



**KNOWLEDGE, ATTITUDES AND PERCEPTIONS OF  
COMMUNITY MEMBERS OF THE MALUTI-A-PHOFUNG  
MUNICIPALITY, FREE STATE, ON HOMOEOPATHY**

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

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Date : October 2020

## Declaration

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is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources).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

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## **Dedication**

I dedicate this book to Alpha and Omega, the same today, yesterday and forever, Yahweh. Almighty God, I can't thank you enough for your Goodness and Mercy, thank you for your Grace that is sufficient. It is not by might nor by our power but it is by your Spirit God, it is not by my own understanding to have gone this far but, again it is your Grace that kept me and granted me strength up to this far. Indeed, with you all things are possible.

### **MATTHEW 19:26**

Ena eya ho Mme ya Ntswalang Alice Lipuo Lepele, Keyaleboha Chakela, Khubone, Lepele le letle ka mamello ya hao. Ke leboha dithuto tsa hao tseo dinkgudisitseng hofihlela mona. Ke leboha ka lerato le mofuthu, kannete one wetshwere kabohaleng. Modimo ampolokele wena Lepele le letle keorata haholo fela.

Mmaditaba Emily Lepele ke ya tsebe hore kgale o emetse hore ke qete, ke tsebe hotlatla oalafa kebe doctor ya hao. Keyaleboha ka kgudiso ya hao le lerato. I wish you lived to see this day. May your soul continue to rest in peace. Kajeko Mohale o tswa marweleng.

## **Acknowledgements**

Ngiyabonga Shenge, Mvulane, Phungashe Buthelezi Nqubeko Lizwilenkosi. Where do I even begin, thank you for always being there for me when I needed you the most. Ngiyabonga my Chara for making this possible. Thank you babe for always pushing me to write my chapters and editing my work. Thank you!

Retshedisitswe Mollo, muzi waka. Keyaleboha ngwaneso kahosefele pelo hake oroma. You always knew how to put a smile on my face when I was sad. You the best sister ever.

Dr Stanley Onwubu thank you so much for your help. Working tirelessly for us to complete our work and graduate.

Dr V Alwar, thank you so much for supervising this work.

Thank you, Dr I Couchman for co- supervising this work.

Thank you Dr Naude for editing my work.

And to my friend Lungile Ndlovu, ngiyabonga my friend, all my classmates and all the participants.

## Abstract

**Introduction:** In South Africa Registered Homoeopaths are able to diagnose, prevent or treat physical and mental disease, illness or deficiencies in humans, prescribe or dispense medicine, or provide or prescribe treatment for such disease, illness or deficiencies in humans. Homoeopathy is one of the fastest growing healthcare systems worldwide (Manchanda 2018). Nevertheless, in South Africa there is a lack of knowledge and understanding of Homoeopathy and this has led to the limited utilization thereof. This survey intended to meet the following objectives; 1) To determine the knowledge of Homoeopathy amongst residents of the Maluti-a-Phofung Municipality in Free State Province and 2.) To determine the attitudes toward Homoeopathy amongst residents in the Maluti-a-Phofung Municipality in Free State Province and 3) To determine the perceptions of Homoeopathy amongst residents in Maluti-a-Phofung Municipality in Free State Province.

**Methodology:** The study employed a quantitative design, which utilised a self-administered questionnaire to collect data. The setting of the study was at Maluti-a-Phofung Municipality, Free State Province, Qwaqwa, also called Witsieshoek, which has a population of 100 228.

The data that emerged from the research was analysed in line with achieving the research objectives. All analysis was performed using SPSS version 26. The collected data was analysed by use of both descriptive and inferential statistics with the level of significance set at 0.05.

**Results:** Out of the 226 respondents who participated in the survey, only 27% (n=61) had heard about Homoeopathy and most of their knowledge was from the media. Among this group (n=61) the majority believed that Homoeopathic medicine can treat the majority of diseases, that it emphasises a healthy life style, prescribes plants extracts, boosts the immune system, usually prescribes a diet, and prescribes medicines that are diluted and shaken. The majority of the respondents in this group (n=61) also perceived that the practice of Homoeopathy has scientific base, the

medicines have undergone clinical validation through experimentation, are safe for use in infants, during pregnancy and in the elderly. Equally as important, it was found that some of the respondents (n=23) considered Homoeopathic medicine to be more effective in the treatment of both acute and chronic conditions than orthodox medicine.

Subsequent to answering the survey, some of the participants mentioned that they would consider consulting with a Homoeopath because it was natural and many of the respondents showed interest in learning more of Homoeopathy.

**Conclusion:** The data collected in this study confirms that of the 226 respondents who participated in the survey, only 27% (n=61) had heard about Homoeopathy. This confirms the significant lack of knowledge of the profession amongst residents of Maluti-a-Phofung Municipality.

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## **Definition of terms**

### **Complementary Alternative Medicines**

CAM is a group of medicinal therapies that are regarded as an alternative to the usual allopathic medicine (Institute of Medicine Committee on the Use of Complementary and Alternative Medicine by the American Public 2005).

### **Miasmatic treatment**

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

### **Perception**

The processes of selection, organisation and interpretation of stimuli from the environment (Milton 1981).

### **Survey**

A method of gathering information from a specified target Group and it is often used to measure the prevalence of attitudes, beliefs and behaviour (Fink and Kosecoff 1985).

### **Awareness**

Knowledgeable, being conscious; cognisant, informed, alert (Gafoor 2012). In this study, the awareness of Homoeopathy in Maluti-a-Phofung was measured by the participant's knowledge of Homoeopathic practice, Homoeopathic remedies, and consultation.

## List of Acronyms

Acronym	Full Name
AHPCSA	Allied Health Professions Council of South Africa
BHSc Hom	Bachelor of Health Science in Homoeopathy
CAM	Complementary Alternative Medicine
DUT	Durban University of Technology
ECP	Extended Curriculum Programme
GP	General Practitioner
HPCSA	Health Professions Council of South Africa
HSA	Homoeopathic Association of South Africa
KAPS	Knowledge Attitudes and Perception
M.Tech:Hom	Master's Degree in Technology: Homoeopathy
N.Dip:Hom	National Diploma in Homoeopathy
NHS	National Health Systems
UJ	University of Johannesburg
WHO	World Health Organisation

# CHAPTER ONE

## 1.1 OVERVIEW

Homoeopathy is a form of Complementary Alternative Medicine (CAM) which treats disease using very minute doses of therapeutic substances according to the principle that “like cures like” (from the Latin *similia similibus curentur*). The remedies used have been proven on healthy volunteers (the process known as a Homoeopathic drug proving), practitioners select a remedy that, if given to a healthy individual, cause the same presenting symptoms of the diseased patient (Mitchell 2016). Homoeopathic remedies are made from minerals, plants, animal products and rarely biochemical substances. Prescribing methods differ according to the clinical presentation of a patient, when a patient is given a remedy it must cover the full clinical picture of a patient’s unique symptom complex incorporating current illness, personality and behaviour (Varanasi 2020). Homoeopathic remedies are diluted and then succussed (vigorously shaken or agitated), Hahnemann believed that this method releases the energy of the substance and called this process ‘potentization’ (Shealy 1998).

Homoeopathy is a medicinal system that stimulates the body’s own immune system to bring about cure by treating it with minute doses of a substance that is able, in a healthy person to produce symptoms similar to those of the illness (Chauhan and Gupta 2007). The system of Homoeopathy was developed by a German Physician, Samuel Hahnemann, (1755-1843). It is a medical method that respects the insight of the human body, with the emphasis on holistic healthcare. It is a legally known profession; is growing and becoming quintessential in the South African healthcare system (George *et al.* 2014). It is an approach that is recognised to be safe and effective in preventing and treating various acute and chronic diseases. As a primary-contact practitioner, a Homoeopath manages all aspect of patient healthcare and are permitted to diagnose, treat, manage and make referrals (Allied Health Professions Council of South Africa [AHPCSA] 2015).

Homoeopathic training in South Africa is a five-year full-time degree, graduates are required to register with the AHPCSA upon completion in order to practice in South Africa (AHPCSA 2015). This legal requirement permits graduates to be approved and recognised as Homoeopathic practitioners. The University of Johannesburg (UJ) and Durban University of Technology (DUT) are accredited by the AHPCSA to offer their respective Homoeopathy programmes (AHPCSA 2014:4).

Qwaqwa, also called Witsieshoek, is part of the Orange Free-State which falls under the Maluti-a-Phofung Municipality. In 2011 the population size was 335 784, comprising of

predominantly African people. According to the 2011 South African Census (Statistics South Africa 2011) there were 100 228 households in the Maluti-a-Phofung Local Municipality, with an average of 3-4 people per household and thus far, no recent census has been conducted in the area. There are two hospitals in Qwaqwa and one hospital in Harrismith. Residents of Harrismith, Kestel and Warden are also dependent on these three hospitals for medical services.

Notwithstanding these formal medical facilities, there is a paucity of trained healthcare workers and as a result a great strain on Maluti-a-Phofung Municipality healthcare facilities (Coovadia *et al.* 2009). There are however private practices like Isangoma/inyanganga which utilise the traditional way of treating patients, Sibanda (2019:1) stated that medical services offered by traditional healers have been used by people for treatment of different diseases before orthodox medicine was introduced. Alternative medicinal services thus could serve to supplement the oversubscribed medical facilities. Should Homoeopathic services be available and there be sufficient knowledge thereof in Maluti-a-Phofung Municipality it could serve as a complementary medical service to this community.

## **1.2 RESEARCH PROBLEM OF THE STUDY**

Maluti-a-Phofung has been chosen as the research area because previous perception studies (Small 2004; Maharaj 2005; Macquet 2007; Lamula 2010) in South Africa have been focused in the urban areas. This municipality includes most of the rural communities like Qwaqwa, Harrismith and Kestel. According to 2011 South African Census (Statistics South Africa 2011) Africans make up the majority of the population in South Africa, and have been shown to be the population group with the least knowledge on Homoeopathy as cited by (Small 2004; Maharaj 2005; Macquet 2007; Lamula 2010) which serves as a greater opportunity to conduct research among the particular group. This perception study will improve the knowledge of people about Homoeopathy and also raise the awareness about the existence of the Department of Homoeopathy at the Durban University of Technology.

There is a universal crisis in the healthcare systems in most of developing countries including South Africa (World Health Organisation [WHO] 2016). Coovadia *et al.* (2019) highlighted that South Africa's healthcare system is under great stress which has caused a major increase in the burden of disease. There is a lack of trained healthcare workers and medications in the public healthcare sectors in rural areas which has been highlighted by the burden of diseases

(National Development Plan 2011). According to the National Development Plan (2011) there is significant progress being made in transforming the healthcare system but there is still a strain in the Healthcare system of Maluti-a-Phofung Municipality because there are still 3 hospitals which 3 towns depend on for treatment, some of which still lack adequate equipment and medications. Homoeopathy could help ease the strain of the healthcare workers in South Africa, even though Homoeopaths are well trained and skilled to diagnose and treat both chronic and acute conditions without surgical intervention, there is still a lack of knowledge and poor generally a poor understanding of Homoeopathy amongst many South Africans, this leads to misunderstanding regarding the therapeutic potential it offers, its efficacy and ultimately the utilisation thereof (Small 2004; Maharaj 2005; Macquet 2007; Lamula 2010). There are a limited number of studies that have been done in South Africa determining public perceptions of Homoeopathy, of these however all confirm the substantial lack of awareness and knowledge regarding Homoeopathy.

### **1.3 RATIONALE OF THE STUDY**

All previous studies around public awareness of Homoeopathy have been conducted in KwaZulu-Natal, to date no such data has been collected in the Free State Province. Determining the knowledge, attitude and perceptions toward Homoeopathy amongst community members of Maluti-a-Phofung will be of professional interest since there has not been any study conducted so far within the Basotho culture. A KAPS analysis of this area will be useful as a first line assessment to determine the extent of knowledge the community has on Homoeopathy, and whether they will be receptive to the profession and the treatment it offers should such services be offered formally within the public healthcare system or should private practitioners establish practices in this area. Homoeopathy may not be well known in the area and thus a KAPS study is beneficial to determine whether there is an interest in Homoeopathy as this can then lead to the growth of the profession in South Africa.

### **1.4 RESEARCH AIM**

To determine the knowledge, attitudes and perceptions of Homoeopathy in the Maluti-a-Phofung Municipality in Free State Province.

## 1.5 THE RESEARCH OBJECTIVES

1. To determine the knowledge of Homoeopathy amongst residents of the Maluti-a-Phofung Municipality in the Free State Province.
  2. To determine the attitudes of Homoeopathy amongst residents of the Maluti-a-Phofung Municipality in the Free State Province.
- To ascertain the perceptions of Homoeopathy amongst residents of the Maluti-a-Phofung Municipality in the Free State Province.

## 1.6 STRUCTURE OF THE DISSERTATION

CHAPTER	CONTENTS
1	The background and introduction, Homoeopathic education and training, Maluti-a-Phofung Healthcare, general perception on Homoeopathy and the research problem is described, the research aim and objectives are also presented in this chapter.
2	A relevant literature review pertaining to the topic is extensively described in this chapter.
3	The research methodology, the collection and analysis of the data are comprehensively described in this chapter. The chapter concludes with the ethical principles followed in this study.
4	The results of the data analyses are presented in this chapter in the manner relevant to quantitative research.
5	The results of the study are discussed and

	compared to previous studies that are relevant to this dissertation.
6	The overall conclusions and limitations of the study are presented. The chapter ends with recommendations arising from the findings of this study.

## 1.7 CHAPTER SUMMARY

Chapter 1 presented an overview of the study. The background regarding Homoeopathy and Homoeopathic programme, the problem statement, aim and objectives of the study. The next chapter will present the literature review

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

This chapter presents an outline of the knowledge, perceptions and attitudes toward Homoeopathy both nationally and internationally and will stipulate a brief local environment of the Maluti-a-Phofung municipality.

### **2.2 ORIGIN AND HISTORY OF HOMOEOPATHY**

The system of Homoeopathy was developed by a German Physician, Samuel Hahnemann, (1755-1843). Homoeopathy is a therapeutic medical system, which is based on the observation that substances that are capable of causing diseases of the mind or body in healthy people, can be used in the dilute form as remedies to treat the similar disorder in someone who is ill (AHPCSA 2010). Consequently, it considers that the individual is a unique human being; it utilises immensely diluted medicine that stirs body's own immune defence system to initiate the healing process (Loudon 2006).

Similarly, the Homoeopathic Association of South Africa [HSA] (2012) explains the key to successful Homoeopathic treatment is identifying the similarity between the effects of the original substance in healthy people and the pattern of illness in the individual who is sick. Homoeopathic method involves an exceptionally complete and detailed description of the patient, the illness and its evolution (Koithan *et al.* 2015).

The following are the fundamental laws that govern Homoeopathy:

- Law of similar “like cures like” – which states that a substance that produces symptoms in healthy people can cure the same symptoms in the dis-eased individuals. This is achieved by administering Homoeopathic remedies, which have the ability to elicit an artificial medical disease state that is similar but stronger than natural disease (Chauhan and Gupta 2007).
- Law of simplex – This law explains that only one single, simplex remedy that matches the totality of the patient's symptoms and that of the unique disease picture of the remedy is to be for one given case. This is also called the “simillimum” (De Schepper 2001).
- Law of minimum dose – This laws states that there is reduction of the drug initial substance by a succession of trituration or dilutions and at every step of dilution an inert medium like alcohol or saccharum lactose is employed to achieve this dilution (De Schepper

2001). Homoeopathic remedies aid the body to heal itself, by stimulating the body's own energy or vital force (De Schepper 2001 and Vithoulkas 1998).

### **2.3 HOMOEOPATHY AND SCOPE OF PRACTICE**

As stated by the Allied Health Profession Act, 1982 (Act 63 of 1982) in South Africa, a Homoeopathic practitioner is able to diagnose, and treat or prevent, physical and mental disease, illness or deficiencies in humans; prescribe or dispense medicine; or provide or prescribe treatment for such disease, illness or deficiencies (AHPCSA 2010). The practitioner performs physical examinations for the appropriate system affected and the patient is then given a remedy that best suits their typology and the main complaint, the symptoms are supervised over time and dietary advice is given when necessary (AHPCSA 2010).

### **2.4 HOMOEOPATHIC EDUCATION IN SOUTH AFRICA**

Homoeopathy was first introduced in South Africa by Dutch settlers, in the late 1920s (Gower 2013). Bill Lilly launched Lindlahr College in 1950 where the first group of practitioners graduated. In 1969 Dr. Lionell Mathews formed the South African Institute of Naturopathy and the worldwide College of Osteopathy. He later set up the South African Institute of Homoeopathy and students graduated with a diploma in Homoeopathy after 3 years. In 1974, the government implemented a registration process for those already in practice and in 1982 a new Act, the Chiropractors, Homoeopaths and Allied Health Services Professions Act, (Act 63 of 1982) was passed (Gower 2013).

