



**Exploring the knowledge, attitudes and perceptions of Homoeopathy and the  
Ukuba Nesibindi Homoeopathic Community Centre (UNHCC) in the Warwick  
Junction community**

**by**

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## **DECLARATION**

I, Khulu Khwezi Kwazi Gama, hereby declare that this mini-dissertation represents my own work both in conception and execution. Any work used that are not my own has been explicitly acknowledged within the texts.

## **DEDICATION**

To my daughters, Noni and Lwandle, you are the reason I continue to fight life's battles. You are my compass, I am no longer lost, because of your boundless joy and purest love.

To my grandfather, Richard Dlundla, you are my inspiration always.

To my father, Vulindlela Wiseman Gama, gone too soon, but you remain my eternal cheerleader

## **ABSTRACT**

### **Introduction**

The South African public healthcare system is maintained as an under-resourced and overburdened area of the economy. This has been further exacerbated by the COVID-19 pandemic which continues to be a source of concern.

CAM usage has increased exponentially, with homoeopathy being the second- fastest growing medicinal modality globally. With that said, the assumption would be that homoeopathy is growing in acceptance and understanding. However, research indicates a moderate knowledge of homoeopathy in South African communities, particularly in African communities, which make up 80% of the total South African population.

### **Aim of the study**

The aim of this study was to explore the knowledge, attitudes and perceptions held by the Warwick Junction community members towards homoeopathy and the Ukuba Nesibindi Homoeopathic Community Centre (UNHCC). This was to understand the notable lack of knowledge about homoeopathy and the UNHCC, which is the pioneering satellite clinic under the auspices of the Durban University of Technology, as well as factors influencing this lack of progress in knowledge, despite the increasing need for healthcare.

### **Methodology**

A qualitative, explorative and phenomenological design was employed in this study. Qualitative research was considered the most appropriate method to collect primary data to ensure an in-depth understanding of the participants' knowledge, attitudes and perceptions of homoeopathy and the Ukuba Nesibindi Homoeopathic Community Centre (UNHCC). This design also fostered freedom of expression without the hinderance created by a selection of responses as with a survey. Thirteen participants from the Warwick junction community were interviewed.

## Results

It was discovered that 23% of the participants were familiar with homoeopathy and 45% understood the functioning of the UNHCC. Of the 23% that were familiar with homoeopathy, it was viewed as a natural but foreign medicinal modality and not well understood. Of the 45% that understood the purpose of the UNHCC facility, there was an understanding that the facility was reserved for HIV testing and counselling. The lack of knowledge regarding homoeopathy and the UNHCC can be ascribed to the lack of effective marketing of the facility, linked to commercial advertising legislations; the ambiguous nomenclature 'Ukuba Nesibindi' and the physical location of the facility. The generally poor growth in knowledge of homoeopathy can also be attributed to the increase in conventional medicine through mass production of pharmaceutical drugs and polypharmacy for financial gain, with no parallel strategy evident in the distribution of CAM.

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## **ABBREVIATIONS AND ACRONYMS**

AHPCSA	Allied Health Professions Council of South Africa
ART	Antiretroviral Therapy
ATM	African Traditional Medicine
CAM	Complementary Alternative Medicine
DUT	Durban University of Technology
FDA	Food and Drug Administration
GDP	Gross Domestic Product
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Virus
HPCSA	Health Professions Council of South Africa
IREC	Institutional Research and Ethics Committee
KNHC	Khula Natural Health Centre
NGO	Non-Governmental Organisation
NHI	National Health Insurance
PHC	Primary Healthcare
SAHPRA	South African Health Product Regulation Authority
SANP	South African Natural Product
UJ	University of Johannesburg
UNHCC	Ukuba Nesibindi Homoeopathic Community Centre
WHO	World Health Organisation

# CHAPTER 1

## INTRODUCTION

### 1.1 Background

South Africa has a dual healthcare system comprising a public and private division (Mahlathi and Dlamini 2015). The public healthcare system is divided into primary, secondary, and tertiary healthcare services. In 2015, the public healthcare system was providing for 84% of a population of 55 million South Africans, the primary healthcare services bearing the brunt of the burden (Mahlathi and Dlamini 2015). The most recent statistics acquired in 2020, **revealed** that 83% of 59 million South Africans **utilised** public healthcare (Ngobeni, Breitenbach & Aye 2020). This **indicated** no notable development since the phased implementation of the National Health Insurance (NHI) introduced in 2012.

To contribute towards alleviating the South African healthcare crisis and to enhance clinical experiences in the homoeopathy curriculum, the Durban University of Technology (DUT) established four homoeopathic community centres, namely: the Ukuba Nesibindi Homoeopathic Community Centre (UNHCC) – which is the pioneering satellite clinic of the DUT (Ngobese 2018); Kenneth Gardens; Redhill, and the Cato Ridge project. These centres provide free healthcare to primarily disadvantaged rural communities.

Significant growth in patient numbers was recorded between 2004 to 2008 in the UNHCC, with 862 consultations, of which 497 were new and 365 were follow-ups (Similie 2010). Subsequently, the growth patterns of the homoeopathic community centres established by the DUT have fluctuated, particularly the UNHCC (Dube 2015). In 2020, Dr Nicolienne Potgieter-Steiner, Director of the Khula Natural Health Centre (KNHC) in rural St. Lucia, KwaZulu-Natal, observed that since its inception in April 2017, the clinic had provided 10 288 consultations over a period of three years. Of these patients, 5 436 were new and 4 852 were follow-up cases. Both the UNHCC and the KNHCC are non-profit facilities providing homoeopathic care to their immediate communities. The vast differences in growth patterns between the facilities suggest scope for growth of the UNHCC, but also

foregrounds a critical need for further enquiry into possible factors that may limit the growth in patient numbers and consultations.

## 1.2 Problem Statement

The UNHCC has **operated** at the epicentre of the Warwick Junction since, situated in central Durban, South Africa's principal trading and transportation hub since 2004 (Dobsin and Quazi2016). From the above discussion, one would presume that there has been exponential growth in the general understanding of homoeopathy amongst the community members. However, research has revealed the contrary.

Despite confirmed growth by Similie (2010), Watson (2015) and Dube (2015), research by Majola (2015) and Ngobese (2018) **pointed** to the existence of a significant lack of knowledge and understanding of homoeopathy, particularly amongst the African population in Durban.

To promote an understanding into the science of homoeopathy and to deliver improved primary healthcare (PHC) services to the disadvantaged communities, the Khula Natural Health Centre (KNHC) was established in 2017 at Khula village, ten minutes from St. Lucia, where homoeopathy student interns and registered clinicians volunteer to treat patients at significantly reduced rates (Khula Natural Health Centre n.d.). The noticeable growth of the KNHC in particular, is a clear indication that homoeopathy is generally well-received by African communities, as patients often travel from as far as Nongoma (a three-hour journey from Khula village) to obtain assistance. Within the first five weeks of operation, 1000 patients were successfully treated, and the numbers have since shown a continuous increase in patient attendance (Khula Natural Health Centre n.d). This illustrates that homoeopathy could potentially be well-received in other areas too and suggests that there is room for improved growth in terms of patient numbers, particularly for the UNHCC, having been the pioneer homoeopathic community centre for more than seventeen years.

Research by Ngobese (2018) and Dube (2015) **noted** an overall satisfaction from the patients with regards to the services provided by the UNHCC and begs the question as to why this has not led to substantial increases in patients attending the UNHCC. The satisfaction of the patient is indicative that homoeopathy as a medicinal modality should not be viewed as a reason for the poor understanding of this modality evident in the Warwick Junction community. This study will examine possible factors which negatively impact on the knowledge base and the demand for homoeopathic services in the said community.

### **1.3 Aim**

The aim of this study **was** to explore the knowledge, attitudes and perceptions held by the Warwick Junction community members towards homoeopathy and the Ukuba Nesibindi Homoeopathic Community Centre.

#### **Objectives:**

1. To determine the knowledge of the Warwick Junction community members of homoeopathy and the Ukuba Nesibindi Homoeopathic Community Centre.
2. To determine the attitudes of the Warwick Junction community members towards homoeopathy and the Ukuba Nesibindi Homoeopathic Community Centre.
3. To determine the perceptions of the Warwick Junction community members towards homoeopathy and the Ukuba Nesibindi Homoeopathic Community Centre.

### **1.4 Significance of the Study**

This study **sought** to determine the Warwick Junction community's knowledge and understanding of homeopathy and the UNHCC. This **would** assist in revealing the possible reasons why the growth of the UNHCC **had** been gradual rather than exponential, despite



its strategic location and the provision of free primary healthcare. Possible patient recruitment strategies could be developed along with suggestions on improving the UNHCC in terms of patient paucity. These strategies **could** in turn be applied in the development of future homoeopathic community centres.

Furthermore, the eThekweni Municipality will be provided with a detailed plan of action with which to assist DUT in creating health awareness projects. This will assist in educating the communities about Complementary and Alternative Medicine (CAM), including homoeopathy. It will enable the community to effectively utilise the satellite clinic and so decrease the disease burden on Government clinics. The results could be utilised to actively encourage the integration of homoeopathy into the public health domain, at PHC level.

Studies by Watson (2015); Dube (2015) and Ngobese (2018) **were** conducted on the UNHCC which **focused** on patient experiences, but no studies to date have investigated the knowledge, attitudes, and perceptions of the Warwick Junction community.

Lastly, this research may motivate future enquiry into the designing of promotional programmes by homoeopaths in private practice in similar settings.

### **1.5 Delimitations of the Study**

The COVID-19 lockdown legislations may have limited the ability to recruit participants in the study and the interviews being taken in a healthcare facility were daunting for the potential participants.

### **1.6 Overview of the Research Design**

The study was carried out at the Warwick Junction with selected research participants using non-probability, purposive sampling. The participants were either residents or traders working at the Warwick Junction. Data collection was done using one-on-one semi-structured interviews which were transcribed by the researcher and analysed by means of a thematic analysis.

## **1.7 Structure of the Study**

The dissertation was divided into six chapters.

Chapter 1 presented an overview of the study, including the significance of the study and its delimitations.

Chapter 2 reviewed the state of primary healthcare in South Africa, the existing public healthcare crisis, and the perceptions of homoeopathy in varying populations.

Chapter 3 expanded on the research design, specifying the data collection methods and methodology by detailing the qualitative research design adopted in this study. It specified the study site, study population, sampling process, data collection method, research approach and the data analysis procedure.

Chapter 4 presented the results of the knowledge, attitudes, and perceptions of the Warwick Junction community members regarding homoeopathy and the UNHCC. Data from semi-structured interviews were transcribed verbatim and used as such during discussions to accentuate the voice of the participants.

Chapter 5 provided an in-depth discussion regarding the knowledge, attitudes, and perceptions of the Warwick Junction community, while comparing the findings of the study with relevant literature.

Chapter 6 provided the conclusions and suggested recommendations on areas that require thorough investigation related to the research in the future.

## **1.8 Conclusion**

This chapter introduced and emphasised the scope, focus of the study and the areas of concern. The vast social inequalities inherent in South Africa today were foregrounded. The fundamental issues, the limited knowledge of homoeopathy and the low patient turnout at the UNHCC were briefly discussed. The method of investigating this phenomenon and its significance were also delineated.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Introduction

A sound healthcare system underpins the quality of life for the population of a country (Jha 2017). However, “cumbersome bureaucracy at all levels, inadequate coverage by insurance, low benefits for inpatient care, lack of transparency and poor accountability, are the chief features of African health systems, in general.” (Thomas 2021:19).

As a result, sub-Saharan Africa bears a quarter of the world’s burden in terms of diseases, spending only 1% of the global health expenditure while providing for 13% of the world’s population. Although universal healthcare remains the global ideal, it is not an easily obtainable goal for Africa (Thomas 2021).

According to the World Health Organization (2021) PHC has continuously been redefined since 1978 and is now defined as follows:

a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation, and palliative care, and as close as feasible to people’s everyday environment.

The World Health Organisation (2008) cited in Sanders *et. al* (2017) asserts that to support PHC, the social determinants of health must be functional. These social factors are the circumstances in which people are born, raised, live, work, age and co-exist alongside the systems implemented to deal with illness. However, South Africa’s vast social inequality translates into a poor attainment of the social determinants of health (Maillacheruvu and McDuff 2014). This is illustrated by the quadruple burden of diseases, specifically the Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/ AIDS) accompanied by the Tuberculosis (TB) pandemic; the increased maternal and child mortalities (above global average); an increase in non-communicable diseases

and an influx of violence with related injuries, the underlying cause of the latter being socioeconomic inequality, being the legacy of Apartheid (Maillacheruvu and McDuff (2014).

## **2.2 South African Healthcare System**

Despite the evolution of the political landscape in South Africa, the residues of apartheid remain (Conmy 2018). The Government has attempted to mitigate the chronic blight of racism, but the divided public and private healthcare systems have remained concomitant and perpetuating factors (Conmy 2018).

The discovery of diamonds and gold in the Northern provinces in the late 1800s promised economic improvement (Conmy 2018). However, racial segregation and discrimination have remained embedded in the South African fabric. Accordingly, the African population formed the mainstay of the mining industry and lived in crowded mining camps which eventually gave rise to unsavoury living conditions and poor healthcare. Private healthcare was established for white miners who failed to share their healthcare with the African population. According to Conmy (2018), private healthcare today is utilised by only 16% of the population. Its financial model is based on the medical aid schemes which are exorbitant and thus out of reach of the average African worker.

Komape (2013) states that rapid growth in the private sector has continued since 1994, thus increasing the gap between private and public healthcare. Subsequently, one of the emerging themes were titled 'Beauty and the Beast: The Private-Public Split' (Komape 2013:52) to illustrate the extent of the private-public divide respectively. This emphasised that the Government-run public health systems are associated with much negativity ('the Beast') while the private health system is viewed as the holy grail ('Beauty').

### **2.2.1 Emerging Healthcare Crisis**

With the overcrowding of public health facilities and over-utilisation of limited resources, one needs to consider the matter of health expenditures (Mahlathi and Dlamini (2015). Regrettably, South Africa has unique health needs due to the HIV/AIDS pandemic, with the largest infection rates in the world. In 2016 it was revealed that 7.1 million South Africans were living with HIV/AIDS and as a result the country spends US \$ 1.5 billion (approximately R 24 billion) on HIV/AIDS programmes, which is about 6.5% of the health expenditure and may be contributing towards reorienting public healthcare (Conmy 2018).

Consequently, Government health employees often work in unfavourable, under-resourced facilities and must deal with the added burden of overcrowding. As a result, the country is experiencing high levels of staff migration, particularly that of doctors and nurses. Recent research suggests that 56% of physician posts and 46% of nursing posts are vacant. This implies that the patient-doctor ratio remains high, resulting in the remaining health professionals being overburdened. With the low yearly output of medical professionals – approximately 1,300 doctors qualifying yearly – many long-term interventions will need to be considered. (Conmy 2018).

### **2.2.2 Economic Contributions**

The wealth distribution in the country is evaluated via the GINI coefficient, which was developed by Italian statistician Corrado Gini in 1912, and assists in ascertaining the level of inequality (Hayes 2021). In 2013, South Africa's GINI coefficient was 0.65, the second highest in the world, further illustrating the country's high levels of inequality (Conmy 2018).

The World Bank Group (2015) pointed out latent post-apartheid effects and perpetuated inequalities in the South African economy. This observation was further illuminated by the ownership of the country's net wealth, where the wealthiest 10% of the population owned 71% of the country's wealth, while the disadvantaged 60% owned 7% in 2015. The remaining 23% was assumed to be distributed amongst the middle-class citizens. Further submissions showed that the GDP per capita had been close to nil since 2014. This

suggests that poverty and unemployment remain rife, with unemployment currently standing at 34.9% (South Africa, Department of Statistics 2021). It is obvious that the effects of the 2008 recession continue to impact on developing economies such as SouthAfrica.

### **2.3 Complementary Alternative Medicine**

Complementary alternative medicine (CAM) refers to a group of medical practices that are not part of the conventional system of medicines. There are six major disciplines recognised by the South African Health Products Regulatory Authority (SAHPRA), namely Aromatherapy; Ayurveda; Homoeopathy; Traditional Chinese Medicine; Unan-Tibb and Western Herbal Medicine.

Prior to the 20<sup>th</sup> century, only natural medicines were available. In the early part of the 20<sup>th</sup> century, scientific knowledge increased exponentially, leading to the creation of various so-called 'miracle' drugs such as antibiotics, steroids and cortisol, which were produced in laboratories. It was anticipated that a cure for all diseases was to be found within the parameters of a scientific laboratory, under the auspices of conventional medicinal guidelines. Although the era of natural medicine appeared to have passed, a renewed increase in the use of CAM became evident after mounting evidence of antimicrobial resistance. People began to shun antibiotics for colds and/or influenza in favour of CAM products such as Echinacea.

However, because limited formal research exists on CAM, many medical practitioners caution the use thereof. The onus is hence on emerging practitioners within the various fields of CAM to produce scientific research to justify the various healing modalities, along with concomitant safety guidelines. (Anon 2015). In addition, many CAM medicines carry an important notice or label, cautioning that the product is unregistered medication which has not been evaluated by SAHPRA. This cautionary label could make many consumers hesitant to use the product, regardless of the stated health benefits.

### **2.3.1 Exploring global knowledge, attitudes and perceptions of CAM usage**

Tangkiatkumjai, Boardman and Walker (2020) conducted a systematic review exploring reasons for CAM usage in regions across the Globe. The researchers discovered that many had a positive attitude towards CAM usage. European regions used CAM for an internal locus of control while Asian countries were motivated by social media. Affordability, ease of access and tradition were the motivating factors towards CAM usage among African populations.

Bahall and Legall (2017) discovered that although there was a high prevalence of CAM usage amongst healthcare practitioners in Trinidad and Tobago, the lack of adequate knowledge, especially amongst doctors, persisted. As a result of this lack of knowledge, most doctors were particularly reluctant to refer a patient to a CAM practitioner. Most of the healthcare professionals agreed that emphasis should be placed in educating healthcare practitioners on the use of CAM, and on research investigating the efficacy of CAM.

According to Sibiya, Maharaj and Bhagwan (2017), the use of CAM **had** increased amongst the public and healthcare workers. In their exploration of the perceptions of professional nurses towards CAM in the uMgungundlovu District, KwaZulu-Natal, it was discovered that CAM usage was high amongst professional nurses. Participants further attested to an interest and need for the inclusion of CAM therapies in the nursing practice.

## **2.4 Homoeopathy**

Homoeopathy is a therapeutic medical approach, a mild, deep-level healing system of medicine founded by Samuel Hahnemann in the early 19th century (De Schepper 2001). This medication uses greatly diluted healing substances which do not cause side effects like many conventional pharmaceuticals do, which suppress symptoms and often resulting in reoccurrences on a deeper level. Homoeopathic medicine cures from the inside out. It first removes the underlying emotional or mental stress of chronic disease, and then removes the illness from the body. There are many existing products on the market labelled 'homoeopathic' that are not dispensed by homoeopaths. These products

may contain toxic levels of the crude substance as they are not manufactured according to homeopathic potencies. These products also have perpetuated scrutiny regarding homeopathic treatment and misunderstanding regarding its therapeutic nature. It is important for consumers to be aware that the *bona fide* homeopathic remedies are only administered and dispensed by qualified homeopathic practitioners

Kent (2007) states that homeopathy is energy medicine, working with the body's own healing energy to strengthen it, using remedies that are safe, non-toxic, and totally individualised to the patient for both acute and chronic illnesses. Homeopathy holistically treats the patient emotionally, mentally, and spiritually as well as physically. A well-chosen homeopathic remedy brings about a profound sense of well-being before it even begins to cure the symptoms.

A person's individual healing energy affects the cure (Lockie 1998). It does not create resistance but uses infinitesimal doses of natural substances to stimulate the body's innate healing powers. Homeopathic remedies are non-toxic, non-addictive and is based on two fundamental principles:

1. The Law of Similars, which states that a substance that can produce symptoms in a healthy human being, can cure those same symptoms in a diseased individual.
2. The Law of Infinitesimal Dose, which states that the greater the dilution of the remedy as prescribed according to the Law of Similars, the greater the healing effect (Kayne 2003).

Prinsloo (2011) and Khumalo (2015) maintain that homeopathy is currently the fastest developing medical modality in the world with its changing awareness and growing inquiry into this system of medicine. Findings by Precedence Research (2021) revealed that in 2020, the global homeopathic market size was valued at US\$ 6.2 billion and is projected to be valued at US\$ 19.7 billion by 2030. This upsurge has been fuelled by the COVID-19 pandemic resulting in more consumers seeking immune boosting treatment to better equip the body's natural defence system prior to vaccination.



## **2.5 Homoeopathic Education in South Africa**

South Africa's Homoeopathic training is offered via a five-year full-time degree programme obtained from either the Durban University of Technology (DUT) or the University of Johannesburg (UJ) (Homoeopathic Association of South Africa 2021). This programme consists of two parts:

1. Bachelor of Health Sciences in Homoeopathy: A four-year degree programme allowing students to seek employment in the public sector.
2. Master of Health Sciences in Homoeopathy: Additional one year with a mini thesis component which is a requirement to be registered with the Allied Health Professions Council of South Africa (AHPCSA) in order to enter into private practice.

The Allied Health Professions Council of South Africa (2019) implemented a compulsory internship programme for the Masters degree students to further equip them with the skills required to go into practice. This internship programme involves clinical experience at satellite clinics and weekly lectures on trending health topics or practice information from various experts in the industry.

This programme provides the student with skills required by a homoeopath as a primary-contact practitioner such as diagnostics, treatment, and management – including referrals from other healthcare professionals and specialists. Such skills are refined through experience gained at the DUT Day Clinic and satellite clinics such as the Ukuba Nesibindi Homoeopathic Community Centre (UNHCC); the Kenneth Gardens Homoeopathic Community Centre; the Redhill Homoeopathic Community Centre; the Cato Ridge Project and the Khula Natural Health Centre.

This internship programme also provides lectures on basic medical sciences, applied sciences, diagnostic techniques and homoeopathic sciences, extending into laboratory and clinical practical work to ensure competency as students enter into private practice.

## 2.6 Knowledge of Homoeopathy

Parikh and Parikh (2020) recently explored the use of homoeopathy in the treatment of the Corona virus and found that there **was** indeed a place for homoeopathy amongst many other medicinal modalities, particularly on the preventative front. There **was** evidence of successful treatment using the *genus epidemicus*<sup>1</sup> in disease outbreaks such as cholera, Japanese encephalitis, and dengue fever (Parikh and Parikh, 2020).

Pillay (2013) **revealed** that there was a general lack of knowledge of homoeopathy amongst nurses in the eThekweni District. However, there were positive attitudes towards homoeopathy as an alternative form of medicine and its inclusion in South Africa's overburdened primary healthcare system, in the hope that it would assuage the existing burden of disease.

To address the overburdened public health system, Majola (2015) conducted a qualitative study through semi-structured interviews with homoeopathic professionals, where she explored their role and possible integration into the public healthcare system in South Africa. It was ascertained that there were many pessimistic views regarding the practice of homoeopathy, underpinned largely by inaccurate knowledge, bias and a negative media. Many participants also revealed difficulty in collaborative relationships with medical specialists due to their views that homoeopathy remedies were ineffective.

In an article by Shang *et. al* (2019) it was discovered that conservative treatment-related health information **was** the most important element that influences patient adherence through health information-seeking behaviour. In other words, conservative treatment, which primarily encapsulates the treatment provided in PHCs, **was** the most important influence on compliance. This suggests that the foundation of medical knowledge and health behaviour is obtained through PHC professionals. With the given understanding

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<sup>1</sup> *genus epidemicus* - the preferred remedy in treating epidemics. as it matches the most prominent symptoms of the cases treated.

that there is a deficit in knowledge of homoeopathy amongst nurses and PHC professionals, one may assume that the same applies to the public sector.

Ngobese (2018) **maintained** that many patients utilising homoeopathic treatments at homoeopathic community clinics mostly had a vague understanding of homoeopathy, despite having returned for follow-up consultations. This raised questions on compliance, whether they followed the explained protocol of taking the medication.

## **2.7 Perceptions of homoeopathy**

The US National Centre of Complementary and Integrative Health cited by Jocham *et. al* (2017:1) pragmatically **described** CAM “as a group of diverse medical and healthcare interventions, practices, products, or disciplines that are not generally considered part of conventional medicine”. Scientists also **claimed** that CAM lacks scientific evidence, and their mode of action is imitating that of a placebo effect. Furthermore, individuals **held** a negative view of the two theories underpinning the science of homoeopathic medicine, namely the Law of Similars and the Law of Infinitesimal dose.

In 2015, Australia’s National Health and Medical Research Council declared that there was limited evidence to support homoeopathy’s efficacy in treating any health condition (National Institute of Health 2021).

Research regarding the efficacy of homoeopathy remains a problematic area, as it is difficult to quantify the ‘active ingredient’ due to it being present in unmeasurably minute doses. On the contrary, the United States Food and Drug Administration (FDA) cautioned against the use of over-the-counter homoeopathic drugs, as they contained higher than normal doses of substances. As a result of these perceptions, discussions regarding the safety of homoeopathy remain controversial (National Institute of Health 2021).

### **2.7.1 Misconceptions regarding homoeopathy**

Limited knowledge of homoeopathy is a defining problem which reveals a lacuna in the growing misconceptions regarding its practice. Although Khumalo (2015) states that

homoeopathy may be the second fastest growing system of healthcare in the world and is recorded to be growing at an average of 20-25% per year, there are still many existing misconceptions regarding this medical modality, even amongst community healthworkers.

Although it is globally understood that homoeopathy is a form of natural medicine, Pillay (2013) revealed that the most common misconception amongst nurses was that it was a form of herbalism, using plant extracts as medicine. As a result, many remain afraid of exploring or embracing homoeopathy out of fear that the herbs may interact with chronic medications.

Others believed that homoeopathy stimulated through the use of pressure points; stimulating the skin with sharp needles; emphasis placed on promoting health and/or used remedies that were a poorly regulated placebo at best.

Naicker (2008) found that 48% of medical specialists in Durban had no understanding of the origin of homoeopathy, and at least one third believed that homoeopathy had no scientific basis, despite being legitimate. A concerning discovery was that some specialists believed that homoeopathy was a quackery and based on unreliable evidence. As a result, Naicker noted that there was no communication between homoeopaths and specialists.

From the above studies, it is evident that healthcare workers need to be educated regarding homoeopathy to address these misconceptions and promote some form of integration. In addition, the responsibility ultimately rests with homoeopaths to improve the scientific knowledge of the profession by undertaking more clinical *in vitro* and *in vivo* studies.

Furthermore, if such misconceptions exist amongst healthcare workers, it brings into question the possible misconceptions existing in the minds of the public.

## **2.8 Ukuba Nesibindi Homoeopathic Community Centre (UNHCC)**

The Durban University of Technology (DUT) Department of Homoeopathy, in collaboration with Lifeline, established a community health centre in 2004 at the Warwick Junction in Durban, an area classified as being disadvantaged. This area will be more broadly discussed in the latter sections of this chapter. The area in which UNHCC is located consists primarily of small, informal businesses and low-cost housing, and experiences high crime rates, prostitution, and violence (Watson 2015). The Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) serves as a free primary healthcare service located on the third floor of the Lifeline building in Acorn Road, Warwick Junction, less than one kilometre from the main DUT campus (Watson 2015).

UNHCC is run by 4th and 5th year students under the supervision of a qualified homeopath on duty, referred to as a 'clinician'. The homoeopathic treatment is offered free of charge. The clinic is currently operational during weekdays, Monday to Friday (Monday, Wednesday, and Friday mornings from 08h30-12h00, and Tuesday and Thursday from 13h00-16h00). Allocation of weekdays depend on the number of senior students who are available for that year, (Ngobese-Ngubane 2017) and numbers have thus varied over the years because of this. During an interview with the 2018/19 Head of the Department of Homoeopathy, Dr Maharaj, it was established that operational clinic days also depended on other logistical matters such as the availability of clinicians and the operation of other satellite clinics. Three rooms of different sizes were officially allocated to the UNHCC for homoeopathic consultations at the clinic. Each room is equipped with an examination table and there is also a very small dispensary that remains locked unless dispensing. The dispensary also serves as a storage for file lockers. There is also a small reception area accommodating not more than four patients waiting for treatment or consultation – now even less due to the COVID-19 social distancing protocols. A patient register is kept at the main Lifeline reception, which is the reception area for all patients and Lifeline clients.

### 2.8.1 Location of the Warwick Junction

The Warwick Junction is popularly referred to as the Warwick Triangle and borders on the Greater Durban city centre. It was designed pre-1994 (when most planning prioritised the separation of various race groups) and sectioned as the only entrance used by Africans entering the city. As a result, it was poorly designed, with its confusion of intersections and the convergence of many modes of public transport from various townships (Dobsin and Quazi 2016).



Figure 2: Aerial View of the Warwick Junction (Dobsin and Quazi 2016)

With an excess of 38,000 vehicles and 460,000 people passing through daily, the Warwick Junction is South Africa's largest transportation and trading hub. Located on the outskirts of Durban's inner city, the three central markets, viz the Meat, Early Morning, and Victoria Street markets, occupy a repurposed highway and the land adjacent to Berea Road train station (Project for Public Spaces 2017).

### **2.8.2 Informal Trade**

Duality is not only evident on the health front through the private-public healthcare model, but also in the economy. A dual economy is common in developing economies and suggests 'the coexistence of a modern commercial sector alongside a traditional subsistence sector' (Vollrath 2009:1). The 'traditional subsistence sector' often refers to agricultural activity while the 'commercial sector' refers to economic activity that happens in industries (Vollrath 2009:1,2). This economic structure has resulted in an informal economy, particularly governed by informal trade popular in townships (areas which were historically designed to isolate Africans in response to the Land Act of 1913.) and is now evident in city centres. It is a growing economy, as many people lack the skills to be integrated into the capitalist mode of production and prefer to work in the informal commercial sector.

Approximately 2 500 000 South Africans work in the informal sector and 41% are in informal trade, which suggests that informal trade makes a significant contribution to the economy (Fourie 2018). However, prior to the 1990s, the Apartheid Government viewed the informal economy as inconsequential. Trade and hygiene legislations suffocated informal trade until after the first South African democratic elections, where legislation supported informal trade. As a result, the markets have to date had a positive impact on the area and on the lives of its many local entrepreneurs (Project for Public Spaces 2015).

Project for Public Spaces (2015) **stated** that the Warwick Junction pioneered the ideology of collaborative and 'people-centred' governance in South Africa. The launch of the area-based management initiative in 2001 promoted comradeship and unity amongst traders. As a result, the market has today acquired a vibrant atmosphere that has contributed

to economic development and stability, while also discouraging inner-city crime. The Warwick Junction has thus acquired an incidental reputation as the alternative, inclusive retail model of Durban.

Conley (2019) **stated** that informal workers, street traders and waste pickers **were** some of the poorest and most vulnerable workers in the world, despite their significant contribution to local economies and cultural life. South Africa is still in the throes of overcoming the effects of the erstwhile apartheid policies and practices. The impact of the economic and spatial divisions created in South African cities are to date visible in areas such as the Warwick Junction inner city districts, where its physical and human resources were once ignored and abandoned by the Apartheid Government.

Despite the abolishment of apartheid, Durban's urban environment has remained misaligned with the realities facing the large and growing informal economy that flourished during the apartheid years.

## **2.9 Knowledge of the UNHCC**

With the population density and the saturated markets created by the structurally poorly designed Warwick Junction, one would assume heightened knowledge of homoeopathy in this microcosm. However, no research has explored this matter; the existing research focuses mainly on the patients of the UNHCC, and not on the community, as evinced below:

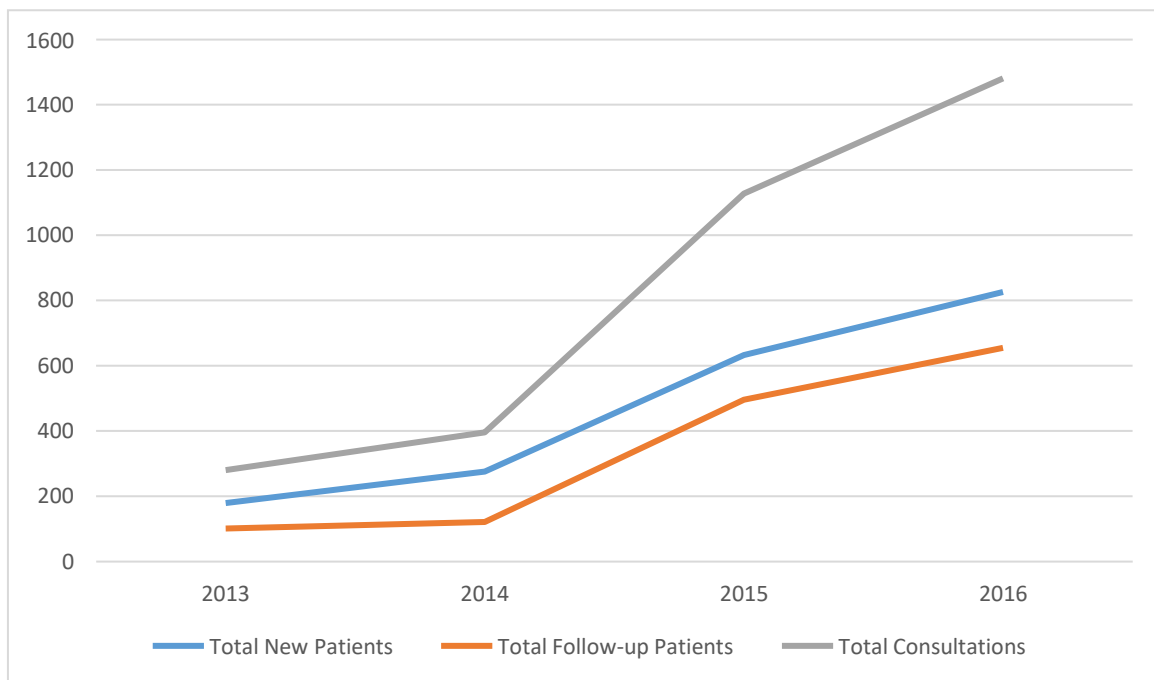
- Watson (2015) conducted a survey centred on inspecting patient benefits and perceptions towards the services rendered at UNHCC, as well as their response to treatment. Participants in the study were required to have existing files with the facility.
- Dube (2015) conducted a study exploring the patients' perceptions of their initial homoeopathic consultation. Participants were required to have been new patients in the facility and intending to return for follow-up consultations.
- Ngobese (2018) conducted a similar study exploring the participants' experiences with the services rendered by the facility, particularly those who had had multiple



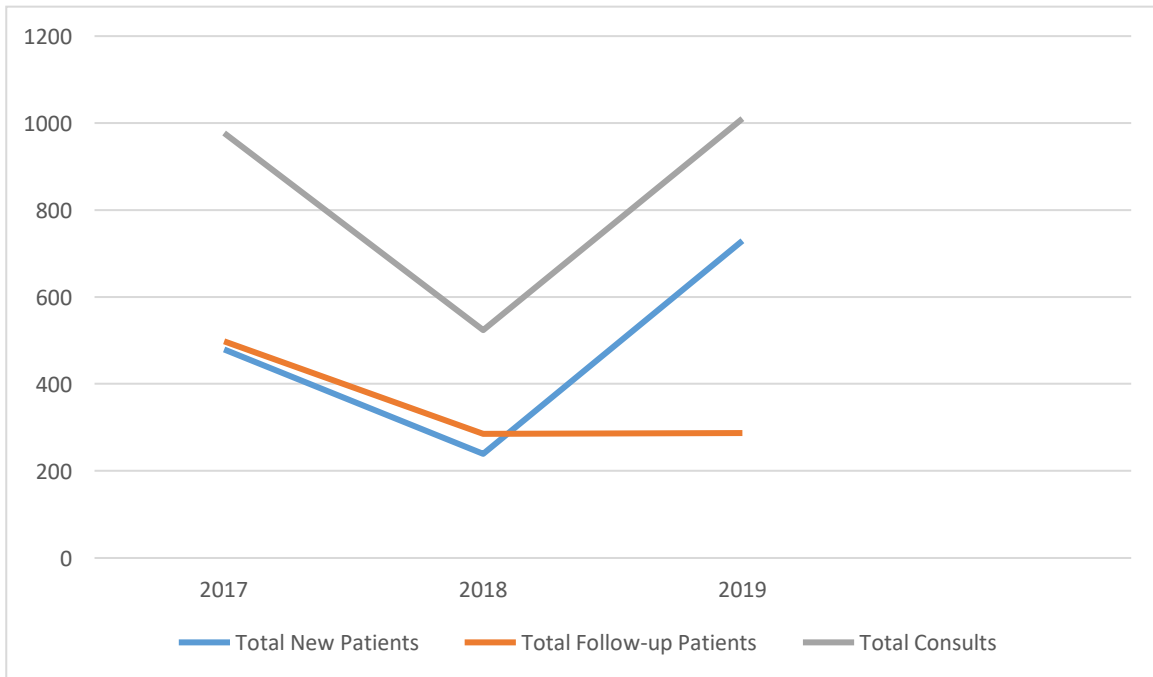
consultations at the facility (specifically two or more follow-up consultations). These said studies collectively revealed an endemic lack of knowledge regarding homoeopathy, and recommendations were made for this phenomenon to be further explored, particularly in the African communities.

According to an article by Martensen and Grønholdt (2016), it is revealed that positive word of mouth is directly proportional to consumer habits. It shifts the social norms in accordance with positive emotions, behavioural attitudes and intentions. This implies that any positive word of mouth on innovations, businesses and/or organisations can potentially increase the likelihood of interest and experimentation.

Figure 2.1 below clearly illustrates the growth in patient numbers of the UNHCC between 2013 and 2016. The enhanced spike between 2014 and 2016 resonates with the submission by Hunter *et. al* (2019) which reveals that in the South African PHC context, there had been an increase in South Africans attending clinics. In the 2015/16 financial year, 127 million consultations took place at these clinics.



**Figure 2.1: Line graph illustrating the number of new and follow-up patients attending UNHCC from 2013 – 2016.**



**Figure 2.2: Line graph illustrating the number of new and follow-up patients attending UNHCC from 2017 – 2019.**

With reference to Martensen and Grønholdt (2016) and the graph in Figure 2.1, one may conclude that the awareness of homoeopathy and the UNHCC is increasing. One may further assume that this is due to positive perceptions and changing attitudes towards the practice of homoeopathy and the UNHCC.

A peculiar trend is portrayed in Figure 2.2, that from 2017 there was a significantly reduced number in the total new patients, total follow-up patients and resultant total consultations. This new trend continued into the following year, showing a noticeable fluctuation between 2017 and 2018, with a mediocre recovery between 2018 and 2019. Notably, between 2018 and 2019, the total number of follow-ups remained marginally stable, suggesting poor returns and /or poor follow-ups.

## **2.10 African Traditional Medicine**

Conley (2019) which maintains that African traditional medicine (ATM) is a popular medicinal modality in the Warwick Junction community and often an alternative to treatment from public healthcare facilities. With approximately 70% to 80% of the rural population in South Africa being unable to access PHC facilities, and accessible facilities offering inferior services, many rely on ATM for healthcare (Mathibela *et. al* 2015).

ATM is the oldest and most diverse form of medicine on the continent but continues to be poorly documented or controlled. ATM includes herbal medicine, either using herbs, herbal preparations and finished herbal products. The healing modality of ATM is accompanied by cultural practices and religious beliefs; therefore, it is said to be holistic, involving mind, body, and spirit (Mothibe 2019).

During the apartheid era, ATM was considered 'unscientific and illegal' (Mothibe 2019:4). Lawmakers considered it 'uncivilised, suspect, scientifically unfounded, backward and superstitious' (Mothibe 2019:4). The Witchcraft Suppression Act of 1957 and the Witchcraft Suppression Amendment Act of 1970 declared ATM unconstitutional. ATM practitioners were prohibited from providing any of their services because of the misconception that their treatment was rooted in witchcraft. It became more acceptable after the first democratic election (Mothibe 2019).

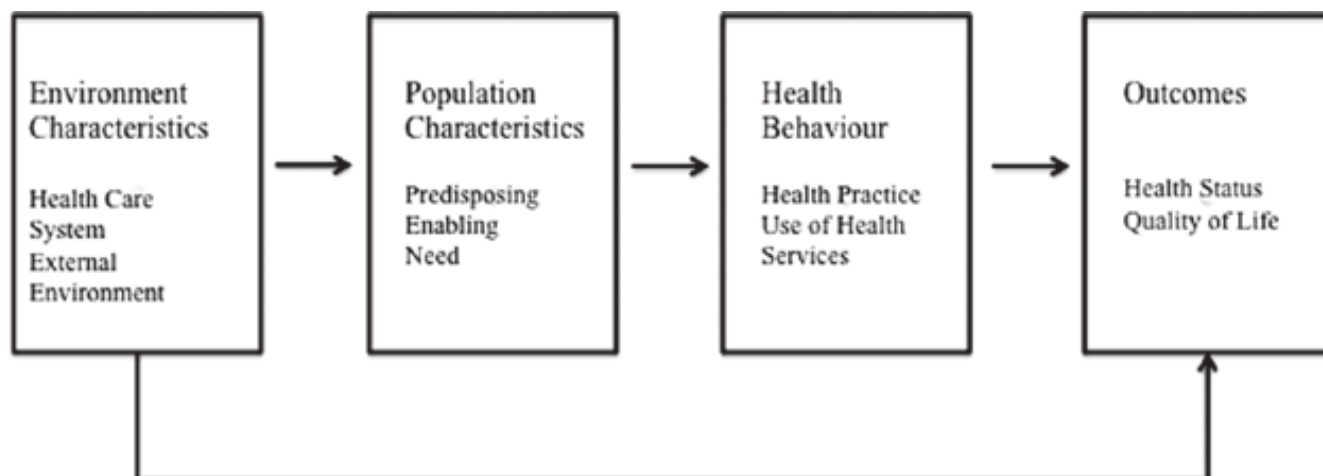
The World Health Organization (WHO) has been attempting to find ways to incorporate ATM into the medical sphere through enhanced collaborative research. ATM has been utilised in treating chronic conditions such as HIV/AIDS long before the advent of anti-retroviral treatment (ART) and has remained ubiquitous despite limited research (Mothibe 2019).

## **2.11 Anderson's Behavioural Model**

Anderson's Behavioural Model on Healthcare Utilisation encompasses the various factors that influence healthcare behaviour, including the interplay between the healthcare systems and individual choices (Artiga and Hinton, 2018). A healthcare system

is underpinned by the delivery of health services and organisation, while individual choices are governed by predisposing factors, enabling factors and the severity of the illness. With regards to the model, individual healthcare use is determined by three unique factors, namely predisposing factors, enabling factors, and need.

- Predisposing factors refer to factors that cannot be changed and form the essence of an individual's identity such as gender, cultural beliefs and race. Different cultures have different health practices which form the foundation of their perceptions on health.
- Enabling factors refer to factors that further reinforce current choices such family support and community support. The social media community and the layout of a community in terms of the presence of billboards and posters, what they advertise and how this influences individual health behaviour.
- Need encompasses both the perceived and actual need for healthcare. This depends on one's quality of life and perceptions of one's health status. (Guilcher *et. al* 2011).



**Figure 2.3: Flow chart on Anderson's Behavioural Model on Healthcare utilisation  
(Guilcher *et. al* 2011)**

As literature suggests, access to healthcare is often limited due to vast social inequalities (Artiga and Hinton 2018). The Anderson's Behavioural Model explains these inequalities and the perceptions around homoeopathy and the UNHCC, given that research has shown that homoeopathy and the UNHCC are currently underutilised.

## **2.12 Conclusion**

This chapter examined the South African healthcare system, particularly the inherent disparities. It also discoursed on complementary alternative medicine before focussing on homoeopathy, one of its derivatives. Homoeopathy was defined; homeopathic education was clarified, and past and current misconceptions foregrounded. The Anderson Model was introduced as the theoretical framework to guide this study and to enrich the general understanding of the results.

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHODOLOGY**

Chapter 3 illustrates the pragmatism of the applied research design utilised in this study through exploring the sampling process and data collection strategy along with the rationale behind it. This chapter places into perspective the method by which incoherent ideas and questions, which motivate the purpose of the research, are processed to produce answers.

#### **3.1 Introduction**

Qualitative research is important in health sciences, as it responds to questions posed on human health, human behaviour and health systems. Sometimes this mode of research also investigates the relationship of these three factors for the purpose of providing information or seeking solutions to critical issues on health, to varying degrees. A phenomenological research approach within the qualitative research framework investigates the experiences of humans within the study setting, thus allowing the researcher to draw conclusions from the resultant data (Bhandari 2020).

#### **3.2 Study Design**

A qualitative, explorative and phenomenological design was employed in this study. Qualitative research was considered the most appropriate method to collect primary data to ensure an in-depth understanding of the participants' knowledge, attitudes and perceptions of homoeopathy and the Ukuba Nesibindi Homoeopathic Community Centre (UNHCC). This design also fostered freedom of expression without the hinderance created by a selection of formulated answers, as with a survey.

### **3.3 Study Site**

The study took place in the Warwick Junction in the eThekweni District. This is of great significance as it is where the first DUT Homoeopathic Satellite Clinic was established in 2014, namely the Ukuba Nesibindi Homoeopathic Community Centre (UNHCC).

The UNHCC shares premises with Lifeline at 23 Stratford Road, providing free healthcare to the community. In addition, the community has access to the Lancers Road Clinic at 90 Lancers Road, which is a primary healthcare clinic also providing free healthcare to the community.

### **3.4 Research Question**

What are the community perceptions towards homoeopathy, given the presence of the Ukuba Nesibindi Homoeopathic Community Centre?

### **3.5 Study Population and Recruitment**

The target population refers to the combination of cases that meet the designated criteria the researcher wishes to study (Polit and Beck 2012). Thirteen participants were selected and interviewed.

### **3.6 Sampling Process**

The non-probability, purposive sampling method was used to select the thirteen participants. It was revealed that generally it takes an individual between six to twelve months to adapt to the culture of a new environment and to orientate themselves around the environment (AGS Movers 2018). However, Vanuxem (2017) stated that it took anything between three to six months to orientate oneself into a new working environment, depending on the degree of technicality. Therefore, apart from locating participants who were easy to reach and who were part of the Warwick Junction community, it was also important to ensure that they had either been trading or residing

in the community for at least a year. This method was useful in selecting suitable participants to contribute to the study.

### **3.7 Sample Size**

As indicated above, thirteen suitable participants were recruited to participate in the study.

#### **3.7.1 Inclusion Criteria**

- Participants who were part of the Warwick Junction community (either residing or trading in the area).
- Participants who had been either trading or residing in the Warwick Junction area for at least one year.
- Participants who were older than eighteen years of age.
- Participants who could converse in English or IsiZulu.

#### **3.7.2 Exclusion Criteria**

- Participants who **did** not meet the inclusion criteria.
- Participants who were under the age of eighteen.
- Participants who could not converse in English or IsiZulu.

### **3.8 Data Collection Instruments**

Data was collected by means of in-depth twenty-minute audio-recorded interviews with the signed consent of the participants.

### **3.9 Pilot Study**

A minimum of five participants were selected to take part in the pilot study. The purpose of the pilot study was to identify possible difficulties or confusion regarding the interviews and to ascertain whether any changes would be required. Necessary changes were made



in the interview questions before the data collection commenced. Participants were provided with a Letter of Information and signed a document of Informed Consent before participating in the pilot study. Participants who took part in the pilot group were excluded from the actual study.

### **3.10 Data Collection**

Members of the Warwick Junction community were approached by the researcher using the purposive sampling method to voluntarily participate in the study. No coercion was used by the researcher or the supervisors. Participants were required to meet the inclusion criteria before being considered for participation in the study.

Participants who met the inclusion criteria requirements received a Letter of Information (Appendices A) and signed a document of Informed Consent (Appendices B1 and B2). Each interview took approximately twenty minutes and conducted at the Ukuba Nesibindi Community Centre or via Zoom meetings. The option of the Zoom meeting was introduced in adherence to the Disaster Management Act, 2002 that came into effect on the 15<sup>th</sup> of March 2020, upon the release of the Declaration of a National State of Disaster in response to the COVID-19 outbreak by the Minister of Cooperative Governance and Traditional Affairs, Dr Nkosazane Dlamini-Zuma. Interviews were conducted using the interview guide (Appendices C1 and C2) in either English or IsiZulu, depending on the language preference of the participants. The interviews were audio-recorded to provide verbatim quotes when data was discussed.

Data collection continued until all thirteen participants had been successfully interviewed and saturation achieved. Johnson and Christensen (2004) emphasise that saturation ensures that adequate data has been gathered to support the study. Saturation can be further defined as reaching a point where each category is conceptually dense; the data variations are identifiable and explicable with no new data relevant to the existing categories, emerging during collection (Khumalo 2015).

### 3.11 Data Analysis

To identify the emerging themes, the researcher analysed data under the guidance of the supervisor who was an expert in qualitative research. Tesch's eight-step procedure of data analysis was applied (Creswell 1994) as follows:

- ❖ Interviews were transcribed verbatim and analysed by the researcher.
- ❖ The researcher read the transcripts and compared them with the audio-recorded interviews.
- ❖ The researcher read the transcript for the second time to identify the underlying meaning.
- ❖ The researcher then selected the most relevant information from the interview and made notes in the margins of the transcription. The process was repeated for all the interviews.
- ❖ Similar topics were organised together under topics.
- ❖ From these topics, the researcher identified the themes and sub-themes.
- ❖ An experienced analyst in the field of qualitative research scrutinised the data and the identified themes were discussed with the researcher.
- ❖ Literature was reviewed to verify the findings.

### Trustworthiness

Strategies employed by a researcher are crucial to ensure trustworthiness of the data collected and the subsequent theory generated (Ngobese 2018). Lincoln and Guba (1985) suggested four criteria for developing the trustworthiness of a qualitative inquiry. To ensure trustworthiness in this study, the following criteria were used:

#### *Credibility*

To ensure credibility, the researcher collected the data using an audio recorder and written field notes. Subsequently, the data was transcribed verbatim, thus ensuring the accuracy of the transcription.

### *Dependability*

An audit trail was maintained through the safe-keeping of the raw data of each interview for future reference.

### *Confirmability*

Following the transcription of the voice-recorded interviews, each participant was afforded an opportunity to review the notes to confirm the transcription as a true reflection of his/her experiences. Personal voice recordings were made to reflect the participant's voice (Graneheim and Lundman, 2004).

### *Transferability*

To facilitate transferability, the researcher presented a clear and distinct description of the context, selection of participants, data collection and data analysis process.

## **3.12 Data Management and Storage**

Data was collected and stored in a manner that ensured participant confidentiality throughout the study. The participant's personal details were not reflected on any of the interview transcription notes. At the onset of the study, coding numbers were assigned to participants.

The collected data was kept in a safe, secure area for the duration of the research and stored in a locked office of the research study personnel at the Durban University of Technology, Department of Homoeopathy. The collected data will be destroyed after a period of five years. Permission to access the stored data was only granted to the researcher and supervisors. Participant confidentiality was maintained throughout and no information identifying the participant was revealed.

### **3.13 Ethical Consideration**

Upon approval from the Institutional Research Ethics Committee (IREC) at DUT to commence with the study, the study was carried out according to approved DUT protocol and standards. Participants were informed of possible risks involved and provided with an Information Letter detailing such risks (Appendices A1 and A2). Furthermore, full permission was obtained from each participant and supported by a Letter of Consent (Appendices B1 and B2). The participants did so voluntarily, and no coercion was used by the researcher; the supervisor or DUT to take part in the study.

All data collected from participants were treated with utmost confidence. Only the supervisors and the researcher had access to the participants' documents. Participants' particulars irrelevant to the study were not mentioned in public. All data were coded in numbers and password protected. The data collected was stored in a safe place with the Department of Homoeopathy and is to be ultimately destroyed appropriately after five years as per DUT regulations.

### **3.14 Conclusion**

The table on the next page summarises the methodology applied and acts a reference point as further details of the study are explored.

<b>Study Design</b>	<b>Purpose</b>	The aim of this study was to explore the knowledge, attitudes and perceptions of Homoeopathy and the Ukuba Nesibindi Homoeopathic Community Centre amongst the Warwick Junction community.			
	<b>Research Interference</b>	Minimal interference			
	<b>Research Method</b>	Qualitative Study	<b>Setting</b>	Non-contrived study setting	
			<b>Time Horizon</b>	One-shot (Cross-sectional)	
			<b>Unit of Analysis</b>	Warwick Junction community members	
			<b>Sampling Design</b>	Non-probability (Purposive)	
		<b>Measurement Method</b>	Semi-structured interviews		
<b>Data Analysis Process</b>	<ol style="list-style-type: none"> <li>1 Intelligent Verbatim Transcription</li> <li>2 Thematic analysis: <ol style="list-style-type: none"> <li>2.1 Coding Transcribed Data</li> <li>2.2 Generating themes</li> </ol> </li> </ol>				

**Table 1: Summary of Study Design.**

This chapter outlined the framework of the study in terms of data collection and data analysis methods. Purposive sampling was used to recruit participants during the research. The requisite data was collected by means of semi-structured interviews. The research methods selected were deemed to be appropriate as they facilitated the exploration of the knowledge, attitudes, and perceptions of the Warwick Junction community towards homoeopathy and the UNHCC.

Chapter 4 presents the results of the study and the data analysis.

## **CHAPTER 4**

### **INTERPRETATION OF RESULTS**

This chapter presents the results of the semi-structured interviews. Information was carefully arranged to clarify emergent themes with supporting quotes from the participants as well as diagrams to enhance points.

#### **4.1 Introduction**

Qualitative research is applied when exploring the world through the lens of alternative perspectives. Since individuals are dynamic, the core focus is to extrapolate meaning from the information obtained rather than ensuring rigidity in the collection method (Streefkerk 2021).

A phenomenological research approach was applied as the researcher sought to gain in-depth understanding of the perspectives of the Warwick Junction community members. Phenomenological approaches are based on a paradigm of personal knowledge, experience, and subjectivity. Such studies enhance the importance of personal perspective and interpretation (McCombes 2021).

As a result, insight was gained on the participants' perceptions; their lived experience; personal knowledge and their subjectivity, in line with the objectives.

#### **4.2 Profiling of Participants**

All the participants were African as they are the dominant race group working and residing in the area, 54% of which were female and 46% were male. The most dominant age group was between 30 – 39 years and the least dominant group was between 50 – 59.

Of these participants, 23% preferred English as their language of choice for the interviews conducted among the 18 – 29 and 30 – 39 age groups. The more mature age groups preferred being interviewed in isiZulu.

Race	Gender		Age Group				Total
			18 - 29	30 – 39	40 – 49	50 - 59	
Black (100%)	Male	6 (46%)	1	2	1	1	6
	Female	7 (54%)	3	4		1	7
			4 (33%)	6 (49%)	1 (8%)	2 (10%)	<b>13</b>

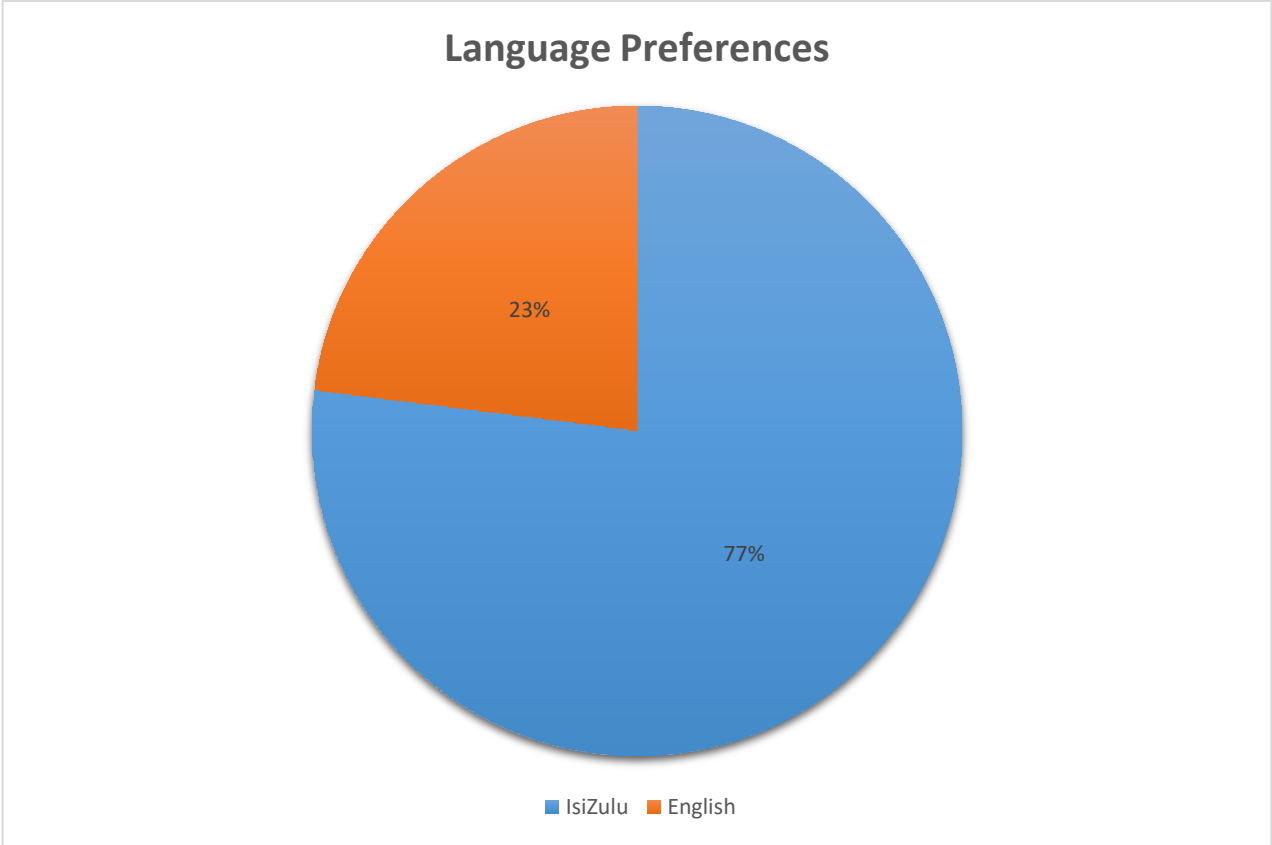
**Table 2: Table representing the demographic profile, age, and gender of participants.**

#### 4.2.1 Race

##### 4.2.1.1 Language Preference

Language	
IsiZulu	10
English	3
Total	13

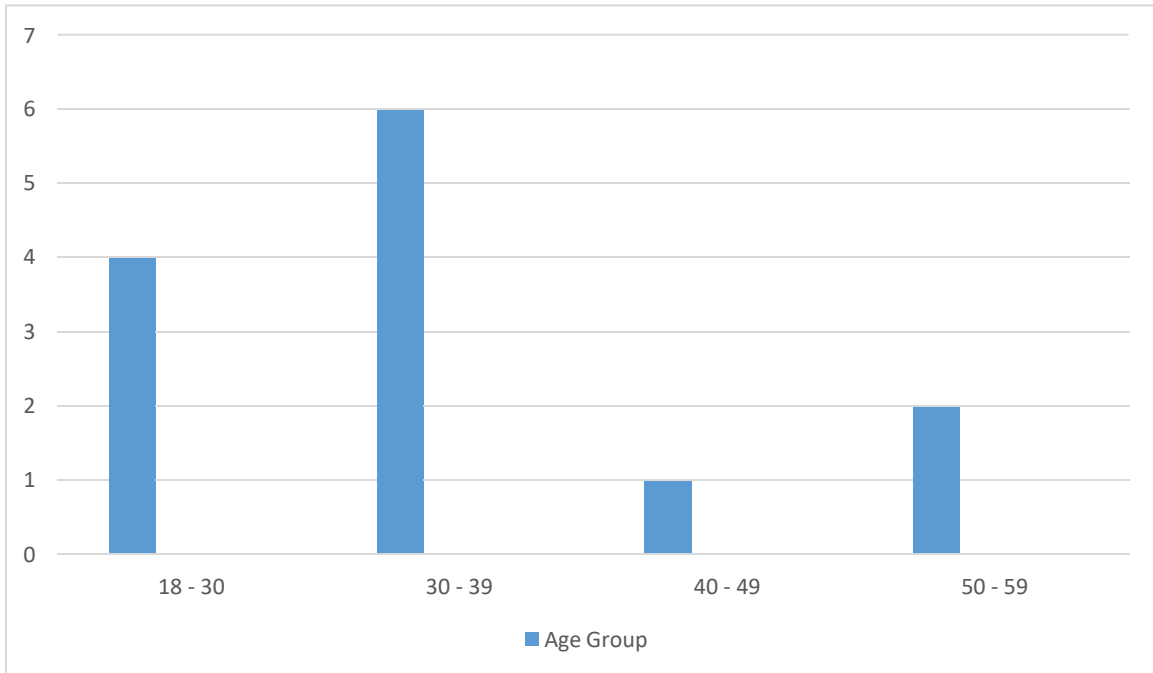
**Table 3: Table depicting language reference amongst the participants.**



**Figure 3.1: Pie chart depicting language preference amongst participants.**



## 4.2.2 Age Group



**Figure 3.2: Bar graph illustrating distribution of age groups amongst participants.**

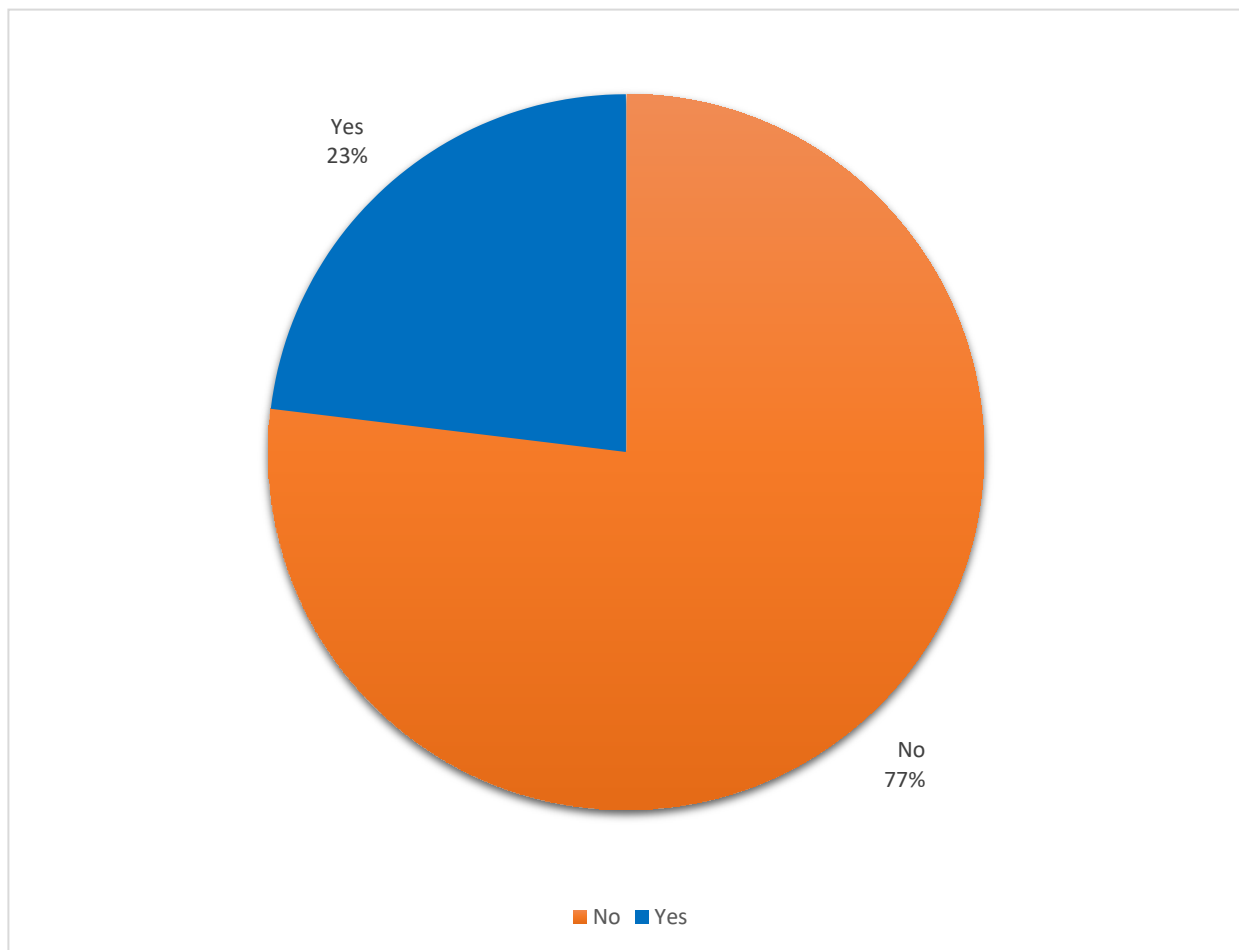
### 4.3 Emerging Themes

Themes	Sub-themes
1. Unfamiliar Medicinal Modality	<ul style="list-style-type: none"> <li>• Vagueness</li> <li>• Misinterpretation of alternative medicine</li> </ul>
2. Organic Medicine	<ul style="list-style-type: none"> <li>• Natural and Organic ingredients</li> <li>• Similarities to traditional medicine</li> <li>• Stark differences between conventional medicine and homoeopathy.</li> </ul>
3. Gentle Medicine	<ul style="list-style-type: none"> <li>• Safe/ Viable</li> <li>• Scientifically tested</li> </ul>
4. Unmapped Homoeopathic Community Centre.	<ul style="list-style-type: none"> <li>• Concealed behind the Lifeline banner.</li> </ul>
5. Pitfalls in UNHCC Marketing strategy	<ul style="list-style-type: none"> <li>• Poor Stakeholder Cohesion</li> <li>• Poor dissemination of information</li> <li>• Limited dispensation of medicine – SANP (South African Natural Product)</li> </ul>
6. Strengthened Conventional Medicine Stream	<ul style="list-style-type: none"> <li>• Mass Production of Pharmaceutical Drugs</li> <li>• Industry Indoctrination</li> <li>• Inequality</li> </ul>

**Table 4: Table of emergent themes and subthemes from analysis of interviews.**

### 4.3.1 Unfamiliar Medicinal Modality

Notable unfamiliarity of homoeopathy amongst the participants was evident. The study revealed that, of the thirteen participants, only four had heard about homoeopathy; four had visited a homoeopath; one had no understanding as to the kind of doctors they were and the remaining four had never heard about homoeopathy at all (See Figure 4.1 below).



**Figure 4.1: Pie chart illustrating knowledge of homoeopathy amongst participants.**

77% of the participants who had no knowledge showed a keen interest in homoeopathy for various reasons, included below:

*“Because there shouldn’t be things that I don’t know in the world.”* (Participant 2, 19 April 2021)

*“I would like to know more about homoeopathy so that I can make suggestions on how it can be improved or fixed in areas of concern – like ‘change this, do this, and do that’.”* (Participant 3, 19 April 2021)

*“Yes, what is that? I would love to know more because in most cases western medicine creates more harm than good. So natural medicine works and doesn’t have much side effects.”* (Participant 5, 20 April 2021)

*“Yes, I want to know what they have and maybe I can get help in some other ways.”* (Participant 6, 20 April 2021)

*“Just to know so that I can tell other people about it so that they can get help.... Because I am a people’s person, and I personally don’t really get sick.”* (Participant 7, 20 April 2021)

*“Definitely, I am always willing to learn new things. It is important to consistently upgrade knowledge as the brain never reaches saturation point. Perhaps, I can even raise awareness about it once I know more about it.”* (Participant 8, 21 April 2021)

*“Out of curiosity.”* (Participant 11, 22 April 2021)

*“So that I can know what type of medicine they provide it is so that I can pass on the information.”* (Participant 12, 22 April 2021)

*“I can hear from you what homoeopathy is about because I have no knowledge.”* (Participant 13, 22 April 2021)

## Vagueness

As indicated in Figure 4.3.1, only 23% (four participants) had heard about homoeopathy, and only two participants had explored it. The consensus amongst these participants was that homoeopathy was a foreign medicinal modality which was not well understood.

*“...A clinic that was not known before; does not use pills; uses natural products that were not used before. It is different from the clinic and different from pills – of which it works.”* (Participant 1, 7 April 2021)

*“It is not a familiar topic in the black community, the name might seem somewhat familiar but there is no understanding behind it. There is the idea that it is related to healing but not sure what kind of healing.”* (Participant 4, 20 April 2021)

*“I don’t know much about it, but I have heard that it is doctors that use natural ways to help people, like leaves, plants and herbs. Their medication is made from plants but I’m not quite sure.”* (Participant 9, 22 April 2021)

*“Yes, I heard about it once I started working here from people coming into the shop wanting directions to a doctor who is around here offering free services. I then took a walk and checked whether it is perhaps the youngsters I often see wearing white clinic jackets. I only knew about the clinic run inside Scala Pharmacy because I used to work there. I then went to go enquire from the students at lifeline to find out more because my child wanted to pursue studies in the medical fraternity – and then I go a bit of information. A lot of the people from here knew nothing when I asked them about it. Should my child have not had an interest in the medical fraternity I would still be in the dark about it.”* (Participant 10, 22 April 2021)

In addition, those who had knowledge of homoeopathy and had heard about the term, were not quite sure whether it was a foreign specialisation or a wholly different medicinal modality. This lack of available knowledge is exacerbated by the manner in which practicing homoeopaths present themselves through their signages and their chosen locations of practice, which are usually isolated and suggestive of a niche market.

*“You see on the 2<sup>nd</sup> level of Berea Centre – next to Tupperware – there is a doctor called a homoeopath. It is quite hidden, and it appear though it is only for certain*

*people. It is written Dr and then in brackets “homoeopath”, very few people know what a homoeopath is, because of the way it is written it comes across as a specialization – a specialization which is quite foreign to them. I only came across it because I was going to the Tupperware store. There is still a problem with us black people, we think one Dr should be able to do it all.... Very few black people understand it.”* (Participant 4, 20 April 2021)

Signages such as ‘Dr (Homoeopath)’ can also create the impression that homoeopaths view themselves as inferior to conventional medicine and thus attempts to elevate themselves by placing the emphasis on the ‘Dr’ title, rather than focusing on the profession. This is also pointless in promoting homoeopathy as a worthy CAM when such a signage is placed in disadvantaged areas where people have no understanding of the term ‘homoeopathy’.

### **Misinterpretation of alternative medicine**

Of the participants who had never heard of homoeopathy, there was a general understanding of alternative medication being extrapolated to African tradition medicine. This was particularly noted when asked what forms of alternative medication they were familiar with.

*“Alternative medicines? Natural Stuff; Natural medicine; Home-made”* (Participant 5, 21 April 2021)

*“Oh yes.... Well, I am also familiar for with Chinese medicines and traditional medicines.”* (Participant 6, 21 April 2021)

*“I am used to the services provided by our clinics, and I have heard about African traditional medicine – although I don’t use it.”* (Participant 7, 21 April 2021)

*“I am familiar with government clinics and African traditional medicine (isintu).”* (Participant 8, 21 April 2021)

*“I am used to doctors; it is Zulu medication that is not my strong point.”* (Participant 12, 22 April 2021)

*“I am used to African traditional treatment using isiZulu leaves - which involves practices such as purging and chugging. But because I have grown to understand that it is not good for the body and can damage the internal organs - especially if one has certain illnesses, I have stopped these practices.”* (Participant 13, 22 April 2021)

When asked what forms of alternative medication they had explored, most participants responded with home remedies and / or African traditional medicine, which seemed to overlap:

*“Sometimes, I do things I was taught at home.... I make up common home remedies for minor ailments – that really don’t require a clinic visit, like lemon juice for the flu.”* (Participant 2, 19 April 2021)

*“Sometimes, I consider alternative care, but I am usually guided by the severity and nature of my condition.”* (Participant 8, 21 April 2021)

*“Quite often I look for organic products when I look into getting assistance.”* (Participant 9, 22 April 2021)

*“Yes, but you cannot just drink everything. Like the organic medicine I sell, I drink it only because it seems to be made from organic substances.”* (Participant 10, 22 April 2021)

#### **4.3.2 Organic Medicine**

Most participants who had heard about homoeopathy perceived homoeopathy to be a medicine utilising organic raw materials such as herbs and plants. Many likened it to traditional medicine in the sense of medicinal composition, the only differences were dispensation, quality and testing; homoeopathy having a superior quality due to known evidence of testing.

*“There is not much of a difference (between homoeopathy and traditional medicine). It is sometimes similar; the only difference is dispensation and processing. The homoeopaths have it readily prepared for consumption while*

*traditional healers give you raw material to process on your own at home.”*  
(Participant 1, 7 April 2021)

*“Similar (Homoeopathy and traditional medicine), they both use raw materials.”*  
(Participant t 4, 20 April 2021)

*“What I can say, although I am not sure, the homoeopathic medication is probably tested but with traditional medicine, one literally can take anything and do whatever with it.”* (Participant 9, 22 April 2021)

*“I think homoeopathy and traditional medicine is the same but if for instance, I had to get sick, I would most likely go to a homoeopath because their products look trustworthy; they are clean, hygienic etc.”* (Participant t 10, 22 April 2021)

Subsequently, most of the participants noted significant differences between homoeopathy and conventional medicine; mainly the perception that conventional medicine focused on pills while homoeopathic medicine was more naturally derived.

*“There is not much of a difference between homoeopaths and conventional medicine. Doctors at clinics give pills while homoeopaths give powders, crystals, and other natural medicines. Both works.”* (Participant 1, 7 April 2021)

*“Homoeopathy is concentrated in naturally derived medicine.”* (Participant 4, 20 April 2021)

*“It is possibly different (to conventional medicine) in the sense that – although I don’t know much – but I have heard that their products are more natural in comparison to conventional medicine which is just pills. I don’t know of any similarities.”* (Participant 9, 22 April 2021)

*“I am not sure about the differences, but I have seen Dr Mkhize at the Durdoc Centre – I think she is a homoeopath – I looked at her medication. Her medication seemed quite Western in presentation although it was made from natural sources.”*  
(Participant 10, 22 April 2021)

There was a general misconception that anything natural required very little research, although it could be used and was effective. Hence, conventional medicine **had** become



the treatment of choice as it was subjected to rigorous research and supported by various legislations.

### **4.3.3 Gentle Medicine**

With the established general notion of homoeopathic medicine being rooted in natural remedies, it was accepted as being safe by many. It was also understood that homoeopathic remedies were made under sterile laboratory conditions and thoroughly tested before being dispensed in safe doses for human consumption.

*“There is no danger, it has been studied and researched. It is safe, it is purified. No side effects and tested in labs.”* (Participant 1, 7 April 2021)

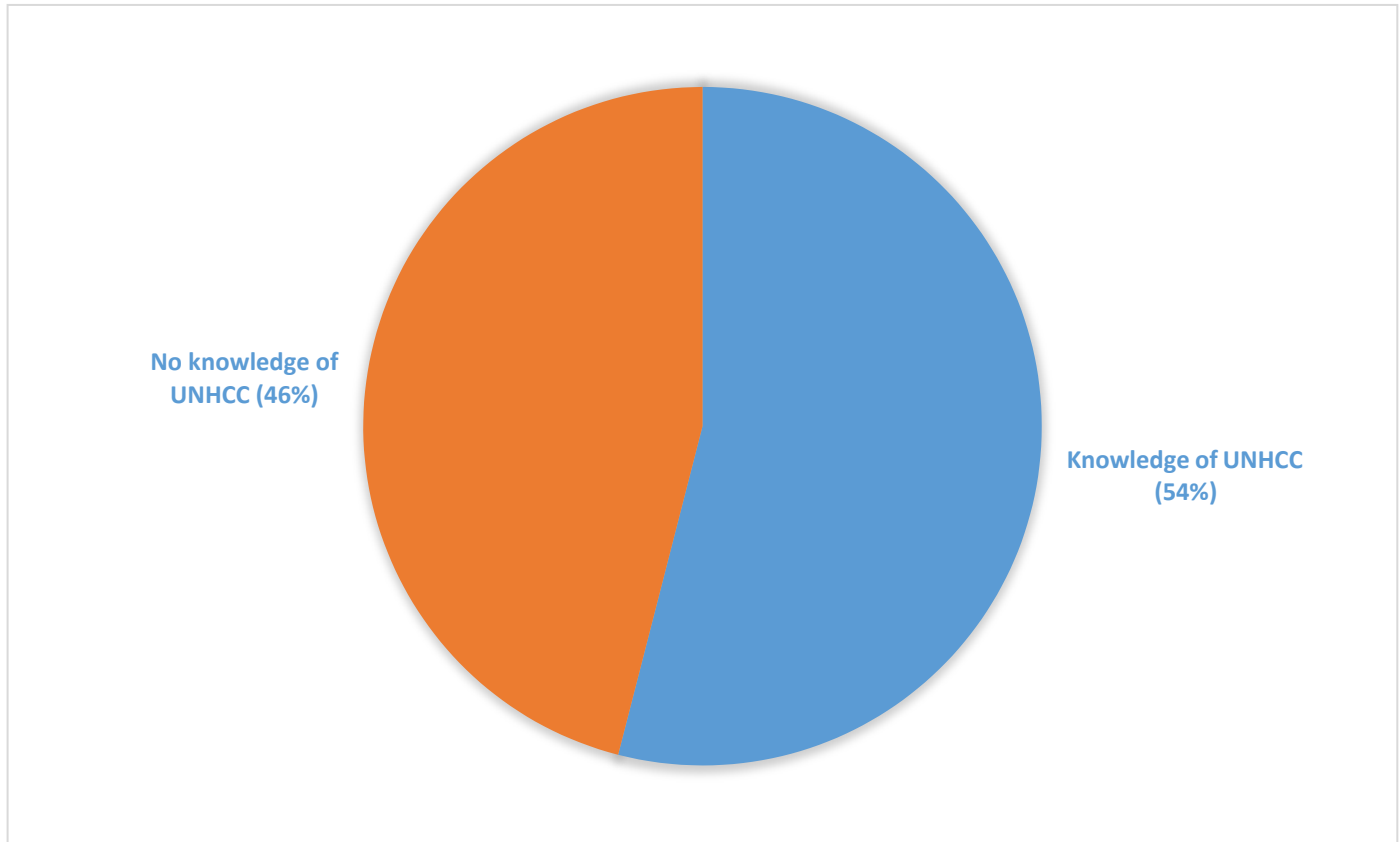
*“...I do think it [homoeopathy] is not harmful.”* (Participant 9, 22 April 2021)

One participant noted that homoeopathy seemed to be more successful in treating ailments that allopathic medication could not.

*“From my understanding, with my background in working in the clinic I would have preferred a lot of people who struggle to get assistance with their skin conditions. It appears that normal doctors struggle to treat skin conditions, yet alternative medicine does well with it.”* (Participant 10, 22 April 2021)

### **4.3.4 Unmapped Homoeopathy Community Centre**

The Ukuba Nesibindi Homoeopathic Community Centre may have been familiar to seven of the thirteen participants (54%) but they were unaware of the services provided by the facility.



**Figure 4.2: Pie chart depicting knowledge of the UNHCC amongst the participants.**

With reference to Figure 4.1, illustrating that only 23% knew about homoeopathy, and Figure 4.2. illustrating that 54% knew about the UNHCC, it can be inferred that 31% of the participants knew about the facility but did not know about the services offered. This suggests that there is a possibility that some individuals frequenting the UNHCC facility are not aware that they are receiving homoeopathic treatment. This could imply that the students and clinicians are not explaining the healing process to the patients, which could potentially lead to patients having a poor understanding of the differences between homoeopathy and conventional medicine. This further suggests that the patients are not benefitting from taking their medication. presuming it may be taken like conventional medicine and are thus not seeing results. This lack of understanding may explain the ongoing trend of low follow-up consultations in relation to new cases. It may further perpetuate negative word of mouth information about the UNHCC, thus contributing to lower new consultations.

Some participants who had visited the UNHCC but had not heard of homoeopathy, considered homoeopathy as a strange notion and felt that the term was misleading, alien and difficult to understand. They felt that if there was a term that explained homoeopathy in isiZulu, it would be easier to place this notion into context to make sense of.

*No, the name 'Ukuba Nesibindi' is not the problem (in this case). The problem is the name 'homoeopathy'. (Participant 4, 22 April 2021)*

Many participants pointed out that the UNHCC was not being marketed and visible to the public. The UNHCC appears to be 'hidden' at the tail-end of Warwick Junction and the clinic had not been made obvious to the public. In addition, the lack of any form of advertising or signage directing people to the clinic appeared to conceal rather than showcase the clinic.

*"We can criticize the location and the lack of knowledge regarding the services rendered in the facility, because that other clinic I referred to earlier always has long queues of people waiting to get assistance." (Participant t 2, 19 April 2021)*

*"People don't know the clinic and it is not located in a place that is visible to people. People just know the government clinics in this area - which are easy to locate and identify." (Participant 12, 22 April 2021)*

### **Concealed behind the Lifeline banner**

Furthermore, many found the name "Ukuba Nesibindi" which means "be brave" in isiZulu, rather intimidating, together with the added notion of the facility being solely for HIV Testing and Counselling. Due to the stigmatisation around HIV/AIDS, many tend to avoid seeking assistance from this facility.

*"I know the first two words 'Ukuba Nesibindi' which are quite frightening to me, but the homoeopathy part is unfamiliar to me. What I am familiar with, is the Lifeline Testing Centre because it is big and bold." (Participant 4, 22 April 2021)*

#### **4.3.5 Pitfalls in the UNHCC's Marketing Strategy**

Participants reported that the marketing strategy of the UNHCC revealed many flaws. Lacunae were identified in terms of many avenues that could be explored to effectively market the UNHCC facility. