving or clinical-trial orientated dissertations, also make use of the

H.D.C. They consult with research related patients in the mornings at the clinic. All of the cases taken by these students are supervised by clinicians in the same manner as in the 5th year.

As stated above, the H.D.C. does not operate exclusively for D.U.T. students. A significant amount of the patients come from the general public, and thus it is important to note that the perception that students have of the HDC cannot be equated with the perception the general public has about it. This may be a topic for future research.

2.5 Fifth Year Student Patient Numbers

The H.D.C. functions mainly for the 5th year students' clinical training requirements of the M.Tech (Hom) degree. It is therefore necessary that an indication of the patient numbers for the 5th years be given. The numbers indicate how busy the clinic is, and roughly what sort of experience students are receiving in the clinic.

In the year of 2003 there were twelve 5th year homoeopathic students registered at the D.U.T. There were a total of 198 consulting days. During that time, there were 357 new patient consultations, and 616 follow-up consultations. Therefore, the total number of patient consultations was 973, giving an average of 5 patients per day. Considering that there were twelve 5th year homoeopaths available for consultation, this indicates that only 41% of the students would see a patient per day. It also indicates that each student had roughly 81 consultations during the 10 consulting months of that year (Naude, 2005).

In 2004 there were twelve registered 5th year homoeopathic students at D.U.T. There were 197 consulting days. During that time, there were 303 new patient consultations and 469 follow-up consultations, giving a total of 772 consultations for the year. In 2004, there were twelve 5th year students registered, and it therefore indicates that each student saw an average of 64 patients during the 10 consulting months of that year. These figures also indicate that on average 4 patients would come to the clinic per day, and that on only 33% of the consulting days would each student see a patient (Naude, 2005).

In 2005 there were 19 registered 5th year students at D.U.T. For the year of 2005, there were 602 new patient consultations and 944 follow-up consultations, which add up to a total of 1546 consultations. Considering that there were nineteen registered 5th year students and 201 consulting days, this gives an average of 81 consultations over the 10 consulting months for each student, and an average of 8 patients per day coming to the clinic. This indicates that on only 42% of the consulting days would each student see a patient (Naude, 2005).

As can be seen from the above figures, there is a big difference between the number of patients coming to the clinic and its potential patient capacity. The average over the last three years was 5.7 patients per day, whereas maximum capacity is 38 patients a day. Student practitioners are not gaining the kind of experience in the clinic that they could be because the practitioner to patient ratio is too low. It would therefore be advantageous for the Homoeopathic Day Clinic to have more patient traffic, as time spent by the 5th year students consulting with patients could be significantly increased, which would increase the degree of clinical exposure received by the students.

2.6 Student Population at the D.U.T (Durban Campus)

During 2004, a total of 19 672 students were registered at the D.U.T. During 2005, a total of 20 190 students were registered at the D.U.T, giving an average over the two years of 19 931 students per year (Kisten, 2005).

2.6.1 Gender Demographics

- Of the 2004 total, 10 031 students (51%) were males, and 9 641 were females (49%).
- Of the 2005 total, 10 237 were male students (50.7%), and 9 952 (49.3%) were female.

This indicates that there is no significant difference between the percentages of the male versus the female student population at the D.U.T. over the two years (Kisten, 2005).

2.6.2 Racial Demographics

- Of the 2004 total there were 13 219 African students registered (67.2%), while in 2005, there were 13 358 (66.2%).
- In 2004 there were 1 544 White students registered (7.85%), while in 2005 there were 1 456 (7.2%).
- In 2004 there were 4 477 Indian students registered (22.8%), while in 2005 there were 4 483 (22.2%).

- In 2004 there were 378 Coloured students registered (1.9%), and in 2005 there were 345 (1,7%).
- In 2004 there were 54 students of other races registered (0.3%), and in 2005 there were 53 students (0.26%) (Kisten, 2005).

These statistics clearly indicate that African students make up the majority of the D.U.T. student population.

2.6.3 Faculty Demographics

- Of the 2004 total, the Faculty of Arts had 1 565 registered students (8%); in 2005 it had 1572 (7.8%)
- The Faculty of Commerce had 9877 registered students in 2004 (50.2%); in 2005 10 221 (50.6%).
- The Faculty of Engineering, Science and the Built Environment had 6 583 students registered in 2004 (33.5%); in 2005 it had 6 718 (33.3%).
- The Faculty of Health Sciences had 1 647 students registered in 2004 (8.4%); in 2005 it had 1 679 (8.3%) (Kisten, 2005).

These statistics indicate that the Faculty of Commerce has the largest student population at D.U.T., followed by the Faculty of Engineering, Science and the Built Environment. They are much larger than the remaining two faculties.

2.7 The Survey Method

2.7.1 What is a Survey?

A survey is a method of collecting information from people about their ideas, feelings, plans, beliefs, and their social, educational, and financial background. It usually takes place in the form of questionnaires and interviews. Used to help policymakers, program planners, evaluators, and researchers, surveys are most appropriate when information should come directly from people. The data they provide are descriptions of attitudes, values, habits and background characteristics (Fink and Kosecoff, 1985:119).

Not only do surveys have a wide variety of purposes, they can also be conducted in many ways including over the telephone, by mail, or in person. Nonetheless, all surveys do have certain characteristics in common. Unlike a census, where all members of the population are studied, surveys gather information from only a portion of a population of interest. The size of the sample depends on the purpose of the study. The “sample” is usually just a fraction of the population being studied. Information is collected by means of standardized procedures so that every individual is asked the same questions in more or less the same way (Scheuren, 2004).

2.7.2 How Large Must The Sample Size Be

The sample size required for a survey partly depends on the statistical quality needed, which is related to how the results will be used. Even so, there is no simple rule for

sample size that can be used for all surveys. Much depends on the professional and financial resources available. Analysts, though, often find that a moderate sample size is sufficient, both statistically and operationally. For example, the well-known national polls in the United States of America frequently use samples of about 1,000 persons to get reasonable information about national attitudes and opinions. When it is realized that a properly selected sample of only 1,000 individuals can reflect various characteristics of the total population, it is easy to appreciate the value of using surveys to make informed decisions in a complex society. Surveys provide a speedy and economical means of determining facts about the economy and about people's knowledge, attitudes, beliefs, expectations and behaviors (Scheuren, 2004).

2.7.3 The Focus Group

Pilot testing is a tryout of the questionnaire on a sample of people to reveal if instructions are understood and questions can be answered. It is essential that a pilot study be carried out as it improves the response rate as well as the reliability and usefulness of the questionnaire (Fink and Kosecoff, 1985). The ideal size for a focus group is generally between six and twelve people. This size group encourages participants to contribute their ideas. Groups that are too small are easily dominated by one or two members, or they may fall flat if too few people have anything to contribute. Too large a group lacks cohesion and may break up into side conversations, or people may become frustrated if they have to wait their turn to respond or to get involved (Scheuren, 2004).

Before conducting the questionnaire distribution to the sample group in this research, a focus group (pilot test) was held using ten D.U.T students from different faculties, race groups and genders to evaluate the questionnaire for face validity, and to propose any changes that may be needed. Any changes that were proposed by the students to the questionnaire were discussed with the research supervisor and agreed upon alterations were made to the questionnaire thereafter.

2.8 Homoeopathic Survey Studies Performed at D.U.T.

A number of perception surveys have been conducted by D.U.T. M.Tech (Homoeopathy) students as the basis for their Master's dissertations. These surveys have investigated the knowledge of homoeopathy amongst various groups in South Africa, including school pupils, doctors, pharmacists, pharmacy assistants, health shop owners and veterinarians. All of the studies showed that there is a lack of knowledge of homoeopathy amongst the respondents and little is understood about its methods and principles. However, there seems to be general consensus that people are interested in learning more about homoeopathy.

In 1997, Daphne conducted a survey to determine the perception of pharmacists regarding the role of complementary medicine in the context of health care in South Africa. Of the 725 questionnaires sent to pharmacies around South Africa, only 160 (22%) were returned. Daphne noted that, due to the low response rate, the results could not be regarded as being adequately representative of the pharmacy profession as a whole in South Africa and may represent a distorted view of their knowledge

(Daphne, 1997). As Scheuren states, "Survey non-response often biases survey results because it makes the sample less representative of the population" (Scheuren, 2004).

Daphne's study showed that the majority of pharmacists knew nothing or very little about the different forms of complementary medicine. She found that only 23% of pharmacists had been instructed in any form of complementary medicine during their pharmaceutical education, and more than half of those had spent only 2-4 hours on the particular subjects. Pharmacists knew more about homoeopathy than any other form of complementary medicine. Almost half of the respondents had consulted a complementary medical practitioner of which chiropractors and homoeopaths were most frequently consulted. Most of the pharmacist recognized the need for knowledge of complementary medicine (Daphne, 1997).

In 1997, Wortmann researched the perceptions of veterinary surgeons in South Africa regarding the role of acupuncture and homoeopathy in veterinary medicine. Of the 560 veterinary surgeons registered at that time, all of whom were included in the survey, 44.8% of them returned the questionnaires in an eligible form. Of these, 75.7% stated that homoeopathy has a role to play in veterinary medicine. The study showed that the main factor that limits the use of homoeopathy in veterinary medicine is the lack of knowledge of homoeopathy by the veterinary surgeons. A need for clinical trials and proof of efficacy of the therapies was stressed by veterinary surgeons before they would consider the use of these therapies in their practice (Wortmann, 1997).

In 2004, Small researched the perception of homoeopathy amongst Grade 12 learners in Durban, South Africa. The study showed that the 76% of the learners had never heard of homoeopathy, and only 3.7% had ever been by a homoeopath. However, 80% of those who had no experience of homoeopathy wished to learn about it. More than half of the respondents (76.6%) believed that the public does not generally accept homoeopathy as a form of medical therapy due to a lack of understanding of it (Small, 2004).

In 2005, Maharajh conducted a survey to determine the perceptions of general practitioners and pharmacists in the greater Durban area of homoeopathy. Most of the general practitioners (GP's) and pharmacists had some knowledge of homoeopathy but were uncomfortable with it, even though they felt it to be effective for some patients. Only half of the GP'S and less than half of the pharmacists felt that homoeopathy has a scientific basis. There were many misconceptions about the training of homoeopaths that suggested scepticism and doubt towards homoeopathy. Most of the respondents felt that communication was poor between themselves and homoeopaths. 68.4% of pharmacists and 79.8% of GP's felt that co-operation amongst the different parties (pharmacists, GP's and homoeopaths) would be beneficial to all (Maharajh, 2005).

In 2006, Paruk conducted a survey to determine the perceptions that exist amongst pregnant adults towards the use of homoeopathy during pregnancy. This study concluded that although people are aware that homoeopathy exists, a lack of knowledge and understanding of its methods and principles prevents them from seeking homoeopathic treatment. Despite this, almost all respondents indicated that

homoeopathy should be made available for most medical conditions and that it should be made available in hospitals and clinics. This indicates their desire to learn more about homoeopathy and possibly use it as an adjunct or alternative to mainstream medicine (Paruk, 2006).

In 2006, De Villiers conducted a study to investigate the level of knowledge of homoeopathy and its contextualization in pharmacy front shop assistants in the Kwazulu-Natal area. The study confirmed the initial perception that there is a poor level of knowledge regarding homoeopathy, even though 51% of respondents had received training on homoeopathic over-the-counter (OTC) products by company representatives. Surprisingly, the study showed that homoeopathic OTC products were utilized and recommended for a wide range of ailments even though the knowledge was poor of them. Even more surprisingly, 91.8% indicated that they think homoeopathy is effective. It showed encouragingly that 95.9% of the respondents felt they needed further training and were interested in learning more (De Villiers, 2006).

A study that did not originate at D.U.T. was conducted by Singh, Raidoo and Harries, (2004) to determine the prevalence, patterns of use and people's attitudes towards CAM therapies among the Indian community in Chatsworth (a suburb of Durban), South Africa. The sample group consisted of 200 randomly selected adult English-speaking Indian residents. The prevalence of CAM usage for the period 2000/2001 was 38.5%. Spiritual healing and herbal/natural medicines (including vitamins) were the most common types of CAM used. Homoeopathy use was about 1-2%. Half of the CAM users used allopathic medicines concurrently. More than half (51.9%) of the users did so either upon the advice of someone they knew, or after noticing a CAM

advertisement in the local press. Seventy-nine percent of the CAM users indicated that they had positive outcomes with their treatments. Fifty four percent of CAM users failed to inform their doctors that they used CAM, mainly because they felt it was unnecessary to do so.

2.9 International Survey Studies about Homoeopathy

In 1997, a follow-up national survey was conducted to investigate the trends in alternative medicine use in the United States between 1990 and 1997. A nationally representative household telephone survey was used. The study showed that the overall prevalence of use of any 1 of the 16 alternative therapies had increased by 25%. The therapies that had increased the most included herbal medicine, massage, energy healing and homoeopathy. Extrapolation to the US population estimated a 47.3% increase in total visits to alternative medicine practitioners from 427 million in 1990 to 629 million in 1997, thereby exceeding total visits to all US primary care physicians (Eisenberg et al. 1998).

A survey conducted in Italy over the period of 2 years (1997-1999) found that homoeopathy was the most frequently used alternative therapy. It was found that 8.2% of the population was using homoeopathy and 7.7% of Italian children were being treated by it. These figures nearly doubled since a comparative study done in 1991 (Menniti-Ippolito, Gargiulo, Bologna, Forcella and Raschetti, 2002).

A survey questionnaire was administered on site at the University of Western Ontario and the University of Toronto, Canada to fourth year health professions students in

the 1997-1998 academic years. It compared the opinions, knowledge and attitudes of final-year medical, physiotherapy, occupational therapy, nursing and pharmacy students about CAM. It showed that the educational exposure level to CAM correlated with the perceptions about its usefulness. Since medical students were the only group who reported no discussion of CAM in their training, it is not surprising that they rated the usefulness of CAM the lowest of all the student groups. In the study, 94.1% believed that patient demand for CAM is increasing, and 28.1% had consulted a CAM practitioner before (Baugniet, Boon, and Ostbye 2000).

Wilkinson and Simpson (2001) conducted a survey amongst nursing, pharmacy, and biomedical science students in order to determine students' attitudes towards the use of complementary therapies using a self-administered questionnaire. Results showed that students held favourable attitudes towards complementary therapies, with 78% of them having used complementary therapies within the past 12 months, and 56% of which had visited a complementary medical practitioner.

In 2002, research was conducted at the University of Birmingham Medical School, United Kingdom. It aimed to assess the first year medical students' perceptions and use of complementary and alternative medicines (CAM). Thirty-seven percent of the respondents had previous experience with CAM. Aromatherapy (51.7%) and homoeopathy (30.3%) were the most commonly used therapies. The majority (over 80%) of the respondents felt that CAM use had been helpful in treating their ailments. Hypnotherapy and aromatherapy were judged to be most helpful (Greenfield, Innes, Allan and Wearn, 2005).

In 2004, a survey of 518 university students in Australia was conducted to gain a better understanding of complementary and alternative (CAM) use. Results of the study indicated that 81.1% of the students used at least 1 of 24 CAM practices. Top practices were relaxation, massage, herbs, art therapy and prayer. The most common health reasons for using CAM were stress or psychosomatic issues (i.e. anxiety, allergies, stress and headaches). Other reasons reflected a positive perspective: lifestyle, availability and holistic health. In fact, 34.5% of the students claimed that they used CAM because they were searching for better results, 33.1% used it to improve their lifestyle, 32.1% said they thought it had fewer side effects and 28.6% liked the holistic approach. Students who did not use CAM cited economic factors as the chief reason. Female students in the study showed greater use of CAM than males, 82.5% versus 77.2% (Feldman and Laura, 2004).

In 2005, a research was conducted to describe the prevalence of use of complementary and alternative medicine in Norway, Denmark, and Stockholm. The use of complementary and alternative therapies was 34% in Norway, 45% in Denmark, and 49% in Stockholm. These therapies were used more by women than men, and more by people with a higher education. Homoeopathy was most frequently used in Norway (Hannsen, Grimsgaard, Launso, Fonnebo, Falkenberg and Rasmussen, 2005).

In 2005, a survey research was conducted in Singapore about the perceptions of complementary and alternative medicine amongst medical students in Singapore. Acupuncture was the best-known therapy, with 57% of the medical students claiming to know something about it. Many had not heard of homoeopathy before. A

significant number of students had knowledge about complementary and alternative therapies that was erroneous. Lack of scientific support was considered the main barrier to the implementation of these therapies. However, 86% wished to know more about complementary and alternative therapies, and 91% stated they these therapies would play an important role in their practice (Yeo, Yeo, Yeo, Lee, Lee and Lim, 2005).

2.10 Conclusion

It is clear to see from both the studies conducted in South Africa and those performed internationally, that homoeopathy is a growing field. However, there is still a lack of knowledge that limits its use. Further studies need to be conducted around the world to investigate where the lack of knowledge lies and in which particular groups. It is also evident from the international studies described above, that most of the homoeopathy/CAM perception studies that have been conducted amongst tertiary education students have been amongst health professions' students. Only the study in Australia was performed on general tertiary education students, and not specifically about homoeopathy. This study, therefore, bridges this gap in knowledge by assessing directly the perceptions of homoeopathy amongst a group of tertiary education students. In addition, it will contribute valuable information to the general body of knowledge with regards to homoeopathy and the perceptions people have of it.

CHAPTER 3: METHODOLOGY

3.1 Objectives

The aim of the study was to determine the perceptions of the students at the D.U.T of homoeopathy, and to find out their level of awareness of the Homoeopathic Day Clinic that exists on the D.U.T campus.

3.2 The Study Design

The survey method was employed to conduct the research. The research instrument took the form of a self-administered questionnaire that was descriptive and quantitative in nature.

3.3 The Questionnaire

The questionnaire (Appendix A) used in this research was adapted from Small (2004) and Maharajh (2005). Small conducted an investigation to determine the perception of homoeopathy amongst Grade 12 learners in Durban, South Africa. Maharajh conducted research to determine the perceptions of homoeopathy amongst general practitioners and pharmacists in the greater Durban area.

The questionnaire comprised 39 closed questions divided into 3 sections:

- Section A: Personal information;
- Section B: General knowledge of homoeopathy;

- Section C: Perception of homoeopathy.

The questionnaire assessed respondents' knowledge and opinions of homoeopathy, including: general understanding of the function of a homoeopathic practitioner, the homoeopathic consultation process, the role of homoeopathy in the health care system, and the degree of education required to be a homoeopathic practitioner in South Africa. The questionnaire also assessed respondents' interest in finding out more about homoeopathy, and their awareness of the H.D.C.

The questionnaire needed to fulfil the following criteria:

- The questions asked needed to be asked in a clear, concise manner that would be directed at the correct level of understanding of the students without containing difficult medical or homoeopathic jargon.
- The language and layout needed to be easy to use and easy to understand.
- The questions needed to be logical and meaningful and able to elicit the desired information.
- The questions needed to be relevant to the subject of research.
- The questionnaire needed to be able to elicit the desired information while being short enough in duration. The time taken to fill out the questionnaire should be no more than 10-15 minutes (Scheuren, 2004).

3.3.1 The Focus Group

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

- Face validity is the simplest type of validity. It is determined by agreement between researchers and those with a vested interest in the questionnaire (ie. the focus group), that 'on the face of it' the research instrument seems valid, unambiguous and easily interpreted by a lay person (Bernard, 2000:227-276).
- Content validity describes a questionnaire that is considered to be effective and well rounded enough to be able to assess a particular concept (Bernard, 2000:227-276).

The focus group consisted of 10 students from various faculties at the D.U.T. It comprised males and females of all race groups. The conclusions from the focus group were recorded. Any queries, concerns or problems about the questionnaire were discussed with the research supervisor, Dr. Richard Steele. Changes were agreed upon, and the questionnaire was modified accordingly.

3.4 Confidentiality

Participation in the research was voluntary and completion of the questionnaire was deemed to be consent to participate in the research.

Anonymity was and will be maintained in the following way:

- Respondents were not asked to supply their names, addresses, or other information that would allow identification.
- There was and is no way of identifying respondents from their returned questionnaires.

3.5 The Participants

The population targeted was students of the Durban University of Technology. The sample of 1005 students comprised full-time students in their second or higher year of study.

3.5.1 Inclusion Criteria

- Full-time registration at the D.U.T.
Rationale: full-time students would be more accessible at the campus during normal lecture hours.
- Second year of study or higher.
Rationale: To have been on the campus long enough to have had exposure to the H.D.C. and homoeopathy in general.
- Fluency in English.
Rationale: Lectures are conducted in English at D.U.T.

3.5.2 Exclusion Criteria

- Any persons who were employed by the D.U.T.
- First year and part-time students at D.U.T.
- Students that fall under “Other” in terms of race group. There were only 54 students out of the 20 190 total population who fell under “Other”. Due to the smallness of the group, and due to the impracticality of trying to locate

such a small sub-strata in such a huge sample group while maintaining randomness, they were excluded from the study.

- Any person who participated in the focus group.
- Any homoeopathic student.

3.6 The Sample

The sample for this study consisted of 1005 D.U.T. students, which is 5% of the student population. The total number of questionnaires distributed was 1080. The total number of questionnaires returned was 1054. The total number of questionnaires used for data collection was 1005. More questionnaires were collected than were finally used in order to accomplish the stratification requirements. Questionnaires were entered into the study in the order that they were collected until the stratification requirements were met. Once a particular stratification group was complete, any other questionnaires emanating from respondents within such groups were discarded. In total, 49 questionnaires were discarded for this reason.

3.6.1 Sample stratification

A stratified random sample method was used based on the demographic variables of faculty, gender and race taken as an average from the 2004 and 2005 student population breakdown (Kisten, 2005). The sample was first proportionally divided into 4 strata corresponding to the number of faculties. Each stratum was then proportionally sub-divided into 2 sub-strata corresponding to the variables of gender and race. In this way, the demographic variables were kept constant in the sample as a

whole, without one particular faculty being over or under represented. While every effort was made to keep the proportions as accurate as possible, the final proportions were not exact.

3.6.1.1 Faculty

The faculty demographic variable of the population of students at the D.U.T. rendered as a percentage was:

- Faculty of Commerce 50%;
- Faculty of Arts 8%;
- Faculty of Health Sciences 8%;
- Faculty of Engineering, Science and the Built Environment 34%.

3.6.1.2 Gender

The gender demographic variable of the population of students at the D.U.T. rendered as a percentage was:

- males 50%;
- females 50%.

3.6.1.3 Race

The race demographic variable of the population of students at the D.U.T. rendered as a percentage was:

- African 67%;

- White 8%;
- Indian 23%;
- Coloured 2%;
- Other 0.3% (Not included in the sample)

3.7 Administration of the Questionnaires

There were two methods employed for administration of the questionnaires. The first was to distribute questionnaires to randomly selected classes within faculties. In due course it became evident that this method was not flexible enough to ensure conformity to the stratification of demographic variables. The second method that emerged was to directly approach individual students of particular demographic groups in order to finally balance the totals within each group.

3.7.1 Class Distribution

- The researcher obtained permission from the Dean (see Appendix D) of each faculty to access the students in that faculty.
- Once permission was obtained, the researcher randomly selected 6-8 departments from each faculty at the D.U.T. This was completed by picking names out of a hat.
- The selected head of departments were contacted by e-mail, by telephone, and in person. Permission was sought from the head of the department to access students in the department.

- Classes to be approached were nominated by the head of each department. The researcher then obtained permission from the lecturer to conduct the survey amongst the students within their class, during class time.
- The researcher distributed the questionnaires to the students and was there during the process to answer any queries.
- Each questionnaire had a cover sheet with a short explanation of the study (see Appendix B and C) and guidelines on how to answer it appropriately.
- The exercise took approximately 15 minutes to complete, including the distribution, completion and collection of the questionnaires.

3.7.2 Individual Distribution

- The researcher randomly approached students on the D.U.T. campus and asked them if they were interested in filling out a questionnaire.
- It was confirmed first whether they met the inclusion criteria into the sample group. If this was met then they were asked to fill in the questionnaire.
- Each questionnaire had a cover sheet (See Appendix B and C) with a short explanation of the study and with guidelines on how to answer it appropriately.
- The exercise took approximately 10-15 minutes to complete, including the distribution, completion and collection of the questionnaires.

3.8 Data Storage

All the answered questionnaires will be retained in a secure location at the Durban University of Technology for a period of 5 years and then destroyed.

3.9 Data Analysis

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

3.9.1 Components of the Statistical Tests

The captured data was analysed in 3 ways (Nel, 2007):

- 1) Descriptive statistics were analysed using frequency tables and graphs
- 2) Correlation analysis was performed using non-parametric tests to determine whether there was any significant association between the factors collected in the responses. The tests used were Pearson's Chi Square Test, Phi coefficient, Kendall Tau coefficient and Cramer's V coefficient.
- 3) Dendrograms were generated, using the hierarchical cluster method. This allows the identification of clustered themes within responses, so that it could be determined whether answering one component would be more likely to indicate an answer to another component. Dendrograms were used to analyse questions that had more than one possible answer.

3.9.1.1 Non-Parametric Tests

Non-parametric tests differ from parametric tests in that the test structure is not specified beforehand but is instead determined from data. The term non-parametric is not meant to imply that such tests completely lack parameters but that the number and nature of the parameters are flexible and not fixed in advance. Non-parametric tests are therefore also called distribution free. They are mathematical procedures for statistical hypothesis testing which, unlike parametric statistics, make no assumptions about the frequency distributions of the variables being assessed. One of the most frequently used non-parametric tests are the chi-square tests (Wikipedia, 2007).

3.9.1.2 Pearson's Chi Square Test

Pearson's chi-square test is one of a variety of chi-square tests; statistical procedures whose results are evaluated by reference to the chi-square distribution. It tests a null hypothesis that the relative frequencies of occurrence of observed events follow a specified frequency distribution. It is a non-parametric test of independence, determining whether one variable is affected by another variable. It does not measure the degree of the relationship, but is used to estimate the likelihood that some factor other than chance accounts for the apparent relationship (Wikipedia, 2007).

Chi-square is calculated by finding the difference between each observed and theoretical frequency for each possible outcome, squaring them, dividing each by the theoretical frequency, and taking the sum of the results. The computed chi square value is compared with a critical value in the chi square table, taking note of the

appropriate degrees of freedom and level of significance. If the computed value exceeds the critical value in the table, assumption of independence can be rejected (Wikipedia, 2007). The level of significance was set at 5% ($p \leq 0.05$) in this study.

3.9.1.3 Cramer's V, Phi and Kendall Tau Coefficients

Cramer's V test and Phi coefficient are correlation coefficients that indicate the relationship between two binary variables. Whereas Pearson's Chi-Square test indicates whether there is a relationship between variables, Cramer's V and Phi coefficients indicate the degree to which the relationship exists. Cramer's V is a variant of Phi coefficient that adjusts for the number of rows and columns of cross tabulations. It is more useful for larger tables. Cramer's V coefficient and Phi coefficient range from -1 to 1, with 0 indicating no relationship and -1 or 1 indicating a perfect relationship.

Kendall Tau coefficient indicates the strength of relationship between variables that are measured at the ordinal level.

The general rule of thumb for correlation coefficient interpretation is:

- -1.0 to -0.7 strong negative association.
- -0.7 to -0.3 weak negative association.
- -0.3 to +0.3 little or no association.
- +0.3 to +0.7 weak positive association.
- +0.7 to +1.0 strong positive association (Simon, 2006).

3.9.1.4 Dendrograms

A dendrogram is a tree diagram frequently used to illustrate the arrangement of the clusters produced by a clustering algorithm. Data clustering is a common technique for statistical data analysis which is used to classify similar objects into different groups. It is used to partition a data set into subsets (clusters), so that the data in each subset shares some common trait. Data clustering may also be known as cluster analysis. Data clustering algorithms can be hierarchical or partitional. Hierarchical algorithms find successive clusters using previously established clusters, whereas partitional algorithms determine all clusters at once (Wikipedia, 2007).

The results appear in Chapter 4 and are discussed in Chapter 5.

CHAPTER 4: RESULTS

4.1 Introduction

Following the methodology described in Chapter 3, the study produced raw data in the form of completed questionnaires. These were obtained by following a randomised stratified sampling method.

4.1.1 Objectives

The specific objectives of the analysis were as follows:

- (1) To describe the demographic characteristics of the sample (Questionnaire: Section A).
- (2) To describe the respondents' current level of knowledge and experience regarding homoeopathy (Questionnaire: Section B).
- (3) To describe the respondents' perceptions regarding homoeopathy (Questionnaire: Section C).
- (4) To determine any statistically significant correlations between demographic or other characteristics (Questionnaire: Section A) and level of knowledge of homoeopathy (Questionnaire: Section B), as reflected in the completed questionnaires.
- (5) To determine any statistically significant correlations between demographic or other characteristics (Questionnaire: Section A) and perceptions towards homoeopathy (Questionnaire: Section C), as reflected in the completed questionnaires.
- (6) To determine the level of awareness of the H.D.C.

4.2 Overview of Results

4.2.1 Descriptive data

4.2.1.1 Demographics (Questions A1 – 5)

These comprised mean values and distribution tables for the demographic data (Gender, age category, ethnic group, home language and English language proficiency).

4.2.1.2 Educational Status (Questions A6 - 9)

These comprised descriptions of data relating to educational status (qualification registered for, number of years studying, full/part time, and faculty of study).

4.2.1.3 Health Background (Questions A10 – 12)

These comprised descriptions of health background (Professional/Healer consulted when ill, level of satisfaction with care received, and whether on medical aid).

4.2.1.4 General Knowledge of Homoeopathy (Questions B1 – 19)

These comprised descriptions of the level of knowledge and experience of homoeopathy.

4.2.1.5 Perceptions of Homoeopathy (Questions C1 – 8)

These comprised descriptions of the perceptions towards homoeopathy.

4.2.2 Correlation Analysis

Non-parametric statistical tests were used to determine the presence and significance of correlations between demographic and education status, and levels of knowledge, and perceptions about homoeopathy.

4.2.3 Comments

This comprised a description of the comments made by respondents when given the opportunity to expand on the answer “other”. Further discussion of these in light of statistical analysis follows in Chapter 5.

4.3 Abbreviations

H_0 = null hypothesis

H_1 = alternative hypothesis

S.D. = Standard deviation

z = Standardised z value for statistical measurements

p = two tailed probability of equalling or exceeding $z/2$

N.S. = No statistically significant difference

S = Statistically significant difference

p = level of significance: if $p \leq 0.05$ then a significant difference was concluded)

(5% level of significance)

p = level of significant: $p \geq 0.05$ then no significant difference was concluded

(5% level of significance)

4.4 Descriptive Data

4.4.1 Demographics (Questions A1 - 5)

The data used for the following analyses were derived from Questions 1 to 5 of Section A of the completed questionnaires. In terms of Objective (1) of 4.1.1, the demographic characteristics were described.

Table 4.1 Question A1: Gender

Gender	Number of Respondents	Percentage of Respondents
Male	501	49.85%
Female	504	50.15%

Figure 4.1 Question A1: Gender

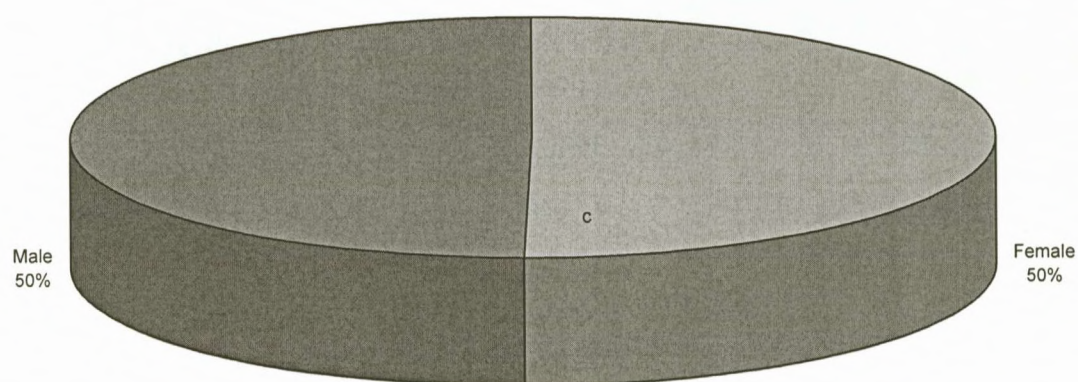


Table 4.1 and Figure 4.1 show that the balance between male and females is virtually equal. This is consistent with the gender proportion of the D.U.T. population (See 3.5.1.2).

Table 4.2 Question A2: Age

Age Category	Number of Respondents	Percentage of Respondents
17 – 19 Years	300	29.85
20 – 25 Years	660	65.67
26 – 30 Years	34	3.38
31 – 35 Years	7	0.70
36 – 40 Years	4	0.40
40+ Years	0	0

Figure 4.2 Question A2: Age

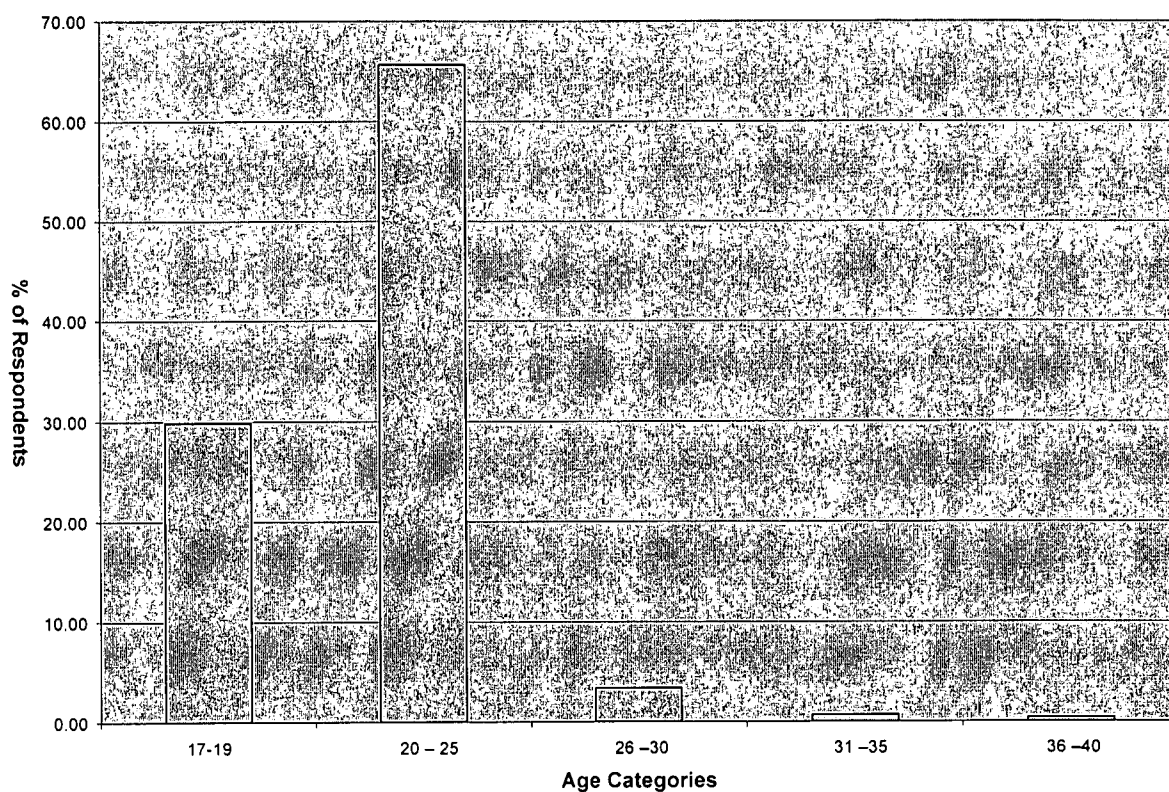


Table 4.2 and Figure 4.2 show that the large majority (95%) of the respondents were between the ages of 17 and 25. This is consistent with a post-matric population, considering most students finish matric at 17 years of age.

Table 4.3 Question A3: Ethnicity

Ethnic Group	Number of Respondents	Percentage of Respondents
African	674	67.06
Coloured	25	2.49
Indian	231	22.99
White	75	7.46
Other	0	0.00

Figure 4.3 Question A3: Ethnicity

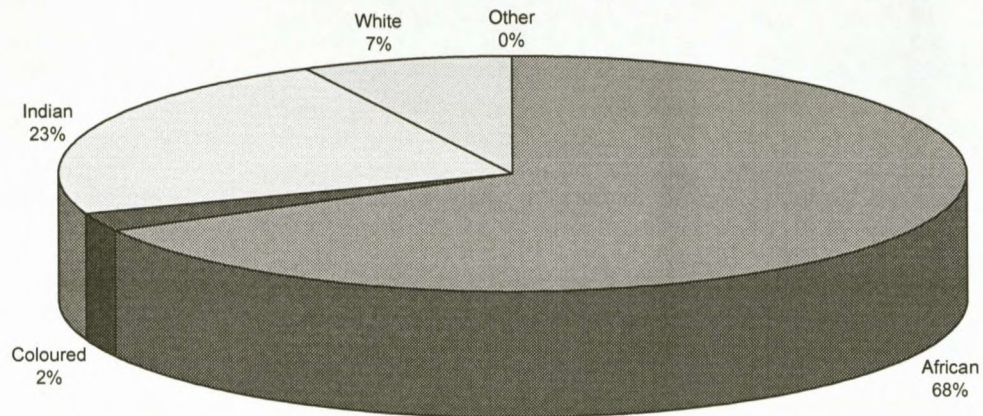


Table 4.3 and Figure 4.3 show that the ethnic distribution is consistent with the ethnic proportions of the D.U.T. population as seen in 3.5.1.3. The large percentage of Indian students is reflective of the size of the local Indian population in Durban (20% of the population according to KwaZulu-Natal.co.za, 2003).

Table 4.4 Question A4: What is your home language?

Home Language Spoken	Number of Respondents	Percentage of Respondents
Afrikaans	14	1.39
English	318	31.64
IsiZulu	520	51.74
Xhosa	89	8.86
Sotho	28	2.79
Other	36	3.58

Figure 4.4 Question A4: What is your home language?

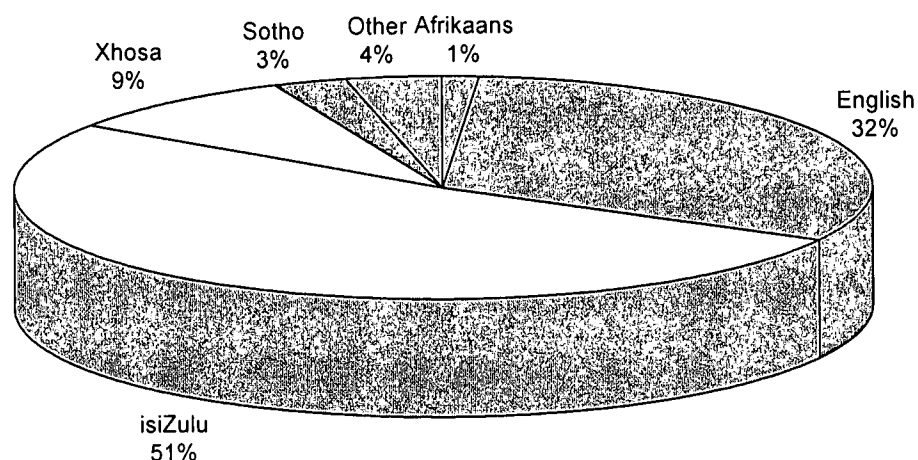


Table 4.4 and Figure 4.4 show that the predominant home language spoken by respondents is isiZulu. This reflects the ethnic predominance of African respondents in the sample group.

Question A5, “Do you understand and speak English?” has not been included in the results section. It was a confirmatory question to identify whether respondents met the inclusion criteria. All 1005 respondents answered “Yes” to this question, and therefore were included in the final sample.

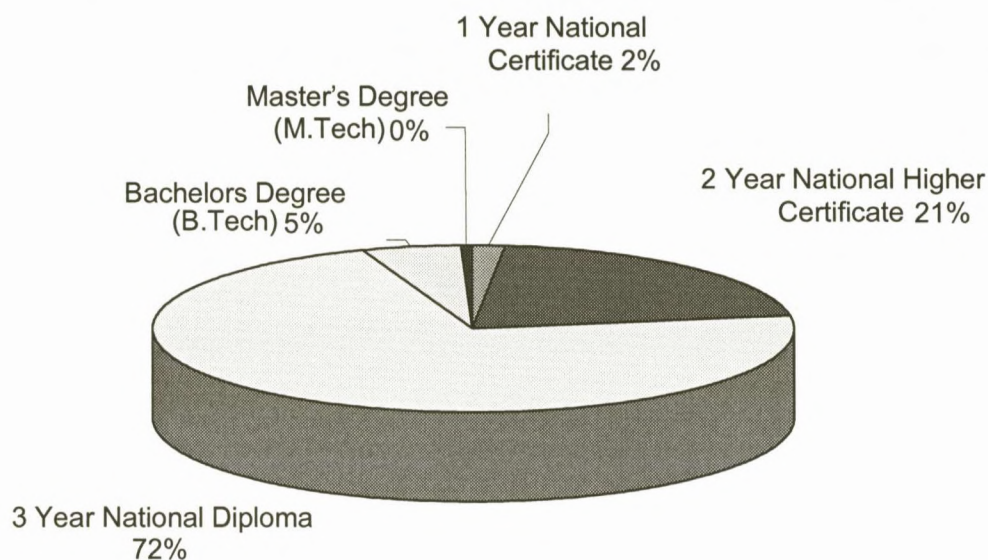
4.4.2 Educational Status (Questions A6 - 9)

The data used for the following analyses were derived from Questions 6 - 9 of Section A of the completed questionnaires. In terms of Objective (1) in 4.1.1, the educational status was described.

Table 4.5 Question A6. Which of the following are you registered for?

Programme Registered for	Number of Respondents	Percentage of Respondents
1 Year National Certificate	17	1.69
2 Year National Higher Certificate	209	20.80
3 Year National Diploma	724	72.04
Bachelors Degree (B.Tech)	50	4.98
Master's Degree (M.Tech)	5	0.50

Figure 4.5 Question A6. Which of the following are you registered for?

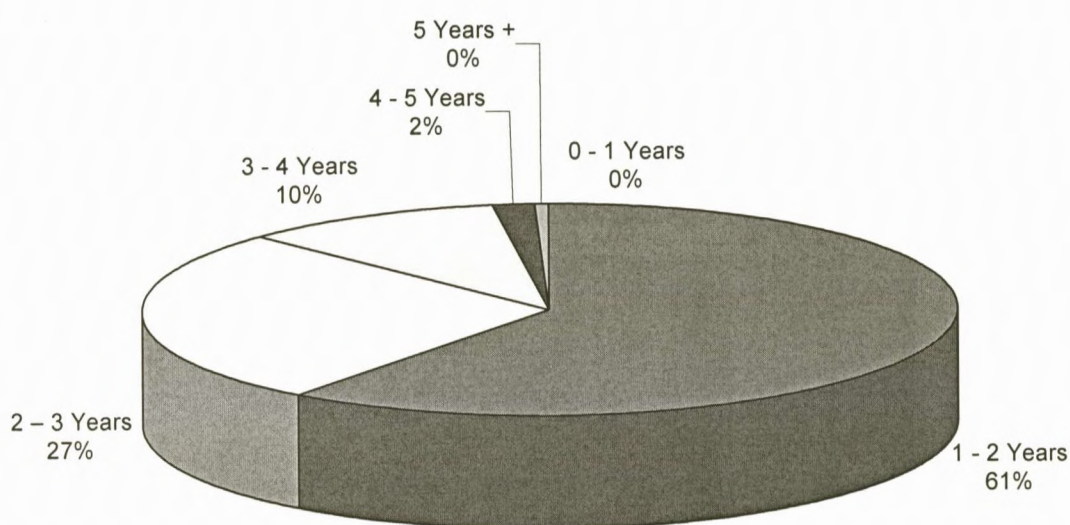


From Table 4.5 and Figure 4.5 it is evident that the majority (95%) of respondents were registered for a 3 Year National Diploma or less. This figure correlates with the results of Question A7 (see Figure 4.6) which shows that the vast majority of students had been at D.U.T. for less than 3 years.

Table 4.6 Question A7: For how many years have you been a student at D.U.T.?

Duration of Study	Number of Respondents	Percentage of Respondents
0 - 1 Years	0	0.00
1 - 2 Years	608	60.50
2 - 3 Years	272	27.06
3 - 4 Years	103	10.25
4 - 5 Years	17	1.69
5 Years +	5	0.50

Figure 4.6 Question A7: For how many years have you been a student at D.U.T.?



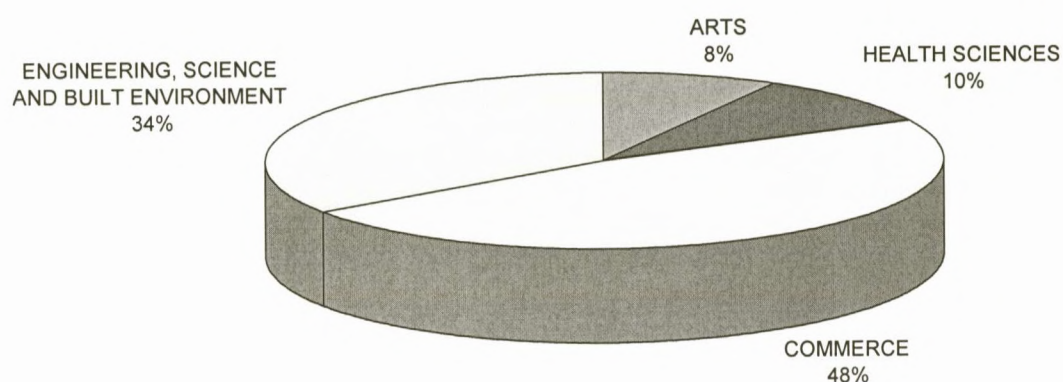
From Table 4.6 and Figure 4.6 it can be seen that 88% of the respondents had been students at the D.U.T. for 3 years or less. One can see from the correlation analysis (4.5.1) that the length of time enrolled at the D.U.T. is a factor in the awareness of the existence of the homoeopathic training course and the H.D.C.

Questions A8, "Please mark below whether you are a full-time or part-time student at D.U.T." has not been included in the results section. It was a confirmatory question to identify whether respondents met the inclusion criteria. All 1005 questionnaires included in the final sample were marked "full time students."

Table 4.7 Question A9. Which faculty do you fall under?

Faculty Registered With	No of Respondents	Percentage of Respondents
Arts	84	8.36
Health Sciences	96	9.55
Commerce	479	47.66
Engineering, Science And Built Environment	346	34.43

Figure 4.7 Question A9. Which faculty do you fall under?



From Table 4.7 and Figure 4.7 one can see that nearly 50% of the respondents were from the Faculty of Commerce, which reflects the predominance of Commerce students at the D.U.T. The sample proportion used in the study is consistent with the faculty demographics at D.U.T., as per 3.5.1.1.

4.4.3 Health Background (Questions A10 - 12)

The data used for the following analyses were derived from Questions 10 to 12 of Section A of the completed questionnaires. In terms of Objective (1) in 4.1.1, the respondents' health background was described.

Table 4.8 Question A10: Who do you consult when you are feeling ill?

Professional Consulted	Number of Responses	Percentage of Responses
Medical Doctor	604	54.71
Pharmacist/	74	6.70
Clinic	267	24.18
Traditional Healer	49	4.44
Hospital	69	6.25
Priest	16	1.45
Homoeopath	16	1.45
Other	9	0.82

Figure 4.8 Question A10: Who do you consult when you are feeling ill?

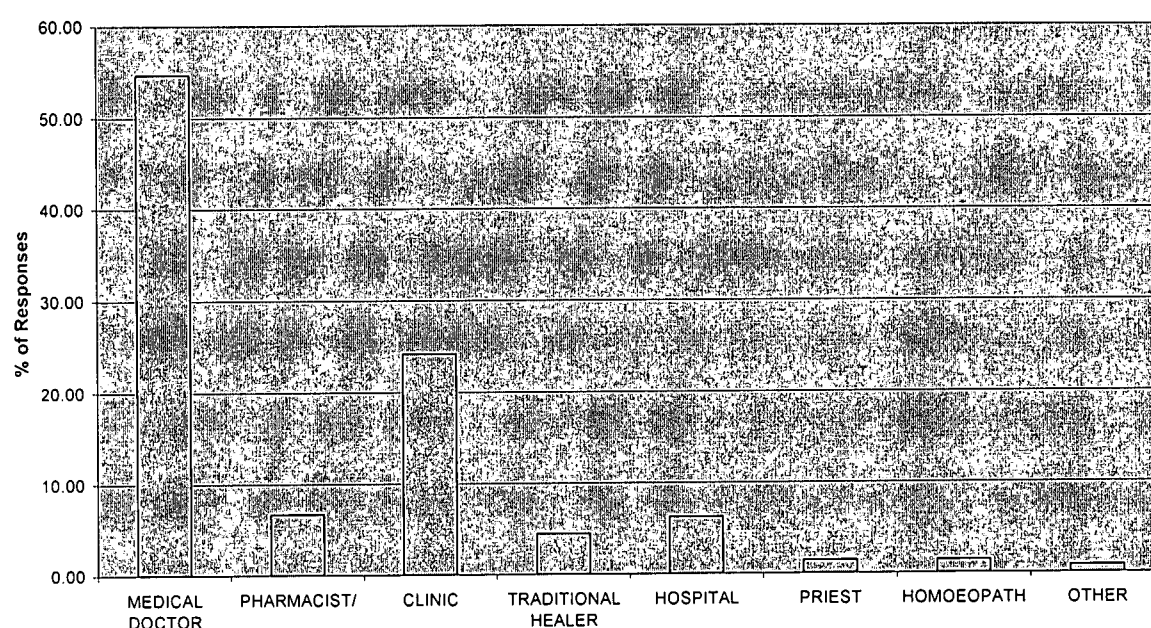


Table 4.8 and Figure 4.8 show that the majority of the respondents (90%) consulted orthodox medical channels (medical doctor, clinic, pharmacist and hospital). There was very little use made of alternative channels.

Table 4.9 Question A11: How satisfied were you with the care you received from this person the last time you consulted with them?

Level of Satisfaction	Number of Respondents	Percentage of Respondents
Very Satisfied	292	29.47
Satisfied	447	45.11
Neutral	194	19.58
Unsatisfied	45	4.54
Very Unsatisfied	13	1.31

Figure 4.9 Question A11: How satisfied were you with the care you received from this person the last time you consulted with them?

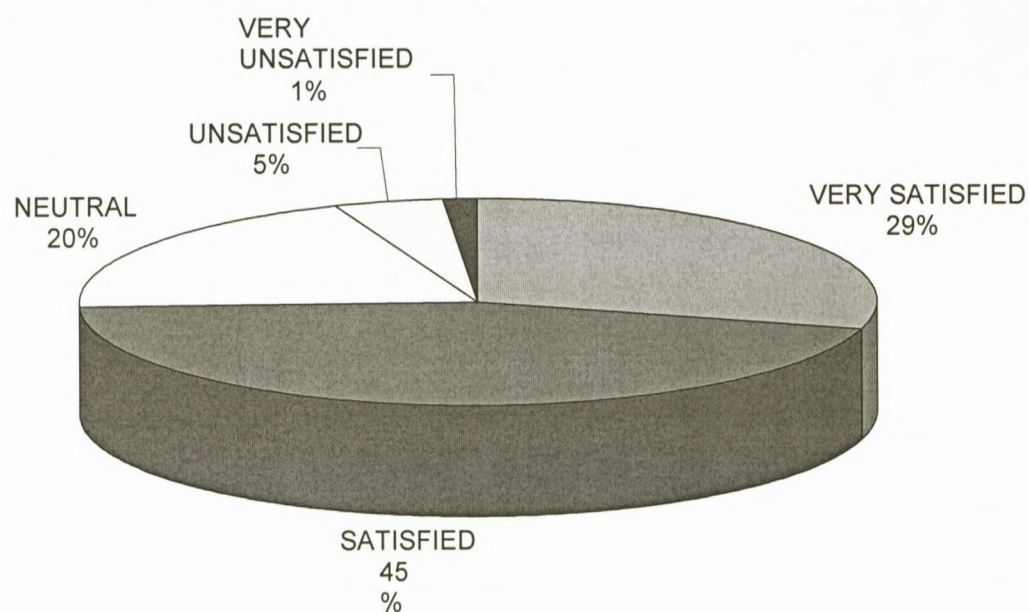
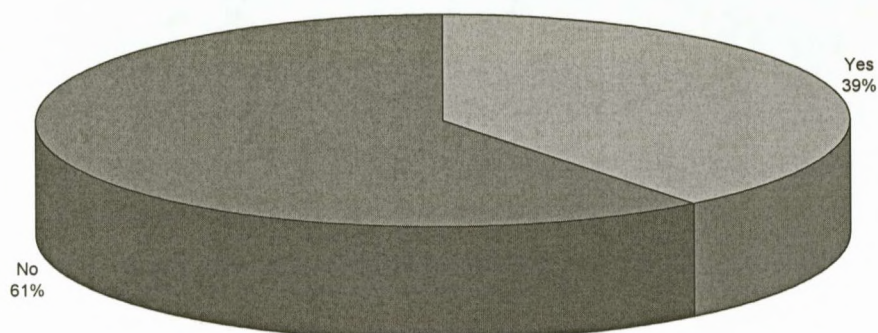


Table 4.9 and Figure 4.9 show that the majority of respondents (74%) were satisfied or better with the care received from their selected health carers.

Table 4.10 Question A12: Are you on medical aid?

On Medical Aid	No of Respondents	Percentage of Respondents
Yes	393	39.42
No	603	60.48

Figure 4.10 Question A12: Are you on medical aid?

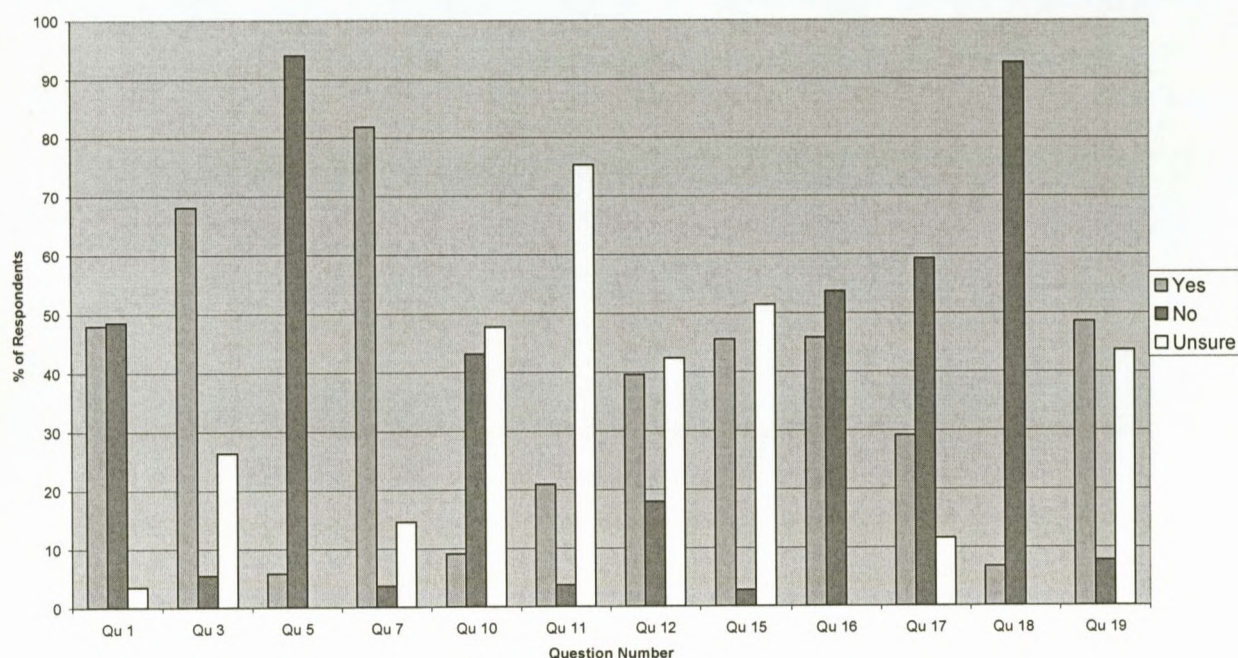


As can be seen from Table 4.10 and Figure 4.10, the majority of the respondents (60%) were not on medical aid. This may provide a reason why around 24% of the respondents consulted clinics when ill. The clinics are government run and usually provide low cost, and sometimes free, health services to the public.

4.4.4 General Knowledge of Homoeopathy (Questions B1 – 19)

The data used for the following analyses were derived from Section B of the completed questionnaires. In terms of Objective (2) in 4.1.1, the respondents' knowledge of homoeopathy was described.

Figure 4.11 Graph showing comparison of responses to selected questions from Section B.



Key to Figure 4.11

Question Number	Question Topic	Question Number	Question Topic
Qu B1	Have you ever heard of homoeopathy?	Qu B3	Would you be interested in finding out more about homoeopathy?
Qu B5	Have you ever been treated by a homoeopath?	Qu B7	Would you recommend homoeopathy to anybody else?
Qu B10	Have any of your family members consulted a homoeopath?	Qu B11	Is homoeopathy recognised by Law in South Africa?
Qu B12	Do you know if there are training courses available for people who want to study homoeopathy in South Africa?	Qu B15	Are homoeopaths required to undergo any work experience training program?
Qu B16	Are you aware of the homoeopathic training institution at the D.U.T.?	Qu B17	Are you aware of the existence of the H.D.C. at the D.U.T.?
Qu B18	Have you ever been to the H.D.C. as a patient?	Qu B19	Would you consider attending the H.D.C. now that you're aware of it?

From Figure 4.11 it is interesting to note that the questions dealing with specific knowledge areas (Qu 11, 12, 15) reflect low levels of knowledge. Responses are characterised by "No" or "Unsure".

Table 4.11 Question B1: Have you ever heard of homoeopathy?

Ever Heard of Homoeopathy	Number of Respondents	Percentage of Respondents
Yes	482	48.01
No	487	48.51
Unsure	35	3.49

Figure 4.12 Question B1: Have you ever heard of homoeopathy?

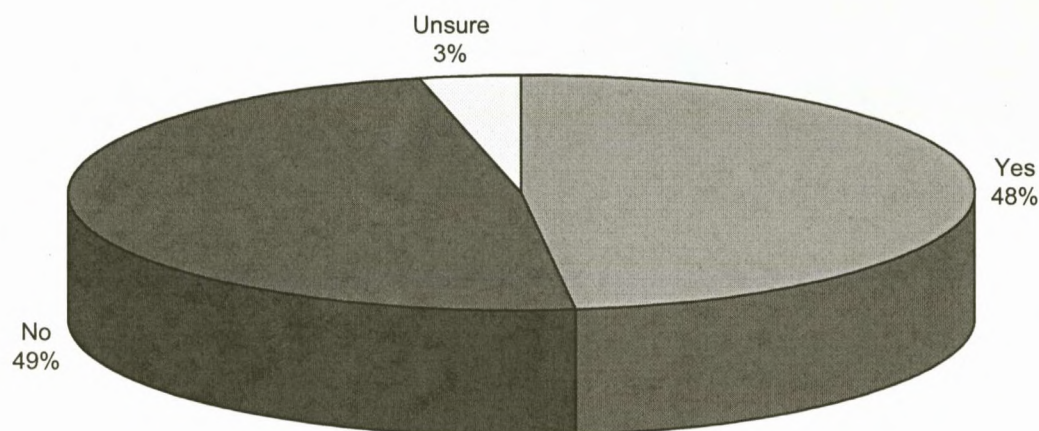


Table 4.11 and Figure 4.12 show that almost half (48%) of the respondents had heard of homoeopathy before, but a slight majority (49%) of them had not heard of it. Correlation analysis reveals that there is a weak correlation between gender and having heard of homoeopathy, with females more likely than males to have heard of it (see Table 4.38). There is also a moderate correlation between ethnic group and having heard of homoeopathy, with Africans least likely to have heard of homoeopathy and Whites most likely to have heard of homoeopathy (see Table 4.38). There is also a weak correlation between faculty and having heard of homoeopathy, with Health Sciences respondents more likely to have heard of homoeopathy and Engineering, Science and Built Environment respondents least likely to have heard of homoeopathy (see Table 4.38).

Table 4.12 Question B2: If you have heard of homoeopathy before, where you did you hear about it?

Where Respondents had Heard of Homoeopathy	Number of Respondents	Percentage of Respondents
Family	96	17.27
Friends	144	25.90
Media	130	23.38
Doctor	29	5.22
Student Acquaintance	128	23.02
Other	29	5.22

Figure 4.13 Question B2: If you have heard of homoeopathy before, where you did you hear about it?

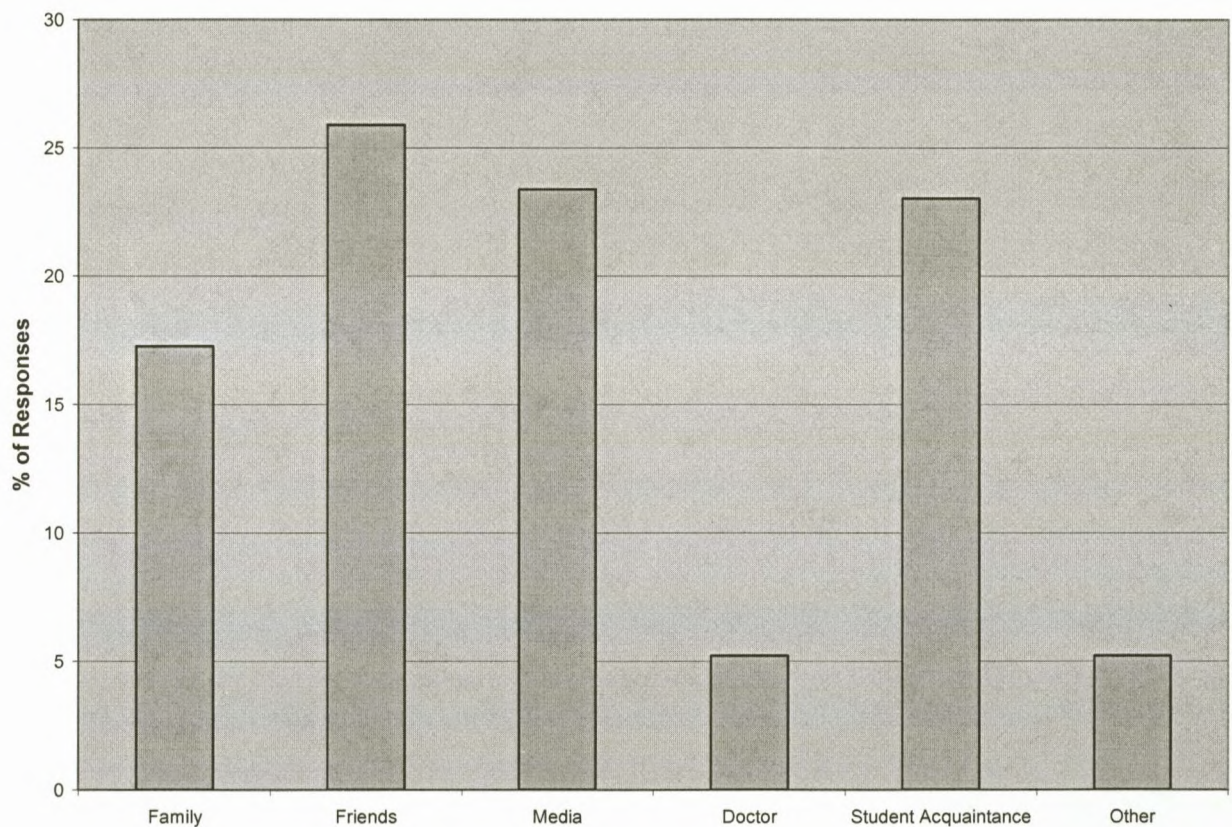


Table 4. 12 and Figure 4.13 show that casual sources of knowledge seem to predominate in respondent's reports of where they heard about homoeopathy. Friends, acquaintances, family and media account for the major sources of information. These are all non-formal pathways. In Question B1 there were 482 respondents who had heard of homoeopathy, whereas in Question B2 when asked where they had heard of

homoeopathy from, there were 556 responses. The difference in the number of responses is due to the fact that respondents were able to provide more than one answer to this question.

Table 4.13 Question B3: Would you be interested in finding out more about homoeopathy?

Interested in Finding out more about Homoeopathy	Number of Respondents	Percentage of Respondents
Yes	658	68.12
No	53	5.49
Maybe	255	26.40

Figure 4.14 Question B3: Would you be interested in finding out more about homoeopathy?

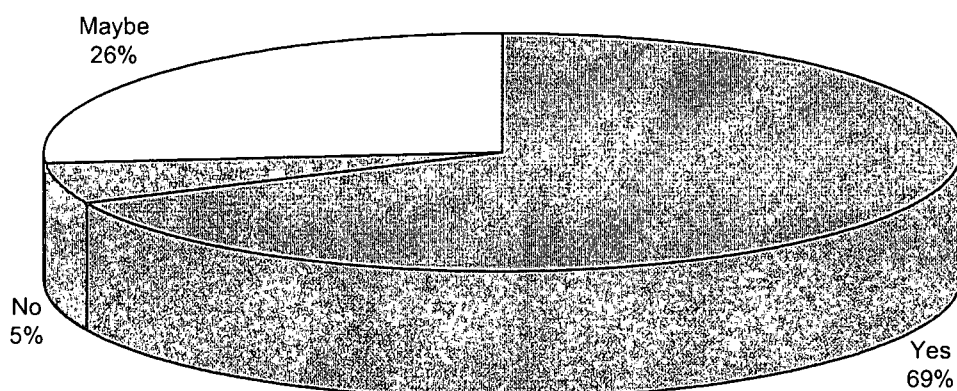


Table 4.13 and Figure 4.14 show that most respondents were at least willing to entertain the idea of homoeopathy and indicated a willingness to learn more about it. Correlation analysis reveals that there is a weak correlation between gender and being interested in knowing more about homoeopathy, with females more likely than males to want to know more (see Table 4.38). There is also a weak correlation between ethnic group and being interested in knowing more about homoeopathy, with Africans most likely to be interested in knowing more and Whites most likely to not be

interested or unsure (see Table 4.38). Finally, there is a weak correlation between faculty and being interested in knowing more about homoeopathy, with Engineering, Science and Built Environment students the least likely to be interested in knowing more about homoeopathy.

Table 4.14 Question B4: How would you describe your knowledge of homoeopathy?

Extent of knowledge of Homoeopathy	Number of Respondents	Percentage of Respondents
NEVER HEARD OF IT	290	28.91
HEARD OF THE NAME ONLY	376	37.49
KNOW A LITTLE BIT ABOUT IT	288	28.71
KNOW A FAIR AMOUNT ABOUT IT	43	4.29
VERY FAMILIAR WITH IT	6	0.60

Figure 4.15 Question B4: How would you describe your knowledge of homoeopathy?

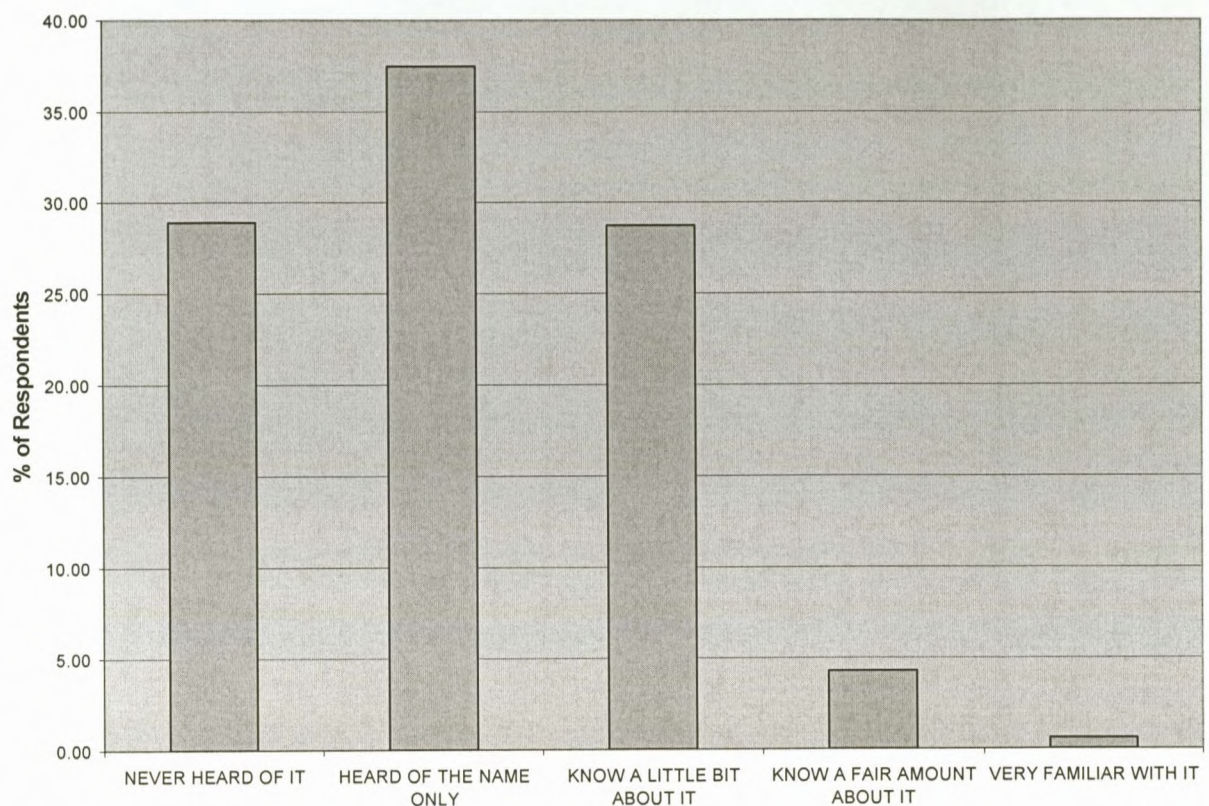


Table 4.14 and Figure 4.15 show that the majority of respondents evince a low level of knowledge by their own description. Less than 5% know a fair bit about homoeopathy. Correlation analysis reveals that there is a weak correlation between gender and self-described knowledge, with females rating their knowledge more highly than males do (see Table 4.38). There is also a strong correlation between ethnic group and self-described knowledge, with Whites most likely to have a higher level of knowledge; Africans most likely to have a low level of knowledge (see Table 4.38). Finally, there is a moderate correlation between faculty and level of knowledge, with Health Sciences more likely to have a good knowledge of homoeopathy and Engineering, Science and Built Environment students most likely to have a poorer knowledge of homoeopathy (see Table 4.38).

There is a discrepancy between the numbers depicted in Table 4.11 (Question B1) and the numbers here (Question B4). Table 4.11 shows that 482 respondents had not heard of homoeopathy, whereas Table 4.14 shows that only 290 had not heard of homoeopathy. This discrepancy is likely to be due to ambiguity or lack of clarity of these two questions in the questionnaire. This issue will be addressed in more detail in Chapter 5, with recommendations for improvement occurring in Chapter 6.

Table 4.15 Question B5: Have you ever been treated by a homoeopath?

Ever been treated by a homoeopath	Number of Respondents	Percentage of Respondents
Yes	58	5.82
No	937	94.08

Figure 4.16 Question B5: Have you ever been treated by a homoeopath?

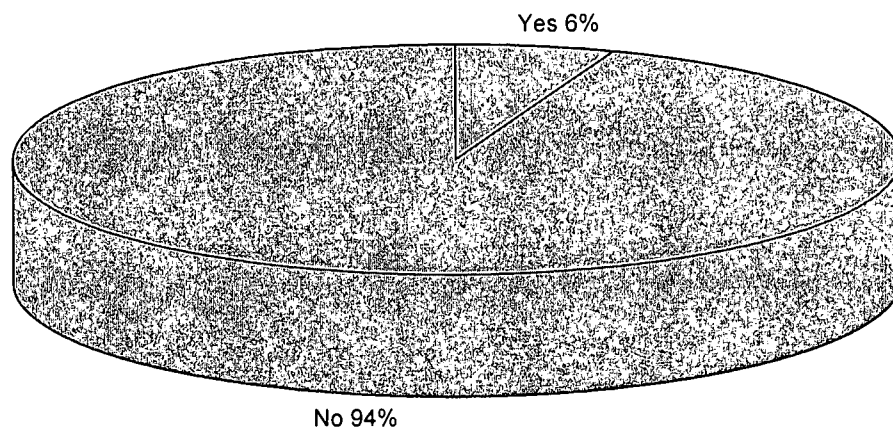


Table 4.15 and Figure 4.16 show that an overwhelming majority (94%) of the respondents had never been treated by a homoeopath before. Even though 33% of them said that they knew a little to a fair amount about homoeopathy, only 6% had ever actually had practical experience with it. Correlation analysis reveals that there is a weak correlation between ethnic group and having treated by a homoeopath, with Whites most likely to have been treated by a homoeopath, and Africans, Coloureds and Indians most likely not (see Table 4.38).

Table 4.16 Question B6: Who referred you to the homoeopath?

Referred to a homoeopath by:	Number of Respondents	Percentage of Respondents
Medical Doctor	6	9.84
Chemist/Pharmacist	1	1.64
Family	23	37.70
Friends	15	24.59
Personal Knowledge	5	8.20
Student Acquaintance	7	11.48
Other	4	6.56

Figure 4.17 Question B6: Who referred you to the homoeopath?

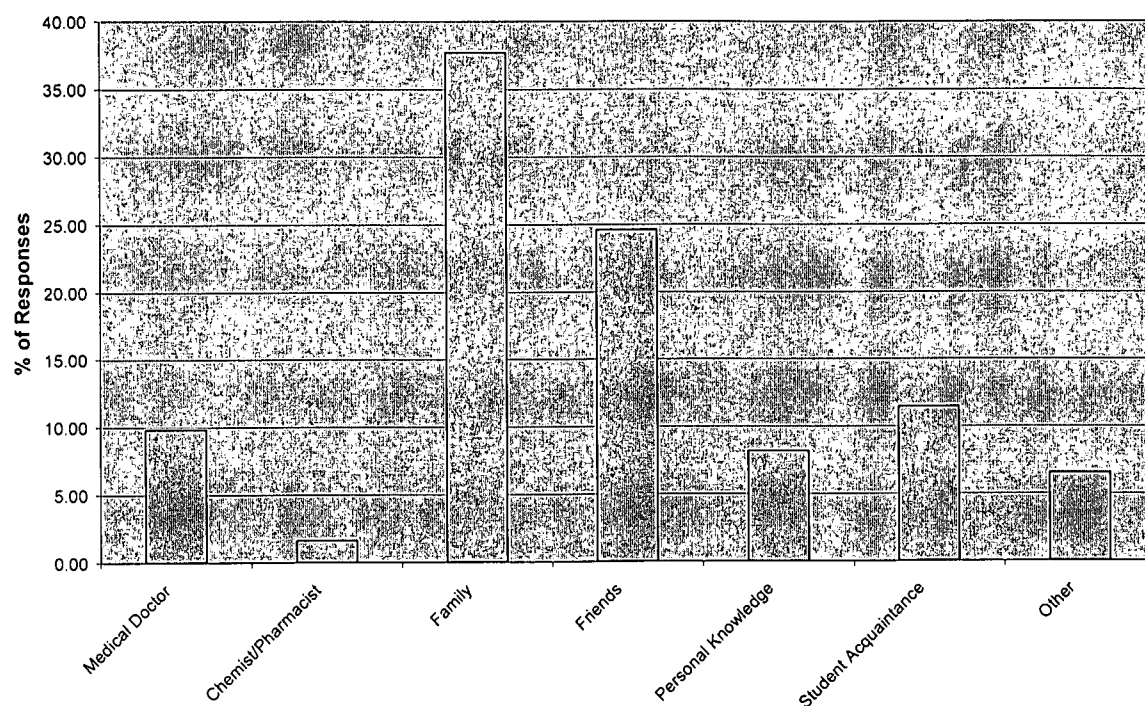


Table 4.16 and Figure 4.17 support the premise that most of the knowledge of homoeopathy is derived through informal channels. Family and friends account for the majority of sources of referral for the respondents. These channels are fairly strong (in the sense that they are difficult to breakdown) but they may suffer from the inevitable distortion and inaccuracy that is generated by incomplete knowledge being communicated. The low numbers of respondents who were aware of the specifics of homoeopathy as legislated and organised in South Africa, as well as the generally low awareness of the existence of the homoeopathic course and clinic in the immediate environment, may be an illustration of incomplete knowledge being communicated through such channels.

Table 4.17 Question B7: Would you recommend homoeopathy to anybody else?

Would Recommend Homoeopathy to Others	Number of Respondents	Percentage of Respondents
Yes	45	81.82
No	2	3.64
Maybe	8	14.55

Figure 4.18 Question B7: Would you recommend homoeopathy to anybody else?

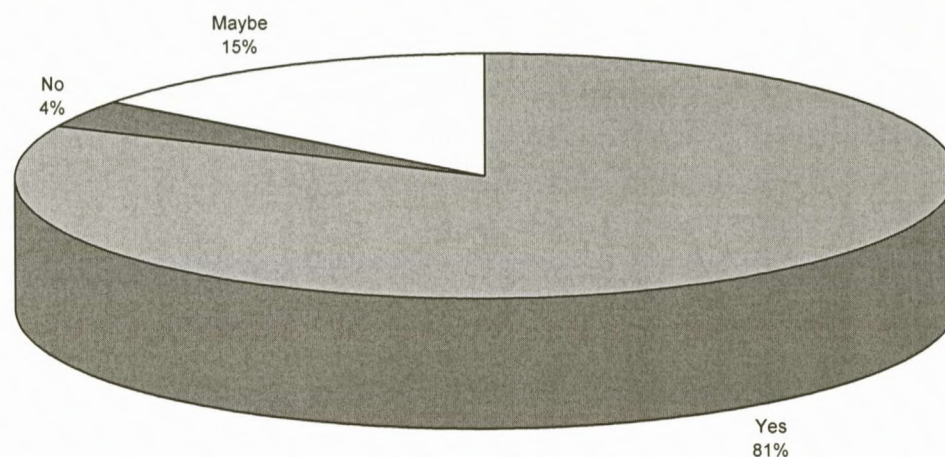
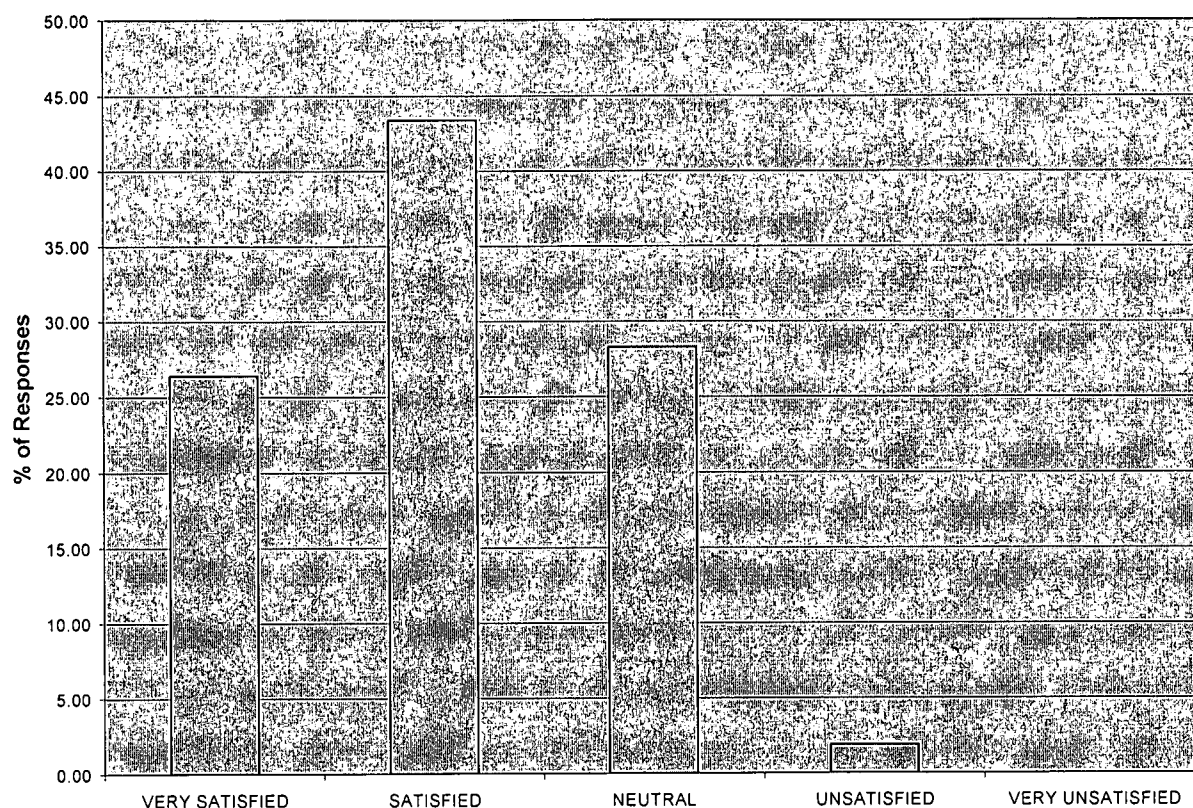


Table 4.18 Question B8: How satisfied were you with the care you received from the homoeopath the last time you consulted with them?

Level of Satisfaction	Percentage of Respondents	Number of Respondents
VERY SATISFIED	26.42	14
SATISFIED	43.40	23
NEUTRAL	28.30	15
UNSATISFIED	1.89	1
VERY UNSATISFIED	0.00	0

Figure 4.19 Question B8: How satisfied were you with the care you received from the homoeopath the last time you consulted with them?



Both Figure 4.18 and 4.19 demonstrate the favourable impact that exposure to homoeopathy seems to have made for those who had been treated. 81% of respondents said they would recommend it to others, while 60% were satisfied with the care they received and another 29% neutral.

Table 4.19 Question B9: Did the homoeopath explain how homoeopathy works?

Extent of Explanation	Number of Respondents	Percentage of Respondents
Yes, A Good Explanation	22	41.51
To Some Degree	20	37.74
Not very much	6	11.32
Not at All	3	5.66
Other	2	3.77

Figure 4.20 Question B9: Did the homoeopath explain how homoeopathy works?

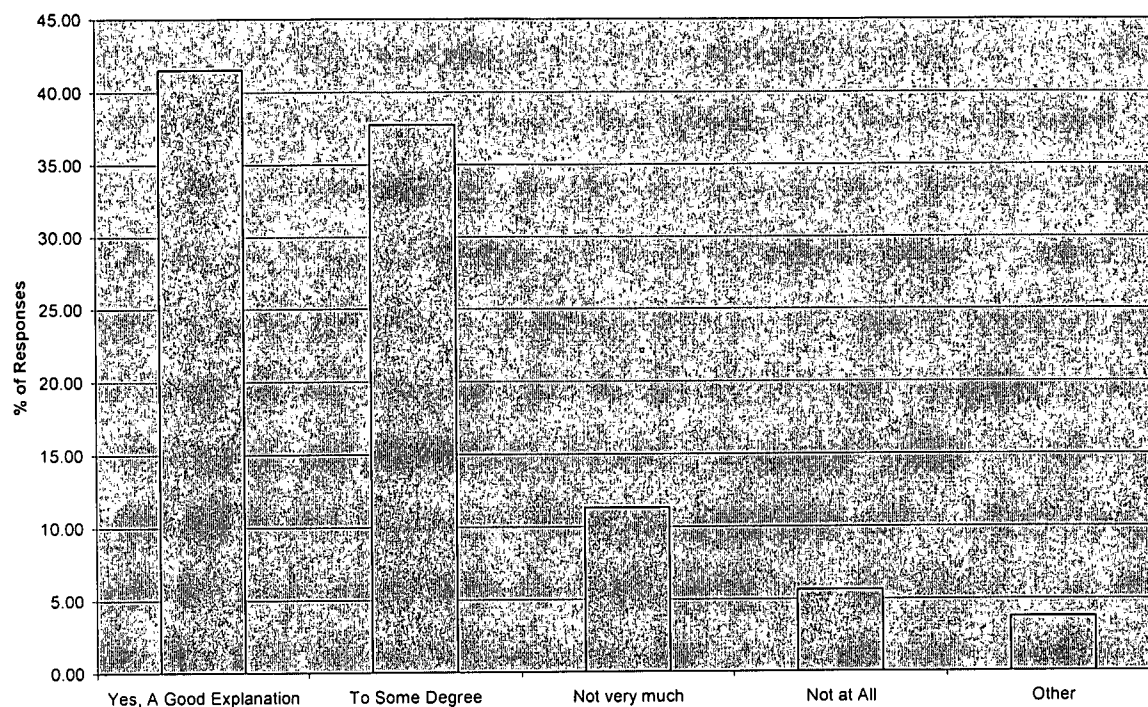


Table 4.19 and Figure 4.20 show that the majority (79%) of homoeopathic exposures experienced by the respondents incorporated an explanation of homoeopathy by the practitioner. This may demonstrate the responsibility that homoeopathic practitioners feel to ensure patients are informed of the health issues they face and the way the homoeopathic approach may differ and/or benefit them.

Table 4.20 Question B10: Have any other members of your family consulted with a homoeopath?

Other Family Members Consulted	Number of Respondents	Percentage of Respondents
Yes	91	9.07
No	433	43.17
Unsure	479	47.76

Figure 4.21 Question B10: Have any other members of your family consulted with a homoeopath?

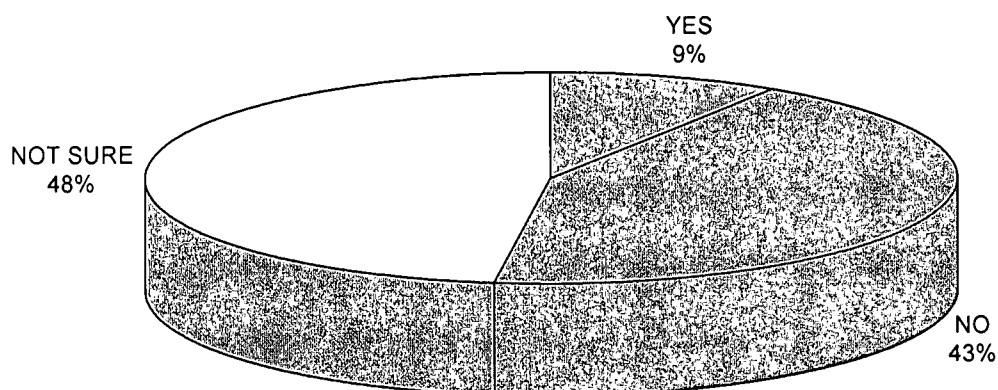


Table 4.20 and Figure 4.21 show that only 9% of the respondents have had family members who have consulted a homoeopath before. This is not dissimilar to the results of question B5 where only 6% of the respondents had been treated by a homoeopath before. The above figure shows that 43% of the respondents had not had a family member consult a homoeopath and almost half (48%) were not sure, indicating that possibly even more of the respondents had not had a family member consult a homoeopath before.

Table 4.21 Question B11: Is homoeopathy recognised by law in South Africa?

Homoeopathy Recognised by Law	Number of Respondents	Percentage of Respondents
Yes	207	20.91
No	37	3.74
Unsure	746	75.35

Figure 4.22 Question B11: Is homoeopathy recognised by law in South Africa?

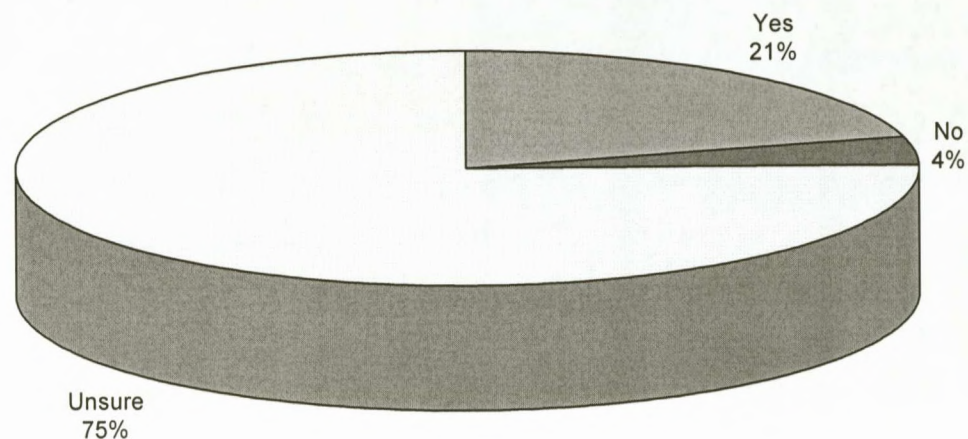


Table 4.21 and Figure 4.22 indicate that the vast majority (75%) of respondents were not sure whether homoeopathy is recognised by law in South Africa. This may indicate a low level of knowledge amongst the respondents about the homoeopathic profession.

Table 4.22 Question B12: Do you know if there are any training courses available in South Africa for people to become homoeopaths?

Training Course available	Number of Respondents	Percentage of Respondents
Yes	397	39.58
No	180	17.95
Unsure	425	42.37

Figure 4.23 Question B12: Do you know if there are any training courses available in South Africa for people to become homoeopaths?

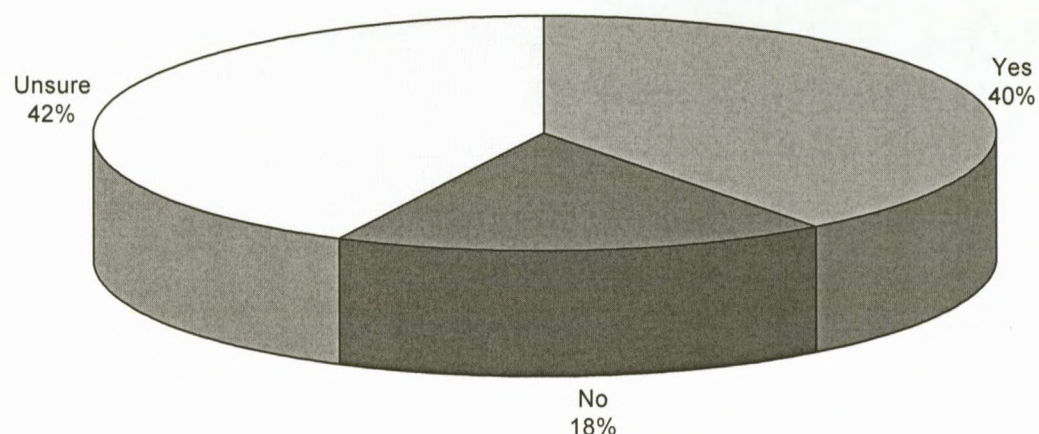
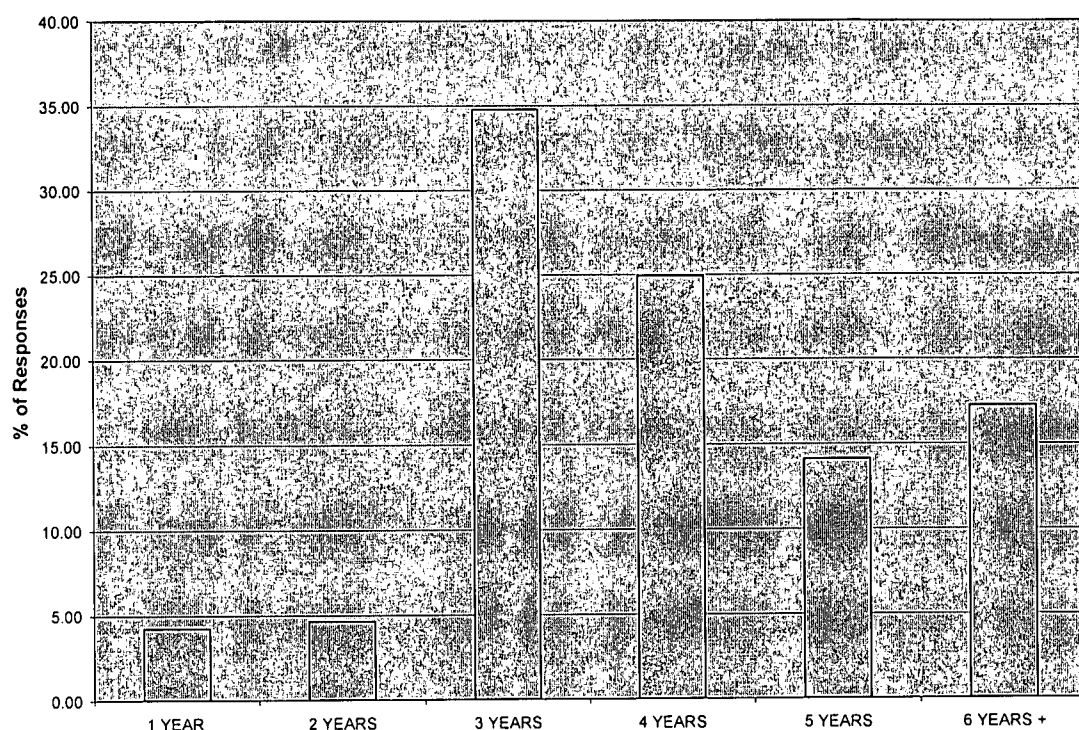


Table 4.22 and Figure 4.23 show that almost half (42%) of the respondents were not sure if there are any training courses in South Africa for homoeopaths. This is a surprisingly high percentage considering that there is a homoeopathic training course and clinic at D.U.T. This figure however does correlate with those in Table 4.26 and Figure 4.27 where only 45% of the respondents were aware of the homoeopathic training institution at D.U.T.

Table 4.23 Question B13: Indicate how many years you think it takes to qualify as a homoeopath.

Length of Time Taken to Qualify	Number of Respondents	Percentage of Respondents
1 YEAR	42	4.23
2 YEARS	46	4.64
3 YEARS	345	34.78
4 YEARS	247	24.90
5 YEARS	140	14.11
6 YEARS +	171	17.24

Figure 4.24 Question B13: Indicate how many years you think it takes to qualify as a homoeopath.



From Table 4.23 and Figure 4.24 it can be seen that most of the respondents felt that it takes 3 to 4 years to become a homoeopath. The reason for this is possibly because they do not know that homoeopaths are awarded the title doctor and that homoeopaths are primary practitioners. Many may have also felt that most of the courses offered at D.U.T. are 3 year diplomas and 4 year B. Tech degrees and that homoeopathy is probably about the same length.

Table 4.24 Question B14: What level of education is required to practice as a homoeopath in South Africa?

Level of Education	Number of Respondents	Percentage of Respondents
NO FORMAL TRAINING	31	3.15
CERTIFICATE	91	9.24
DIPLOMA	312	31.68
DEGREE	274	27.82
HONOURS	61	6.19
MASTERS	95	9.64
DOCTORATE	121	12.28

Figure 4.25 Question B14: What level of education is required to practice as a homoeopath in South Africa?

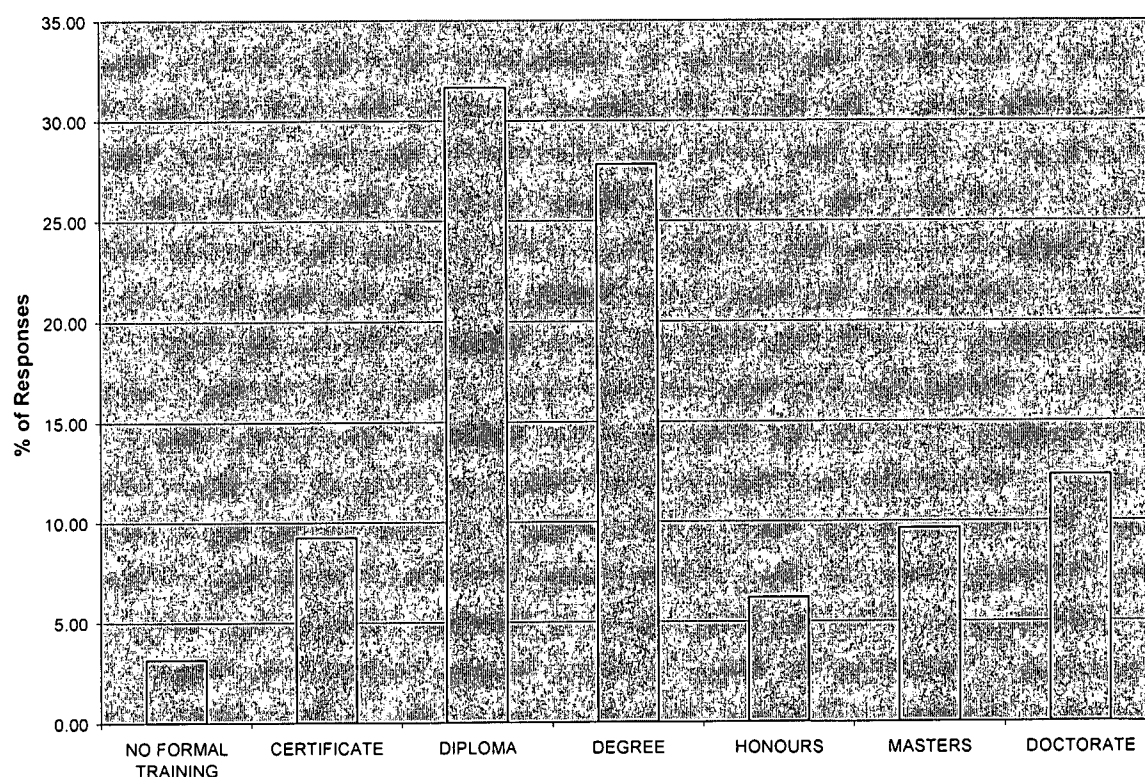


Table 4.24 and Figure 4.25 show that most of the respondents felt that a diploma or degree was required to practice homoeopathy. This is reflective of the answers in Table 4.23 and Figure 4.24 which show that the length of study to become a homoeopath is perceived to be 3 to 4 years duration, the time taken to complete a diploma or degree.

Table 4.25 Question B15: Are homoeopaths required to undergo any work-experience training program?

Work Experience Program is Required	Number of Respondents	Percentage of Respondents
Yes	458	45.57
No	28	2.79
Unsure	517	51.44

Figure 4.26 Question B15: Are homoeopaths required to undergo any work-experience training program?

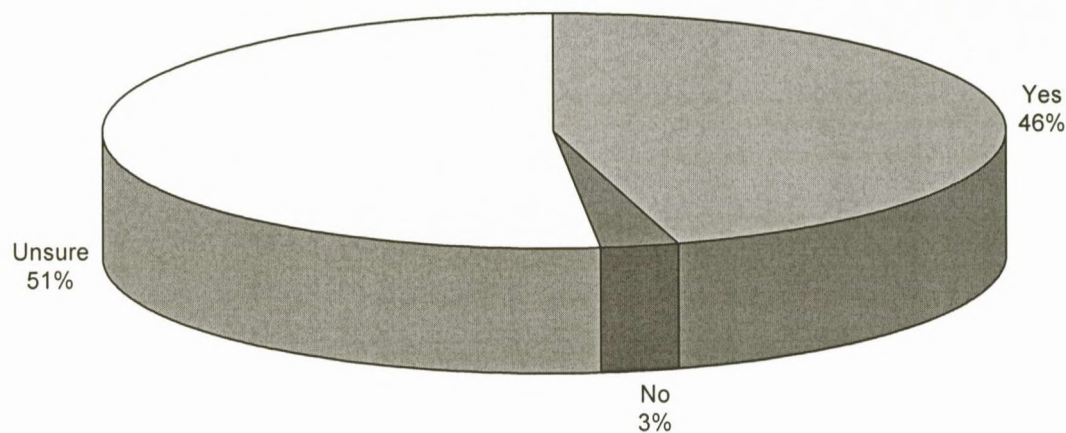


Table 4.25 and Figure 4.26 show that over half (51%) of the respondents were not sure about a work-experience training program. 46% could give a definitive answer and thought that a work-experience training program is required.

Figures 4.22, 4.23, 4.24, 4.25 and 4.26 demonstrate the generally low level of knowledge as to the practical and legislative aspects of the profession as it may relate to the layperson.

Table 4.26 Question B16: Are you aware of the homoeopathic training institution at the Durban University of Technology?

Aware of the homoeopathic training institution at the D.U.T.	Number Respondents	Percentage Respondents
Yes	460	45.82
No	539	53.69

Figure 4.27 Question B16: Are you aware of the homoeopathic training institution at the Durban University of Technology?

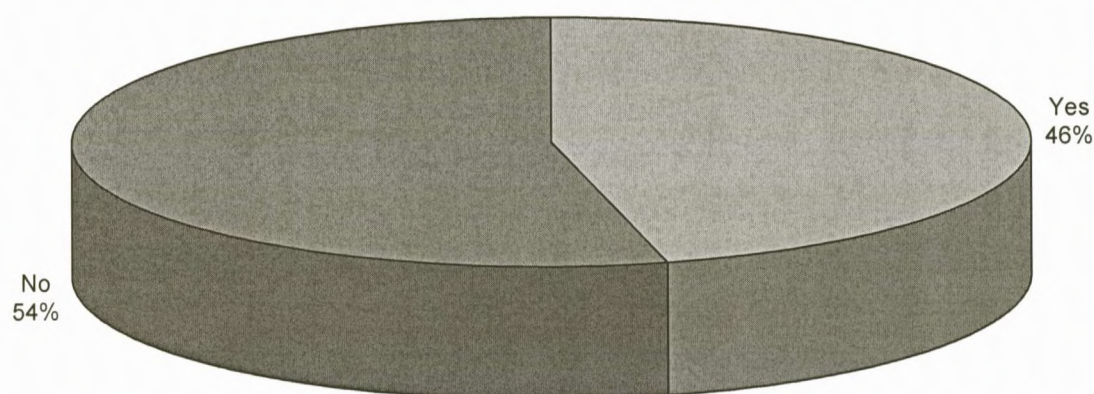


Table 4.26 and Figure 4.27 show that 54% of the respondents were not aware of the training institution at D.U.T. These figures tie in with those of Table 4.22 and Figure 4.23 where almost half of the respondents were not sure if there were any training courses in South Africa to become a homoeopath.

Table 4.27 Question B17: Are you aware of the existence of the Homoeopathic Day Clinic at the Durban University of Technology?

Aware of the Homoeopathic Day Clinic at the D.U.T.	Number Respondents	Percentage Respondents
Yes	292	29.14
No	594	59.28
Unsure	116	11.58

Figure 4.28 Question B17: Are you aware of the existence of the Homoeopathic Day Clinic at the Durban University of Technology?

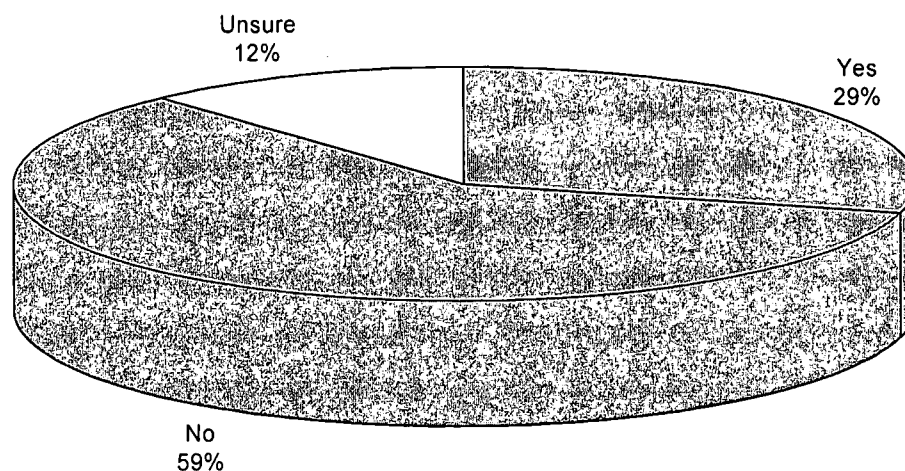


Table 4.27 and Figure 4.28 show that even less (59%) of the respondents are aware of the Homoeopathic Day Clinic than are aware of the homoeopathic training institution (54%). Only 29% of the respondents are aware of the H.D.C., which is again very low considering it is on the campus at D.U.T. where they study during the year. Correlation analysis reveals that there is a weak correlation between gender and awareness of the H.D.C., with females more likely to know about the H.D.C. (see Table 4.38).

Table 4.28 Question B18: Have you ever been to the Homoeopathic Day Clinic as a patient?

Ever attended the Homoeopathic Day Clinic as a patient	Number of Respondents	Percentage of Respondents
Yes	40	6.71
No	553	92.79

Figure 4.29 Question B18: Have you ever been to the Homoeopathic Day Clinic as a patient?

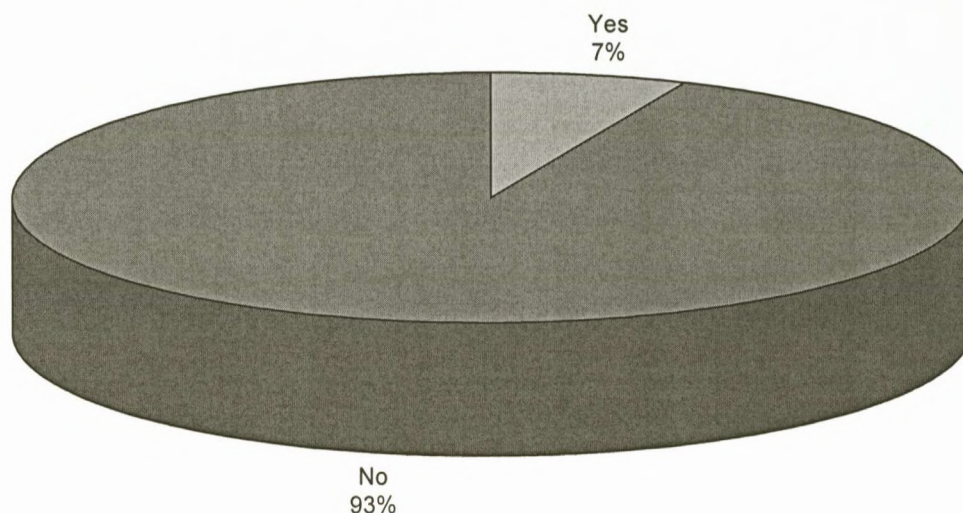


Table 4.28 and Figure 4.29 show that 7% of the respondents have attended the H.D.C. as a patient. This figure is abnormally high considering that in question B5 only 6% had ever consulted a homoeopath. Possible reasons for this may be incorrect answering of the question; confusing the H.D.C. for another on-campus clinic; or attending the H.D.C. as a patient but not considering the practitioners to be homoeopaths (question B5) as they are not qualified practitioners.

Table 4.29 Question B19: Would you consider coming to the Homoeopathic Day Clinic as a patient, now that you are aware it exists?

Would Consider Attending the Homoeopathic Day Clinic at the D.U.T.	Number of Respondents	Percentage of Respondents
Yes	475	48.52
No	76	7.76
Maybe	428	43.72

Figure 4.30 Question B19: Would you consider coming to the Homoeopathic Day Clinic as a patient, now that you are aware it exists?

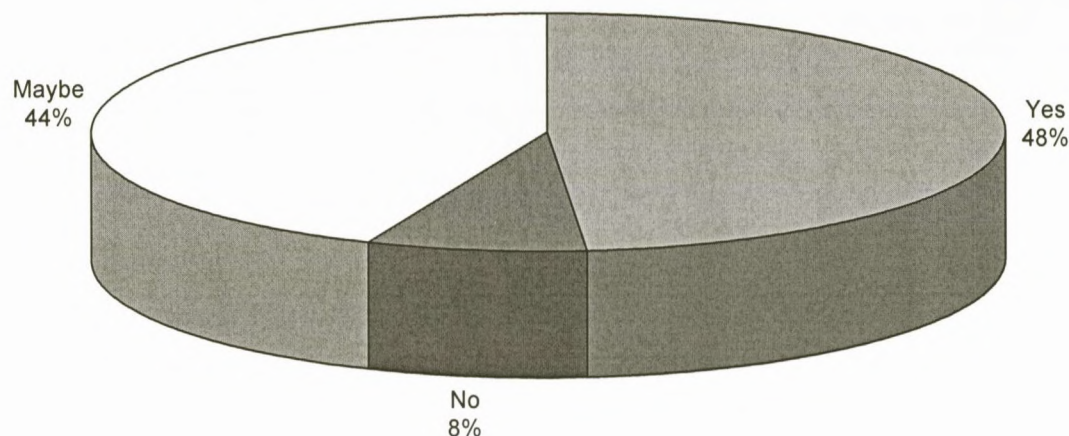
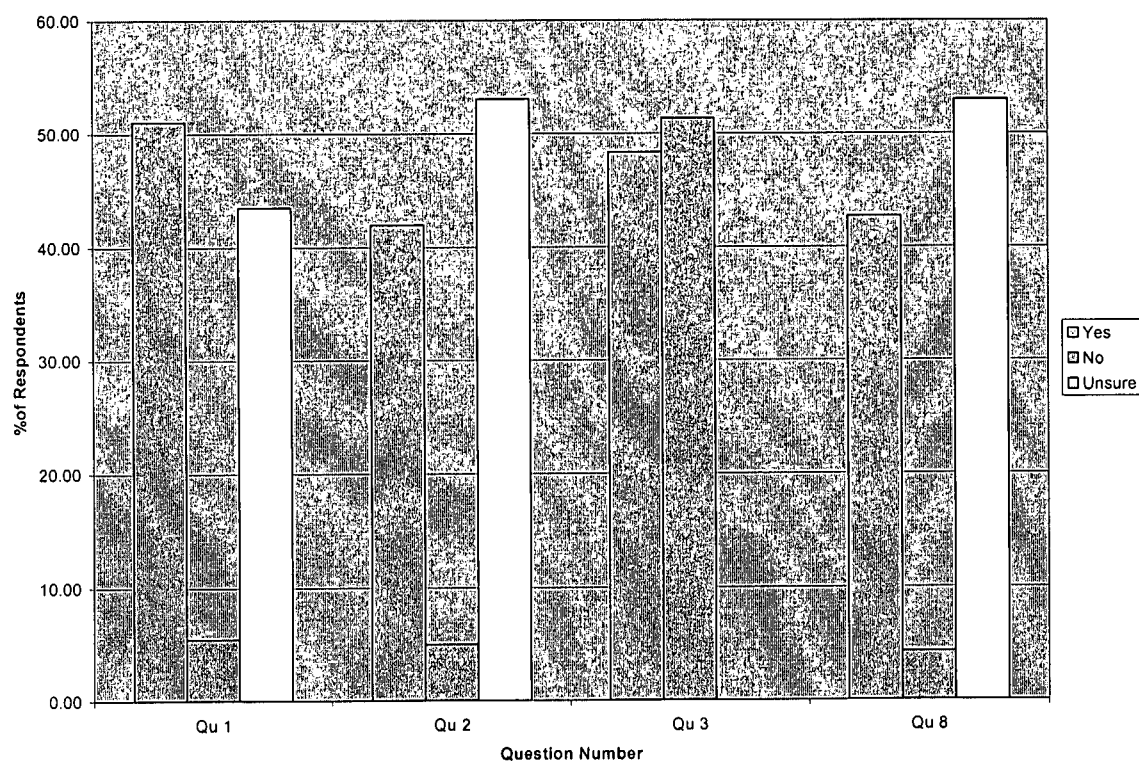


Table 4.29 and Figure 4.30 indicate that 49% of the respondents would be interested in attending the H.D.C. Most of the remaining respondents (44%) were not sure possibly indicating that they would like to know more about homoeopathy before they attend the H.D.C. Correlation analysis reveals that there is a weak correlation between gender and interest in attending the H.D.C., with females more likely to be willing to attend and males more likely to be unsure (see Table 4.38). Correlation analysis also reveals that there is a weak correlation between ethnic group and interest in attending the H.D.C., with Africans most likely to consider attending H.D.C. and Whites least likely to consider attending or to be unsure (see Table 4.38).

4.4.5 Perceptions of Homoeopathy (Questions C1 – 8)

The data used for the following analyses were derived from Section 3 of the completed questionnaires. In terms of Objective (3) in 4.1.1, the respondents' perceptions of were described.

Figure 4.31 Graph showing comparison of responses to selected questions from Section C.



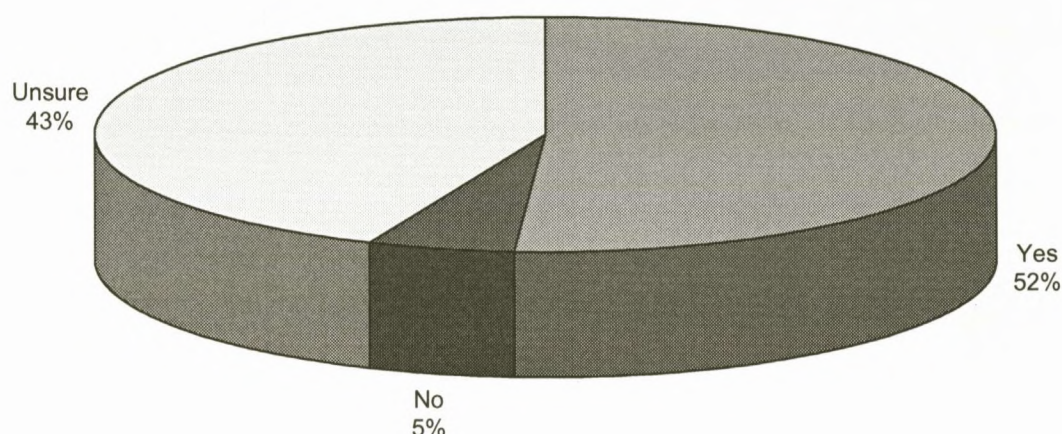
Key to Figure 4.31

Question Number	Question Topic	Question Number	Question Topic
Qu 1	Does homoeopathy have any scientific basis?	Qu 2	Do you consider homoeopathy to be a legitimate form of medicine?
Qu 3	Do you think the public generally accepts homoeopathy as a form of medical treatment?	Qu 8	Do you think homoeopathy could be incorporated into hospital care?

Table 4.30 Question C1: Do you think homoeopathy has any scientific basis?

Homoeopathy Has a Scientific Basis	Number of Respondents	Percentage of Respondents
Yes	513	51.04
No	55	5.47
Unsure	437	43.48

Figure 4.32 Question C1: Do you think homoeopathy has any scientific basis?

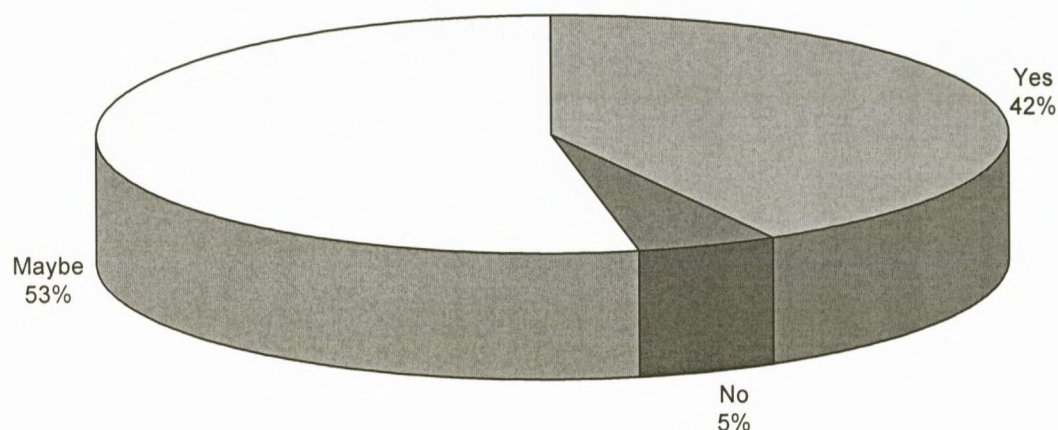


From Table 4.30 and Figure 4.32 it can be seen that over half of the students felt that homoeopathy has a scientific basis. The large number of unsure responses may indicate that many people don't know enough about homoeopathy to provide a definitive answer. Correlation analysis reveals that there is a weak correlation between ethnic group and perception of the scientific basis of homoeopathy, with Coloured students most likely to view homoeopathy as having no scientific basis (or unsure) (see Table 4.39). There is also a weak correlation between faculty and perception of the scientific basis of homoeopathy, with Health Sciences students most likely to view homoeopathy as having a scientific basis (see Table 4.39).

Table 4.31 Question C2: Do you consider homoeopathy to be a legitimate form of medicine?

Homoeopathy is a legitimate form of medicine	Number of Respondents	Percentage of Respondents
Yes	419	41.94
No	50	5.01
Unsure	530	53.05

Figure 4.33 Question C2: Do you consider homoeopathy to be a legitimate form of medicine?



Even though 52% of the respondents felt that homoeopathy has a scientific basis, Table 4.31 and Figure 4.33 show that only 42% felt that homoeopathy is a legitimate form of medicine. Once again, there were a high percentage of maybe responses indicating that there is possibly a lack of knowledge amongst the respondents that prevented them from providing a more definitive answer. Correlation analysis reveals that there is a weak correlation between gender and perception of legitimacy of homoeopathy, with females more likely to view homoeopathy as a legitimate form of medicine, while males were more likely to be unsure (see Table 4.39). There is also a weak correlation between ethnic groups and perception of legitimacy of homoeopathy, with White students most likely to view homoeopathy as a legitimate form of medicine, while coloured students were least likely (see Table 4.39). Finally, there is a weak correlation between faculty and perception of legitimacy of

homoeopathy, with Health Sciences students most likely to view homoeopathy as being a legitimate form of medicine (see Table 4.39).

Table 4.32 Question C3: Do you think that the public generally accepts homoeopathy as a form of medical treatment?

Public accepts homoeopathy as a form of medical treatment	Number of Respondents	Percentage of Respondents
Yes	482	48.35
No	512	51.35
Unsure	3	0.30

Figure 4.34 Question C3: Do you think that the public generally accepts homoeopathy as a form of medical treatment?

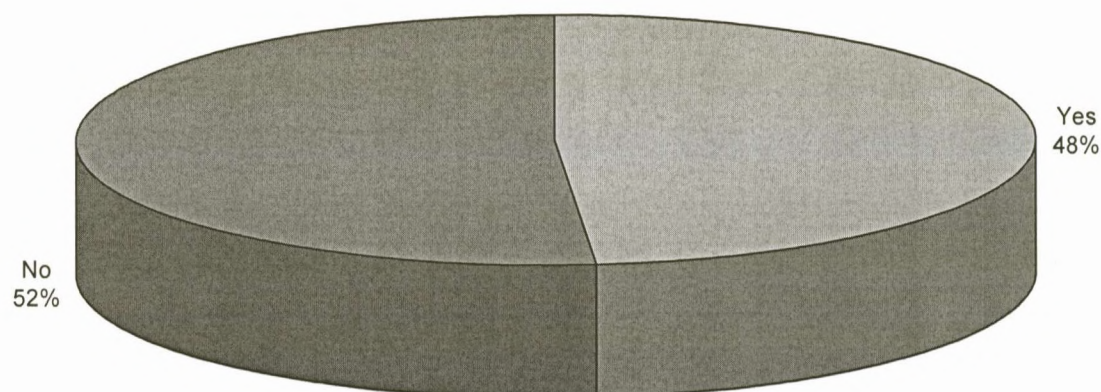


Table 4.32 and Figure 4.34 show that more respondents (52%) felt that the public do not accept homoeopathy as a form of medical treatment.

Table 4.33 Question C4: Mark the blocks that you think provide the best reasons why homoeopathy is not accepted by the public.

Reasons for not accepting homoeopathy as a form of medical treatment	Number of Responses	Percentage Responses of
LACK OF AWARENESS OF HOMOEOPATHY	565	33.77
LACK OF UNDERSTANDING ABOUT HOW HOMOEOPATHY WORKS	526	31.44
THE MEDICATIONS CAN BE HARMFUL	50	2.99
INADEQUATE MARKETING OF HOMOEOPATHY	309	18.47
HOMOEOPATHS ARE NOT WELL TRAINED	30	1.79
ITS EFFECTIVENESS IS UNPROVEN	78	4.66
HOMOEOPATHY IS UNAFFORDABLE	70	4.18
HOMOEOPATHY DOES NOT WORK	21	1.26
OTHER	24	1.43

Figure 4.35 Question C4: Mark the blocks that you think provide the best reasons why homoeopathy is not accepted by the public.

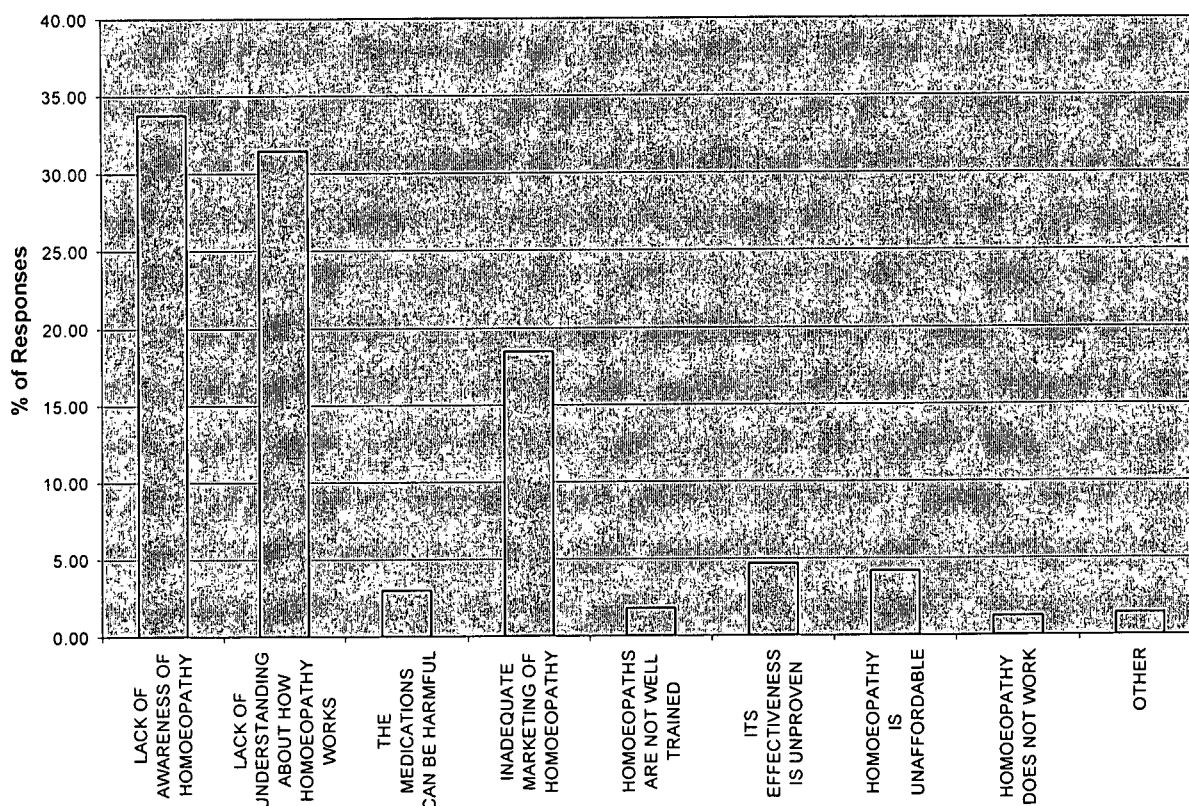


Table 4.33 and Figure 4.35 show that the main reasons why respondents felt that homoeopathy is not accepted by the public is due to lack of awareness (34%) and lack

of understanding (31%) about homoeopathy, and inadequate marketing of homoeopathy (18%).

Table 4.34 Question C5: Homoeopathic treatment may be useful in which of the following complaints?

Areas of Possible Application for Homoeopathy	Number of Responses	Percentage Responses
ANY DISEASE OR DISORDER	366	14.30
HEADACHE	343	13.40
EMERGENCY CARE	117	4.57
HIV/AIDS	147	5.74
PHYSICAL INJURIES/TRAUMAS	269	10.51
INFECTIONS	222	8.67
TUBERCULOSIS (T.B.)	111	4.34
MENTAL DISEASE	168	6.56
EMOTIONAL AILMENTS	297	11.60
CANCER	143	5.59
NONE OF THE ABOVE	3	0.12
DON'T KNOW	351	13.71
OTHER	23	0.90

Figure 4.36 Question C5: Homoeopathic treatment may be useful in which of the following complaints?

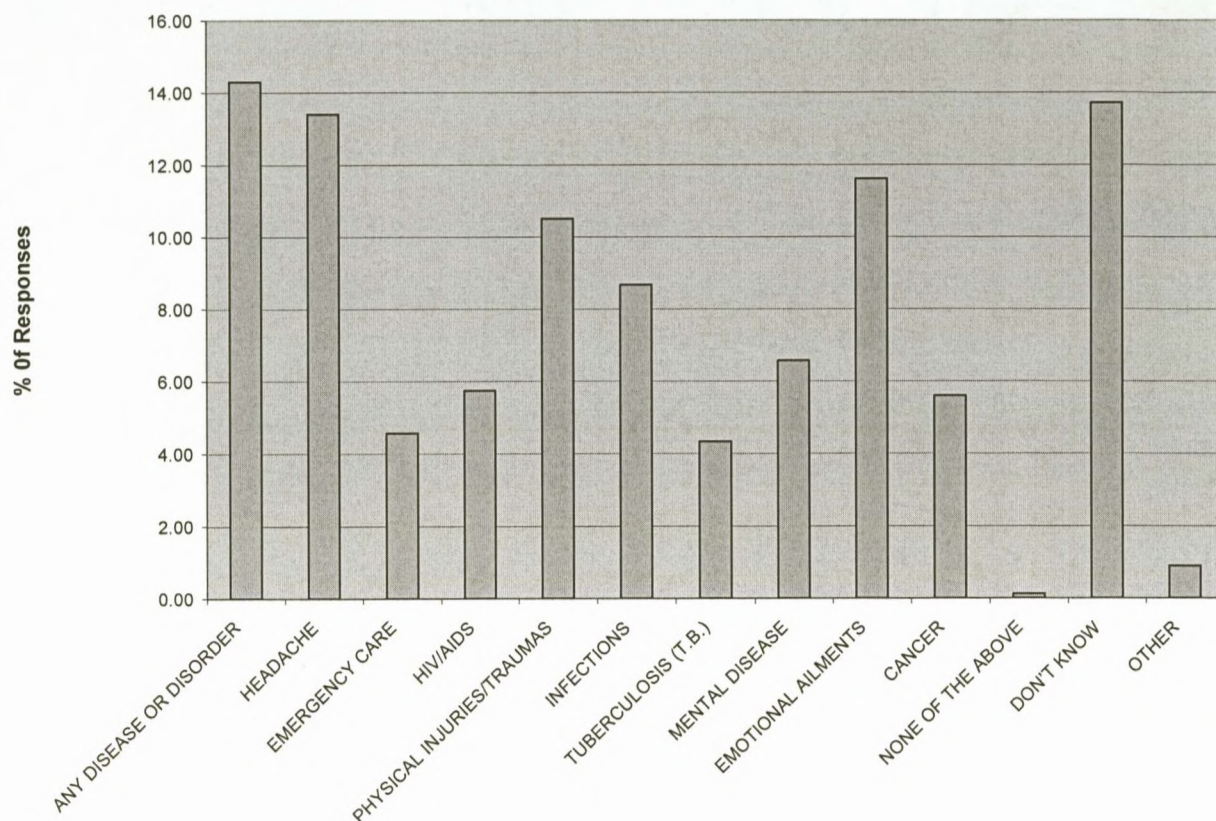
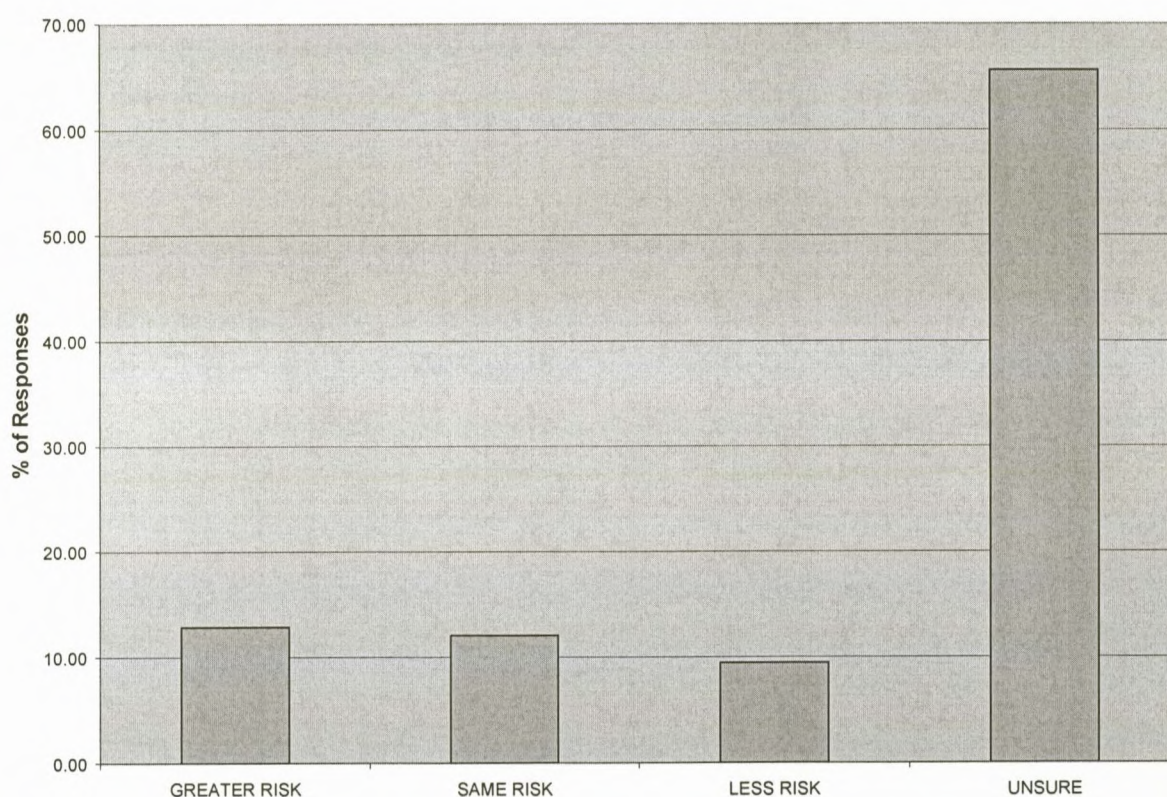


Table 4.34 and Figure 4.36 indicate that more respondents felt that homoeopathy is useful in any disease or disorder (14%), followed by headaches (13%), emotional ailments (12%) and physical injuries/traumas (11%). 14% of the students did not know what homoeopathy is able to treat.

Table 4.35 Question C6: In general, do you think that you run a greater risk of suffering from side-effects when taking prescription medicines, compared to when you take homoeopathic medicines?

Risk of Side Effects as opposed to conventional medication	Number of Respondents	Percentage of Respondents
GREATER RISK	128	12.86
SAME RISK	120	12.06
LESS RISK	94	9.45
UNSURE	653	65.63

Figure 4.37 Question C6: In general, do you think that you run a greater risk of suffering from side-effects when taking prescription medicines, compared to when you take homoeopathic medicines?

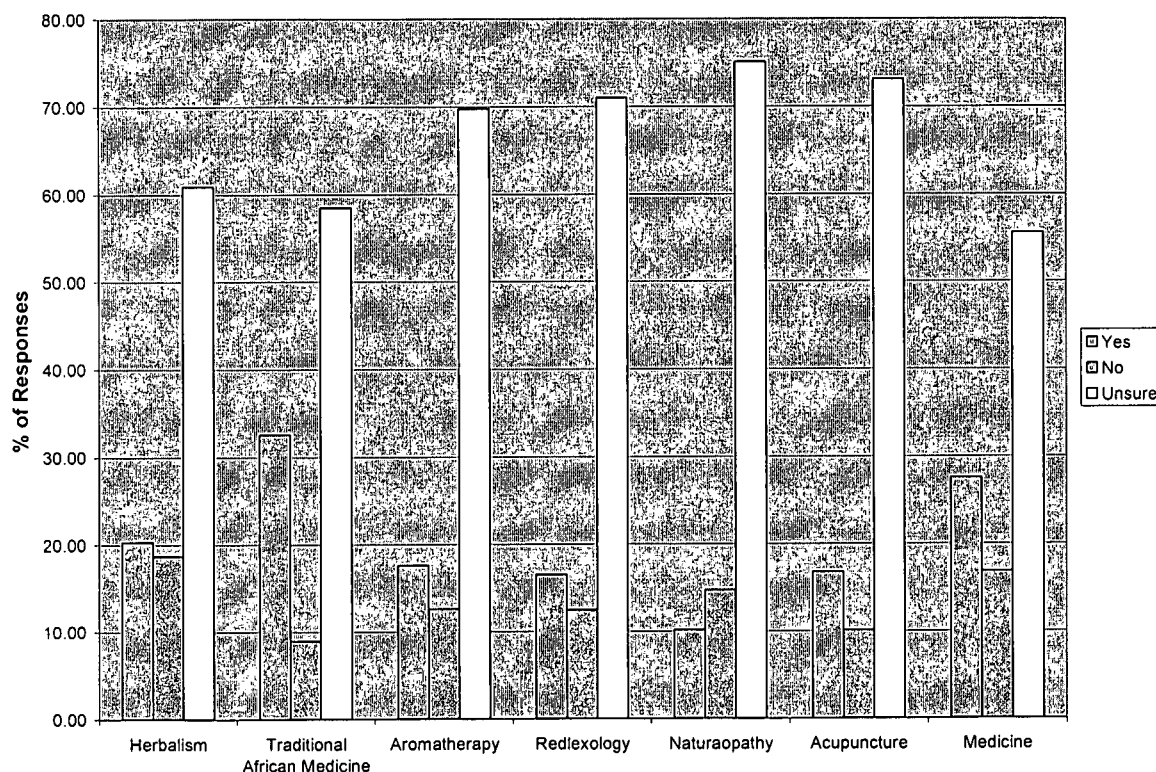


From Table 4.35 and Figure 4.37 it can be seen that most of the respondents (66%) were unsure whether one runs a greater risk of suffering from side-effects from taking conventional medicines than from taking homoeopathic medicines. This indicates a possible lack of knowledge of homoeopathy and its principles.

Table 4.36 Question C 7: Is there a difference between homoeopathy and

Alternative modalities	% of Respondents Who Perceive a Difference	% of Respondents Who Perceive No Difference	% of Respondents Who are Unsure if there is a Difference
Herbalism	20.30	18.71	60.90
Traditional African Medicine	32.57	8.96	58.47
Aromatherapy	17.61	12.64	69.75
Reflexology	16.53	12.45	71.02
Naturopathy	10.16	14.74	75.10
Acupuncture	16.80	10.10	73.10
Medicine	27.54	16.87	55.59

Figure 4.38 Question C 7: Is there a difference between homoeopathy and

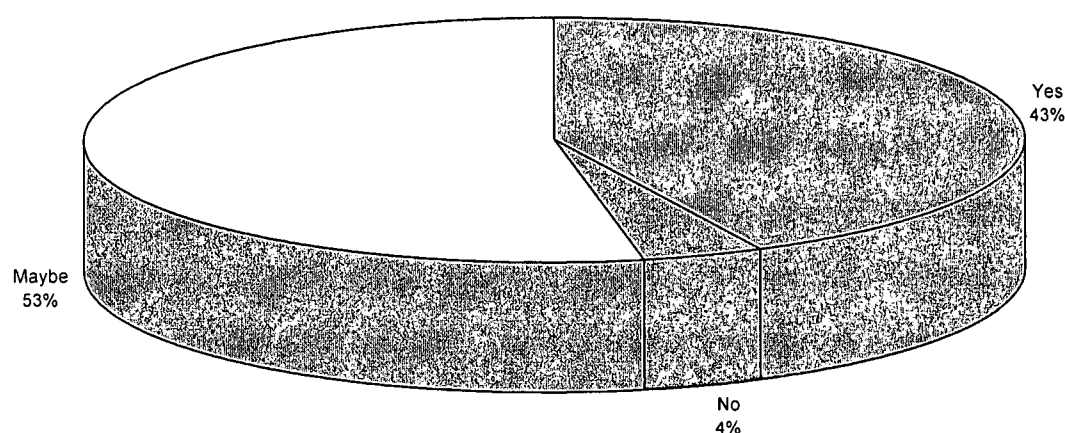


From Table 4.36 and Figure 4.38 it can be seen that most of the respondents (between 56% and 75% per therapy) were unsure about the differences between homoeopathy and other forms of alternative therapy. This indicates a possible lack of knowledge of homoeopathy, or a possible lack of knowledge of alternative medicine in general.

Table 4.37 Question C8: Do you think homoeopathy could be incorporated into hospital care?

Homoeopathy should be incorporated into Hospital Care	Number of Respondents	Percentage of Respondents
Yes	427	42.70
No	43	4.30
Maybe	530	53.00

Figure 4.39 Question C8: Do you think homoeopathy could be incorporated into hospital care?



From Table 4.37 and Figure 4.39 it is evident that a large percentage of the respondents (43%) felt that homoeopathy could be incorporated into hospital care. The large percentage of maybe responses indicates that many of the respondents might want to know more about homoeopathy before they can give a definitive answer to this question.

4.5 Correlation Analysis

In terms of Objective (4) in 4.1.1, the relationship between the demographic variables (Questionnaire: Section A) and the level of knowledge (Questionnaire: Section B) was explored. This was done by hypothesis testing using the Phi Correlation Co-efficient and Kendalls Tau Correlation Co-efficient. The level of significance was set at 5% i.e. $p \leq 0.05$.

4.5.1 Hypothesis Testing 1

Demographic, educational status and health background variables were tested against Section B (questions describing the respondent's general knowledge of homoeopathy).

Null hypothesis 1: There was no significant correlation between any of the demographic, educational status and health background variables (as described by one of age, gender, ethnic group, or home language spoken; qualification registered for, duration of studentship, whether full or part time, and faculty registered with; choice of professional consulted, level of satisfaction, whether on medical aid), and their knowledge of homoeopathy (as described by the questions in Section B).

Alternative hypothesis 1: There was a significant correlation between one of the demographic, educational status and health background variables (as described by one of age, gender, ethnic group, or home language spoken; qualification registered for, duration of studentship, whether full or part time, and faculty registered with;

choice of professional consulted, level of satisfaction, whether on medical aid), and their knowledge of homoeopathy (as described by the questions Section B).

Correlations between demographic, educational status and health background variables (as described by one of age, gender, ethnic group, or home language spoken; qualification registered for, duration of studentship, whether full or part time, and faculty registered with; choice of professional consulted, level of satisfaction, whether on medical aid) and the following variables/factors were assessed:

- Question B1: Whether heard of homoeopathy before
- Question B 2: Where heard of homoeopathy
- Question B 3: Interest in finding out more about homoeopathy
- Question B 4: Self-described level of knowledge of homoeopathy
- Question B 5: Whether ever been treated by homoeopathy before
- Question B 6: Who referred respondent to a homoeopath
- Question B 7: Whether would recommend homoeopathy to anyone else
- Question B 8: Level of satisfaction with care received
- Question B 9: Whether the homoeopath explained how homoeopathy works
- Question B 10: Whether any other family members had consulted a homoeopath
- Question B 11: Whether homoeopathy is recognised by law in South Africa
- Question B 12: Knowledge of homoeopathic training courses available in South Africa
- Question B13: Knowledge of length of time required to become a homoeopath
- Question B 14: Knowledge of level of education required to become a homoeopath

- Question B 15: Knowledge of work experience requirement for homoeopathy
- Question B 16: Awareness of the training institution at D.U.T.
- Question B 17: Awareness of the H.D.C. at the D.U.T.
- Question B18: Have you ever been to the Homoeopathic Day Clinic as a patient?
- Question B 19: Whether would consider attending the H.D.C.

Significant correlations were established i.e. H_0 was rejected for certain categories.

The significant correlations are shown in Table 4.38. Significant correlations are indicated by marking z- and p-values; if not noted, either no correlation was noted or the correlation was not statistically significant. These correlations will be discussed in Chapter 5.

Table 4.38 Table showing correlations between demographic, educational status and health background variables and variables describing respondents' knowledge of homoeopathy

Variables	Statistical Measures				Nature of Relationship
	Pearson Square Value)	Chi (p-Value)	Significance Value (Z Values)	Value of Asymmetric Measure (Phi)	
Gender * HeardHom	7.428		0.024	0.089	Weak Correlation: Females More likely to know than males
Gender * Intrstknow	20.588		0.000	0.150	Weak Correlation: Females More likely to want to know
Gender * DscrbeKnow	11.167		0.025	0.109	Weak Correlation: Females have higher level of self described knowledge
Gender * OtherFamCslt	9.648		0.008	0.101	Weak Correlation: Males more likely to be unsure if other family members have consulted homoeopaths
Gender * AwareHomClin	14.081		0.003	0.122	Weak Correlation: Females more likely to know about the Homoeopathic Day Clinic
Gender * BeenClinic	18.256		0.000	0.182	Weak Correlation: Females more likely to have attended the Homoeopathic Day Clinic
Gender * ComeClin	12.223		0.007	0.115	Weak Correlation: Females more likely to be willing to attend; Males more likely to be unsure
Age * OtherFamCslt	16.124		0.041	0.131	Weak Correlation: Older respondents more likely to have had other family members consult a homoeopath and more likely to be sure about their answer.
Ethnicity * HeardHom	115.213		0.000	0.349	Moderate Correlation: Africans least likely to have heard of homoeopathy, Whites most

Ethnicity * Intrstknow	64.654	0.000	0.267	likely to have heard of homoeopathy. Weak Correlation: Africans most likely to be interested in knowing more. Whites most likely to not be interested or unsure.
Ethnicity * DscrbeKnow	159.581	0.000	0.411	Strong Correlation: Whites most likely to have a higher level of knowledge; Africans most likely to have a low level of knowledge.
Ethnicity * Evertxd	41.408	0.000	0.210	Weak Correlation: Whites most likely to have been treated by a homoeopath; Africans, Coloureds and Indians most likely not.
Ethnicity * OtherFamCslt	85.696	0.000	0.301	Moderate Correlation: Whites (then Indians) most likely to have a family member who has consulted a homoeopath; Africans and Coloureds least likely, or unsure.
Ethnicity * RecLaw	49.835	0.000	0.231	Weak Correlation: Whites most likely to know legal status; Other Ethnic groups most likely to be incorrect or unsure.
Ethnicity * TrainHom	70.900	0.000	0.274	Weak Correlation: Whites most likely to know about training courses; Other ethnic groups most likely to Not know or be unsure
Ethnicity * WorkExp	34.483	0.000	0.191	Weak Correlation: Whites most likely to know; Other ethnic groups most likely to be unsure
Ethnicity * AwarehomD.U.T.	59.408	0.000	0.251	Weak Correlation: Whites most likely to be aware of the Training course; Africans least likely to be aware.
Ethnicity * ComeClin	19.297	0.023	0.145	Weak Correlation: Africans most likely to consider attending H.D.C.; Whites least likely to consider attending or to be unsure.
Language * HeardHom	132.341	0.000	0.374	Moderate Correlation: English, Other and Afrikaans speakers were most likely to have heard of homoeopathy; African language speakers were least likely.
Language * Intrstknow	71.656	0.000	0.281	Weak Correlation: Afrikaans and English language speakers are least likely to be interested to know more, while African language speakers are far more likely to want to know more.
Language * DscrbeKnow	165.926	0.000	0.419	Strong Correlation: Other language, Afrikaans and English language Speakers are most likely to have a higher level of knowledge; African language speakers are likely to have a lower level of knowledge
Language * Evertxd	41.200	0.000	0.209	Weak Correlation: Afrikaans, English and Other language speakers were most likely to have been treated by a homoeopath before; African language speakers were least likely to have been treated.
Language * OtherFamCslt	74.103	0.000	0.280	English and Afrikaans language speakers were most likely to have a family member that had been treated homoeopathically and were also most likely to be sure (whether yes or no). African language speakers were least likely to have family members who had been treated as well as being most likely to be unsure.

Language * RecLaw	26.544	0.003	0.169	English language speakers were most likely to know homoeopathy's legal status, while most other language speakers were unsure.
Language * TrainHom	74.038	0.000	0.280	English and Afrikaans Language speakers were most likely to be aware of the existence of training courses in South Africa. African language speakers were least likely to be aware.
Language * WorkExp	42.056	0.000	0.211	Other language and English speakers were most likely to Answer yes, with the other language speakers most likely to be Unsure.
Language * AwarehomD.U.T.	79.169	0.000	0.289	English and Other language speakers were most likely to be aware of the D.U.T. course with the other language speakers least likely.
Language * BeenClinic	18.748	0.044	0.184	Sotho and Other language speakers were most likely to have attended the Day Clinic with the rest of the language speakers least likely to have attended.
Regstrd * Intrstknow	28.356	0.005	0.177	Weak Correlation: Respondents registered for a one year National Certificate were significantly less likely to be interested in knowing more about homoeopathy than other respondents.
Regstrd * Evertxd	23.763	0.022	0.159	Weak Correlation: Respondents registered for a Masters Degree were significantly more likely to have been treated by a homoeopath.
Regstrd * TrainHom	21.071	0.049	0.149	Weak Correlation: Respondents who were registered for a one year National Certificate were most likely to not know or be unsure; MTech students were most likely to know.
StudHwLng * BeenClinic	18.191	0.020	0.181	Weak Correlation: Respondents who had been at D.U.T. for three or more years were more likely to have been treated at the Homoeopathic Day Clinic.
Faculty * HeardHom	76.162	0.000	0.284	Weak Correlation: Health Sciences students were significantly more likely to have heard of homoeopathy; Engineering, Science and Built Environment students were least likely to have heard of homoeopathy.
Faculty * Intrstknow	23.482	0.005	0.161	Weak Correlation: Engineering, Science and Built Environment students were least likely to be interested in knowing more about homoeopathy.
Faculty * DscrbeKnow	98.644	0.000	0.323	Moderate Correlation: Health Sciences students were significantly more likely to have a good knowledge of homoeopathy; Engineering, Science and Built Environment students were most likely to have a poorer knowledge of homoeopathy.
Faculty * Evertxd	17.604	0.040	0.137	Weak Correlation: Arts and Health Sciences students were most likely to have been treated before while Engineering, Science and Built Environment and Commerce were least likely.
Faculty * OtherFamCsIt	30.529	0.000	0.180	Weak Correlation: Arts and Health Sciences students were most likely to have a family

Faculty * RecLaw	14.713	0.023	0.126	member treated before while Engineering, Science and Built Environment and Commerce were least likely.
Faculty * TrainHom	65.856	0.000	0.264	Weak Correlation: Arts and Health Sciences students were most likely to know homoeopathy's legal status in South Africa.
Faculty * YrsQualify	56.606	0.000	0.246	Weak Correlation: Health sciences students were most likely to be aware of homoeopathic training courses in South Africa.
Faculty * LevelPracHom	66.780	0.000	0.268	Weak Correlation: Health sciences students were most likely to be aware of the length of time required to qualify as a homoeopath.
Faculty * AwarehomD.U.T.	73.736	0.000	0.279	Weak Correlation: Health sciences students were most likely to be aware of the homoeopathic training course at the D.U.T.
Faculty * AwareHomClin	49.973	0.000	0.230	Weak Correlation: Health sciences students were most likely to be aware of the Homoeopathic Day Clinic at the Homoeopathic Department.
Faculty * ComeClin	23.765	0.005	0.161	Weak Correlation: Engineering, Science and Built Environment were most likely to not be prepared to attend the H.D.C. now made aware. Health Science students were most likely to consider attending the clinic.
Satsfact * HeardHom	24.095	0.007	0.161	Weak Correlation: Respondents who were very satisfied with their last health consultation were most likely to have heard of homoeopathy.
Satsfact * Intrstknow	36.446	0.002	0.202	Weak Correlation: Respondents who were neutral or close to it (in either direction) were more likely to be interested in knowing more than either very satisfied or very dissatisfied students. Very satisfied students were most likely to be un-interested in knowing more.
Satsfact * DscrbeKnow	55.904	0.000	0.245	Weak Correlation: Students who were very dissatisfied with their last encounter were most likely to have a higher level of knowledge about homoeopathy.
Satsfact * Evertxd	29.125	0.015	0.177	Weak Correlation: Students who very dissatisfied with their last encounter were most likely to have been treated by a homoeopath before.
Satsfact * OtherFamCsIt	19.940	0.030	0.146	Weak Correlation: Students who were slightly dissatisfied were least likely to have a family member who had been treated by a homoeopath.
MedAid * HeardHom	29.994	0.000	0.179	Weak Correlation: Students on a medical Aid were most likely to have heard of homoeopathy.
MedAid * Intrstknow	28.051	0.000	0.176	Weak Correlation: Students without a medical aid were most likely to be interested in knowing more about homoeopathy.
MedAid * DscrbeKnow	55.205	0.000	0.242	Weak Correlation: Students on medical aid

MedAid * OtherFamCslt	16.566	0.002	0.133	were most likely to have a better knowledge of homoeopathy. Weak Correlation: Students on a medical aid were most likely to have had a family member treated with homoeopathy.
MedAid AwarehomD.U.T.	19.644	0.003	0.145	Weak Correlation: Students on medical aid were most likely to have been aware of the homoeopathic training course at the D.U.T..

4.5.2 Hypothesis Testing 2

Demographic, educational status and health background variables were tested against Section C (questions describing the respondents' perceptions of homoeopathy).

Null hypothesis 2: There was no significant correlation between any of the demographic, educational status and health background variables (as described by one of age, gender, ethnic group, or home language spoken; qualification registered for, duration of studentship, whether full or part time, and faculty registered with; choice of professional consulted, level of satisfaction, whether on medical aid) and their perceptions of homoeopathy (as described by the questions in Section C).

Alternative hypothesis 2: There was a significant correlation between one of the demographic, educational status and health background variables (as described by one of age, gender, ethnic group, or home language spoken; qualification registered for, duration of studentship, whether full or part time, and faculty registered with; choice of professional consulted, level of satisfaction, whether on medical aid) and their perceptions of homoeopathy (as described by the questions in Section C).

Correlations between demographic, educational status and health background variables (as described by one of age, gender, ethnic group, or home language spoken; qualification registered for, duration of studentship, whether full or part time, and faculty registered with; choice of professional consulted, level of satisfaction, whether on medical aid) and the following variables/factors were assessed:

- Question C1: Whether homoeopathy has any scientific basis.
- Question C2: Whether homoeopathy is considered to be a legitimate form of medicine.
- Question C3: Whether the public is seen to accept homoeopathy as a form of medical treatment.
- Question C6: Perception of the risks of homoeopathic medication
- Question C8: Whether homoeopathy should be incorporated into hospital care.

Questions C4 and C5 are dealt with in 4.5.2 below.

Significant correlations were established i.e. H_0 was rejected for certain categories. The significant correlations are shown in Table 4.39. Significant correlations are indicated by marking z- and p-values; if not noted, either no correlation was noted or the correlation was not statistically significant. These correlations will be discussed in Chapter 5.

Table 4.39 Table showing correlations between demographic, educational status and health background variables and variables describing respondents' perceptions of homoeopathy

Variables	Statistical Measures			Nature of Relationship
	Pearson Chi Square (p-Value)	Significance Value (Z Values)	Value of Asymmetric Measure (Phi)	
Gender * Legitmed	9.887	0.007	0.102	Weak Correlation: Females were more likely to view homoeopathy as a legitimate form of medicine, while males were more likely to be unsure.
Age * HomHosp	28.495	0.000	0.171	Weak Correlation: Students between 36 and 40 were most likely to hold a negative view on including homoeopathy into hospital care.
Ethnicity * SciBasis	47.282	0.000	0.218	Weak Correlation: Coloured students were most likely to view homoeopathy as having no scientific basis (or unsure).
Ethnicity * Legitmed	28.065	0.000	0.170	Weak Correlation: White students were most likely to view homoeopathy as a legitimate form of medicine, while coloured students were least likely.
Ethnicity * rsiksidefx	113.809	0.000	0.354	Moderate Correlation: White students were most likely to view the risks of side effects as being greater, while other ethnic groups were most likely to be unsure.
Ethnicity * HomHosp	18.426	0.005	0.139	Weak Correlation: White students were most likely to respond positively to incorporating homoeopathy into hospital care, while coloured students were most likely to be unsure.
Language * SciBasis	19.758	0.032	0.143	Weak Correlation: Afrikaans and English speakers were most likely to view homoeopathy as having a scientific basis.
Language * Legitmed	20.445	0.025	0.146	Weak Correlation: English and Other language speakers were most likely to view homoeopathy as a legitimate form of medicine.
Language * rsiksidefx	93.883	0.000	0.302	Moderate Correlation: English and Afrikaans speakers were most likely to view the risk of side effects as greater.
Faculty * SciBasis	31.152	0.000	0.179	Weak Correlation: Health Sciences students were most likely to view homoeopathy as having a scientific basis.
Faculty * Legitmed	25.452	0.000	0.162	Weak Correlation: Health Sciences students were most likely to view homoeopathy as being a legitimate form of medicine.
Faculty * rsiksidefx	27.132	0.007	0.168	Weak Correlation: Art students were most likely to view the risks of side effects as greater.
MedAid * rsiksidefx	20.822	0.008	0.148	Weak Correlation: Students with a medical Aid were more likely to view the risks of side effects as greater.

4.5.3 Correlations within Questions

For questions where respondents could choose more than one response, hierarchical cluster analyses were performed. This allows the identification of clustered themes within responses e.g. respondents answering to one component would be more likely to indicate an answer to another component.

4.5.3.1 Question C4: Mark the blocks that you think provide the best reasons why
homoeopathy is not accepted by the public - Dendrogram using Ward Method

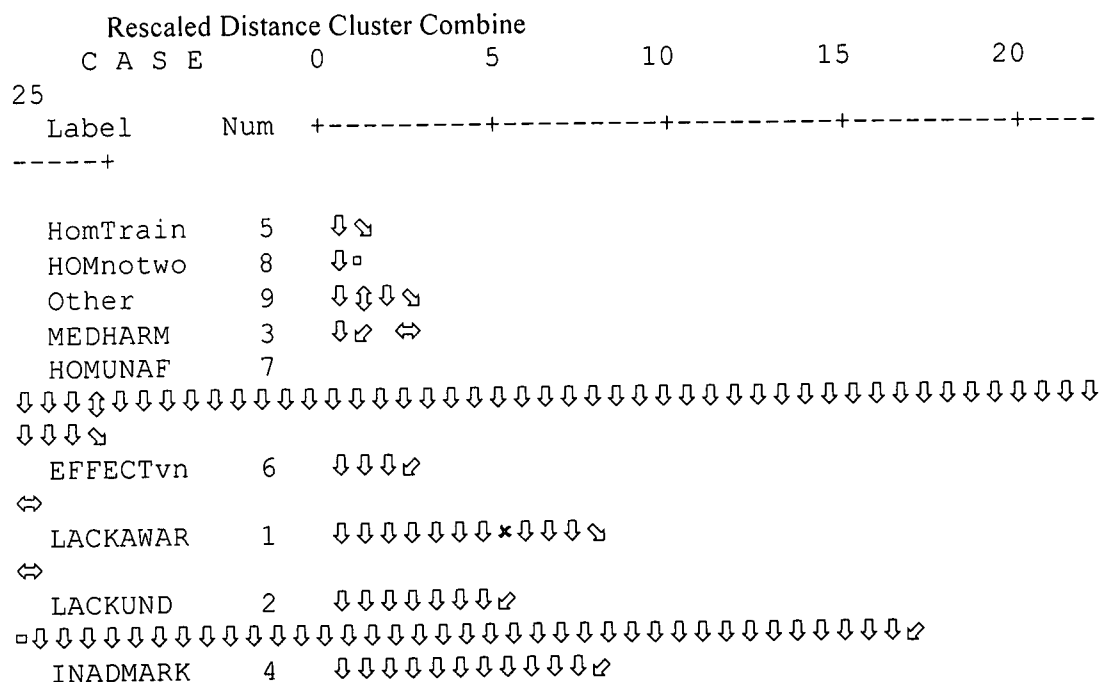


Table 4.40 Question C4: Mark the blocks that you think provide the best reasons why homoeopathy is not accepted by the public - Dendrogram using Ward Method

Abbreviated Label	Category name- Full Reason Given
Lackawar (1)	Lack Of Awareness Of Homoeopathy
LackUnd (2)	Lack Of Understanding About How Homoeopathy Works
MedHarm (3)	The Medications Can Be Harmful
InadMark (4)	Inadequate Marketing Of Homoeopathy
HomTrain (5)	Homoeopaths Are Not Well Trained
EFFECTvn (6)	Its Effectiveness Is Unproven
HOMUNAF (7)	Homoeopathy Is Unaffordable
HOMnotwo (8)	Homoeopathy Does Not Work
Other (9)	Other

The dendrogram and Table 4.40 suggests a two (or three) cluster situation, namely cluster 1 (1, 2 and 4) and cluster 2 (the rest of the factors).

- In cluster 1, respondents who were more likely to answer Option 1 were also more likely to answer Option 2 and Option 4, but slightly less likely to answer Option 4 than Option 2.
- In cluster 2, respondents who did not answer Option 1,2 or 4 were more likely to answer any of the other options.

These clusters are discussed further in chapter 5.

4.5.3.2 Question C5: Homoeopathic treatment may be useful in which of the following complaints? - Dendrogram using Ward Method

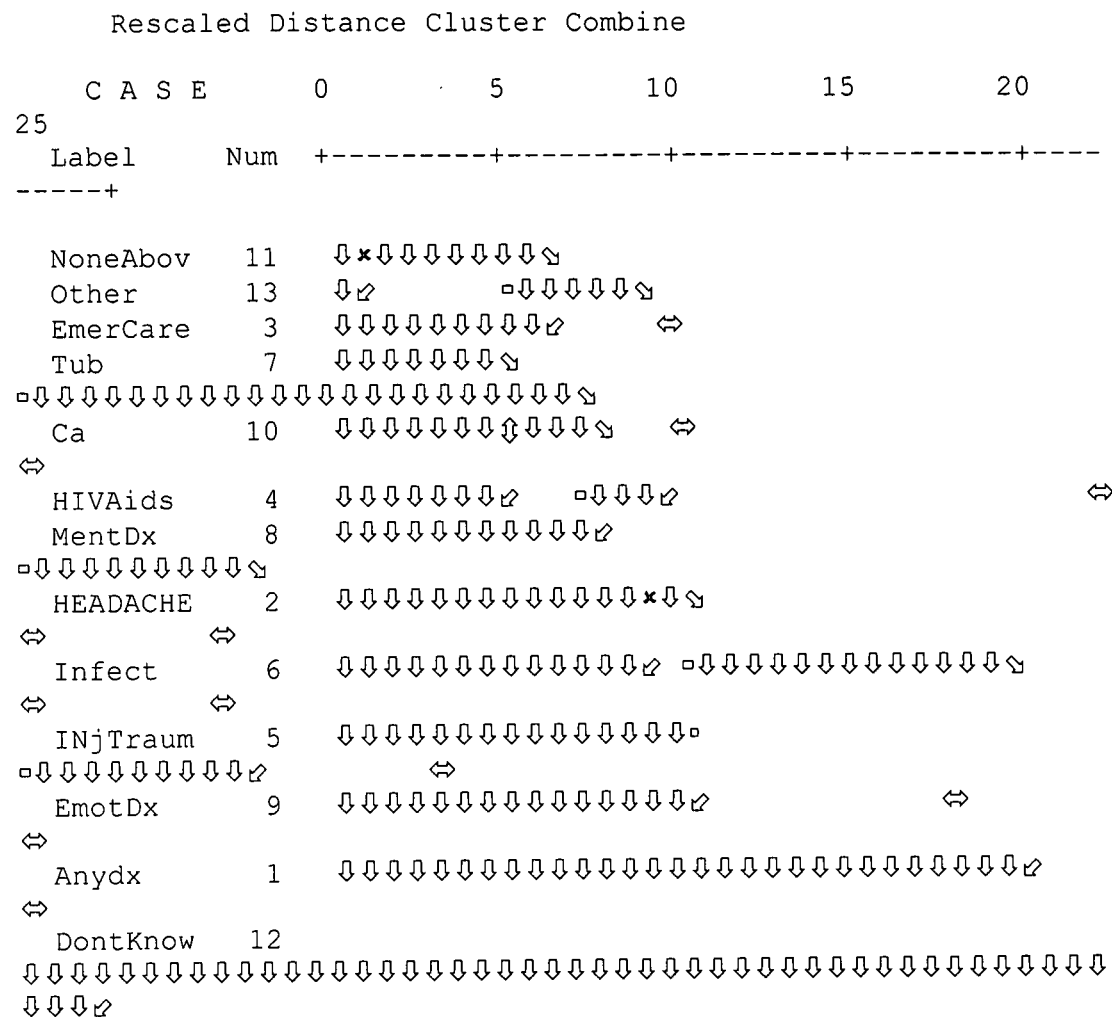


Table 4.41 Question C5: Homoeopathic treatment may be useful in which of the following complaints? - Dendrogram using Ward Method

Abbreviated Label	Category Name
Anydx (1)	Any Disease Or Disorder
HEADACHE (2)	Headache
EmerCare (3)	Emergency Care
HIVAids (4)	Hiv/Aids
InjTraum (5)	Physical Injuries/Traumas
Infect (6)	Infections
Tub (7)	Tuberculosis (T.B.)
MentDx (8)	Mental Disease
EmotDx (9)	Emotional Ailments
Ca (10)	Cancer
NoneAbov (11)	None Of The Above
DontKnow (12)	Don't Know
Other (13)	Other

The dendrogram and Table 4.41 suggests three pertinent clusters: cluster 1 (11, 13 and 3), cluster 2 (7, 10, 4 and 8), cluster 3 (2, 6, 5 and 9) with factor 1 slightly separate and factor 12 completely separate.

- In cluster 1, respondents who answered Option 11 were also more likely to answer Option 13 and Option 3, but more likely to answer Option 13 than Option 3. This is an unusual cluster showing an irregular answering pattern. It may be indicative that some of the respondents really did not know anything about homoeopathy and so their answering of the questionnaire was similar to guesswork and unpredictable.
- In cluster 2, respondents who answered option 7 were more likely to answer Options 10, 4 and 8. They were most likely to answer Option 10 and least likely to answer Option 8.
- In cluster 3, respondents who answered Option 2 were more likely to answer Options 6,5 and 9. They were more likely to answer Option 6 and least likely to answer Option 9.

These clusters are discussed further in Chapter 5.

4.6 Comments made by the Respondents

Of the 1005 questionnaires returned, 81 (8%) were returned with comments written as an explanation of the option “other”.

- Question A10: 10 said that when they fall ill they are treated or cared for by their parents, usually their mother. Some of these also marked medical doctor and pharmacist/chemist indicating that their parents would take them to a medical doctor or would get them medicines from the pharmacist/chemist. 7 of the respondents said that they don't consult anyone because of good health reasons.
- Question B2: 9 said that they had heard of homoeopathy because it was a part of the Faculty of Health at D.U.T. and they had seen the name of the department and the H.D.C. on the campus. Of these, 1 female student said that she had taken part in a research study at the H.D.C. that was focused around the treatment of dandruff and 2 students said that they heard about homoeopathy from their lecturer at D.U.T.
- Question B2: 4 said that they had heard about it from friends at D.U.T and from general conversation with people. 5 said that they had heard about homoeopathy from the television and from newspapers (The Berea Mail). One student said, “They talk about it everywhere.” 4 students said that they had

heard about homoeopathy from their high school, and from career orientation day.

- Question C4: 2 students said that homoeopathy is not accepted by the public because not enough information about homoeopathy is available to the public. One said that because it's a natural form of treatment it takes too long to work, and 5 said that people don't know much, if anything, about it. One student said that it was often confused with traditional medicine and that people don't know the difference.
- A comment associated with Question C4 was made by a respondent who said that more proof about the homoeopathic treatments' efficacy would change people's perception about homoeopathy.
- A very interesting comment associated with Question C4 was made by a student that said, "I heard that if you take the medication in this lifetime it will work in the next lifetime."
- Question C5: 8 of the respondents said that homoeopathy could treat a condition other than those listed. The conditions mentioned included: back pain, mental instability, pregnancy, stress and relaxation, sinusitis, period pains, low libido and low energy levels.
- 36 general comments which were not associated with any particular question were written on the pages of the returned questionnaires. Many of these said

that they were unable to answer properly because the respondents had no idea what homoeopathy is. A few comments were:

“I don’t know what this homoeopathy is all about. I am totally clueless.”

“How can I recommend something I know nothing about.”

“I don’t understand anything about it.”

“I am not sure about what I am answering because I don’t have any idea about what homoeopathy is.”

Further discussion of these comments will be made in chapter 5 in the light of the above statistical analysis and how these comments may add to the understanding of the outcome of the study.

CHAPTER 5: DISCUSSION

5.1 Introduction

The results of the statistical analysis of responses to the 'Perceptions Towards Homoeopathy Questionnaire' (Appendix A) from chapter 4 will be analysed, interpreted and evaluated further in this chapter. The high response rate, and the low rate of rejected or incomplete questionnaires mean that the results of the study can be taken to be well representative of the perceptions of students at D.U.T.

5.2 Response Rate and Sample Size

A total of 1080 questionnaires were handed out to potential participants. Of those, 1054 (97.6%) questionnaires were returned, and 1005 (93%) were fully completed and used for the final sample. Of the 49 questionnaires (5%) that were not used in the study, 34 of them were poorly filled in, 6 were returned blank and 9 did not meet the inclusion criteria. The high response rate may be attributed to the interest and willingness of the respondents to participate, and due to the presence of the researcher during distribution of the questionnaire.

The sample size used was 1005. This is about 5% of the total student body (⁺ 20 000) at D.U.T. Considering that national polls conducted in the United States of America prior to the presidential elections frequently use samples of about 1000 to get reasonable information about national attitudes and opinions, this sample size is significantly large and therefore well representative of student opinions at D.U.T.

(Scheuren, 2004). The sample stratification method used in this research was carefully selected so that the nature of the sample was appropriately representative of the perceptions of the students at D.U.T.

5.3 Demographic Data

5.3.1 Gender

The gender distribution of the sample population indicates a male to female ratio of 1:1. This is equivalent with the overall student population that is made up of 50% males and 50% females indicating a suitably representative sample.

The gender correlation analysis indicated that females were more likely to know more about homoeopathy than males were and they were more likely to want to know more about it. Moreover, females were more likely to have attended the Homoeopathic Day Clinic as a patient, and once again they were more likely to be willing to attend. This is an interesting result because it is often found in health practice that females make up the majority of the clientele. South African government statistics indicate that more females than males attend health services (Department of Health, 1998). In addition, females are often found to be more willing to take interest in CAM therapies. Feldman and Laura (2004) found in their study that women (82.5%) use CAM more than men do (77%). A possible reason for this is that men may find it more difficult to expose themselves when they are ill, as illness may be seen as a sign of weakness. Men may therefore try to deal with the problem or illness on their own. Men generally find it harder to talk about their problems than women do and for these reasons, their desire

to consult with health practitioners when ill may be lower than that of females (Banks, 2004).

5.3.2 Age

The sample population consisted mainly of people between the ages of 17-25 with 29.85% being from age 17-19 years old, and 65.67% being from age 20-25 years old. The sample population is thus consistent with a post secondary education population. The general age for secondary education students to complete high school in South Africa is normally between 17 and 18 years old. It is often within the next few years that many students will attend a tertiary institution to further their studies. There were no significant correlations found between age and knowledge.

5.3.3 Ethnicity

The ratio of ethnic groups sampled in the study were black 67: Indian 23: White 7.5: Coloured 2.5. This ratio reflects very closely the ethnic proportion of D.U.T. student population and is indicative of a suitably representative sample. The relatively large percentage of Indian students is reflective of the size of the local Indian population in Durban (Kwazulu-Natal.co.za, 2003).

The correlation analysis showed that in terms of ethnic differences in knowledge, Whites were the most likely to have heard of homoeopathy and they had the highest level of knowledge about it, whereas Africans, Indians and Coloureds had poorer levels of knowledge about homoeopathy. Of all the ethnic groups, African

respondents were found to have the poorest level of knowledge about homoeopathy and were least likely to have heard of it.

What was even more interesting was that Whites were the most likely ethnic group to have been treated by a homoeopath before and to have had a family member consult with a homoeopath before. This practical experience with homoeopathy may be considered to be part of the higher levels of knowledge displayed by White respondents. This hypothesis is backed up by the fact that Africans, Coloureds, and Indians were most likely not to have consulted a homoeopath before and to not have had a family member consult with one, and the analysis showed that their knowledge about homoeopathy was also the poorest.

Reasons for Whites having higher levels of knowledge may be associated with apartheid and the greater opportunities they had for education and the better access they had to information. It is also worth mentioning that up until now, homoeopathy has mainly been studied and practiced in South Africa by White and Indian people. Very few African students have studied homoeopathy up until now, and so it is possible that historically few homoeopaths have practiced in areas that are populated predominantly by African people, bringing about little awareness of homoeopathy to the African population.

What was surprising in the analysis was that Whites were the most likely to not be interested in finding out more about homoeopathy or in attending the H.D.C., or they were more unsure. On the other hand, Africans were most likely to be interested in knowing more about it and showed more interest in attending the H.D.C. This may

indicate that even though Whites may know more, they may feel dubious about homoeopathy because of their limited knowledge of it and because of the predominant use of orthodox channels of medicine as shown in Question A10, where 85% of the respondents consult orthodox medical channels when ill.

5.3.4 Home Language

The two most common home languages seen in the study were isiZulu and English. IsiZulu held the majority with 51.74% followed by English with 31.64%. Xhosa had the third highest percentage of home language speakers with 8.86%. The home languages tie in with the ethnicity seen in the sample group, and the geographical area of the university. The Kwazulu Natal province, in which Durban is situated, is populated predominantly by the Zulu people who mainly speak isiZulu. The sample group consisted of 67% African people, most who would speak isiZulu, some Xhosa, and some English. English came up high because many Indian people and White people speak English at home, and small percentage of Africans would speak it at home too.

The correlation analysis with regards to home language tied in with the ethnicity correlations in that English and Afrikaans (predominantly spoken by White people) speakers, were most likely to have heard of homoeopathy and had a higher level of knowledge, while African language speakers (isiZulu and Xhosa) were least likely to have heard of it and had a lower level of knowledge. The correlations also found that English and Afrikaans speakers were least likely to be interested to know more about

homoeopathy, while African Language Speakers were far more likely to want to know more, mirroring the findings of the ethnic correlations.

5.4 Educational Status

5.4.1 Registered Course and Length of Study

The study found that 93% of the respondents were registered for a 2-year national higher certificate (21%) or a 3-year national diploma (72%). In terms of the length of time that respondents had been studying at D.U.T., 88% of the respondents had been students at D.U.T. for 3 years or less, which ties in with the course registered for and the duration of time taken to complete that course.

Educational level may be seen to be a factor in perceptions of homoeopathy. The correlation analysis showed that respondents registered for a one-year national certificate were most likely to know the least about homoeopathy and were unsure about their knowledge, whereas Master's degree students were most likely to know more about it. A probable reason for this is that Master's degree students have been at D.U.T. for longer and have had greater exposure to the Homoeopathic Department and the H.D.C. This is supported by the analysis that showed that students who had been at D.U.T. for three or more years were more likely to have been a patient at the H.D.C. It is also possible that Master's degree students have had more time to investigate other forms of health care during their tertiary education time. What may also confirm the relationship between practical experience with homoeopathy and

increased level of knowledge was that Master's degree students were significantly more likely to have been treated by a homoeopath before.

It was concerning in the findings to see that respondents registered for a one-year national certificate were significantly less likely to be interested in knowing more about homoeopathy than other respondents. Tertiary education is a time of discovery and it would be a pity if younger students closed off their minds and limited their learning experience to certain areas.

5.4.2 Faculty of Study

The ratio of faculty groups sampled in the study were Commerce 47.7: Engineering, Science and the Built Environment 34.4: Health Sciences 9.5: Arts 8.4. This ratio reflects very closely with the proportion of the faculty population breakdown at D.U.T. and is indicative of a suitably representative sample.

Correlations analysis of the knowledge in terms of faculty did not produce an unexpected result. Health Sciences students were shown to be significantly more likely to have heard of homoeopathy and had a far superior knowledge about it, especially when it came to specific questions about homoeopathic training and practice in South Africa. They were more likely to have been treated by a homoeopath before and to have had a family member treated by one. They were also the most likely to be aware of the homoeopathic training course at D.U.T and of the H.D.C.

What was interesting is that Health Sciences students had a positive view towards homoeopathy, being most likely to consider it as having a scientific basis and as being a legitimate form of medicine. They were most likely to consider attending the H.D.C. On the other hand, Engineering, Science and Built Environment students were least likely to have heard of homoeopathy, had the least interest in it and displayed the poorest levels of knowledge about homoeopathy. They were also most likely to not be prepared to attend the H.D.C. now made aware. Reasons for their poor knowledge and lack of interest are unclear.

5.5 Health Background

5.5.1 Who Consulted When Ill

Over half (55%) of the respondents were shown to consult a medical doctor when ill, 24% consult a clinic and 6% said they go to hospitals for treatment. Hospitals and clinics in South Africa are government regulated and the treatment regimens are based on orthodox medical practices. This gives a good indication that almost 85% of the respondents seek orthodox medical channels when they are ill. Disappointingly, homoeopathy was only consulted amongst 1.45% of the respondents. This is however somewhat conflicted with the statistical findings from Question 5 of Section 2 of the questionnaire (Appendix A) that found that 6% of the respondents had been treated by a homoeopath before. The difference in these two findings may be due to the feeling amongst some of the respondents that while they at some point had been treated by a homoeopath or had used homoeopathic medicines previously, when they are ill they primarily seek other forms of treatment.

In hindsight it may have been useful to clarify this question further by asking, "Who do you primarily consult when you are ill?" This may have provided the researcher greater understanding as to the difference between the answers of these two questions, as no doubt would have been left about the clarity of the question and the difference between the two i.e. one is asking who you primarily consult with, while the other is asking if you have ever been treated by a homoeopath. And one might then be able to say that while only 1.45% primarily seek homoeopathic treatment when ill, 6% have been treated by a homoeopath before.

Comments listed under 4.6 showed that a number of the respondents are cared for by their parents when they fall ill, often by their mother, showing the importance of home remedies, as well as parents being informed of how to help their children and what therapies they can use. A further 7 of the respondents said that they don't consult anyone because of good health reasons, which is not surprising in that young people should be fairly healthy and should need medical care less often.

5.5.2 Level of Satisfaction with the Care Received

Around 75% of the respondents were either satisfied or very satisfied with the care received from their care giver, which may be seen to indicate that most of the respondents are satisfied with orthodox treatment, considering that 85% of the respondents seek orthodox medical channels when ill.

The correlation analysis showed that respondents who were very dissatisfied with their last encounter with their health care provider were most likely to have a higher

level of knowledge about homoeopathy and were most likely to have been treated by a homoeopath before. Reasons for this may be that these respondents may have gone looking for other forms of treatment to help them with their ailments after they were not successfully treated by their initial health care provider, and in this endeavour, they heard about homoeopathy and learnt about it, or they consulted a homoeopath.

On the other side of the scale, respondents who were satisfied or very satisfied with their health care treatment were the least likely to be interested in knowing more about homoeopathy. This is probably a reflection of the contentment they feel with their health care provider and unwillingness to consider another because of this. Respondents who were neutral in their satisfaction were more likely to be interested in finding out more about homoeopathy, possibly related to simple curiosity, or possibly because they are interested in the hope that they will come across a better form of health care that will make them more than neutral in their satisfaction.

5.5.3 Medical Aid

Of the sample, 39% were on medical aid. This may provide a reason why 30% of the respondents consult clinics and hospitals when sick because they are most of them are government run and offer extremely affordable health care. The primary reason why most of the respondents are not on medical aid is probably for financial reasons. The analysis did provide some interesting correlations between respondents on medical aid and those who were not on it. Respondents on a medical aid were most likely to have heard of homoeopathy, they were more likely to have a better knowledge of homoeopathy and to have had a family member treated with homoeopathy. They were

also more likely to be aware of the homoeopathic training course at D.U.T. It is possible that respondents on medical aid have greater access to private health care in which homoeopathy is practiced in South Africa, and it is also possible that they have come from wealthier families in which health information is more readily accessible.

5.6 General Knowledge of Homoeopathy

5.6.1 Questions B1 - B4

It was found in the results of the study that 49% of the respondents had never heard of homoeopathy before. This is not as drastic as the lack of knowledge found in Small's study (2004) whereby 76% of the sample had never heard of homoeopathy before. However, it is still extremely significant with such a large percentage being unaware that homoeopathy exists.

Of the 48% of the respondents who had heard of homoeopathy before, 66% of them had heard about it from family, friends and student acquaintances. This shows that information is often passed amongst those who are closest to one another, and this is embodied in the phrase, "The best kind of advertising is by word of mouth." However it must be kept in mind that the information being spread by family and friends about homoeopathy may not be accurate and may give a limited, if not incorrect, understanding about the principles of homoeopathy. Greenfield et al. (2002) found that family use of CAM was a strong predictor of respondent use in their study, and this reflects the important role of the family in transmitting health behaviour and attitudes. Very relevant to this study is that 9 students commented (See 4.6) that they

had heard about homoeopathy from seeing the name of the Homoeopathic Department and the H.D.C. around the campus at D.U.T. More advertising of this nature, possibly through pamphlets or posters, around D.U.T. would bring about even more awareness of homoeopathy.

A further 23% of the respondents heard about homoeopathy through the media, and even though the media may give a slightly more informed view-point, this too is not guaranteed. It would be preferable if the information about homoeopathy came through more formal channels, for instance in homoeopathic books or pamphlets whereby a better understanding could be gained.

A very promising sign in the results of the study was that 68% of the respondents were interested in finding out more about homoeopathy. It must be also kept in mind that 26% were unsure about this, indicating either some form of scepticism, or more likely indicating that the level of knowledge about homoeopathy was so poor that they don't know at all what it is, and therefore don't know if they want to find out about it. In other words, how do I know whether I want to know more about a particular subject if I have no idea at all what it is? The positive response seen in terms of interest into homoeopathy has been seen in other studies. For instance, Yeo et al. (2005) found that even though many of the respondents had never heard of homoeopathy, 86% of them wished to know more about complementary and alternative therapies. Furthermore, De Villiers (2006) found that 95.9% of the respondents in her study were interested in learning more about homoeopathy.

As already discussed, female respondents and in particular the African race group were the most interested in finding out more about it. This is an important finding, because Africans had the poorest knowledge and are the race group who need to be educated the most about it. Their willingness to learn about it could provide an excellent platform for talks and educational programmes to be created and performed at D.U.T. for those who wish to learn more.

Less promising is that only 5% of the respondents felt they either knew a fair amount about homoeopathy or felt they were very familiar with homoeopathy. Of the remaining respondents 29% felt they knew a little bit about it, 38% had heard of the name only and 29% had never heard of it before. This shows a generally poor knowledge of homoeopathy amongst the respondents.

The discrepancy between the numbers depicted in Table 4.11 where 482 respondents had not heard of homoeopathy and the numbers in 4.14 where 290 had not heard of homoeopathy is probably due to a few factors. The first factor is that Question B1 should have been clearer in its wording. It should have read, "Have you ever heard of homoeopathy prior to this study?" This would have clarified whether students said they had heard of it because they read a little about it on the cover sheet, or whether they had heard of it previously. The second factor is that in Question B4 it gave the options, "Never heard of it" and "Heard of the name only." This is also ambiguous in the sense that more people could have answered, "Heard of the name only", because they had read the name on the cover sheet. A clearer difference between these two questions would have yielded a more reliable result in this question.

5.6.2 Questions B5 - B10

An overwhelming 94% of the respondents have never been treated by a homoeopath before. Therefore only 6% of the respondents have ever had practical experience with homoeopathy. The study conducted by Menniti-Ippolito et al. in Italy (2002) found similar but better results with 8.2% of the population using homoeopathy and 7.7% of Italian children being treated by it.

Even though 6% is a small percentage of the sample group, it is not as low as the findings in other studies performed in the Durban area. Small's study (2004) found that only 3.7% of the respondents had been treated by a homoeopath before. A study conducted by Singh et al. (2004) also found a low use of homoeopathy with around 2% of the sample in their study having used homoeopathy between 2000 and 2001.

It has been suggested from the correlation analysis findings that practical experience with homoeopathy seems to have the effect of improving the level of knowledge of homoeopathy amongst the respondents, with Whites most likely to have consulted a homoeopath before and also more likely to have the highest levels of knowledge.

Of the 6% who had consulted a homoeopath before, 74% of them had been referred to the homoeopath by family, friends and acquaintances further proof that knowledge is often spread through non-formal channels, mirroring the findings of Question B2.

The results went on to show that 82% of the respondents who had been treated by a homoeopath before would recommend it to other people, and 70% of them were satisfied or very satisfied with the care received. Only 2% were unsatisfied with the

care received from the homoeopath. This is a significant result in that the best marketing for homoeopathy will be through word of mouth from satisfied patients who spread positive messages about homoeopathy to other people. It also shows that homoeopaths are having good results with their patients and are offering an excellent health care service to the public. Positive responses towards homoeopathic treatment are not limited to this study alone. De Villiers's study (2006) showed that 92% of the respondents felt that homoeopathy is effective. Greenfield et al. (2005) found that over 80% of the respondents in their study felt that CAM use had been helpful in treating their ailments, with homoeopathy being used by over 30% of the respondents.

One of the most important ways in which information about homoeopathy could be passed on to people is directly from homoeopathic practitioners to their patients. The results showed that 79% of the respondents felt that homoeopathy had been either partially or fairly well explained by the homoeopath they had consulted. This is significant in that it breeds well-informed people who can pass on the information and experience to others. It may also reflect the need that homoeopathic practitioners feel to explain to their patients why homoeopaths may use a different questioning technique to orthodox medicinal practitioners, how the principles differ and what makes homoeopathy unique. This may allay fears or concerns in the patient and may bring about more effective communication between the homoeopath and the patient.

The results also showed that only 9% of the respondents had ever had a family member consult a homoeopath before. Of the remaining respondents, 43% were sure that none of their family members had ever consulted a homoeopath, while 48% were unsure about it. The large percentage of unsure responses indicates that it is possible

that even more of the respondents had never had a family member consult a homoeopath before. The low percentage of family members who had had practical experience with homoeopathy could have affected the level of knowledge passed down to the respondents. This hypothesis is confirmed by the percentage of respondents who had consulted a homoeopath (6%). A similar notion was also found by Greenfield et al. (2002), where family use of CAM in their study was shown to be a strong predictor of respondent use, and this reflects the important role of the family in transmitting health behaviour and attitudes.

5.6.3 Questions B11 – B15

Question B11 to Question B15 were aimed at investigating how much the respondents knew about more specific questions regarding the homoeopathic profession and training of homoeopaths in South Africa. These questions were poorly answered with many of the respondents answering “Unsure” or answering the questions incorrectly. This demonstrates the generally low level of knowledge amongst the respondents as to the practical and legislative aspects of the profession.

In answering whether homoeopathy is recognised by law in South Africa, 21% of the respondents felt that it is recognised by law. More significantly, 75% of the respondents were unsure about how to answer this question. When one considers that only 48% of the respondents said they had heard of homoeopathy, and 66% of them had either never heard of it or had only heard of the name, it is not surprising that most of the respondents do not know the legal status of homoeopathy in South Africa. It would be very difficult to know the legal status of something one knows little about.

In terms of knowledge about training courses in South Africa for homoeopaths, 40% of the respondents felt that there are training courses for homoeopaths in South Africa. This is a low percentage considering that there is a Homoeopathic Department and training course offered at D.U.T. It is surprising that so few of the respondents actually are aware of it. There were once again a high percentage of unsure responses, with 42% answering unsure, showing uncertainty of knowledge.

Around 60% of the respondents felt that it takes 3 - 4 years to become a homoeopath and this was echoed in the following question where again 60% of the respondents felt that it requires a diploma or a degree to practice as a homoeopath in South Africa. A diploma is usually 3 years in duration in South Africa, and a degree is usually either 3 or 4 years in duration depending on the university and programme of study. It is quite possible that the respondents are not aware that homoeopaths are primary practitioners under law in South Africa and as such undergo extensive training to reach the appropriate level of competence. Because of their generally poor knowledge of homoeopathy, the respondents may feel that homoeopathic training does not require the level of complexity that it does (as described in 2.3), and that it only requires a diploma or degree, which is a fairly common programme length at universities in South Africa.

In terms of a work-experience training program, 46% of the respondents felt that homoeopaths are required to undergo one. Fifty-one percent of them were unsure about how to answer this, again showing a lack of specific knowledge about homoeopathic training. However in all fairness, the issue around an internship for homoeopaths is unclear, with one being required by law but not enforced. For those

respondents who did feel that a work-experience training program is required, it is plausible that many of them may feel that any health care practitioner should undergo work-experience training of some sort so as to hone their skills and learn from other experienced practitioners.

5.6.4 Questions B16 – B19

Similarly to Question B12 where 40% of the respondents felt that there are training courses for homoeopaths in South Africa, 45% of the respondents were aware of the training course for homoeopaths at D.U.T. Again, this is a low percentage of respondents when the Homoeopathic Department is located on D.U.T. campus and has been so since 1989. Reasons why the Homoeopathic Department is not well known amongst the respondents is unclear, but one possible reason may be that the number of students studying homoeopathy at any one time is small compared to the number of students studying under many of the much larger departments at D.U.T. It is also plausible that the Homoeopathic Department is not advertising itself well enough.

Even less of the respondents are aware of the H.D.C. at D.U.T., with only 29% of them answering yes to knowing about the existence of it. As much as 59% of the respondents were unaware of the existence of the H.D.C. This is a very disappointing statistic for homoeopathy and the students who study it. It shows a lack of marketing by the Homoeopathic Department who run it, leading to a poor level of awareness. The H.D.C. offers an excellent health service at reduced rates, being very affordable for most students at D.U.T. With only 29% of the respondents acknowledging its

existence, how can one expect higher numbers of D.U.T. students to frequent the H.D.C., which would improve patient traffic and therefore 5th year homoeopathic patient numbers?

However, of the respondents who said they were aware of the H.D.C. (29%), 7% said that they had been treated as a patient at the H.D.C., which is about 24% of them. This is not a bad percentage indicating that when people do know of it, a fair percentage are willing to attend the H.D.C. as a patient. This figure may however be unreliable in that in Question B5 only 6% of the respondents said that they had been treated by a homoeopath before. Reasons why there is a discrepancy in the answering of these two questions is unclear, but potential explanations may be that some of the respondents may have been treated at the H.D.C. but may not have considered the practitioners to be homoeopaths because they are not qualified, or it is also possible that some of the respondents confused the H.D.C. for another on campus clinic. What is clear from these results is that the Homoeopathic Department needs to make greater efforts to bring about awareness of the H.D.C. amongst the students at D.U.T.

On a positive note, 49% of the respondents did feel that they would be interested in attending the H.D.C. as a patient. Around 44% were not sure whether they would be interested, which may show that they wish to know more about homoeopathy before they are willing to be treated in a homoeopathic manner. But this interest is very important and should be a sign that the growth in awareness of homoeopathy and the H.D.C. could skyrocket with some steps towards promoting it on campus.

5.7 Perceptions of Homoeopathy

5.7.1 Questions C1 – C4

Over half (51%) of the respondents felt that homoeopathy does have a scientific basis. This represents a fairly positive opinion towards homoeopathy. However, it must be considered that in Question B1 only 48% of the respondents had ever heard of homoeopathy, and this makes you question the reliability of this answer. Also significant in this question is that over 43% of the respondents were not sure about how to answer this question, most probably because their level of knowledge about homoeopathy was not good enough to provide an opinion. With only 4% of the respondents saying that they knew a fair amount about homoeopathy it would be quite difficult for them to answer a question like this. Another factor to consider is that the scientific-ness of homoeopathy is a major topic of debate in medical circles with some arguing that it does have a scientific basis and some arguing against this (Linde, Clausius, Ramirez, Melchart, Eitel, Hedges, and Jonas, 1997). Paruk's study (2005) also found a positive response to this question in that 67% of the respondents in the study felt that homoeopathy does have a scientific basis.

From the correlation analysis, Health Sciences students were more likely to consider homoeopathy to have a scientific basis. The probable reason is that these students were shown to have the best knowledge of homoeopathy, and also, because most of them study in the same building with the homoeopathic students they would be more aware of the subjects involved in the study of homoeopathy at D.U.T.

Another fairly positive response is that 42% of the respondents considered homoeopathy to be a legitimate form of medicine, with only 5% saying that it is not. Once again a large percentage (53%) of the respondents answered unsure which is probably indicative again that the level of knowledge about homoeopathy was not good enough to provide a definitive answer. This low level of knowledge is confirmed by the fact that only 6% of the respondents had ever been treated by a homoeopath, and by the poor answering of Questions B11-15. Females and White students were the most likely to view homoeopathy as a legitimate form of medicine. This too is a positive response with both females and Whites having been shown to have the highest level of knowledge, and also being most likely to consider it a legitimate form of medicine.

A more negative result is that the majority (51%) of the respondents felt that the public do not accept homoeopathy as a form of medical treatment. In Small's study (2004) a similar result was found with 54.7% of the respondents feeling that the public does not accept homoeopathy as a form of medical treatment. In respect of the 48% who do feel it is accepted by the public, this is relatively consistent with the previous two questions in which 42% feel it is a legitimate form of medicine, and 51% feel that it has a scientific basis. These questions point towards about half of the respondents holding a positive view towards homoeopathy.

For the 51% of the respondents who felt that homoeopathy is not accepted by the public, 83% said that the reason it is not accepted is because of lack of awareness about homoeopathy, lack of understanding about how it works and because of inadequate marketing of it. In terms of the dendrogram shown in Table 4.40, these

three answers were shown to be in Cluster 1, meaning that if respondents said that homoeopathy is not accepted because of lack of awareness, they were also more likely to say that it is not accepted because of lack of understanding about how it works and because of inadequate marketing. This cluster is significant in that it shows that homoeopathy is not well known and understood, and that inadequate marketing about the profession may have led to this. This may confirm what was said earlier in Questions 16 – 19 where it was said that the Homoeopathic Department is not advertising sufficiently leading to a lack of knowledge.

Small's study (2004) found similar results in that 77% of the respondents felt that homoeopathy is not accepted because of a lack of understanding, and 9% said that it was poorly marketed. It is important that the homoeopathic profession is well marketed so that more people can become aware of it, and it can grow and even eventually become a part of public health care.

The other 6 options in this question yielded the remaining 17% of the answers and formed Cluster 2. This means that if likely to answer one of these 6 options, the respondents were also more likely to answer another one of them. The dendrogram in Table 4.40 shows that the main answers in this cluster are that its effectiveness is not proven and that homoeopathy is unaffordable. In terms of proof about its effectiveness, there are many research dissertations in D.U.T. library that present clinical trials and show the efficacy of homoeopathic medicine in the treatment of various medical conditions (Maharaj, A., 2005). It might be a good idea to promote the reading of these dissertations at D.U.T. amongst the students, so that they may educate themselves about homoeopathy. There have also been many clinical trials

performed throughout the world with regards to homoeopathic medicine and its effectiveness. These can be accessed on the world wide web and in certain medical journals (Homoeopathy Boiron Group, 2002). In terms of affordability, the homoeopathic profession in South Africa is not at present allowed to practice in the public health sector. This means that it is not government funded and may therefore offer a service that is too costly for some members of the public.

Comments made by respondents (see 4.6) about why the public does not accept homoeopathy tended to indicate that the main reason is a lack of information available, and a lack of knowledge about it, with some of them saying that they themselves know nothing about it. Two comments worth considering are that homoeopathic treatment takes too long to work and that with further proof of its efficacy, people would approve of it more. There is a perception amongst the public that homoeopathic treatment takes a long time to work. This can be the case in chronic long-standing disorders, however in acute disorders it can work very quickly (Tyler, 1952:87). As De Schepper (2001:5) says, "Anyone who has used remedies [homoeopathic] for acute conditions such as traumas, infections, or childbirth knows firsthand the lightning speed with which remedies work." In terms of efficacy, as stated above, there is much evidence about its effectiveness from many clinical trials around the world.

5.7.2 Question C5

Over 14% (the highest percentage) of the respondents, said that homoeopathic medicine would be useful in treating any disease or disorder. This is an interesting

result and a correct answer in that homoeopathic philosophy is based on treating the symptoms of people not those of disease. One of the fundamental beliefs of homoeopathy is that it does not treat a disease, but a patient with a disease (De Schepper, 2001:5). It is therefore used in the treatment of any disorder, even in emergency and life-threatening conditions where it can be used as an adjunct to orthodox medical procedures to stimulate the body and help it to function better so that it may have a chance of overcoming the condition.

Of the conditions listed in this question, headaches came up highest with over 13%. Cummings and Ullman (1986:167) stated that headaches account for more doctors visits than any other single health condition. It is therefore a common human ailment, and it is often seen as a mild one because it is usually not life threatening, even though it plagues and brings great discomfort to many.

Next highest was emotional ailments with 12% of the answers. This may show that the respondents appreciate that homoeopathy can treat people on mental, emotional and physical planes of illness. Following emotional ailments was physical trauma or injury with 11% of the answers. Respondents may feel that homoeopaths can perform emergency procedures and offer emergency treatment to help in situations involving physical trauma or injury. While homoeopathic treatment is effective as an adjunct in these situations, physical trauma and injury are much better handled by medical practitioners whose training in emergency medical procedures is far superior.

There were quite a few don't know answers with 14% (also the highest percentage) saying that they don't know what it can treat. It is surprising that there were not more

“Don’t know” answers considering that only 48% of the respondents had heard of homoeopathy before. It makes one wonder how reliable the other answers in this question are.

In terms of comments made in 4.6 about any other conditions that homoeopathy may be useful in treating, the following were listed: back pain, mental instability, pregnancy, stress and relaxation, sinusitis, period pains, low libido and low energy levels. This shows a wide range of ailments, which is indicative that it is seen to have the potential to aid patients in varying conditions of ill health.

As seen under 4.5.2.2 in the dendrogram and Table 4.41, there were three pertinent cluster patterns found in the answering of this question. Cluster 1, in which respondents who answered “None of the above” were also more likely to answer “Other” and “Emergency medicine”, shows a very irregular answering pattern with no logical flow to it. It may be indicative that some of the respondents did not know anything about homoeopathy and so their answering of the questionnaire was similar to guesswork and therefore unpredictable. It could also be a statistical anomaly that gave an unfair representation of the answering patterns. However all in all, no conclusion could be gained from this cluster.

In Cluster 2, respondents who answered “Tuberculosis” (T.B.) were also more likely to answer “Cancer”, “HIV/AIDS” and “Mental Disease”, but were most likely to answer “Cancer” and least likely to answer “Mental Disease”. All 4 of these conditions are very difficult to treat which may indicate that some of the respondents feel that homoeopathic treatment is deep acting and has the potential to be effective in

treating even life-threatening conditions. What is possibly more plausible however, with so few of the respondents actually knowing anything about homoeopathy, is that T.B., HIV/AIDS and cancer are spoken about a lot in the media and so may be well known by the respondents. Some of them may have had recognised these conditions by name and so had a greater inclination to answer under these names.

The final cluster, Cluster 3, showed that respondents who answered "Headaches" were also more likely to answer "Infections", "Physical injuries/trauma" and "Emotional Ailments", but were most likely to answer "Infections" and least likely to answer "Emotional Ailments". This cluster displays again a wide range of general conditions indicating either that the view is that homoeopathy can treat many different types of health problems similar to the scope of orthodox general practitioners, or it must be considered that with so few of the respondents knowing much about homoeopathy, these 3 clusters and the answers of this question should be viewed with some level of scepticism. This lack of knowledge is confirmed by the 36 respondents who made comments (see 4.6) pointing towards their not knowing anything about homoeopathy, and therefore not knowing how to answer this question and other questions posted in the questionnaire.

5.7.3 Questions C6 – C8

Around 66% of the respondents were unsure about whether orthodox prescription medicines tend to run a higher risk of causing side effects than homoeopathic medicines do. The most plausible reason for the high percentage of unsure responses is that so few of the respondents know what homoeopathic medicine really is. With

only 6% of the respondents having consulted a homoeopath and only 5% of them knowing a fair amount about homoeopathy, the level of knowledge is probably not very high with regards to homoeopathic philosophy and the fact that it does not cause harmful side effects. The correct answer in this question is that people who take orthodox prescriptions medicines run a much higher risk of suffering from side effects than people who take homoeopathic medicines. As De Schepper (2001:5) says, "While homoeopathic remedies do not cause side effects, they can cause what are called "aggravations", usually a temporary intensification of the patient's symptoms on the way to a cure." Almost 13% of the respondents agreed with this fact, with around 9% saying that you run less risk when taking prescription medicines and 12% saying that the risk is the same when taking either form of medicine.

Question C7 aimed to gain an understanding of how the respondents viewed homoeopathy in comparison to other health care modalities. It is interesting to note that upon looking at the results of this question the unsure responses make up a very high percentage. In fact, the lowest unsure percentage went to medicine, which had 56% of the respondents answering unsure. The highest went to naturopathy with 75% unsure responses. This may be an indication that with a low level of knowledge of homoeopathy, it would be hard to differentiate it from another health care modality. It may also indicate that the respondents do not know much about any of these medical modalities and so answering this question was difficult indeed.

The most obvious aspect of the results of this question is that a higher percentage of respondents perceived homoeopathy to be different from the other modalities listed, This was shown in all cases but in Naturopathy, where more (15%) of the respondents

felt there was no difference between the two, yet Naturopathy received the highest percentage of unsure responses (75%). This shows that either the respondents are aware that there is a difference between homoeopathy and the other health modalities, or it may also be a reflection of the nature of the question. In other words, "A question about difference is being asked so there must be a difference." The respondents may have assumed that there is a difference purely by the asking of a question regarding the difference between two different names. Interestingly enough is that traditional African medicine had the highest percentage (33%) of respondents say that it is different from homoeopathy. With the majority of the respondents in the sample being African and much more aware of what traditional African medicine is, this is still not a high percentage noting a difference between the two.

In terms of modalities considered to be the same as homoeopathy, the highest percentage (19%) of respondents considered homoeopathy and herbalism to be the same. These two modalities are often confused amongst the public. Homoeopathy and herbalism differ in the manufacturing processes of their respective medicines, and this will have different effects upon the body associated with their individual philosophies. Homoeopathy also doesn't confine itself to the use of herbs only. It uses animal, mineral and plant sources for the production of medicines.

The second highest percentage of respondents (17%) deemed homoeopathy to be the same as medicine, and reasons for this are not clear, but homoeopathy is often called homoeopathic medicine and so many might feel it has similarities to orthodox medicine. People also often use the word "medicine" to define any form of product

used to treat disease, and being a health modality, respondents may have considered it to be a form of medicine.

One of the problems in this question was that it required knowledge of each modality to be able to give a reasonable answer. A definition of each modality may have helped, but this would have made the questionnaire too lengthy. It was also desirable to gain raw perception from the respondents to see how much they know at present about alternative medical therapies. Providing a definition page would have prevented this. This question was poorly answered because it would be a challenging question for the average layperson who may not know much about alternative medicine, but it does indicate to some degree that most students at D.U.T. do not know much about CAM.

The final question of the questionnaire yielded a very positive result for homoeopathy with as much as 43% of the respondents saying that they think it could be incorporated into hospital care. Before one runs away with this however, it must be kept in mind that the respondents in the study have shown a fairly poor knowledge of what homoeopathy is, and this was confirmed by 53% of the answers being "Unsure." It would seem that a large percentage of the respondents feel that hospital care could always be enriched and improved by knowledge of other health modalities. With the high level of interest been shown towards learning more about homoeopathy (68% would be interested in learning more), it seems that the students at D.U.T. are looking for new ways to improve their existing level of knowledge about health care, and they also wish to have better, well-rounded care provided to them when they are ill.

5.8 Comments

The sample and the methodology used in this study yielded a fair, random sample result that was extremely well representative of the student body of D.U.T. Therefore, the results of this study provide useful information to add to the database of knowledge in terms of perceptions about homoeopathy. An improved questionnaire in future studies may provide even better results. Being a quantitative closed ended questionnaire, there are only so many options and so it is important that the options allow for some level of expression of the answer the respondent is wishing to convey. It also requires that the questionnaire posed is clear and allows for this. While every effort was made prior to conducting the study to create a questionnaire that provided this, in hindsight, there are improvements that could have been made to it that would yield an even better result. The results in this study seem to be fair and are certainly useful, but even more accurate results are possible to gain in future research conducted.

The first thing to consider is that only around half of the respondents had even heard of homoeopathy before. How could they then go on to answer more complex questions like, "Does it have a scientific basis?" It would be recommended that the questionnaire be broken into two parts. Part 1 would ask all the demographic information, the inclusion criteria questions and the health background. It would then ask about whether they had heard of homoeopathy, if so from where, and about interest in learning more. It would then ask about their level of knowledge of homoeopathy and if they had ever been treated by a homoeopath. From here it might be recommended that those students who felt that they had a relatively good

knowledge of homoeopathy could go on and answer the rest of the questionnaire. For those who had not heard of homoeopathy or had a low level of knowledge, they could go on to answer simpler questions about interest and general awareness that could be useful to know. The researcher feels that a questionnaire of this nature would yield more accurate results because people would not guess because they don't actually know very much. They would feel more comfortable to provide answers that were in their grasp and therefore would be accurate and true.

Specific questions that should be mentioned are Questions B1 and B4. As mentioned earlier in this chapter, greater clarity between them would have made it easier to answer. As stated, it should have read, "Have you ever heard of homoeopathy prior to this study being conducted?" This would have left no ambiguity about whether they answered that they had heard of it after reading the name on the cover sheet.

The other question that should be mentioned is Question C7. A question of this nature is very challenging to answer unless you are aware about CAM therapies and what they are. It was noticed by the researcher that respondents seemed to be intimidated by the question and often answered "Unsure" because they were uncomfortable in how to answer it. It is the view of the researcher that this question should have been posed only to those respondents who felt that they were relatively familiar with homoeopathic medicine, and would recommend that it be used in this way in future studies.

Yet, even with these limitations, this study has clearly shown the desire of students for more knowledge. It has also revealed the need for more marketing of homoeopathy

and for more information to be made available to the public so that the homoeopathy
can be brought to the community at large.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

The aim of this study was to investigate the level of knowledge that students at D.U.T. have of homoeopathy and the H.D.C. This study is unique in that no other studies have been conducted amongst tertiary education students in South Africa to assess their awareness of homoeopathy, and it provides useful data that can be used to understand what this group knows and understands about it. It is an important population group in that it is a stage of life where great learning takes place. This knowledge can mould one's perceptions, and these perceptions often extend into adult life and affect one's decision-making capacity. It would be extremely useful for these students before they start their own families to have access to more information about homoeopathy, so that homoeopathic medicine may come to mind when one of their loved one's falls ill.

This study has shown that far more needs to be done to market homoeopathy amongst tertiary education students, as the levels of knowledge about homoeopathy were fairly poor in the study. To place the level of knowledge in perspective, a few of the results clearly show the lack of experience and lack of knowledge: only 48% had ever even heard of homoeopathy before; only 6% had been treated by a homoeopath before; and only 17% knew how long it takes to qualify as a homoeopath. Furthermore, questions regarding specific aspects of the homoeopathic profession were not well answered and many of the respondents could not offer an answer.

Also worth mentioning is that the African race group should be targeted most in the marketing of homoeopathy because African students were shown to have the poorest levels of knowledge in the study, and even more importantly, because the African race group is the largest race group at both D.U.T. and in South Africa, it would be very positive for homoeopathy if there was increased awareness of it amongst this race group.

Nonetheless, an important finding in the study is that the D.U.T. respondents had a fairly positive attitude towards homoeopathy and their interest in finding out more about homoeopathy is strong, with 68% saying that they would be interested in finding out more, and a further 26% saying that they might be. When the interest level is high, then much can be done to create awareness and turn people towards homoeopathy.

Also evident from the study is that the respondents who had consulted a homoeopath were for the most part happy with the care received and would recommend it to others. This is a very positive result for homoeopathy.

Most of the respondents in the study had acquired their information about homoeopathy through informal channels, such as from family and friends, showing that positive association with homoeopathy and word of mouth will do wonders to improve the awareness of homoeopathy. The primary goal is to get more of the D.U.T. students visiting the H.D.C., for it appears that respondents who had experience with homoeopathy tended to have a higher knowledge of it. Only 29% of the respondents were aware of the existence of the H.D.C., and this is not high enough

as the H.D.C. is located on campus where many of the students walk by every day. It makes one wonder that if the students at D.U.T. are not aware of it on campus, then how little do the public know of it? This could be a useful topic for further research in the future.

The Homoeopathic Department needs to pay more attention to spreading the knowledge at D.U.T. about both homoeopathy and the H.D.C. This will benefit both homoeopathy in general and the homoeopathic students who learn how to practice their profession in the H.D.C. If one can improve the knowledge about homoeopathy amongst tertiary education students, then this knowledge will filter out into their families and will in time affect the level of knowledge amongst the community at large.

6.2 Recommendations

- 6.2.1 To market the H.D.C. and homoeopathy at D.U.T., it is recommended to the Homoeopathic Department that they organise with their homoeopathic students to conduct things such as blood pressure drives or glucose testing on a regular basis around the campus at D.U.T. The homoeopathic students can hand out pamphlets that are well constructed and give a brief explanation of homoeopathy, and importantly give details about the H.D.C. They can also talk to other students at these promotion events about homoeopathy and this will improve their ability to converse with many different types of people, and it will also enhance their confidence in checking vital signs and making general health observations about the participants that are tested. During these

events the H.D.C. can be recommended to students, and it is hoped that as more students attend the H.D.C. as patients in the future, it will market itself through word of mouth.

- 6.2.2 Further research could be conducted amongst the general public to investigate their awareness and knowledge of the H.D.C. It would be interesting to see what the public awareness is of the H.D.C. and compare it with that of the students at D.U.T.
- 6.2.3 Research could be done at other universities around South Africa to determine what the perceptions and awareness of homoeopathy are amongst students at those universities, and it could be compared with the results of this study. We could then begin to understand if poor knowledge of homoeopathy is a trend amongst tertiary education students or if it limited to students at D.U.T.
- 6.2.4 It is recommended to homoeopathic students who conduct research and may wish to adapt their questionnaire from the questionnaire used in this study that they make themselves aware of the criticism made about certain questions in the questionnaire in Chapter 5 under the Comments section (See 5.8). It would also be advised to consider the recommendation that the researcher provided in the Comments Section of Chapter 5 (See 5.8) to divide the questionnaire in to two parts depending on the level of knowledge of homoeopathy, so as to gain a more accurate result and remove "guess-work".

6.2.5 There are many homoeopathic dissertations in the D.U.T. library showing the results of clinical trials and perceptions studies about homoeopathy. It would be a good idea to make students at D.U.T. more aware of them by placing notices in the library welcoming students to look at them and to consider the effectiveness of the treatment. This may also inspire further reading about homoeopathy and make students aware that there is a homoeopathic training course at D.U.T. and importantly, that there is the Homoeopathic Day Clinic on the campus.

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APPENDIX A

Questionnaire

PERCEPTIONS TOWARD HOMOEOPATHY QUESTIONNAIRE

(Adapted from Small, 2004 and Maharajh, 2005)

Please answer by placing an 'X' in the appropriate box

SECTION A: PERSONAL INFORMATION

1. Gender:

FEMALE	MALE
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2. Age (in years):

17-19	20 - 25	26 -30	31 -35	36 -40	40+
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3. Ethnicity (For statistical purposes only):

AFRICAN	COLOURED	INDIAN	WHITE	OTHER
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4. What is your home language?

AFRIKAANS	ENGLISH	IsiZULU	XHOSA	SOTHO	OTHER
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5. Do you understand and speak English?

YES	NO	UNSURE
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If unsure, please comment:

6. Which of the following are you registered for?

1 YEAR NATIONAL CERTIFICATE	2 YEAR NATIONAL HIGHER CERTIFICATE	3 YEAR NATIONAL DIPLOMA	BACHELOR'S DEGREE (B.Tech)	MASTER'S DEGREE (M.Tech)
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7. For how many years have you been a student at D.U.T.?

0 - 1 YEAR	1 - 2 YEARS	2 - 3 YEARS	3 - 4 YEARS	4 - 5 YEARS	5 YEARS +
------------	-------------	-------------	-------------	-------------	-----------

8. Please mark below whether you are a full-time or part-time student at D.U.T.

FULL-TIME STUDENT	PART-TIME STUDENT
-------------------	-------------------

9. Which faculty do you fall under?

ARTS	HEALTH SCIENCES	COMMERCE	ENGINEERING, SCIENCE AND BUILT ENVIRONMENT
-------------	----------------------------	-----------------	---

10. Who do you consult when you are feeling ill?

MEDICAL DOCTOR	PHARMACIST/ CHEMIST	CLINIC	TRADITIONAL HEALER	HOSPITAL	PRIEST	HOMOEOPATH	OTHER
---------------------------	--------------------------------	---------------	-------------------------------	-----------------	---------------	-------------------	--------------

If other, please SPECIFY:

11. How satisfied were you with the care you received from this person the last time you consulted with them?

VERY SATISFIED	SATISFIED	NEUTRAL	UNSATISFIED	VERY UNSATISFIED
---------------------------	------------------	----------------	--------------------	-----------------------------

12. Are you on medical aid?

YES	NO
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SECTION B: GENERAL KNOWLEDGE OF HOMOEOPATHY

1. Have you ever heard of homoeopathy If YES, proceed to question 2. If NO, proceed to question 3.

YES	NO	UNSURE
------------	-----------	---------------

2. If you have heard of homoeopathy before, where you did you hear about it?

FAMILY	FRIENDS	MEDIA	DOCTOR	STUDENT ACQUAINTANCE	OTHER
---------------	----------------	--------------	---------------	---------------------------------	--------------

If other, please SPECIFY:

3. Would you be interested in finding out more about homoeopathy?

YES	NO	MAYBE
------------	-----------	--------------

4. How would you describe your knowledge of homoeopathy?

NEVER HEARD OF IT	
HEARD OF THE NAME ONLY	
KNOW A LITTLE BIT ABOUT IT	
KNOW A FAIR AMOUNT ABOUT IT	
VERY FAMILIAR WITH IT	

5. Have you ever been treated by a homoeopath? If YES, proceed to question 6. If NO, proceed to question 10.

YES	NO
-----	----

6. If yes, who referred you to the homoeopath?

MEDICAL DOCTOR	CHEMIST/ PHARMACIST	FAMILY	FRIENDS	PERSONAL KNOWLEDGE	STUDENT ACQUAINTANCE	OTHER
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If other, SPECIFY:

7. Would you recommend homoeopathy to anybody else?

YES	NO	MAYBE
-----	----	-------

8. How satisfied were you with the care you received from the homoeopath the last time you consulted with them?

VERY SATISFIED	SATISFIED	NEUTRAL	UNSATISFIED	VERY UNSATISFIED
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9. Did the homoeopath explain how homoeopathy works?

YES, A GOOD EXPLANATION	TO SOME DEGREE	NOT VERY MUCH	NOT AT ALL
----------------------------	----------------	---------------	------------

10. Have any other members of your family consulted with a homoeopath?

YES	NO	NOT SURE
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11. Is homoeopathy recognised by law in South Africa?

YES	NO	UNSURE
-----	----	--------

12. Do you know if there are any training courses available in South Africa for people to become homoeopaths?

YES	NO	UNSURE
-----	----	--------

13. Indicate how many years you think it takes to qualify as a homoeopath.

1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS	6 YEARS +
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14. What level of education is required to practice as a homoeopath in South Africa?

NO FORMAL TRAINING	CERTIFICATE	DIPLOMA	DEGREE	HONOURS	MASTERS	DOCTORATE
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15. Are homoeopaths required to undergo any work-experience training program?

YES	NO	UNSURE
-----	----	--------

16. Are you aware of the homoeopathic training institution at the Durban University of Technology?

YES	NO
-----	----

17. Are you aware of the existence of the Homoeopathic Day Clinic at the Durban University of Technology? IF YES, please proceed to question 18. If NO, please proceed to question 19.

YES	NO	UNSURE
-----	----	--------

18. Have you ever been to the Homoeopathic Day Clinic as a patient?

YES	NO
-----	----

19. Would you consider coming to the Homoeopathic Day Clinic as a patient, now that you are aware it exists?

YES	NO	MAYBE
-----	----	-------

SECTION C: PERCEPTION OF HOMOEOPATHY

1. Do you think homoeopathy has any scientific basis?

YES	NO	UNSURE
-----	----	--------

2. Do you consider homoeopathy to be a legitimate form of medicine?

YES	NO	MAYBE
-----	----	-------

3. Do you think that the public generally accepts homoeopathy as a form of medical treatment?

If YES, please proceed to question 5. If NO, please proceed to question 4.

YES	NO
-----	----

4. Mark the blocks that you think provide the best reasons why homoeopathy is not accepted by the public.

(You may mark more than one)

LACK OF AWARENESS OF HOMOEOPATHY	
LACK OF UNDERSTANDING ABOUT HOW HOMOEOPATHY WORKS	
THE MEDICATIONS CAN BE HARMFUL	
INADEQUATE MARKETING OF HOMOEOPATHY	
HOMOEOPATHS ARE NOT WELL TRAINED	
ITS EFFECTIVENESS IS UNPROVEN	
HOMOEOPATHY IS UNAFFORDABLE	
HOMOEOPATHY DOES NOT WORK	
OTHER	

If other,

SPECIFY: _____

5. Homoeopathic treatment may be useful in which of the following complaints?

(You may mark as many of these as you choose)

ANY DISEASE OR DISORDER	
HEADACHE	
EMERGENCY CARE	
HIV/AIDS	
PHYSICAL INJURIES/TRAUMAS	
INFECTIONS	
TUBERCULOSIS (T.B.)	
MENTAL DISEASE	
EMOTIONAL AILMENTS	
CANCER	
NONE OF THE ABOVE	
DON'T KNOW	
OTHER	

If other,

SPECIFY: _____

6. In general, do you think that you run a greater risk of suffering from side-effects when taking prescription medicines, compared to when you take homoeopathic medicines?

GREATER RISK	SAME RISK	LESS RISK	UNSURE
--------------	-----------	-----------	--------

7. Is there a difference between homoeopathy and

	YES	NO	DON'T KNOW
HERBALISM			
TRADITIONAL AFRICAN MEDICINE			
AROMATHERAPY			
REFLEXOLOGY			
NATUROPATHY			
ACUPUNCTURE			
MEDICINE			

8. Do you think homoeopathy could be incorporated into hospital care?

YES	NO	MAYBE
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THANK YOU FOR PARTICIPATING IN THIS STUDY

APPENDIX B

Covering Letter Introducing the Survey

Dear Durban University of Technology student

Homoeopathy is a complementary medical therapy. We do not know much about what the South African public and more specifically the tertiary education students know about Homoeopathy, which is why I am conducting this survey.

As tertiary education students, you are the current and future healthcare consumers in our country. You will need to be well informed and educated about the various medical therapies available, so as to give your families the best opportunity for proper healthcare. This has led me to develop a research survey to find out the perceptions of students at the Durban University of Technology (D.U.T.) of Homoeopathy.

Your participation is voluntary, and if you do choose to take part in the survey and assist me in my research, your answers will be completely **anonymous**, and strictly confidential.

I would like you to complete the attached questionnaire in full, as only **fully completed** questionnaires will be included in the study. This research has been **approved by the Faculty of Health Sciences Research Committee**, and permission from the relevant Deans and Head of Departments has been granted.

Your answers will aid us in learning more about public perception of Homoeopathy, and will assist us in marketing Homoeopathy successfully in the future.

Yours sincerely

Tom Macquet

Contact details

Supervisor: Dr. R. Steele B.A., H.D.E., M.Tech.Hom

Telephone number: 031-3326060 (w)

Researcher: Tom Macquet B.Tech. Hom (D.U.T.)

APPENDIX C

Instructions on How to Complete the Questionnaire

D.U.T. STUDENT QUESTIONNAIRE INSTRUCTIONS:

- 1. This questionnaire consists of 6 pages (Double-sided). Please answer all the questions on all the pages.**
- 2. Please read each question carefully before you answer it.**
- 3. Please answer the appropriate box in each question that best describes your answer with an X.**
- 4. Your answers will be regarded as strictly confidential.**

APPENDIX D

Letter to the Dean of each Faculty at D.U.T.

Dear ...

I am a Homoeopathic student at the Durban University of Technology (D.U.T.) in my Masters year of study. As such, I am required to conduct a research dissertation to complete the Masters degree in Technology: Homoeopathy. The topic of my study is, "The perceptions and awareness of Homoeopathy and the Homoeopathic Day Clinic amongst students at the Durban University of Technology."

To gain a representative sample for purposes of my research, I need to survey students in each of the four faculties at the D.U.T. I wish to ask for your permission to gain access to the students that fall under your faculty. With your permission I will approach lecturers in your faculty to organise for some of their class time, whereby I can distribute the questionnaires, can wait for them to be filled out, and then can collect them once finished. The entire process should take 15 minutes.

This study will hopefully shed light on students' perceptions of Homoeopathy, and will aid us in determining how to appropriately market Homoeopathy at this institution in the future.

Thank you for your consideration

Tom Macquet

Contact details

Supervisor: Dr. R. Steele B.A., H.D.E., M.Tech Hom

Telephone number: 031-3326060 (w)

Researcher: Tom Macquet B.Tech. Hom (D.U.T.)

Telephone number: 0845838677