The UJ and the DUT are accredited nationally to offer their respective programmes in Homoeopathy (AHPCSA 2014). Homoeopathic training in South Africa is a five-year full-time degree and that includes all the medical subjects such as anatomy, physiology, pharmacology, general pathology and systemic pathology. The course changed to a Masters in Health Sciences (MHSc) in 2015 at the DUT (DUT Homoeopathy Handbook 2020).

### **2.5 HOMOEOPATHY AS A PROFESSION IN SOUTH AFRICA**

#### **Legal aspects**

AHPCSA is a statutory health body established in terms of the Allied Health Professions Act, 63 of 1982 (the Act) to regulate all allied health professions, which includes Ayurveda, Chinese Medicine, and Acupuncture, Chiropractic, Homeopathy, Naturopathy, Osteopathy,

Phytotherapy, Therapeutic Aromatherapy, Therapeutic Massage Therapy, Therapeutic Reflexology and Unani-Tibb (Republic of South Africa 1982).

The AHPCSA have a code of ethics that governs the professions. The guidelines help the practitioner in determining the course of action that would be most ethically appropriate according to each situation (Allied Health Profession Act and Regulations 2015). All qualified Homoeopaths must register with AHPCSA in order to practice Homoeopathy legally within South Africa (AHPCSA 2015).

## **2.6 HOMOEOPATHY GLOBALLY**

Homoeopathy is a well-established and effective system of medicine, with an increasing demand both nationally and internationally (Mann *et al.* 2004; Kemper *et al.* 2008; Joos *et al.* 2008). In South Africa it is used by a small number of people because it is unknown to most of the population but it is fast growing (AHPCSA 2019).

In the United Kingdom (UK) Homoeopathy has been partially incorporated into the public healthcare system (Robert 2008). Some of the public hospitals also offer Homoeopathic treatments to patients. The evaluation of the effectiveness of Homoeopathic inclusion in public hospitals and the results achieved revealed that Homoeopathy is beneficial in public hospitals and clinics and that patients were responding positively to the treatment, especially patients with chronic illness and stress related illness (Robert 2008 and Spence, Thompson and Barron 2005).

India has an increasing number regarding the use of Homoeopathy and has been successfully integrated into the healthcare system (Bakshi 2013). It merges well with the traditional beliefs of India and is one of the popular therapies (Raman and Manchanda 2011).

## **2.7 HOMOEOPATHY IN SOUTH AFRICA AND RESTRICTION ON SCOPE OF PRACTICE.**

In South Africa, Homoeopaths are taught within the context of medical standards and they offer a first line therapy with a safe and effective form of natural treatment, managed by professionals which are allowed to refer to specialists when required (Leisegang 2010). Allopathic medication is the only option accessible in the health care facilities which limit patient option to choose another form of treatment option due to the scarcity of knowledge of Homoeopathy (Van Wyk cited by Pillay 2013).

Homoeopathy is currently not included officially within the public primary healthcare sector in South Africa, although it could theoretically serve to enhance this health sector and thus improve access to healthcare overall (Smillie 2010). This results in lead to people considering only orthodox medical practitioners as a form of primary health care and not considering alternative therapies for the lack of knowledge and awareness and access.

## **2.8 MALUTI-A-PHOFUNG HEALTHCARE**

There are two hospitals in Qwaqwa and another small hospital in Harrismith. Residents of Harrismith, Kestel and Warden are dependent on these three hospitals for medical services. If complementary medicine is included with in the South African Primary Health care service, it will benefit patients, and possibly ease the strain on mainstream healthcare facilities (Paterson 2000). Whistleblowers (2015) highlighted that there are three hospitals in the Maluti-a-Phofung municipality: Mofumahadi Manapo, Elizabeth Rose hospitals, which are based at Qwaqwa, and one in Harrismith: Thebe hospital and approximately 14 clinics in Qwaqwa. There is a constant shortage of even the most basic medications and consumables within these facilities, patients and their families often have to buy consumables like wound dressings and basic medications, items which should be available in any hospital. At Thebe Hospital, there is lack of equipment or specialists to diagnose diseases thus patients wait for long periods before starting necessary treatment and many are thus transferred to Mofumahadi Manapo (Mofokeng 2018). Three towns depend on one hospital for assistance which puts more strain on the hospital and healthcare workers.

African traditional medicine has been used by Africans for a long time before the colonial era and the arrival of allopathic medicine (Natako 2006). According to the WHO (2008), traditional medicine includes a variety of practices, methods, knowledge, and beliefs incorporating plant, animal, and/or mineral based medicines; spiritual therapies; manual techniques; and exercises, applied singly or in combination to maintain well-being, so as to treat, diagnose, or prevent illness. It has been observed to be more affordable, accessible and acceptable to the African communities (Lilford 2016).

## **2.9 KNOWLEDGE, ATTITUDES AND PERCEPTION TO COMPLEMENTARY AND ALTERNATIVE MEDICINE-INTERNATIONAL CONTEXT**

Shahzad *et al.* (2012) and Majola (2015) indicated the necessity of conducting a knowledge, attitudes and perception study that was to investigate the knowledge of the community on Homoeopathy, as well as the public's perception towards Homoeopathy.

Wilkinson and Simpson (2001) performed a survey to ascertain the attitudes towards the use of complementary therapies by undergraduate Bachelor of Nursing, Pharmacy and Biomedical Science Students in Turkey. Results indicated 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.

Kyu (2008) did a cross sectional survey to compare the patient knowledge of experience with and attitudes towards complementary and alternative medicine (CAM). Using convenience sampling, 485 nurses and 367 patients were given questionnaires which covers issues including their knowledge levels and attitudes towards their use of CAM and then data was analysed using descriptive and inferential statistics. The results revealed that the nurses had more knowledge regarding CAM than patients, some had heard about CAM but few had sufficient knowledge about it. Young (2008) also mentioned that nurses should be trained or educated about the use of CAM so as they will be able to answer the questions of patients because they have an important role in helping patients use CAM safely.

Mao (2013) states that gaps still exist regarding the use, knowledge, beliefs and efficacy of CAM in professional nursing practice. There were three conditions which adults identified for using CAM; back pain, neck pain and joint pain. A descriptive study was conducted exploring registered nurse's attitudes and knowledge regarding CAM by using the Nurse Complementary And Alternative Survey. The results showed that there is still limited knowledge about basic CAM terminology and CAM practices.

Complementary alternative medicine refers to a broad set of health care practices that are not part of that country's own tradition or conventional medicine practices and are not fully integrated into the dominant health care system. They are used interchangeably with traditional medicine in some countries (WHO 2014).

Mahomed (2019) assessed the perception and utilization of CAM of students at the University of Sharjah, the study conducted a cross sectional survey by administering 225 questionnaires which were divided into 3 categories covering firstly socio –demographic data, CAM

knowledge and the practicing pattern and lastly evaluation of CAM beliefs and psychological behaviour behind CAM utilization. The results showed that 74% of respondents were aware of CAM and had heard of studies about CAM through advertisements and/ or through friends and family, but only 7% of participants knew of CAM through specialized CAM centres.

## **2.10 KNOWLEDGE, ATTITUDES AND PERCEPTION TO COMPLEMENTARY AND ALTERNATIVE MEDICINE AMONGST THE SOUTH AFRICAN PUBLIC**

Small (2004) conducted a survey on the perception of Homoeopathy in grade 12 learners in Durban, South Africa. A questionnaire was compiled and administered to a sample group of final level secondary education students at selected schools within the Durban metropolitan area of Kwa-Zulu Natal. One school was selected from each of the twelve districts comprising the two regions within the greater Durban area in order to provide a cross section of the demography of the area. Each school was visited and the questionnaire was introduced to learners, who completed and returned it immediately. A short presentation on Homoeopathy as a therapy and a career ensued. This method of administering the survey ensured a high return of completed questionnaires. The responses confirmed the hypothesis that there is a large degree of ignorance within the population regarding Homoeopathy. The great majority of respondents (76.0%) had never heard of Homoeopathy, and only 3.7% had ever been treated Homoeopathically. However, it is encouraging that more than 80% of those who had no experience of Homoeopathy wished to learn more about it. As would be expected from this lack of knowledge of the subject, a large percentage of respondents were unable to provide an opinion on statements aimed at assessing their perceptions of Homoeopathy. This trend was also evident with regard to statements on the safety and efficacy of Homoeopathic remedies, where 57.7% and 64.4% respectively could not venture an opinion (Small 2004).

Paruk (2006) designed a study to determine the knowledge, attitudes and misconceptions that presently exist, regarding Homoeopathy. However, the study was directed at pregnant women attending private facilities in particular as this group represents potential consumers, it was presumed that their opinions would provide a useful indicator of the knowledge and understanding of Homoeopathy in general. The results revealed that, even though they had heard about Homoeopathy, there was a lack of awareness and knowledge of the methods of treatment, further to that, there was a misconception that Homoeopathy is a form of herbalism (natural), uses a strict diet, emphasises a healthy lifestyle and a false impression that Homoeopathy is mainly for chronic conditions.

Harripershad (2009) conducted a survey in an attempt to determine the perception of adults in Durban central towards paediatric Homoeopathy. A total of 300 questionnaires were distributed and 140 questionnaires (46%) were returned. Only 10,64% of respondents consulted with a Homoeopath when their children were ill. The vast majority of 77,14% indicated that Homoeopathic treatment should be available in hospitals and clinics and only 3,57% voiced that Homoeopathic treatment should not be incorporated in hospitals and clinics (Harripershad 2009).

Lamula (2010) performed a study to determine the perception of Homoeopathy amongst African adults residing in Mnambithi municipality of KwaZulu-Natal in South Africa. 1034 questionnaires were distributed and the sample consisted of 50, 3% males and 49, 5% females. Most respondents (98,6%) had not heard of Homoeopathy before and only 0.1% of respondents had consulted a Homoeopath before. 83,8% of respondents answered that they would consider consulting a Homoeopath in the future and 43,3% indicated they were interested in learning more about Homoeopathy (Lamula 2010). From the results, it showed that the level of knowledge of Homoeopathy amongst respondents was minimal with only 10 out of 1034 respondents having heard of Homoeopathy but there is a little interest to learn more about it (Lamula 2010).

## **2.11 KNOWLEDGE, ATTITUDES AND PERCEPTION TO COMPLEMENTARY AND ALTERNATIVE MEDICINE AMONGST SOUTH AFRICAN HEALTHCARE PROFESSIONALS**

In 2005, Maharajh conducted a survey to determine the perceptions of General Practitioners (GPs) and pharmacists in the greater Durban region towards Homoeopathy. A total of 484 questionnaires were distributed, and a total of 97 GPs and 58 pharmacists responded. The data revealed that a large percentage of GPs (42.3%) and pharmacists (46.6%) perceived that they had a lack of knowledge on Homoeopathy to comment on the subject. Only a small percentage of pharmacists (12.1%) and GPs (12.4%) perceived Homoeopathy as an excellent form of treatment. It was determined that GPs and pharmacists had a very limited knowledge of Homoeopathy which could result from the lack of communication between Homoeopaths, GPs and pharmacists (Maharajh 2005).

Pillay (2013) designed a study on the knowledge, attitudes and perceptions of primary health care nurses in the eThekweni municipality district with regards to the inclusion of Homoeopathy within the South African primary health care service. The survey procedure used was a self-administered questionnaire and the study population were nurses

that had been working for a minimum of 3 years in the primary health care sector in the Ethekewini Municipality District.

A total of 205 questionnaires were dispersed and overall 108 (52.68%) questionnaires were returned with 100 properly completed and then analysed. The results revealed that 74% of participants felt that Homoeopathy should be made available at hospitals and clinics. 69% of participants agreed (strongly agreed or agreed) that Homoeopathy should play an active role in the primary health care system in South Africa. The target group's attitudes were positive as 58% of participants said they would personally use Homoeopathy as a source of Primary Health Care. The majority of the participants (71%) felt that Homoeopathy should be available as a treatment for most conditions.

The survey studies conducted thus far have shown a great potential and interest in learning more about Homoeopathy. According to Love (2016) a recent KAP study was conducted to determine the experience of patients obtaining Homoeopathic care as a form of primary health services in the public sector. The results of this study revealed that the participants have trust in Homoeopathic health providers and the treatment offered by Homoeopaths, Further, this KAPS study in Maluti-a-Phofung has revealed that there is still a gap that exists in the public and further campaigns have to be undertaken to increase the public's awareness of Homoeopathy. There is a need for more research to be conducted among the public in addition to creating more effective public education campaigns (Moys 1998; Small 2004; Macquet 2007).

## **2.12 SUMMARY OF THE CHAPTER**

Chapter 2 presented the literature that was reviewed in support of the current study and a description of how the literature search was conducted. The next chapter focuses on the design and methodology that was used to conduct the study.

## **CHAPTER THREE**

### **3.1 INTRODUCTION**

This chapter discusses the methodology used to design and execute this study. It looks at various aspects of the research method, including study design, study population, sample size and study population, ethics, research recruitment and the process of data collection and analysis.

### **3.2 THE STUDY DESIGN**

This study employed a quantitative design, which utilised a self-administered questionnaire to investigate the knowledge, attitudes and perceptions of members of the Maluti-a-Phofung municipality about Homoeopathy. According to Williams (2007: 66) a quantitative research design includes a numeric or statistical approach to a research design. Leedy and Ormrod (2001) explained that quantitative research is exact in its surveying and experiment, as it builds upon current theories and is independent to the researcher. The researcher used mathematical models as the methodology of data analysis. The survey involved collecting information from a target population which represented the entire population in the form of structured questionnaires (Polit and Beck 2008). Mullinix *et al.* (2015), described that the hallmark of the study techniques is the ability to make generalisation of a bigger population.

### **3.3 STUDY SETTING**

The study was conducted at Maluti-a-Phofung municipality in the Free State province with a focus on schools and churches. Qwaqwa, also called Witsieshoek, is part of the Orange Free-State: which falls under the Maluti-a-Phofung municipality. Qwaqwa is adjacent to Harrismith which is a town between the provinces of KwaZulu-Natal and Gauteng and also falls under the Maluti-a-Phofung municipality with Phuthaditjhaba being the urban centre surrounded by the rural villages of Qwaqwa. In 2011 the population size was 335 784, it accumulates almost 46% of the district population comprising of predominantly Africans. According to the South African Census (2011) there were 100228 households in the Maluti-a-Phofung local municipality, with an average of 3-4 people per household. Sex ratio of males per 100 females was 83.9% , and population of age 15 to 64 years based on the age structure was 64.5 % in 2016 (Census 2011). The area was chosen because it was known to

have insufficient healthcare facilities and healthcare workers and was a region where KAP towards Homoeopathy had not been previously determined.

### 3.4 STUDY POPULATION

Population size is defined as the actual number of individuals in a population (Farmer 2011). According to the 2011 South African Census (Statistics South Africa 2011) the population size was 335784 in the Maluti-a-Phofung municipality. The study population for this survey were South African residents who lived for a minimum of 2 years at the Maluti-a-Phofung municipality in the Free State province. The inclusion and exclusion criteria was utilised to select eligible participants for this study.

### 3.5 THE SAMPLE TECHNIQUE

Bhat (2019) defines the term 'sample' as the number or set of data that is chosen from the whole population by using predefined selection, as it is impractical to use the entire population for the study especially if the population is large, in this survey, non-probability convenience sampling was applied to select the participants. Saunders (2019) refers to convenience sampling (also known as available sampling) as a method that depends on data collection from whoever is easily available to the researcher and is conveniently available to take part in the study, this is done when there are cost limitations as it is economical and easy to implement. Leiner (2014) mentioned that convenience sampling has a tendency to severe bias, nevertheless in the absence of a formal sample frame, ruling out the possibility of random sampling and due to budgetary limitations and population accessibility challenges, convenience sampling was applied.

### 3.6 STUDY SAMPLE

The minimum sample size of the study was calculated to be 246 (Onwubu 2019). This was calculated using Cochran sample size estimate 
$$n = \frac{z^2 pq}{e^2}$$

$$n = 1,96^2 \times 0.2 \times 0.8 \div 0,05^2 = 245,8624$$

N= estimated population, z = 1,96 (area under the curve, standard), q=(1-p), P= 20% of the sample size will be estimated and e= margin of error =0.05%

$$n = \frac{\frac{n_0}{1 + (-\cap_0 - 1)}}{N}$$

$n_0$ =estimated sample size,  $n$ =true sample size,  $N$ =total population.

This equates to  $n = 246$

### 3.7 THE QUESTIONNAIRE

A research tool in a form of a questionnaire available in English and Sesotho (**Appendix F1, F2**) was adapted from (Lamula 2010). Instructions on how to answer the questionnaire were properly explained within each questionnaire itself.

The questionnaire comprised of 30 questions divided into 3 sections:

- Section 1: 'Background information' (demographical data)
- Section 2: 'What do you know about Homoeopathy'
- Section 3: 'Your Experience with the health care profession'

The questionnaires included relevant questions in assessing the knowledge and attitudes about Homoeopathy as well as the role and general understanding of the function of a Homoeopathic practitioner. It assessed respondent's perceptions (Homoeopathic remedies, effectiveness, and safety of treatment) and awareness (training, and practices) of Homoeopathy, including common understanding of how Homoeopathy works, the Homoeopathic consultation, the role of Homeopathy within the well-being healthcare system, and the level of education required to be a Homeopathic professional in South Africa.

### 3.8 THE PARTICIPANTS

The population targeted was South African residents of the Maluti-a-Phofung municipality.

#### 3.8.1 Inclusion criteria:

- Citizen of the Republic of South Africa
- Any race group

- Over 18 years of age and above
- Residents of the Maluti-a-Phofung Municipality for more than 2 years
- Fluency in either English or Southern Sesotho

### **3.8.2 Exclusion criteria:**

- Anyone who did not consent to participate in the study
- All incomplete questionnaires were excluded from the study

## **3.9 RECRUITMENT**

**Step one:** Upon receiving consent from the respective community leaders, i.e. school principals (**Appendix C1, C2**) and religious pastors (**Appendix D1, D2**) the researcher approached potential participants at different school and church meetings in the Maluti-a-Phofung municipality and gave them a brief presentation about the study and also handed out information letters (**Appendix A1, A2**) which contained information regarding the study including the fact that participation was voluntary and that there was no incentive or reward for participation therein.

**Step two:** Those who agreed to take part in the study were given additional relevant documents, i.e. informed consent forms which were signed upon agreeing to participate (**Appendix B1, B2**)

**Step three:** The procedure was designed so as to be as convenient for the potential participant as possible allowing for participants to complete the questionnaire whilst the researcher waited or to complete and return the questionnaire at a later stage. The provision of various collection boxes at respective community sites allowed for participants to return the questionnaire at a later stage should they have preferred to respond in this manner. This method was employed only in large gathering sites such as churches and schools where the box was safe and easy for the participant to find. The estimated time for completion of the questionnaires was 20 minutes.

## **3.10 DATA COLLECTION PRODECURE**

- The researcher obtained consent from relevant officials such as the municipality, schools and churches. A gatekeeper permission letter was sent (**Appendix C1, C2**) to as many

schools and churches as could be identified (**Appendix D1, D2**). The researcher made a telephonic appointment with relevant officials to discuss the study and obtain permission. These venues served as common locations where the community held general meetings and social gatherings, as opposed to strictly religious or educational activities.

- After obtaining gatekeeper permission, the researcher requested to be part of the group meetings at different churches and schools to explain the study to the groups. An information letter (**Appendix A1, A2**) was given to the interested individuals who met the inclusion criteria, accompanied by the informed consent form (**Appendix B1, B2**) and the data collection questionnaire, (**Appendix F1, F2**) which were collected after completion. The questionnaire took approximately 20 minutes to complete and were supplied in the language preferred by the potential participant (English or Southern Sesotho).
- Participation was strictly on a voluntary basis and free of coercion or incentive.
- In addition to detailed instructions being provided within each questionnaire, the researcher was available to assist if necessary. After completion, the questionnaires were placed in a separate box from the informed consent document in order to maintain anonymity (Moys 1998;Macquet 2007; Lamula 2010)

### **3.11 CONFIDENTIALITY & ANONYMITY**

Confidentiality and anonymity of survey data was achieved by the following:

- Completed questionnaires contained no identifying data i.e. responses were anonymous.
- Completed questionnaires were inserted into collection boxes by participants themselves.
- Informed consent documents (which did contain identifying information) were returned separately from completed questionnaires, making linking the identity of a participant to a questionnaire impossible.
- Informed consent data collected, processed, and archived in a manner which protects the identity of the participants, such data was only accessible to the researcher and research supervisor and subsequently archived within the Department of Homoeopathy at DUT in a secure facility.
- The identity of participants remained confidential and was not revealed at any stage of the research process including the data dissemination stage.

### **3.12 DATA ANALYSIS**

After the collection of all the questionnaires, the completed questionnaires were encoded. The data collected was recorded on an excel spreadsheet by the researcher. The data was then imported into SPSS® version 26.

#### **3.12.1 Components of the Statistical tests**

Statistics generally have two broad formats namely: descriptive and inferential statistics. Both of these aspects were used in the analysis of the obtained data. Descriptive statistics is defined as the analysis of data that helps describe, show or summarize data in a meaningful way (Linda, Mason and Marchal 2002). Descriptive statistical data was presented in the form of bar graphs, frequency and pie charts.

Inferential statistical analysis, by contrast, practice the laws of probability to create inferences and draw conclusions about the sample data (Johnson and Christensen 2012). In this study, non-parametric inferential statistics using the one-sample t-test was used to compare the scoring pattern of the participants. Kinnear and Gray (2005) indicated that the t-test is the most appropriate test to examine a survey sample of dichotomous nominal data.

### **3.13 VALIDITY AND RELIABILITY**

Validity and reliability are the two most significant features of a quantitative research as reported by (Winter 2000). Heale (2015) defined validity as the extent to which a concept is precisely measured in a quantitative study. Validity verifies whether the research actually measures what it was aimed to measure or how truthful the research results are (Joppe 2000). Validity and reliability refers to the extent to which the research results may be reproduced with similar subjects in a similar context i.e. the likelihood that similar results would emerge (Linda *et al.* 2016). The validity and reliability of this research study was ensured by the following measures:

- 1) Describing in detail all the steps taken in conducting the study from start to finish.
- 2) The analysis phase initiated by the researcher was checked by the research supervisors for any discrepancies.

Golafshani (2003) clarified that in construct validity, the researcher could determine the validity of the research by inquiring a series of questions in which answers are found in the work of others. Since the research questions for this study were adapted from the literature (Lamula 2010), the validity of this study was premised on the construct validity.

Reliability relates to the consistency of a measure. An estimate of reliability is achieved through different measures, and precise representation of the total population under study. The reliability of the study was assessed against Cronbach's alpha coefficient. Leontitsis and Pagge (2007) have shown that Cronbach's alpha is a measure of reliability for quantitative survey research.

### **3.14 ETHICS**

The study was carried out according to DUT ethics standards and protocol. The research only commenced after obtaining full ethical approval by the DUT Institutional Research Ethics Committee (Rec 171/19) (**Appendix A**), and gatekeepers' permission from the municipality (**Appendix E**), various schools (**Appendix C1, C2**) and churches (**Appendix D1, D2**).

Participation in this study was voluntary, if the individual was not comfortable to participate in this study they were allowed to withdraw at any time. There was no coercion to participate. After prospective individuals were informed of all the known possible risks involved, consent was granted from those who agreed to take part in the study; they were requested to sign an informed consent form (**Appendix B1, B2**). Participants were made aware that they would be no rewards given to participate in the study.

These three basic ethical principles: the principles of respect for persons, beneficence and justice was adhered to continually. Respect for persons refers to respecting their autonomy and respect that they are entitled to protection (Polit and Beck 2012). Beneficence refers to doing no harm and to giving consideration to the potential benefits and/or risks that the individual may encounter as a result of this research (Polit and Beck 2012). The researcher also looked for ways to maximize any possible benefits that the research may embody for research participants while still upholding the principle of justice (Polit and Beck 2012). Of utmost importance was the maintenance of the safety and confidentiality of all the participants, both in the data analysis and discussion and dissemination of findings (Polit and Beck 2012). Prior to the participants completing their questionnaire they needed to sign an

informed consent form as reflected in **Appendix B1**, and were assured of strict confidentiality and handling of research data. Participant's rights were maintained by the means of written informed consent which did not include their personal details. Further, the information presented in the results chapter of this dissertation does not make reference to participant's identity.

### **3.15 SUMMARY OF THE CHAPTER**

This chapter specified the research methodology, design and approach in the study. It also has outlined the study population, study setting, recruitment procedure, data collection instrument, and method of data analysis undertaken in the study as well as the relevant validity, reliability and ethical standards applied. The next chapter will outline the results of the study.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

This chapter presents the outcome of the data gathering process, reports the results and discusses the findings obtained from the perception of Homoeopathy questionnaire administered to Maluti-a-Phofung municipality community members. The data that emerged from the participants were analysed in line with achieving the research objectives. All analyses were performed using SPSS version 26.

#### 4.1 Socio-demographic characteristics of the participants

This section detailed the socio-demographic characteristics of the respondents in this study.

##### 4.1.1 Gender

The gender of the respondents is shown in Table 4.1. The majority (n=153; 67.7%) were females while males constitute only 73 (32.3%).

**Table 4.1: Respondents gender**

		Frequency	Percent
Gender	Male	73	32.3
	Female	153	67.7
	Total	226	100.0

##### 4.1.2 Age group

Table 4.2 detailed the age group distribution of the respondents. The majority (n=64; 28.3%) were 26-33 years old, 55 (24.3%) were 21-25 years old, 43 (19%) 41 and above years old, 40 (17.7%) 18-20 years old, and 23 (10.2%) 34-40 years old. Overall, it can be gathered that the majority (n=159; 70.4%) of the respondents were drawn from a youthful age group (18-33).

**Table 4.2: Respondents age group distribution**

	Frequency	Percent
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Age group	18-20	40	17.7
	21-25	55	24.3
	26-33	64	28.3
	34-40	23	10.2
	41 and above	43	19.0
	53	1	.4
	Total	226	100.0

#### 4.1.3 Home language

The majority 138 (61.1%) of the respondents spoke Sesotho as their home language, followed by 81 (35.8%) who spoke IsiZulu and 7 (3.1%) whose home language was English.

**Table 4.3: Respondents home language**

		Frequency	Percent
Language	Sesotho	138	61.1
	English	7	3.1
	IsiZulu	81	35.8
	Total	226	100.0

#### 4.1.4 Marital status

The marital status of the respondents is given in Table 4.4. The majority of the respondents 192 (85.0%) have never been married whilst 12 (5.3%) were married, 10 (4.4%) separated from their partners, 9 (4.0%) divorced, and 3 (1.3%) widowed.

**Table 4.4: Respondents marital status**

		Frequency	Percent
Status	Never married	192	85.0
	Married	12	5.3
	Divorced	9	4.0
	Widowed	3	1.3
	Separated	10	4.4
	Total	226	100.0

#### 4.1.5 Occupational status

Table 4.5 describes the respondents' occupational status. A majority of 63 participants (27.9%) were employed full-time, 42 (18.6%) were unemployed and 33 (14.6%) were students. Other occupation status variables indicated include pensioners (n=27; 11.9%), employed part-time (n=26; 11.5%), self-employed (n=25; 11.1%), and housewives (n=8; 3.5%).

**Table 4.5: Respondents occupational status**

		Frequency	Percent
Status	Unemployed	42	18.6
	Employed part-time	26	11.5
	Employed full-time	63	27.9
	Self employed	25	11.1
	Housewife	8	3.5
	Pensioner	27	11.9
	Student	33	14.6
	Other	2	.9
	Total	226	100.0

#### 4.1.6 Residential area

The respondent's area of residence within the study location is given in Table 4.6. Most of the respondents (n=108; 47.8%) resided in formal townships, 101 (44.7%) in the rural areas, 10 (4.4%) reside in the centre of towns, and 7 (3.1%) in the suburbs.

**Table 4.6: Respondents residential area**

		Frequency	Percent
Area	Suburb	7	3.1
	Centre of town	10	4.4
	Formal Township	108	47.8
	Rural area	101	44.7
	Total	226	100.0

#### 4.1.7 Exact residential area location

This section detailed the exact residential area of the respondents.

#### 4.1.7.1 Suburb dwellers

The majority of suburb dwellers resided in Vilgepark (Table 4.7).

**Table 4.7: Residential area of suburbs dwellers**

		Frequency	Percent
Area	Lottasville	1	14.3
	Phuthaditjhaba	2	28.6
	Slovo park	1	14.3
	Vilgepark	3	42.9
	N	7	100.0

#### 4.1.7.2 Centre of town

Half (n=9; 90%) of the centre town dwellers resided in the Phuthaditjhaba area.

**Table 4.8: Residential area of centre town dwellers**

Cx		Frequency	Percent
Area	Phuthaditjhaba	9	90.0
	Welgepark	1	10.0
	n	10	100.0

#### 4.1.7.3 Former Township

All (n=108; 100%) of the formal township dwellers resided in the Intabazwe area of the town (Table 4.9).

**Table 4.9: Residential area of formal township dwellers**

		Frequency	Percent
Area	Intabazwe	108	100.0
	n	108	100.0

#### 4.1.7.4 Rural areas

Nearly half (n=49; 48.5%) of rural dwellers resided in the Boiketlo (Table 4.10).

**Table 4.10: Residential area of rural dwellers**

		Frequency	Percent
Area	Boiketlo	49	48.5
	Bolata	2	2.0
	Harankopane	3	3.0
	Intabazwe	3	3.0
	Katlehong	8	7.9
	Mandela Park	20	19.9
	Mangaung	1	1.0
	Namahadi	1	1.0
	Phamong	1	1.0
	Qwaqwa	1	1.0

#### 4.1.8 Highest level of education

The level of education of the respondents is given in Table 4.11. Out of 173 responses, (n=83; 48.0%) hold less than a matric (Grade 12) qualification, 51 (29.5%) were matric holders, 30 (17.3%) had diploma/degree, 8 (4.6%) were holders of a postgraduate diploma/degree while only 1 (0.6) had no schooling.

**Table 4.11: Respondents level of education**

		Frequency	Percent
Level	Less than matric	83	48.0
	Matric	51	29.5
	Diploma/degree	30	17.3
	Post graduate diploma/degree	8	4.6
	No schooling	1	.6
	N	173	100.0

#### 4.1.9 Monthly income

The monthly income earned by the respondents is shown in Table 4.12. Among those who responded (n=219), it was gathered that more than half of the respondents 139 (63.5%) earned no income, 33 (15.1%) less than R500 per month, 11 (5.0%) less than R1000 per month, and 10 (4.6%) R1000-R2999 per month. Other income brackets of the respondents are further highlighted in Table 4.12.

**Table 4.12: Respondents monthly income**

		Frequency	Percent
Income per month	No income	139	63.5
	Less than R500.00	33	15.1
	Less than R1 000.00	11	5.0
	R1 000-R2 999	10	4.6
	R3 000-R5 999	7	3.2
	R6 000-R9 999	6	2.7
	R10 000-R19 999	6	2.7
	R20 000-R29 999	3	1.4
	R30 000 or more	4	1.8
	N	219	100.0

**4.1.10 General health status**

As shown in Table 4.13, it can be seen that out of 221 responses, a high number 130 (58.8%) of the respondents had 'excellent health', 75 (33.9%) indicated to had 'good health', 11 (5.0%) described their health as 'reasonable' while 5 (2.3%) noted that their health was 'poor'.

**Table 4.13: Respondents general health status**

		Frequency	Percent
status	Excellent	130	58.8
	Good	75	33.9
	Reasonable	11	5.0
	Poor	5	2.3
	n	221	100.0

**4.1.11 Current medication type**

Table 4.14 describe the type of medication the respondents currently utilised. More than half of the respondents (n=120; 53.1%) claimed to take no medication. Among those who used medication, 28 (12.4%) used over the counter/non-prescription medications, 26 (11.5%) vitamin supplements, 21 (9.3%) natural/herbal medicine, 15 (6.6%) prescription medications and 12 (5.3%) African traditional medicines (n=2) while only 4 (1.8%) made use of Homoeopathic remedies.

**Table 4.14: Respondents current medication**

		Frequency	Percent
Types	Vitamin supplements	26	11.5
	Natural/herbal medicine	21	9.3
	Homoeopathic remedies	4	1.8
	Prescription medications	15	6.6
	Over the counter /non-prescription medications	28	12.4
	African traditional medicine	12	5.3
	Taking no medication	120	53.1
	Total	226	100.0

## 4.2 Knowledge of Homoeopathy

This section details the knowledge of Homoeopathy among the respondents. The results are summarised below.

### 4.2.1 Heard of Homoeopathy

When asked whether the respondents have ever heard of Homoeopathy, the majority (n=165; 73%) indicated 'no' while only 61 (27%) noted to have 'heard of Homoeopathy' (Table 4.15).

**Table 4.15: Number of respondents that have heard of Homoeopathy**

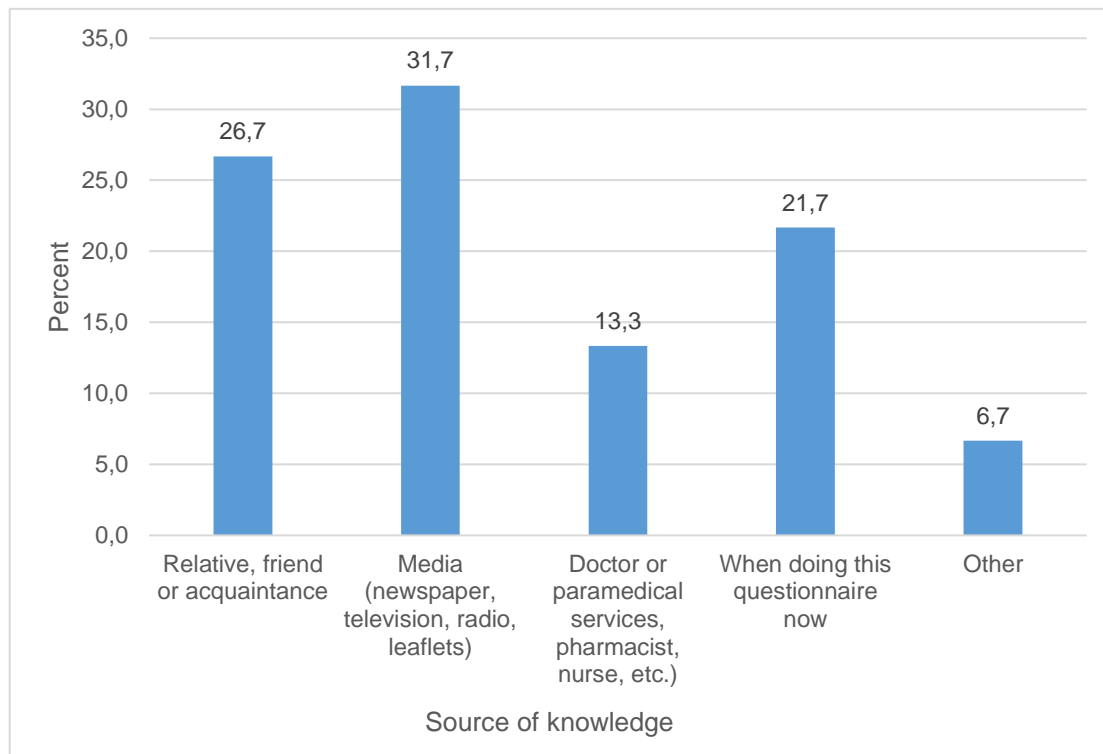
		Frequency	Percent
Heard of Homoeopathy	Yes	61	27.0
	No	165	73.0
	Total	226	100.0

A point worth mentioning is that only the respondents who had responded to had 'heard of Homoeopathy' (61 (27%)) were eligible to answer the questions in the sections that follow.

### 4.2.2 Source of knowledge

The source of Homoeopathy knowledge among the respondents (n=61) is given in Figure 4.1. More (n=19; 31.7%) heard of Homoeopathy through media such as newspapers, television,

radio, and word to mouth, 16 (26.7%) through relatives, friends, and acquaintances, 13 (21.7%) surprisingly claimed when completing surveys, 8 (13.3%) through their doctors, paramedical services, pharmacists, and nurses, while 4 (6.7%) from other sources not indicated.



**Figure 4.1: Showing the respondents' source of Homoeopathy knowledge**

#### **4.2.3 Perception of Homoeopathic scope of practice**

Table 4.16 highlights what the respondents perceived a Homoeopath does. The majority (n=38; 66.7%) indicated that Homoeopaths prescribe medicines that are diluted and shaken, 30 (51.7%) indicated that Homoeopaths take blood pressure while only 15 (25.9%) thought Homoeopaths stimulated the skin with sharp needles. Further to this, the majority (n=43; 74.1%) indicated that Homoeopaths boost the immune system, while only 23 (39.7%) believed that Homoeopaths usually prescribes painkillers.

Regardless of the above, 35 (60.3%) thought Homoeopaths could diagnose the majority of diseases, and 27 (46.6%) thought Homoeopaths make use of the remedies that can cause the same symptoms. However, only 20 (34.5%) believed that Homoeopaths made use of antibiotic treatments, looked into people's eyes to make diagnoses. Nonetheless, the majority (n=43; 75.4%) indicated that Homoeopaths prescribed plant extracts, and emphasised a

healthy life style (n=45; 78.9%), usually prescribe a diet (n=41; 71.9%), and can treat the majority of diseases (n=47; 82.5%).

Overall, it can be gathered that the majority of the respondents thought Homoeopaths could treat the majority of diseases, emphasised a healthy life style, prescribed plant extracts, boosted the immune system, usually prescribed a diet, and prescribed medicines that are diluted and shaken.

**Table 4.16: Respondents perceptions of Homoeopaths' scope of practice**

Scope of practice	Yes		No		Total
	Number	%	Number	%	
Prescribes medicines that are diluted and shaken	38	66.7	19	33.3	57
Takes blood pressure	30	51.7	28	48.3	58
Stimulates the skin with sharp needles	15	25.9	43	74.1	58
Boosts the immune system	43	74.1	15	25.9	58
Usually prescribes painkillers	23	39.7	35	60.3	58
Can diagnose the majority of diseases	35	60.3	23	39.7	58
Makes use of the remedies that can cause the same symptoms	27	46.6	31	53.4	58
Makes use of antibiotic treatments	20	34.5	38	65.5	58
Looks into people's eyes to make diagnoses	20	34.5	38	65.5	58
Prescribes plant extract	43	75.4	14	24.6	57
Emphasizes a healthy lifestyle	45	78.9	12	21.1	57
Usually prescribes a diet	41	71.9	16	28.1	57
Can treat the majority of diseases	47	82.5	10	17.5	57
Notes: Not all the 61 respondents commented					

#### 4.2.4 The reliability of Homoeopathy practice

Table 4.17 highlights what the respondents thought about Homoeopathic medicine and practice. The majority (n=39; 66.1%) affirmed that Homoeopathy had a scientific base, while 27 (45.8%) believed that Homoeopathy medicines do not contain a chemical/drug material. Equally, only 26 (44.1%) believed that medicines were made from plants only. However,

more than half (n=33; 55.9%) thought that for the Homoeopathic medicines to work, you had to believe in it. Regardless of this, half (n=30; 50.8%) affirmed that Homoeopathic medicines had been tested through trial and error over many years, and 31 (52.5%) thought Homoeopathic medicines had undergone clinical trials.

Nevertheless, only 25 (42.4%) agreed that Homoeopathy works only on conditions that are not treatable by conventional medicine. Moreover, and in terms of the safety of Homoeopathic medicine, 34 (57.6%) agreed that Homoeopathic medicines are safe to use in new-borns and infants, 38 (65.5%) agreed that Homoeopathic medicines are safe to be used in pregnancy, and 40 (67.8%) agreed it is safe to be used by elderly people.

Drawing from the above, it is sufficient to assume that more of the respondents are in agreement on the scientific base of Homoeopathic medicine, its efficacy, clinical validity through scientific experimentation, and the safety of the medicines in infants, pregnancy, and the elderly.

**Table 4.17: Respondents perceptions of the reliability of Homoeopathy medicine and practice**

Reliability of Homoeopathy practice	Yes		No		Total
	Number	%	Number	%	
Homoeopathy has scientific base	39	66.1	20	33.9	59
The medicines do not contain chemical/drug material	27	45.8	32	54.2	59
Medicines are made from plant only	26	44.1	33	55.9	59
For the medicines to work you must believe in it	33	55.9	26	44.1	59
Medicines have been tested through trial and error over many years	30	50.8	29	49.2	59
Homoeopathic medicines have undergone clinical trials	31	52.5	28	47.5	59
Homoeopathy works only on conditions that are not treatable by conventional medicine	25	42.4	34	57.6	59
Homoeopathic medicines are safe to use in new-borns and infants years	34	57.6	25	42.4	59
Homoeopathic medicines are safe to be used in pregnancy	38	65.5	20	34.5	58
Safe to be used by elderly people	40	67.8	19	32.2	59
Notes: Not all the 61 respondents commented					

### 4.3 Homoeopathy and African traditional healing practice

This section examines the similarities and or differences between Homoeopathic practice and African traditional healing system such as Inyanga/Isangoma.

#### 4.3.1 Similarities between Homoeopathy practice and traditional healers

When asked whether the respondents think traditional healers and Homoeopaths do the same thing, 33 (55.9%) indicated 'no' while 26 (44.1%) indicated 'yes' (Table 4.18).

**Table 4.18: Respondents views on similarities between Homoeopathy practice and traditional healers**

		Frequency	Percent
The	Do you think traditional healer and Homoeopaths do the same thing?	Yes	26
		No	33
		Total	59
			44.1
			55.9
			100.0

reasons provided by the respondents on the differences and similarities between Homoeopathic practice and traditional healers are summarised in Table 4.19. For those (n=26) who noted that Homoeopathic practice was similar to traditional healers, it was pointed out that both Homoeopathic and traditional healers are based on plant extracts, therefore they use the same approach of treatment. On the contrary, and among those (n=33) who assumed that Homoeopathy was different from traditional healers cited that Homoeopathy does not work with the spirit, nor uses ancestors to heal people like that of the traditional healers. Equally, it was noted that Homoeopathic medicine was centred on Western medicine. As such, it was noted that they carry out necessary research before prescribing their medicine. One of the respondents, however, stated that Homoeopathy is the bridge between the Western and traditional medicine. Hence, it was said that Homoeopathy works with modern herbs to treat medical problems.

**Table 4.19: Respondent's reasons for the similarities and or difference between Homoeopathy and traditional healers**

Reasons
<b>Similarities</b> Because they are mixing their own medicine made from plants Because they use the same medicine to bring health Homoeopath and inyanga use the same approach They both deal with herbs

They both use natural extract and with less side effects
They use traditional plants
<b>Differences</b>
Because Homoeopath don't work with spirits
Because I believe that Homoeopath is for western medicine
Because isangoma use ancestors, spirits to heal people
Because they don't get trained the same way
Healers use herbs, ancestral things whereas Homoeopath use meds
Homoeopath do necessary research before prescribing meds
Homoeopath use plants, pills and chemicals they are not the same
Homoeopathy is a healer who works with medicine to heal
I think Homoeopathy is a bridge between western and traditional
It works with modern herbs to treat medical related problems

An important point emerging from the differences between Homoeopathic practice and that of the traditional healers was that both do not undergo the same training and that Homoeopaths do not consult ancestral spirits which is a common practice in the traditional settings. To further verify these views, the respondents were asked if they think Homoeopaths undergo the same training as Inyanga/Isangoma. Among the 57 who responded, the majority (n=41; 71.9%) indicated 'no' while only 16 (28.1%) indicated 'yes' (Table 4.20).

**Table 4.20: Respondents views on the differences in training between Homoeopaths and traditional healers**

		Frequency	Percent
Do Homoeopaths undergo same training with Inyanga/Isangoma?	Yes	16	28.1
	No	41	71.9
	Total	57	100.0

With reference to practice of spirits and ancestors, the respondents were asked whether they thought Homoeopaths worked with spirits of the ancestors. Out of the 59 who responded, the majority (n=44; 74.6%) indicated 'no' while only 15 (25.4%) answered 'yes' (Table 4.21).

**Table 4.21: Respondents views of Homoeopaths working with spirits of the ancestors in their practice**

		Frequency	Percent
Homoeopaths work with spirits of the ancestors?	Yes	15	25.4
	No	44	74.6
	Total	59	100

#### **4.4 Homoeopathic treatment**

This section details the respondent's perceptions on the effectiveness of Homoeopathic medicine in the treatment of acute (short-lasting) and chronic (long-lasting) conditions. The results are summarised below.

##### **4.4.1 Effectiveness in acute treatment**

As shown in Table 4.22, 23 (39%) thought Homoeopathic medicine was more effective than orthodox medicine in the treatment of acute conditions, 10 (16.9%) indicated it is effective as orthodox medicine, 9 (15.3%) noted that it is not effective, and 8 (13.6%) noted that it was less effective than orthodox medicine.

Overall, out of the 59 responses, more (39%) claimed that Homoeopathic medicine was more effective than orthodox medicine in the treatment of acute conditions.

**Table 4.22: Respondents perceptions on the effectiveness of Homoeopathic medicine in treatment of acute conditions**

		Frequency	Percent
Effectiveness in acute treatment	Not effective	9	15.3
	More effective than orthodox medicine	23	39.0
	Less effective than orthodox medicine	8	13.6
	As effective as orthodox medicine	10	16.9
	Do not know	9	15.3

	Total	59	100.0
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#### 4.4.2 Effectiveness in chronic treatment

As shown in Table 4.23, 23 (39.7%) thought Homoeopathic medicine was more effective than orthodox medicine in the treatment of chronic conditions, 12 (20.7%) indicated that it was as effective as orthodox medicine, 8 (13.8%) less effective than orthodox medicine, while only 4 (6.9%) noted that it was not effective.

Overall, out of the 58 responses, more (39.7%) claimed that Homoeopathic medicine was more effective than orthodox medicine in the treatment of chronic conditions.

**Table 4.23: Respondents perceptions on the effectiveness of Homoeopathic medicine in treatment of chronic conditions**

		Frequency	Percent
Effectiveness in chronic treatment	Not effective	4	6.9
	More effective than orthodox medicine	23	39.7
	Less effective than orthodox medicine	8	13.8
	As effective as orthodox medicine	12	20.7
	Do not know	11	19.0
	Total	58	100.0

#### 4.5 Experience with health care professionals

This section deals with the respondent's perceived experience with health care professionals. It is worth stating here that all the 226 respondents participated in providing responses to this section.

##### 4.5.1 Medical professional solicited for medical advice

When asked to whom the respondents usually go for medical advice or consult when they feel ill or not feeling well, nearly half (n=108; 47.8%) consulted a medical specialist, 47 (20.8%) a general practitioner, 28 (12.4%) a spiritual healer, 16 (7.1%) Isangoma, 14 (6.2%) Inyanga, 8 (3.5%) other health care professionals, and 5 (2.2%) a Homoeopath (Table 4.24).

**Table 4.24: Medical professional respondents frequently consult for medical advice**

		Frequency	Percent
professionals	A general practitioner	47	20.8
	A medical specialist	108	47.8
	A Homoeopath	5	2.2
	A healer (e.g. spiritual healer)	28	12.4
	Inyanga	14	6.2
	Isangoma	16	7.1
	Other	8	3.5
	Total	226	100.0

#### 4.5.2 Current primary health care provider

When asked to indicate their current primary health care provider, the majority (n=107; 47.3%) indicated a medical specialist, 52 (23%) a general practitioner, 24 (10.6%) a spiritual healer, 17 (7.5%) Isangoma, 14 (6.2%) Inyanga, and 4 (1.8%) a Homoeopath (Table 4.25).

**Table 4.25: Respondents primary health care provider**

		Frequency	Percent
Primary health care provider	A general practitioner	52	23.0
	A medical specialist	107	47.3
	A Homoeopath	4	1.8
	A healer (e.g. spiritual healer)	24	10.6
	Inyanga	14	6.2
	Isangoma	17	7.5
	Other	8	3.5
	Total	226	100.0

#### 4.5.3 Perceptions of primary health care professionals

This section examines the respondents' perceptions of their primary health care provider. Chi-square tests were used to compare the scoring pattern of the respondents per items. The results are summarized in Table 4.26.

Regarding the statement "My healthcare provider prescribes medicine that makes me feel better", (n=119; 52.7%) believed that their healthcare providers prescription "sometimes"

made them feel better whilst (n=107; 47.3%) indicated it “always” made them feel better. There was no statistical difference in the scoring pattern (M=1.53;  $P>0.05$ ).

In terms of the statement “My healthcare provider listens to all I have to say about my illness or not feeling well, 121 of the respondents (53.8%) indicated that their healthcare provider “sometimes” listens to all they have to say about their illness while 104 (46.2%) indicated their health care provider “always” listens to all they have to say about their illness or not feeling well (M=1.54;  $P>0.05$ ). Similarly, more of the respondents (n=117; 51.8%) claimed that their healthcare provider “sometimes” treats them as his/her equal while 109 (48.2%) indicated their health care provider “always” treated them as equal (M=1.52;  $P>0.05$ ). Equally, more than half of the respondents (n=125; 55.3 %) alleged that their healthcare provider “sometimes” soon found out what was wrong with them while 101 (44.7%) indicated that their healthcare provider “always” did the same thing (M=1.55;  $P>0.05$ ).

Further to these, a statistical significance showed that more of the respondents (n=133; 58.8%) thought that their healthcare provider “sometimes” sympathized with their problems in contrast with 93 (41.2%) who thought that their healthcare provider “always” sympathized with their problems (M=1.59;  $P<0.0001$ ). On the contrary, more of the respondents (n=116; 51.3%) noted that their healthcare provider “always” knew of the best treatment for their illness or indisposition (M=1.49;  $P>0.05$ ).

Contrary to the above views, it was noted that more of the respondents (n=125; 55.6%) claimed that their healthcare provider “sometimes” put them at ease while 100 (44.4%) indicated they “always” did so (M=1.56;  $P>0.05$ ). More than half of the respondents (n=118; 52.7%) also noted that their healthcare provider “sometimes’ prescribed medicine too easily compared to 106 (47.3) who thought their healthcare provider “always” did so (M=1.53;  $P>0.05$ ). Added to these, significantly more of the respondents (n=128; 56.9%) thought that their healthcare provider “sometimes” prescribed too many medicines compared to 97 (43.1%) who thought their healthcare provider “always” did so (M=1.57;  $P=0.039$ ). As such, it was not surprising that significantly more (n=155; 68.4%) believed that their healthcare provider “sometimes” made them feel as if they were hiding something from them (M=1.69;  $P<0.0001$ ).

Moreover, significantly more of the respondents (n=129; 57.5%) noted that their healthcare provider “sometimes” examined them thoroughly when compared to 96 (42.7%) said their healthcare provider “always” examined them thoroughly (M=1.57;  $P=0.028$ ). It was also found

that significantly more of the respondents (n=137; 60.6%) claimed that their healthcare provider “sometimes” wanted to make money where as 89 (39.4%) who held the view that their healthcare provider “always” wanted to make money (M=1.61;  $P<.0001$ ).

Furthermore, and in terms of the statement “My healthcare provider discusses with me the treatment that he/she has in mind”, more than half of the respondents (n=120; 53.1%) thought their healthcare provider “sometimes” discussed with them the treatment plan whilst 106 (46.9%) noted that the healthcare provider “always” discussed the treatment he/she had in mind (M=1.53;  $P>0.05$ ). On the contrary, a significant proportion of the respondents (n=127; 56.7%) noted that their healthcare provider “sometimes” was interested in them as an individual when compared to 97 (43.3%) who thought their healthcare provider “always” was so (M=1.57;  $P=0.045$ ).

With respect to the statement “My healthcare provider diagnoses the majority of ailments correctly”, it was found that a significant majority (n=141; 62.9%) thought that their healthcare provider “sometimes” diagnoses the majority of their ailments correctly compared to 83 (37.1%) who thought their healthcare provider “always” diagnosed the majority of their ailments correctly (M=1.63;  $P<0.001$ ).

**Table 4.26: Perceptions of the respondents regarding their primary healthcare provider**

My healthcare provider:	Scale			Total	Mean	Chi Square P- value
	A	B	C			
Prescribes medicine that makes me feel better	107 (47.3%)	119 (52.7%)	-	266	1.53	0.425*
Listens to all I have to say about my illness or not feeling well	104(46.2 %)	121(53.8%)	-	225	1.54	0.257*
Treats me as his/her equal	109(48.2 %)	117 (51.8%)	-	226	1.52	0.595*
Soon finds out what is wrong with me.	101 (44.7%)	125 (55.3%)	-	226	1.55	0.110*
Sympathizes with my problems	93 (41.2%)	133 (58.8%)	-	226	1.59	0.008***
Knows of the best treatment for my illness or indisposition	116 (51.3%)	110 (48.7%)	-	226	1.49	0.690*
Puts me at ease	100 (44.4%)	125 (55.6%)	-	225	1.56	0.096*
Prescribes medicine too easily	106 (47.3%)	118 (52.7%)	-	224	1.53	0.423*
Prescribes too many	97	128 (56.9%)	-	225	1.57	0.039**

medicines	(43.1%)					
Makes me feel as if he or she is hiding something from me	71 (31.4%)	155 (68.4%)	-	226	1.69	0.000***
Examines me thoroughly	96 (42.7%)	129 (57.3%)	-	225	1.57	0.028**
Merely wants to make money	89 (39.4%)	137 (60.6%)	-	226	1.61	0.001***
Discusses with me the treatment that he/she has in mind	106 (46.9%)	120 (53.1%)	-	226	1.53	0.352*
Is interested in me as an individual	97 (43.3%)	127 (56.7%)	-	224	1.57	0.045**
Diagnose the majority of ailments correctly	83 (37.1%)	141 (62.9%)	-	224	1.63	0.000***

Notes:

Not all 226 respondents answered the above statements.

p value - significant at <1%\*\*\* -

p value-significant at <5%\*\*

p value- Not significant at >5%\*

Always= A; Sometimes B; Never= C

#### 4.6 Homoeopathy consultation

This section aimed to gauge the number of the respondents who had consulted with Homoeopaths in the past, the reasons for consultation, and the frequency of these consultations. The results are detailed below.

When asked whether the respondents have ever consulted a Homoeopath, it was found that the majority (n=203; 89.8%) had never consulted while only 23 (10.2%) indicated to have consulted with a Homoeopath (Table 4.27).

**Table 4.27: Number of respondents who have consulted with a Homoeopath**

		Frequency	Percent
Have you ever consulted a Homoeopath	Yes	23	10.2
	No	203	89.8
	Total	226	100.0

##### 4.6.1 Number of times a Homoeopath was consulted

It is worth stating here that only respondents who indicated to have consulted with a Homoeopath responded to the questions in this section.

As shown in Table 4.28, 10 (47.6%) indicated to have consulted a Homoeopath 2-4 times, 8 (38.1%) once, 2 (9.5%) 5-9 times, and 1 (4.8%) 10 times or more.

**Table 4.28: Number of times the respondents had consulted with a Homoeopath**

		Frequency	Percent
Number of times	Once	8	38.1
	2-4 times	10	47.6
	5-9 times	2	9.5
	10 times or more	1	4.8
	N	21	100.0

#### 4.6.2 Factors influencing decision to consult a Homoeopath

In terms of the factors that influenced the decision for consultation with a Homoeopath, among the 21 responses, 12 (57.1%) attributed their decision because Homoeopathy is natural, 6 (28.6%) had personal recommendations from family, friends, GP and nurses, for 2 (9.2%) conventional medicine failed, and only 1 (4.8%) was because Homoeopathic medicines are safe and have minimal side effects.

Drawing from the above, one could rightly assume that the natural properties of Homoeopathic medication was the greatest influence in the respondents' decision to consult with a Homoeopath.

**Table 4.29: Factors influencing respondents' consultation with a Homoeopath**

		Frequency	Valid Percent
Factors	Conventional medicine failed	2	9.5
	Homoeopathy is natural	12	57.1
	Personal recommendations (friend, family, GP, nurses etc.	6	28.6
	Homoeopathic medicines are safe and have minimal side effects.	1	4.8
	N	21	100.0

#### 4.6.3 Reasons for lack of consultation with Homoeopath

It is worth stating here that only the respondents who had no previous consultation with a Homoeopath responded to the questions in this section.

As shown in Table 4.30, out of 198 responses, the majority (n=128; 64.6%) indicated that they had never consulted a Homoeopath because never heard of Homoeopathy, 33 (16.7%) indicated that they knew too little about them and thus did not consult a Homoeopath, 10 (5.1%) indicated that they have never needed a Homoeopath's service, 7 (3.5%) noted that they were too expensive and 5 (2.5%) noted that their training was not up to standard. Other reasons noted were that medical aid scheme did not cover them (n=4; 2.0%), "I have heard of their failures" (n=4; 2.0%), "they are nothing but quacks" (n=4; 2.0%), and "I am unsure of their methods" (n=3; 1.5%).

Drawing from the above, lack of awareness of Homoeopathy was the most likely reason for not consulting with a Homoeopath rather than the quality and effectiveness of their practice.

**Table 4.30: Respondents reasons for lack of consultation with a Homoeopath**

		Frequency	Valid Percent
Reasons	Never heard of Homoeopathy	128	64.6
	Have never needed their service	10	5.1
	Know too little about them	33	16.7
	Too expensive	7	3.5
	My medical aid scheme does not cover them	4	2.0
	I am unsure of their methods	3	1.5
	I have heard of their failures	4	2.0
	They are nothing but quacks	4	2.0
	Their training is not up to standard	5	2.5
	N	198	100.0

#### 4.6.4 Future prospect of Homoeopathic consultation

Among those who noted never to have consulted with a Homoeopath, they were asked if they would consider doing so in future. More of the respondents (n=85; 43.6%) indicated yes, they would consider consulting a Homoeopath, 82 (42.2%) were unsure if they would, while 28 (14.4%) indicated "no", that they would not consider doing so (Table 4.31).

**Table 4.31: Respondents views on future prospect in consulting with a Homoeopath**

		Frequency	Percent
Would you consider consulting a Homoeopath h?	Yes, I would consider consulting a Homoeopath	85	43.6
	No, I would not consider doing so	28	14.4
	Not sure	82	42.1
	N	195	100.0

Among the 85 who affirmed that they would consider consulting with a Homoeopath, 28 (32.9%) based their reasons for their decision on the fact that Homoeopathy is natural and that Homoeopathic medicines are safe and had minimal side effects. Equally, 24 (28.2%) mentioned that they would only if conventional medicine failed while, 5 (5.9%) indicated they would only consult a Homoeopath only if traditional medicine failed.

#### **4.32: Reasons for respondents' decision for consideration to consult with a Homoeopath**

		Frequency	Valid Percent
Reasons	If conventional medicine failed	24	28.2
	If traditional medicine failed	5	5.9
	Homoeopathy is natural	28	32.9
	Homoeopathic medicines are safe and have minimal side effects	28	32.9
	Total	85	100.0

#### **4.7 Homoeopathic medication**

This section details the history and respondent's views of Homoeopathic medicine.

When asked if the respondents have ever taken a Homoeopathic medication, the majority (n=193; 86.9%) indicated "no" while 29 (13.1%) indicated "yes".

**Table 4.33: Respondents who had taken Homoeopathic medication**

		Frequency	Percent
Have you ever taken Homoeopathic medication	Yes	29	13.1
	No	193	86.9
	N	222	100.0

In an attempt to know the source of the respondent's Homoeopathic medication, it was found that 9 (36%) were prescribed by a Homoeopathic doctor, 7 (28%) were over-the-counter Homoeopathic medications, and from friend/relative while 2 (8%) were from an undisclosed source (Table 4.34).

**Table 4.34: Respondents source of Homoeopathic medication**

		Frequency	Percent
Source	Prescription by a Homoeopathic doctor	9	36.0
	Over-The-Counter Homoeopathic medication	7	28.0
	Friend/ relative	7	28.0
	Other	2	8.0
	N	25	100.0

#### 4.7.1 Recommendation for Homoeopathy profession

This section detailed the respondents perceived recommendation for the Homoeopathy profession. As shown in Table 4.35, the majority of the respondents 167 (75.9%) agreed that Homoeopathic treatment be offered as a treatment option for most medical conditions. Similarly, the majority 173 (76.5%) agreed that Homoeopathic treatment be available in hospitals and clinics. More so, the majority 172 (76.4%) agreed that it will be safe to be treated by a Homoeopath in hospitals.

**Table 4.35: Respondents perceived recommendation for the Homoeopathy profession**

Statements	Value		Total
	Yes	No	

Homoeopathic treatment be offered as a treatment option for most medical conditions	167(75.9%)	53 (24.1%)	220
Homoeopathic treatment be available in hospitals and clinics	173 (76.5%)	53 (23.5%)	226
Will it be safe to be treated by a Homoeopath in hospitals	172 (76.4%)	53 (23.6%)	225
Notes: Not all the 226 respondents answered the above questions.			

#### 4.7.2 Collaboration of Homoeopaths with traditional healers

When asked whether a Homoeopath and traditional healer can work together, the majority (n=140; 62.2%) were positive that Homoeopaths and traditional healers could work together while only 85 (37.8%) thought otherwise (Table 4.36).

**Table 4.36: Respondents views of collaboration of Homoeopaths and traditional healers**

	Yes	No	Total
Homoeopaths and traditional healers can work together	140 (62.2%)	85 (37.8%)	225

Among those who were in agreement that Homoeopaths and traditional healers could work together, some of them pointed out that since both worked with herbs, working together would make strong medication that could cure many diseases like cancer. Equally, it was stated that both could benefit from each other and learn from each other. For example, it was stated that by working together, they could treat patients both in a traditional and scientific way. More so, it was noted that traditional healers knew the theory of herbs, and by working together, Homoeopaths could modify this into something more beneficial (Table 4.37).

Those who were against both Homoeopaths and traditional healers working together, by contrast, pointed out that some medicines were natural whilst others were not. It was emphasized that healers have traditional spirits that they did not study for it and this could generate conflicts (Table 4.37).

**Table 4.37: Respondents reasons for supporting or against the collaboration of a Homoeopath and traditional healers**

Reasons
<p><b>For supporting collaboration</b></p> <p>Because if they work together they will make strong medication that will cure many diseases like cancer</p> <p>Because they use same medication</p> <p>Because Homoeopaths have studied and they know more about human body and healers use ancestors</p> <p>Because if they work together they can treat people in a traditional and scientific way.</p> <p>Because some healers prefer helping their patients by using the modern way but they lack knowledge</p> <p>Because they can help different people with combined experience</p> <p>Because they mix their own medicine same as traditional healers</p> <p>Because working together things become easier to be solved</p> <p>Both works with herbs, traditional healers know the theory of herbs and Homoeopath can modify conditions</p> <p>I think if we were to bring every sphere of healing together this would be a better place</p> <p>If Homoeopath cannot see what is wrong with you they can refer to traditional healers so they can work together</p> <p>They can both give different ideas of what medication is good for treatment of different disease</p> <p>They can help each other by combining the herbs to help patients</p> <p>Traditional healers can learn more about diagnosis</p> <p>Traditional healers can give medication while Homoeopath can consult, so they can work together</p>
<p><b>For against collaboration</b></p> <p>Because some medicine is natural and some are not</p> <p>Because they do not have same spirits as the traditional healers</p> <p>Because they use different medicine to heal people</p> <p>Because traditional healers do not believe in the western medicine</p> <p>Healers have ancestral spirits they don't study for, so conflicts may arise if they work</p>

together

They can't work together, its science and ancestral and spirits

#### 4.7.3 Interest in learning about Homoeopathy

This section aimed to gauge the interest of the respondents regarding learning about the Homoeopathic profession. It was found that the majority (n=191; 84.5%) indicated "yes" while only 35 (15.5%) answered "no" (Table 3.48).

**Table 4.38: Respondents perceived interest in learning about Homoeopathy**

		Frequency	Percent
Interest in learning	Yes	191	84.5
	No	35	15.5
	Total	226	100.0

Among the 191 who indicated interest in learning about Homoeopathy, it was stated that the lack of adequate knowledge and the effectiveness of the medicine were the core motives for interest in Homoeopathy (Table 4.39).

**Table 4.39: Perceived reasons for the interest in learning about Homoeopathy**

Reasons
Because I have never heard of Homoeopathy before
Because the medicine helps in different ways.
Homoeopathy can help many people because it uses natural herbs
Homoeopathy should be introduced in public sectors and many people must know about it.
Let the community be taught about this sphere of medicine
They must come to the township to help people because they need their services
We need to know more about this Homoeopathy, because we don't have information about it
Yes, because Homoeopathy boosts the immune system to make people feel better

In summary, the above chapter exhaustively analysed the perception of the respondents regarding the Homoeopathic profession. Out of the 226 respondents who participated in the survey, only 27% (n=61) had heard about Homoeopathy and most of their knowledge was from the media. Among this group (n=61), the majority believed that Homoeopathic medicine can treat the majority of diseases, emphasise a healthy life style, prescribed plant extracts, boosted the immune system, usually prescribed a diet, and prescribed medicines that were diluted and shaken. The majority of the respondents in this group (n=61) also perceived that the practice of Homoeopathy had a scientific base, the medicines had undergone clinical validation through experimentation, and were thus safe for use in infants, pregnant women and the elderly.

Furthermore, it was found that some of the respondents (n=23) considered Homoeopathic medicine to be more effective in the treatment of both acute and chronic conditions than orthodox medicine. Equally important, some of the respondents (n=26) believed that Homoeopathic practice had similarities with traditional healers due to the use of natural herbal extracts to treat patients. Regardless of this, more of the respondents did not think traditional healers and Homoeopathy were the same since the former believed in ancestral spirits and shunned western medicine while the latter used modern medical practice and underwent training. Nonetheless, many of the respondents (n=140) supported the collaboration between Homoeopaths and traditional healers. It was believed that Homoeopaths and traditional healers could learn from each other thereby strengthening their medicine preparation to treat major diseases.

Overall, it was found that the lack of consultation with Homoeopaths by many of the respondents (n=128) was mainly due to lack of knowledge and awareness of Homoeopathy. As a result, many of the respondents (n=191) showed interest in learning of Homoeopathy. The next section will provide the discussion by drawing on relevant literature to support the study findings

# CHAPTER FIVE: DISCUSSION OF THE RESULTS

## 5.1 INTRODUCTION

The intention of this questionnaire-based study was to evaluate the knowledge, attitudes and perceptions regarding Homoeopathy in South Africa through exploring the perception of the community members of Maluti-a-Phofung Municipality in the Free State. The data collected revealed knowledge around Homoeopathy, experience with the healthcare profession, history of Homoeopathic medication and Homoeopathic medication availability. Such are explained and interpreted below, and validated by related literature.

Data collection took place uniformly across the various residential settings including rural areas, suburbs, formal townships and centres of the towns. Potential respondents were also approached at schools and church meetings once prior gatekeeper permission was obtained from such sites.

## 5.2 DEMOGRAPHIC INFORMATION

The gender of the respondents is shown in Table 4.1. The majority (n=153; 67.7%) were females with males constituting only 73 (32.3%). This is supported by existing gender demographic information of the study population of the Maluti-a-Phofung municipality. According to Census (2011) there were more females (54,37%) than males (45,63%) in this region, such census data supports the gender distribution in this survey in the Maluti-a-Phofung municipality.

Furthermore, Table 4.2 detailed the age group distribution of the respondents. More (n=64; 28.3%) are within 26-33 years old, 55 (24.3%) within 21-25 years old, 43 (19%) 41 and above years old, 41 (17.7%) within 18-20 years old, and 23 (10.2%) within 34-40 years old. Overall, it can be gathered that the majority (n=159; 70.4%) of the respondents were drawn from a youthful age group (18-33). This could indicate a greater interest to participate in the survey by younger people. According to Burger (2005) Maluti-a-Phofung municipality has a high percentage of youths (37,5%). It can be observed that that the largest group of respondents in this study are too, younger people. Such findings are further supported by census data indicating that 64.5% of the population are between the ages of 15-20 years of age (Statistics South Africa 2011).

The majority 138 (61.1%) of the respondents spoke Sesotho as their home language, followed by those who spoke IsiZulu 81 (35.8%), and English 7 (3.1%). Most of rural areas in

the Maluti-a-Phofung constitute predominately African people and aligned with National racial demographics. Census data also indicates that the majority of people from this area speak Sesotho (82.50%) which is one of the dominant languages (Statistics South Africa 2011).

### **5.3 KNOWLEDGE ABOUT HOMOEOPATHY**

Homoeopathy is one of the significantly expanding systems of medicine worldwide (Prinsloo 2011). People are keen and want to acquire more knowledge about Homoeopathy (Prinsloo 2011). Regardless of the concern about Homoeopathy, this study determines that the knowledge about Homoeopathy in Maluti-a-Phofung was low. When asked whether the respondents had ever heard of Homoeopathy, the majority (n=165; 73%) participants indicated “no” while only 61 (27%) participants noted to have heard of Homoeopathy previously (Table 4.15). According to Lamula (2010), the perception studies conducted on Homoeopathy in South Africa have revealed that the African population have the least knowledge about Homoeopathy (Table 4.4) and the results showed that 98.6% of respondents had not heard of Homoeopathy before. 0.1% of respondents had consulted a Homoeopath, 83.8% of respondents indicated that they would consider consulting a Homoeopath in the future, and 43.3% showed some interest in learning more about Homoeopathy. This study was conducted in the rural Maluti-a-Phofung municipality regarding the public perception in the Basotho people Free State. The results showed that out of 226 participants only 61% had knowledge about Homoeopathy, 23 considered Homoeopathic medicine to be more effective in the treatment of both acute and chronic conditions than orthodox medicine, 85 who affirmed that they would consider consulting with a Homoeopath and 191 who indicated interest in learning about Homoeopathy. Khumalo (2015) indicated the Indian population had a better understanding of Homoeopathy than the African population. According to a study conducted by Ngobese (2018), the African population had low knowledge about Homoeopathy and the results showed that the majority of the participants had a vague understanding of Homoeopathy.

The source of Homoeopathy knowledge among the respondents (n=60) is given in Figure 4.1. Most participants (n=19; 31.7%) who had heard of Homoeopathy had done so through media such as newspaper, television, radio, leaflets, and word of mouth, 16 (26.7%) participants through a relative friend, and acquaintance, 13 (21.7%) participants surprisingly claimed they had heard of it when completing other surveys, 8 (13.3%) participants through their doctors, paramedical services, pharmacist, and nurses, while 4 (6.7%) participants from other sources

not indicated. Another remarkable source of awareness of Homoeopathy from this study was media (Figure 4.1). Despite the fact that the Allied Health Professions Act prohibits Homoeopaths from advertising (AHPCSA 2015), most respondents who derived their knowledge of Homoeopathy, may be due to media attention of the profession. Presently Homoeopathy is receiving media attention (Eyles *et al.* 2011) this supports the data in this study regarding respondents who heard about Homoeopathy through media (Figure 4.1).

When asked to whom the respondents usually go for medical advice or consult when they feel ill or not feeling well, nearly half (n=108; 47.8%) consult a medical specialist and 47 (20.8%) participants a general practitioner. These results further support the general perception that allopathic medicine dominates the primary health care system (Erwin, Marks and Couchman 2014). The less predominant sources of medical advice were 28 (12.4%) participant's spiritual healers, 16 (7.1%) participants Isangomas, 14 (6.2%) participants Inyangas and other 8 (3.5%) participants. This supports the fact that traditional healers (in total approximately 42%) are a general healthcare source for Africans a well-known phenomenon (WHO 2011). The minority consulter other health care professionals, and only 5 (2.2%) a Homoeopaths (Table 4.24). Notwithstanding the remarkable claim by some of the respondents who stated to have known about Homoeopathy only 2.2% consulted with a Homoeopaths for a medical advice (Table 4.24). This poor percentage of people who had consulted with Homoeopaths could be linked to the fact that Homoeopathy is not incorporated in the primary health care system or people have a lack of knowledge about Homoeopathy profession confirmed by Erwin, Marks and Couchman (2014) Since Homoeopaths are not in the public healthcare system, most Homoeopaths function in the private sector and 139 almost 64% of the respondents from this study have no income and private healthcare in any form is not accessible. Further to this there are no registered Homoeopaths in the area, the accessible one are far away from the municipality. Correspondingly the demographic profile of the respondents (Table 4.1) did not fit the classification of individuals that use alternative medicines according to Astin (1998) who discovered them to typically be educated, middle income white people of 25-49 years of age in contrast with the demographics of Maluti-a-Phofung which is predominately Africans who speak Sesotho and are of low income.

#### **5.4 PERCEPTIONS OF HOMOEOPATHY**

Despite the fact that only 2.2% (Table 4.24) of respondents had a Homoeopath as their primary healthcare provider, it was discovered that the respondents who knew about

Homoeopathy had a clear knowledge of the profession (Table 4.16). The majority of the respondents thought Homoeopaths could treat the majority of diseases, Homoeopaths emphasised a healthy life style, prescribed plant extracts, boosted the immune system, usually prescribed a diet, and prescribed medicines that are diluted and shaken. This is in line with the fundamental principles of Homoeopathy (National Center for Complementary and Integrative Health 2018).

Homoeopathic remedies aid the body to heal itself, by stimulating the body's own energy or vital force (De Schepper 2001 and Vithoulkas 1998). This use of dilute remedies can be attributed to law of minimum dose. In addition, 27% of the 61 respondents who reported to have known of Homoeopathy mentioned that Homoeopaths prescribe plant extracts. Although not exclusively, some Homoeopathic products are derived from the plant extracts, for instance mountain herb and red onion as reported by National Center for Complementary and Integrative Health (2018) report. Erwin, Marks and Couchman (2014) reported that a number of forms of alternative medicine, similar to Homoeopathy, used herbs and plants to improve patient health. Previous experience with the use of plant extracts for illness may have partially influenced the 61 respondents to relate Homoeopathy with traditional healers (Table 4.15)

The use and practice of herbal medicine is very common in Africa (Erwin, Marks and Couchman 2014). Sobieeki (2014) observed that traditional healers and inyanga make use of plant extracts to prepare medication for healing and spirituality. Nevertheless, out of the 66,1% participants more respondents are in agreement on the scientific base of Homoeopathic medicine, its efficacy, clinical validity through scientific experimentations, safety of the medicines in infants, pregnancy, and the elderly. This strongly resonates with Sekonyela (2016) that Homoeopathy is well proven by theories and scientific laws, such as the concept of vaccinations, chemistry and Physics. In addition, the response supports the scientific evidence that Homoeopaths and traditional healers do not receive the same training (Table 4.18) which causes them to loss connection with the ancestors (Table 4.21).

Furthermore, the majority of respondents stated that the Homoeopathic profession has undertaken clinical trials (Table 4.17). According to Mathie (2014) on the systematic reviews of Homoeopathy clinical trials he discovered that Homoeopathic remedies when given to a patient during treatment, are 1,5 to 2,0 times more helpful than placebo. In the context of safety, respondents mentioned that Homeopathy is safe to use in new-borns, infants and pregnant women (Table 4.17).

Boltman-Binkowski (2016) reported in his literature that Homoeopathic remedies were used for centuries by pregnant women to help aid in childbearing. It was further concluded by Michalsen, Uehleke and Stange (2015) that harmful reactions to Homoeopathic medicine is very scarce.

## 5.5 EFFECTIVENESS OF HOMOEOPATHY

There have been controversial issues regarding Homoeopathy as viewed by allopathic practitioners, that it is nothing less than a placebo, this has remained since the era of the introduction of the profession by Hahnemann (Pakpoor 2015). In addition to this, a complete report by the Australian National Health and Medical Research Council forewarns against the use of Homoeopathy to treat a health condition that is alleged to be chronic, serious or that could become serious (Pakpoor 2015). On the contrary, this KAPS study found that out of the 59 responses, more (39%) participants claimed that Homoeopathic medicine is more effective than orthodox medicine in the treatment of acute conditions (Table 4.22) and out of the 58 responses, more (39.7%) claimed that Homoeopathic medicine is more effective than orthodox medicine in the treatment of chronic conditions (Table 4.23).

In assessing the literature associated with the effectiveness of Homoeopathic medication in the management of both acute and chronic conditions, numerous studies report Homoeopathic remedies to be superior to placebo (Poruthukaren *et al.* 2014; Sharma, Narula and Manchanda 2015; Iannitti *et al.* 2016; Jacobs and Taylor 2016; Jong *et al.* 2016). Homoeopathic *Arnica Montana* was reported to be effective in comparison to placebo in the treatment of post- surgical setting pain and inflammation as reported by Iannitti *et al.* 2016 similarly Jong *et al.* (2016) reported effectiveness of Homoeopathic complex in the treatment of upper respiratory tract infections.

In relation to the efficacy of Homoeopathic medicine for management of chronic conditions, Poruthukaren *et al* (2014) conveyed that Homoeopathic *Viscum album* Mother Tincture showed improvement in treatment of primary hypertension. The report advocated that there was a significant decrease in blood pressure and serum triglyceride following Homoeopathic treatment. Similarly, there was an encouraging outcome in a review of Homoeopathic treatment in the management of chronic asthma ailments (Sharma, Narula and Manchanda 2015). Further to that, authors found that there were also positive outcomes in controlling acute asthma which reduced the occurrence and force of successive episodes.

Additional to this, it can be asserted that most people now incorporate, use and value Homoeopathic remedies as a complementary option. Patients are content with the effectiveness of Homoeopathic remedies which includes efficacy and tolerability. This efficacy and tolerability of Homoeopathy is in conjunction with the perception of some respondents in this study i.e. in agreement on the scientific base of Homoeopathy its efficacy, clinical validity through scientific experimentations, and safety of the medicines in infants, pregnancy, and the elderly (Table 4.17).

## **5.6 EXPERIENCE WITH THE HEALTHCARE PROFESSION**

Patient insight of their healthcare provider is very critical to the apparent quality of services in health care. The time spent in a consultation, sympathy of the doctor with the patient, the dialogue between a doctor and patient and remedial doctor and patient relationships are significant and required factors of care in hospitals (Mercer and Reilly 2004). This study revealed that the majority of the respondents appeared to be satisfied with the general consultation service received from their health care workers. This simply shows that the service is improving with time and healthcare workers are more receptive than before.

For example, it appeared that the healthcare provider listens to all they have to say about their illness or not feeling well, sympathized with their problems, and discussed with them the treatment they had in mind, (Table 4.26). It has been observed again that there is no statistical difference in most of the answers in this section. The apparent lowly-quality interaction between the patient and their healthcare providers could be related to the absence of healthcare workers that is usually observed in public hospitals (Kautzky and Tollman 2008). This can relate to the absence of qualified healthcare professionals in the primary healthcare sector in South Africa. Thus resulting in the burden of diseases and medical staff unable to survive the current demands. On the contrary, this study revealed that there is an equal number of respondents who mentioned that the healthcare provider listens to all they have to say about their illness, sympathizes with their problems, and discussed with them the treatment they have in mind (Table 4.26). With initiatives such as more nurses and doctors being employed and more hospitals being built the healthcare service offered in South Africa has importantly improved over the years and can only get better in the years ahead.

Since there were so few (10.2%) respondents that had consulted with a Homoeopath (Table 4.27), this study was unsuccessful in gathering information regarding Homoeopathic doctors whereas previous studies revealed that patients were pleased with the consultation and

services provided by the Homoeopaths Macquet 2007; Simille 2010; Love 2016. Manchandra (2018) mentioned that Homoeopaths are trained around patient-centric approaches. Further to this, it was good to note that majority of respondents show interest in consulting with Homoeopathic doctors in future because it is a natural medicine (Table 4. 31).

## **5.7 CONCLUSION**

This chapter discussed the results of the study and the KAPS of Homoeopathy in the Maluti-a-Phofung Municipality. The next chapter gives the conclusion and the recommendations for further studies.

# **CHAPTER 6: CONCLUSION, LIMITATIONS AND RECOMMENDATIONS**

## **6.1 INTRODUCTION**

The overall aim of the study was to determine the knowledge, attitudes and perceptions of Homoeopathy in the Maluti-a-Phofung Municipality in Free State Province. In order to address this aim a quantitative survey applied a self-administered questionnaire, to a convenient sample of residents of the Maluti-a-Phofung municipality in Free State Province.

## **6.2 CONCLUSION**

It appeared from the study that there was a very small number of respondents from Maluti-a-Phofung municipality who had knowledge about Homoeopathy. It was further determined that participants who had knowledge about Homoeopathy, derived this through media, word of mouth and from their healthcare practitioners. The above point is aligned to the objective which is to determine the knowledge in the Maluti-a-Phofung municipality in the Free State Province in line of perceptions and awareness.

Overall, it was found that the lack of consultation by many of the respondents (n=128) was mainly due to lack of knowledge and awareness of Homoeopathy. Despite this finding many of the respondents (n=191) showed interest in learning about Homoeopathy in the future. In achieving the two objectives which was to determine the perceptions of Homoeopathy amongst residents of the Maluti-a-Phofung municipality in Free State Province and to determine the attitudes of Homoeopathy in the Maluti-a-Phofung municipality in Free State Province, this study has exhaustively analysed the perception of the respondents regarding the Homoeopathic profession. Most of the participants were willing to consult with Homoeopaths in the future due to the perceived information that the practice of Homoeopathy had a scientific base, the medicines have undergone clinical validation through experimentation, and are safe for use in infants, pregnancy and the elderly.

## **6.3 LIMITATIONS**

- The researcher did not include members of the community who were less than 18 years of age due to the additional requirement for consent from their parents, it was thus one of the exclusion criteria. During the study community members younger than

18 years were eager to participate in the study. Nonetheless, they were excluded from the study.

- The study also did not incorporate residents who had resided for less than 2 in the Maluti-a-Phofung municipality. Knowledge from this group could have supported the research findings.
- There are very few registered practising Homoeopaths in the Maluti-a-Phofung region and even in the private sector thus this makes access to Homoeopaths scarce.

## **6.4 RECOMMENDATIONS**

### **6.4.1 Future research**

- The researcher recommends that future studies include interviews as opposed to questionnaires, since most of the older participants found it difficult to complete questionnaires.
- The researcher recommends that the questionnaire should be shorter.

### **6.4.2 Homoeopathic education**

The researcher suggests that the Homoeopathic department at DUT bring awareness campaigns and career exhibitions to the community members of Qwaqwa, because it was found that the lack of consultation by many of the respondents (n=128) was mainly due to lack of knowledge and awareness of Homoeopathy.

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# APPENDICES

## Appendix A: DUT Ethics clearance



31 January 2020

Ms K. I Monareng  
P.O. Box 13401  
Wetstieshoek  
9870

Dear Ms Monareng

**Knowledge, attitudes and perceptions of community members of the Maluti-a-Phofung municipality, Free State, on Homoeopathy**  
Ethical Clearance number IREC 171/19

The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letters.

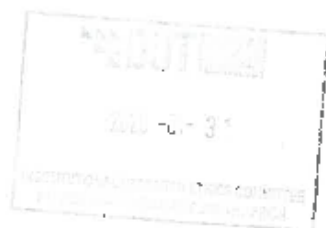
Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

Professor J K Adam  
Chairperson: IREC



## Appendix A1: Letter of information (English)



**Title of the Research Study:** Knowledge, attitudes and perceptions of community members of the Maluti-a-Phofung municipality, Free State, on Homeopathy.

**Principal Investigator/s/researcher:** Ms. Karabo Innocentia Monareng

**Co-Investigator/s/supervisor/s:** Dr V Alwar, M. Tech: Homoeopathy  
Dr I Couchman M.Tech: Homoeopathy

**Brief Introduction and Purpose of the Study:** Homoeopathy is part of the alternative complementary medicine which uses a principle of like cures like in treating patients to bring about a cure. Homoeopaths are trained health professionals. This is one of the valuable medicines that are used worldwide. Research has been done in South Africa to find the perceptions and knowledge about Homoeopathy but so far no study has been done in Maluti-a-Phofung to find out about their perceptions. This is a great opportunity to find out more about their knowledge. This will take the form of questionnaires as a research tool.

**Outline of the Procedures:** Questions will take you about 20 minutes to complete. The questionnaires are written in two languages Sesotho (South) and English. There will be no form of identification in filling in the questions, no names are required, an address will be required should you encounter any problems the researcher will be available if there is any question you would like to ask. A participant should be 18 years and above, lived in Maluti-a-Phofung for more than 2 years and can understand and read Sesotho and English.

**Risks or Discomforts to the Participant:** There are no risks involved in this study

**Benefits:** This may help in broadening your knowledge about Homoeopathy and getting the opportunity to know different kinds of medicine used in the world.

**Reason/s why the Participant May Be Withdrawn from the Study:** This study is voluntary if you are not comfortable to participate in this study you can withdraw at any time you are not forced to participate.

**Remuneration:** Participant will not be remunerated for taking part in this study.

**Costs of the Study:** There is no cost for participants taking part in this study.

**Confidentiality:** Confidentiality will be maintained in a way that no names, address or any information that will allow identity will be asked. All data will be code in numbers. There will be no way of identifying participants when they return their questionnaires. The data will be stored in a safe place at DUT Homoeopathy department will then be destroyed after 5 years as per DUT rules. Only the researcher and the supervisor will have access to the data.

**Research-related Injury:** Due to the nature of the research there will be no risk that will be encountered related to the research. No compensation will be made for such claims.

**Persons to Contact in the Event of Any Problems or Queries:** Please contact the researcher Miss Karabo Monareng cell no 0783027914  
Supervisor Dr Alwar 031-373-2514  
Co-supervisor Dr Couchman 031-373-2482  
Institutional Research Ethics Administrator on 031 373 2375.  
Complaints can be reported to the DVC: Research, Innovation and Engagement Prof S Moyo on 031 373 2577 or moyos@dut.ac.za

## Sehlomathiso A2: Lengolo la tlhahisoleseding (Sesotho)



**Sehlooho sa Thuto ya Dipatlisiso:** Tsebo, maikutlo le maikutlo a ditho tsa setjhaba sa metse ya Maluti-a-Phoofung, Free State, ka Homeopathy.

**Mofuputsi ya ka sehloohong / s / mofuputsi :**Karabo Innocentia Monareng

**Mookameli / s:** Dr. V Alwar, M. Tech: Homoeopathy  
Dr. I Couchman, M Tech: Homoeopathy

**Tlhaloso e Khutshwanyane le Morero wa Thuto:** Homoeopathy ke karolo ya mefuta e meng ya phekolo e tlatsetsang e sebedisang molao-motheo o kang wa phekolo e kang ho phekola bakudi ho tisa phekolo ya phekolo, Homoeopath ke ditsebi tsa bophelo bo botle. Ena ke engwe ya meriana ya bohlokwa e sebediswang lefatsheng ka bophara. Dipatlisiso di entswe Afrika Borwa ho fumana maikutlo a batho le tsebo mabapi le Homoeopathy empa ho fihlela jwale ha ho thuto e entsweng Maluti-a-Phoofung ho fumana maikutlo a bona. Ona ke monyetla o moholo wa ho fumana ho eketsehileng ka tsebo ya bona. Sena se tla nka mofuta wa dipotso e le sesebeliswa sa dipatlisiso.

**Tlhaloso ya Mekhwa ya Tshebetso:** Dipotso tsa thuto ena ditla nka metsotso e 20 ya nako ya hao. Dipotso di ngotswe ka puo eo o phuthulohileng haholo ho araba dipotso. Di ngotswe ka sesotho(South) le Senyesemane. Ho ke ke ha eba le mofuta wa boitsebiso ha o tlatsa dipotso ha ho mabitso, aterese e tla hlokeha. Haebe o ka teyana le mathata leha e le afe mofuputsi o tla ba teng haeba ho na le potso eo o ka ratang ho e botsa kapa tlhakisetso moo osa utlwisiseng teng. Morupelluwa o lokela ho ba dilemo di 18 le hofeta, a dutseng Maluti-a-Phoofung ka dilemo tse fetang tse pedi mme a kgona ho utlwisisa le ho bala Sesotho le Senyesemane.

**Dikotsi kapa Mathata ho Morupelluwa:** Ha ho na dikotsi tse amehang thutong ena.

**Melemo:** Sena se ka thusa ho atolosa tsebo ya hao mabapi le Homoeopathy. Le ho fumana monyetla wa ho tseba mefuta e sa tshwaneng ya meriana e sebediswang lefatsheng.

**Lebaka / hore na ke hobane'ng ha Morupelluwa a ka 'na a Lelekoa Thutong:** Thuto ena e ithaopela haeba o sa phutholoha ho kenya letsoho thutong ena o ka ikhula nako efe kapa efe ha o qobellwe ho nka karolo.

**Moputso:** Morepelluwa a ke ke a lefwa ka lebaka la ho kenya letsoho thutong ena.

**Ditshenyehelo tsa Thuto:** Ha ho na ditshenyehelo bakeng sa barupelwa ba kenang thutong ena.

**Lekunutu:** Lekunutu le tla bolokwa ka tsela e latelang ha ho lebitso, aterese kapa tlhahisoleseding leha e le efe e tla dumella boitsebiso bo tla botswa. Boitsebiso bohle bo tla ba lenane ka dinomoro. Ho ke ke ha e ba le tsela eo ho khetholla barupelluwa ha ba kgutlisetsa dipotso tsa bona. Data e tla bolokoa sebakeng se sireletsehileng lefapheng la DUT departementeng ya Homoeopathy. Data e tla senngwa ka mora dilemo tse 5 ho latela melao ya DUT. Ke mofuputsi le mookamedi feela ba tla ba le phihlelo ya boitsebiso.

**Tlhahlobo e amanang le dipatlisiso:** Ka lebaka la mofuta wa dipatlisiso ho ke ke ha e ba le kotsi leha e le efe e tla teana le dipatlisiso. Ha ho matsheliso a tla etsoa bakeng sa dipolelo tse jwalo.

**Batho ba lokelang ho buisana le bona molemong ya mathata leha e le afe kapa dipotso:** Ka kopo ikopanye le mofuputsi: Miss Karabo Innocentia Monareng seleng e latelang 0783027914 mookameli wa ka Dr. Alwar seleng ena 082 2200 118, Dr Couchman 082 925 6796 kapa Institutional Research Ethics Administrator ka 031 373 2375. Ditlelebo dika tlalehwa ho DVC: Research, Innovation and Engagement Prof S Moyo on 031 373 2577 or moyos@dut.ac.za

## Appendix B1: Consent (English)



### Statement of Agreement to Participate in the Research Study:

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

\_\_\_\_\_  
**Full Name of Participant      Date      Time      Signature / Right Thumbprint**

I, \_\_\_\_\_ (Karabo Monareng) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

\_\_\_\_\_  
**Full Name of Researcher      Date      Signature**

\_\_\_\_\_  
**Full Name of Witness (If applicable)      Date      Signature**

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**Full Name of Legal Guardian (If applicable) Date**

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**Signature**

## Sehlomathiso B2: Foromo ya Tumelano(Sesotho)



Tlhaloso ya tumellano ya ho kopanela thuputsong ya Dipatlisiso:

Mona ke netefatsa hore ke tsebisitswe ke mofuputsi, Karabo Innocentia Monareng, mabapi le sebōpeho, boitshwaro, melemo le dikotsi tsa thuto ena - Tlhaloso ya Boitshwaro ba Dipatlisiso

Nomoro: .....,

- Ke fumane hape, ka bala le ho utlwisisa tlhahisoleseding e ngotsweng ka hodimo (Lethathamo la Morupelwano

Boitsebiso) mabapi le thuto.

- Kea tseba hore diphello tsa thuto, ho akarelletsa le dintlha tsa botho tsa ka tsa botona le botshehadi, dilemo, letsatsi la tswalo, di-initials le ho hlahlojwa di tla tsejwa ka mokhwa o sa tsejweng tlalehong ya thuto.

- Ka lebaka la ditlhoko tsa dipatlisiso, ke dumela hore dintlha tse bokellwang nakong ya thuto ena di ka sebetsanwa ka tsamaiso ya k'hompheutha ke mofuputsi.

- Nka, ka nako leha e le efe, ntle le kgethollo, tlosa tumello ya ka le ho kopanela thutong.

- Ke na le monyetla o lekaneng wa ho botsa dipotso le (ka boikgethelo ba ka) ho bolela hore ke ikemiseditse ho kopanela thutong.

- Ke utlwisisa hore diphuputso tse ntjha tsa bohlokwa di entswe nakong ya ipatlisiso tse ka 'nang tsa etswa

tse amanang le kabelo ya ka di tla fumaneha ho 'na.

-----  
Lebitso le feletseng  
Thumbprint

-----  
Letsatsi la Morupeluo

-----  
Nako ea Pontšo / Tokelo

Nna Karabo Innocentia Monareng dinyewe di netefatsa hore mohoeletsi ya ka hodimo o bile teng ka botlalo tsebileng ka sebōpeho, boitshwaro le dikotsi tsa thuto e ka hodimo.

-----  
Lebitso le feletseng la Mofuputsi

-----  
Letsatsi

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Saena

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Lebitso le feletseng la Paki

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Letsatsi

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Saena

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Lebitso le feletseng la Guardian Lega Letsatsi

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Saena

## **Appendix C1: Gatekeeper Application Letter**



### **Gatekeeper permission- To conduct a research study at the Maluti-a-Phofung schools**

#### **Request for Permission to Conduct Research**

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Dear Principal

My name is Karabo Monareng, a MTech Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation involves the Knowledge, attitudes and perceptions of community members of the Maluti-a-Phofung municipality, Free State, on Homoeopathy.

I am hereby seeking your consent to recruit participants and conduct this perception study at the school location during community meetings or gatherings.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on cell no. 0783027914, email address [monareng7@gmail.com](mailto:monareng7@gmail.com).

Thank you for your time and consideration in this matter.

Yours sincerely,

Karabo Monareng  
Durban University of Technology

## Appendix C1.1: Gatekeeper permission



### Appendix C1: Gatekeeper permission- To conduct a research study at the Maluti-a-Phofung schools

#### Request for Permission to Conduct Research

Dear Principal

My name is Karabo Monareng, a MTech Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation involves the Knowledge, attitudes and perceptions of community members of the Maluti-a-Phofung municipality, Free State, on homoeopathy.

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If you require any further information, please do not hesitate to contact me on cell no. 0783027914, email address [monareng7@gmail.com](mailto:monareng7@gmail.com).

Thank you for your time and consideration in this matter.

Yours sincerely,

Karabo Monareng  
Durban University of Technology

*Dear Sir / Mam*

*The permission to conduct your Research is hereby granted.  
Thank you and good luck.*

*Z.M. Moya*



## Appendix C1.2: Gatekeeper permission



**Gatekeeper permission- To conduct a research study at the Maluti-a-Phofung schools**

### Request for Permission to Conduct Research

Dear Principal

My name is Karabo Monareng, a MTech Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation involves the Knowledge, attitudes and perceptions of community members of the Maluti-a-Phofung municipality, Free State, on homoeopathy.

I am hereby seeking your consent to recruit participants and conduct this perception study at the school location during community meetings or gatherings.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me Cell no 0783027914 email address monareng7@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Karabo Monareng  
Durban University of Technology



APPROVED BY MRS MPHAMO  
CELL NO:072 657 0865

## Appendix C1.3: Gatekeeper permission



Gatekeeper permission- To conduct a research study at the Maluti-a-Phofung schools

### Request for Permission to Conduct Research

Dear Principal

My name is Karabo Monareng, a MTech Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation involves the Knowledge, attitudes and perceptions of community members of the Maluti-a-Phofung municipality, Free State, on homoeopathy.

I am hereby seeking your consent to recruit participants and conduct this perception study at the school location during community meetings or gatherings.

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If you require any further information, please do not hesitate to contact me Cell no 0783027914 email address monareng7@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Karabo Monareng  
Durban University of Technology



PERMISSION GRANTED BY MR LEBITSA

## Appendix C1.4: Gatekeeper permission



### Gatekeeper permission- To conduct a research study at the Maluti-a-Phofung schools

#### Request for Permission to Conduct Research

Dear Principal

My name is Karabo Monareng, a MTech Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation involves the Knowledge, attitudes and perceptions of community members of the Maluti-a-Phofung municipality, Free State, on homoeopathy.

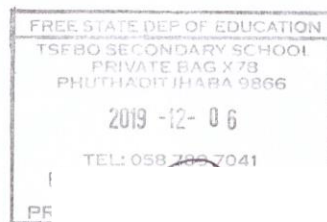
I am hereby seeking your consent to recruit participants and conduct this perception study at the school location during community meetings or gatherings.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me Cell no 0783027914 email address monareng7@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Karabo Monareng  
Durban University of Technology



PERMISSION GRANTED BY MR THATENG  
CELL:073 512 1311

## Appendix D1: Gatekeeper Application Letter



**Gatekeeper permission- To conduct a research study among church congregants and community members**

---

### Request for Permission to Conduct Research

Dear Pastor

My name is Karabo Monareng, a M. Tech: Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation: Involves the Knowledge, attitudes and perceptions of community members of the Maluti-a-Phofung municipality, Free State, on Homoeopathy.

I am hereby seeking your consent to recruit participants and conduct this perception study at the church location during community meetings or gatherings.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on cell no. 0783027914 or email at monareng7@gmail.com.

Thank you for your time and consideration in this matter.

Yours sincerely,

Karabo Innocentia Monareng  
Durban University of Technology

## Appendix D1.1: Gatekeeper permission



**Gatekeeper permission- To conduct a research study among church congregants and community members**

---

### Request for Permission to Conduct Research

---

Dear Pastor

My name is Karabo Monareng, a M. Tech: Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation: Involves the Knowledge, attitudes and perceptions of community members of the Maluti-a-Phofung municipality, Free State, on homoeopathy.

I am hereby seeking your consent to recruit participants and conduct this perception study at the church location during community meetings or gatherings.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on 0783027914 or at monareng7@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Karabo Innocentia Monareng  
Durban University of Technology

Permission Granted by Pastor Mthethwa

Cell: 072 246 1073

Signature:

## Appendix D1.2: Gatekeeper permission



FACULTY OF  
HEALTH  
SCIENCES

DEPARTMENT OF  
HOMOEOPATHY

**Gatekeeper permission- To conduct a research study among church congregants and community members**

### Request for Permission to Conduct Research

Dear Pastor

My name is **Karabo Monareng**, a M. Tech: Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation: Involves the Knowledge, attitudes and perceptions of community members of the Maluti-a-Phofung municipality, Free State, on homoeopathy.

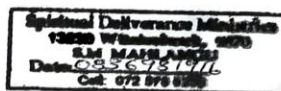
I am hereby seeking your consent to recruit participants and conduct this perception study at the church location during community meetings or gatherings.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on 0783027914 or at monareng7@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Karabo Innocentia Monareng  
Durban University of Technology



## Appendix E: Gatekeeper Application Letter



### **Gatekeeper permission – To conduct a research study in the Maluti-a-Phofung municipality**

06 November 2019  
Maluti-a-Phofung Municipality  
Private Bag X805, Wetsieshoek 9870  
Cnr Moremoholo & Motloun Street  
Setsing Complex,  
Phuthaditjhaba

---

#### **Request for Permission to Conduct Research**

---

The Executive mayor,

My name is Karabo Monareng, a M. Tech: Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation involves the Knowledge, attitudes and perceptions of community members of the Maluti-a-Phofung municipality, Free State, on Homoeopathy.

I am hereby seeking your consent to perform this perception study in the Maluti-a-Phofung area.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me cell no. 0783027914 email address monareng7@gmail.com.

Thank you for your time and consideration in this matter.

Yours sincerely,

Karabo Monareng  
Durban University of Technology

---

## Appendix E1: Gatekeeper permission



Local Municipality • Mmasepota wa Behele • Pitsiwe Municipality

Enq: T.F Mopeloa

File: 2/2/1

18 December 2019

**Ms K.I MONARENG**  
**P.O.BOX 13401**  
**WITSIESHOEK**  
**9870**

Dear Sir / Madam

**PERMISSION TO CONDUCT RESEARCH ON HOMOEOPATHY: MASTERS  
DISSERTATION AT DURBAN UNIVERSITY OF TECHNOLOGY**

Permission is hereby granted to conduct the above Research Work through interviews within Maluti A Phofung Municipality.

It would be highly appreciated if a copy of completed work can be provided to Municipality for Educational purposes at our main Library.

Yours Faithfully,

**T.F MOPELOA**  
**ACTING MUNICIPAL MANAGER**

18/12/2019.

## APPENDIX F1: Questionnaire (English)



PERCEPTIONS OF HOMOEOPATHY QUESTIONNAIRE  
*Adapted from: Moys (1998), Small (2004) and Lamula (2010).*

### SECTION 1: BACKGROUND INFORMATION

Please mark the correct answer by ticking the relevant box. Please add an explanation if requested to do so.

For example:

Do you prefer honey or sugar in your tea?

Honey	
Sugar	

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

---

#### 1.1 Gender

Male	
Female	

#### 1.2 Age

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

#### 1.3 Home Language

Sesotho	
---------	--

English	
IsiZulu	
Other	

#### 1.4 Marital status

Never married	
Married	
Divorced	
Widowed	
Separated	

#### 1.5 Occupational status

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

#### 1.6 Please indicate which area you come from.

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

#### 1.7 Highest Education

Less than matric	
Matric	
Diploma/degree	

Post graduate diploma/degree	
No schooling	

1.8 Per month income: (overall income)

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

1.9 General health status

Excellent	
Good	
Reasonable	
Poor	

1.10 Are you taking any medication at present?

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

--	--

## SECTION 2: WHAT DO YOU KNOW ABOUT HOMOEOPATHY?

Please answer EACH statement by ticking the appropriate box:

2.1 Have you ever heard of Homoeopathy?

Yes	
No	

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

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

Relative, friend or acquaintance	
Media (newspaper, television, radio, leaflets)	
Doctor or paramedical services, pharmacist, nurse, etc.)	
When doing this questionnaire now	
Other	

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

	YES	NO
Prescribes medicines that are diluted and shaken		
Takes blood pressure		
Stimulates the skin with sharp needles		
Boosts the immune system		
Usually prescribes painkillers		
Can diagnose the majority of diseases		

Makes use of the remedies that can cause the same symptoms		
Makes use of antibiotic treatments		
Looks into people's eyes to make diagnoses		
Prescribes plant extract		
Emphasizes a healthy life style		
Usually prescribes a diet		
Can treat the majority of diseases		

#### 2.4 Do you agree with each of the statements concerning Homoeopathy?

	YES	NO	NOT SURE
Homoeopathy has scientific base			
The medicines do not contain chemical/drug material			
Medicines are made from plant only			
For the medicines to work you must believe in it			
Medicines have been tested through trial and error over many years			
Homoeopathic medicines have undergone clinical trials			
Homoeopathy works only on conditions that are not treatable by conventional medicine			
Homoeopathic medicines are safe to use in new-borns and infants years			
Homoeopathic medicines are safe to be used in pregnancy			
Safe to be used by elderly people			
Not sure			

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

Yes	
No	

Explain.....  
 .....

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

Yes	
No	

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

Yes	
No	

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

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

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

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

### SECTION 3: YOUR EXPERIENCE WITH THE HEALTH CARE PROFESSION.

Please answer by ticking the appropriate box in each category.

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

A general practitioner	
------------------------	--

A medical specialist	
A Homoeopath	
A healer (e.g. spiritual healer)	
Inyanga	
Isangoma	
Other	

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

### 3.2 At present who is your primary health care provider?

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

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

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

Always	A			
Sometimes	B			
Never	C			
	A	B	C	
Prescribes medicine that make me feel better				
Listen to all I have to say about my illness or not feeling well				
Treats me as his/her equal				
Soon finds out what is wrong with me.				
Sympathizes with my problems				

Knows of the best treatment for my illness or indisposition			
Puts me at ease			
Prescribes medicine too easily			
Prescribes too many medicines			
Makes me feel as if he or she is hiding something from me			
Examines me thoroughly			
Merely wants to make money			
Discusses with me the treatment that he/she has in mind			
Is interested in me as an individual			
Diagnose the majority of ailments correctly			

#### 3.4 Have you ever consulted a Homoeopath?

Yes	
No	

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

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

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

#### 3.6 What made you decide to consult a Homoeopath?

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

#### 3.7

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

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

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

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

3.7.3 If you answered "Yes" to 3.7.2 above, for which reason might you consider consulting a Homoeopath?

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

3.8 Have you ever taken a Homoeopathic medication before?

Yes	
No	

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

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

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

Yes	
No	

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

Yes	
No	

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

Yes	
No	

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

Yes	
No	

Explain.....  
 .....

3.14 Would you be interested in learning more about Homoeopathy?

Yes	
No	

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

## Sehlomathiso F2: Questionnaire (Sesotho)



### PELETSO HO HOMOEOPATHY KA MOKGWA WA DIPOTSO

*E nkilwe ho: Moys (1998), Small (2004) le Lamula (2010).*

#### KAROLO YA 1: Tlhahisoleseding ya morao

Ka kopo, beha karabo e nepahetseng ka ho tshwaya lebokose le nepahetseng. Ka kopo eketsa tlhaloso haeba u koptjwa ho etsa jwalo.

Ka mohlala:

Na o kgetha mahe a dinotsi kapa tsewerekere ka tee ya hao?

Mahe a dinotsi	
Tsewerekere	

Hlalosa..... Ke bophelo bo botle ho ba le mahe a dinotsi ka tee ya hao.

---

#### 1.1 Gender

Monna	
Mosadi	

#### 1.2 Dilemo

18-20	
21-25	
26-33	
34-40	
41 le hodimo	

#### 1.3 Puo ya Lehae

Sesotho	
Senyesemane	
Sezulu	
Tse ding	

#### 1.4 Boemo ba lenyalo

Ha ho mohla o	
---------------	--

nyetsweng	
Lenyalong	
Ho hlalane	
Mohlolohadi	
A arotswe	

#### 1.5 Boemo ba mosebetsi

Hao sebetse	
O sebeditse nako e ngwe	
O sebetsa nako e tlsetseng	
Wa itshebetsa	
Mosadi wa ntlo	
Moputso wa tjhelete	
Seithuti	
Tse ding	

#### 1.6 Ka kopo bontsha sebaka seo o tswang ho sona.

Sebaka se ka thoko		Lebitso;
Setsi wa teropo		Lebitso;
Lebitso la Motse		Lebitso
Mahaeng a Mahaeng		Lebitso;

#### 1.7 Thuto e phahameng ka ho fetisisa

Ka tlaase ho matric	
Matric	
Diploma/ Degree	
Diploma ya mangolo kapa	
Ha wa kena sekolo	

#### 1.8 Molemo ka kgwedi: (kakaretso ya tjhelete)

Ha ho tjhelete	
Katlase ho R500.00	
Katlase ho R1000.00	
R1000-R2 999	
R3000-R5 999	
R6000-R9 999	
R10 000-R19 000	
R20 000-R29 000	
R30 000 kapa ho feta	

#### 1.9 Boemo ba bophelo bo botle

Bo hantle haholo	
Bo hantle	

Bo Mahareng	
Ha bo hantle	

1.10 Na o nwa meriana leha e le efe hona jwale?

Di vitamine tsa tlatssetso	
Meriana wa tlhaho\wa meroho	
Moriana wa ngaka	
Moriana tsa Homoeopathy	
Moriana o tholahalang countereng (Pharmacy)	
Meriana wa setso Africa	
Ho se new Meriana	

KAROLO EA 2: O TSEBA ENG KA HOMOAOPATHY?

Ka kopo araba karabo e 'ngwe le e' ngwe ka ho tshwaya lebokose le nepahetseng:

2.1 Na o kile wa utlwa ka Homoeopathy?

E	
Tjhe	

Haeba tjhe ka kopo tlola 2.2 – 2.9 Mme o ye ho karolo 3

2.2

2. 2. O kile wa utlwa hokae ka Homoeopathy? Tshwaya lebokose le nepahetseng

Karabo e fetang e le nngwe e dumelletswa.

Ka motswalle, lelapa la heso,kapa motho atsebang	
Metjha ya ditaba(Koranta, thelevishene, dibuka,seeya- le-moyeng	
Ngaka kapa ditshebeletso tsa dipalangwang, setsibi sa metswako, mooki.	
Ha o etsa dipotso tsena hona jwale.	
Tse ding	

2.3 Bontsha ka tlase seo o nahanang hore Homoeopath e a setesa? Tshwaya lebokose le nepahetseng. Karabo e fetang e le 'nngwe e dumelletswa.

	E	Tjhe
Efana ka Meriana e hlapollotsweng		
E nka kगतello ya madi		
Ho eketsa sesole sa mmle		
E kgothatsa letlalo ka disebediswa tse bohale		

E fana kadi painkillers		
O ka hlahloba mafu amangata		
O sebedisa mekgwa wa pheko ya dithibela-mafu		
O sebedisa ditlhare tse ka bakang matshwano a tshwanang		
O sebedisa mekgwa wa pheko ya dithibela mafu		
E sheba mahlo a batho ho etsa diteko		
Hangata e laela hoja		
E totobatsa mokhwa o phedisang wa bophelo		
E fana ka meriana etswang dimeleng		
E ka fodisa mafu amangata		

#### 2.4 Na o dumellana le polelo e 'ngwe le e' ngwe e buwang ka Homoeopathy?

	E	TJHE	Ha kena bonnte
Homoeopathy e na le motheo wa setsi			
Meriana ha e na disebediswa tsa dikhemikhale/dithethefatsi			
Meriana e entswe ka dimela fela			
Bakeng sa meriana sebedisang otlameya ho kgolwa ho yona			
Meriana ekile ya lekwa ka diteko le phoso ka dilemo tse ngata			
Meriana ya Homoeopathy efetile ditekong tsa bongaka			
Homoeopathy sebedisa feela maemong a sa pheko leheng ka meriana e tloaelehileng.			
Meriana ya Homoeopathy e bolokehile ho sebediswa ke masea a sa tswa ho tswalwa le masea a dilemo.			
Meriana wa Homoeopathy e sireletsehile hore e sebediswa nakong ya bokhatjhane			
E sireletsehile ho sebediswa ke batho ba hodileng			
Ha kena bonnete			

#### 2.5 Ka maikutlo a hao, na o nahana hore mokudi wa setso (Ngaka ya setso / sangoma) le Homoeopath ba etsa se tshwanang?

E	
Tjhe	

Hlalosa

.....

.....

#### 2.6 Na o nahana hore Homoeopaths' di fuwa kwetliso e tshwanang le ngaka ya setso / sangoma?

E	
---	--

Tjhe	
------	--

2.7 Na o nahana hore Homoeopaths' e sebetsa le meea ya baholo-holo?

E	
Tjhe	

2.8 Ha ho phekolwa maemo a thata (a nakwana), na o nahana hore meriana ya Homoeopathic ke?

Ha e sebetse	
E atleha haholo ho feta meriana e tloaelehileng	
Ha e sebetse ho feta meriana e tloaelehileng	
E sebetsa hantle jwalo ka meriana ya methapo ya meriana	
Ha o tsebe	

2.9 Ha ho phekolwa maemo a sa foleng (nako e telele), na o nahana hore meriana ya Homoeopathic ke?

Ha e sebetse	
E atleha haholo ho feta meriana e tloaelehileng	
Ha e sebetse ho feta meriana e tloaelehileng	
E sebetsa ho feta meriana ya methapo ya meriana	
Ha o tsebe	

KAROLO YA 3: MAIKUTLO A HAO LEDITSHEBELETSO TSA BOPHELO BO BOTLE.  
Ke kopa o arabe ka ho tshwaya lebokose le nepahetseng dikarolong tse latelang.

2.1 Ke mang eo o atisang ho ya ho yena bakeng sa keletso ya bongaka, kapa ke mang eo o atisang ho mo botsa ha o kula kapa a sa utlwisisa hantle?

Ngaka e tloaelehileng	
Ngaka ya bongaka	
Homoeopath	
Mofodisi (e.g Mofodisi wa meya)	
Isangoma	
Ngaka	
Tse ding	

Haeba u kgethile "Tse ding", ka kopo hlalosa: .....

2.2 Hona jwale ke mang ya fanang ka tlhokomelo ya hao ya bophelo bo botle?

Ngaka e tloaelehileng	
Ngaka ya bongaka	
Homoeopath	
Mofodisi (e.g Mofodisi wa meya)	
Isangoma	

Ngaka	
Tse ding	

Haeba u kgethile "Tse ding", ka kopo hlalosa: .....

3.3 Ka maikutlo a hao, khetha dipolelo tse latelang bakeng sa mofani wa tlhokomelo wa bophelo ba hao. Tshwaya lebokose le nepahetseng. Karabo e fetang e le 'ngwe e dumelletswa.

Kamehla	A
Ka dinako tse ding	B
Ha ho mohla	C

	A	B	C
E fana ka moriana o etsang hore ke ikutlwe ke le betere			
Mamela tsohle tseo ke lokelang ho di bua ka bolwese ba ka kapa ho se utlwe hantle			
O ntshwara jwalo ka yena			
Kapelenyana o fumana se phoso ka nna			
Ho utlowela bohloko ka mathata a ka			
O tseba pheko e Molemo ka ho fetisisa bakeng sa bolwetse ba ka kapa ho ikgetholla.			
O nketsa ke be le boiketlo			
E fana ka moriana habonolo			
E fana ka meriana e mengata haholo			
E etsa hore ke ikutlwe eka opatile ho hong ho nna.			
O ntlahloba ka botlalo			
O batla ho etsa tjhelete			
O buisana le nna ka kalafo eo a nahanag ka yona			
O na le thasello ho nna e le motho ka mong			
Hlalosa mafu amangata ka nepo			

3.4 Na o kile wa buisana le Homoeopath?

E	
Tjhe	

Haeba karabo ya hao ke 'Tjhe' 'ka kopo eya hopotso 3.7.1-3.

3.5 Ke makgetlo a makae o kileng wa buisana le Homoeopath nakong e fetileng?

Ka nako e ngwe	
Ha 2-4	
Ha 5-9	
Makgetlo a 10 kapa ho feta	

### 3.6 Ke eng e entseng hore o etse qeto ya ho buisana le Homoeopath?

Meriana e tloaelehileng e ile ya fela	
Homoeopathy ke tlhaho	
Ditlhahiso tsa botho( Motswalle, lelapa,GP,booki)	
Meriana ya Homeopathy e sireletsehile mme e na le ditla morao tse fokolang	

### 3.7

#### 3.7.1 Haeba ha o eso buisane le Homoeopath, ke mabaka afe ao o ka a fang?

Ha ho mohla o kileng wa utlowela ka Homoeopathy	
Ha ho mohla ke kileng ka hloka tshebeletso ya bona	
Tseba hanyane ka bona	
E theko e boima haholo	
Haketsebe hantle mokgwa wa bona	
Ke utlowile ka diphoso tsa bona	
Lenane laka la thuso ya bongaka ha le kenye di Homoeopaths	
Ha ba letho empa di tsheisa fela	
Kwetliso ya bona ha e felle ka mokgwa o tloaelehileng	

#### 3.7.2 Haeba o sa buisana le Homoeopath, na o ka nahana ho etsa jwalo?

E, nka rata ho buisana le Homoeopath	
Tjhe, nke ke ka nahana ho etsa jwalo	
Ha ke na bonnete	

#### 3.7.3 Haeba o arabile "E" ho 3.7.2 ka holimo, ke hobaneng ha o ka nahana ka ho buisana le Homoeopath?

Haeba meriana e tloaelehileng e hlolehile	
Haeba meriana ya setso e hlolehile	
Homoeopathy ke tlhaho	
Meriana ya Homoeopathy e sireletshehile ebile e na le ditla-morao tse fokolang	

### 3.8 Na o kile wa nka meriana ea Homoeopathic pele?

E	
Tjhe	

### 3.9 Haeba karabo e le e ka holimo 3, 8 e le E, ka kopo araba potso e latelang

Kemiso ya ngaka ya Homoeopathic	
Ea lebenkeleng meriana ya Homoeopathy	
Motswalle	
Tse ding	

3.10 Ka maikutlo a hao, na phekolo ya Homoeopathic e ka fanwa e le khetho ya phekolo bakeng sa bongaka ba maemo a bophelo?

E	
Tjhe	

3.11 Ka maikutlo a hao, na phekolo ea Homoeopathic e lokela ho fumanwa dipetlele le ditlaleniki?

E	
Tjhe	

3.12 Ka maikutlo a hao, na ho tla sireletseha ho tshwarwa ke Homoeopath dipetlele?

E	
Tjhe	

3.13 Na o nahana hore Homoeopaths le dingaka tsa setso di ka sebetsa hammoho?

E	
Tjhe	

Hlalosa

.....  
 .....

3.14 Na o ka thahasella ho ithuta ho eketsehileng ka Homoeopathy?

E	
Tjhe	

3.15 Na ho na le tlhaloso tse ding tseo o ka ratang ho di etsa?

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**Appendix G: Invoice**

**Stanley Chibuzor Onwubu**

# INVOICE

DATE: 09 June 2020

INVOICE: 121

**Bill to: Karabo Innocentia Monareng**

DESCRIPTION OF WORK	AMOUNT
Study-Coding, analysis, and Interpretation,	R3000,00
<b>TOTAL</b>	<b>R3000,00 (excl of VA</b>

**Banking Details :**

Bank : Standard Bank

Branch : Durban University of Technology

Name of Acc holder : Mr S C Onwubu

Account No : 100 590 201 89

TAX number: 1922980170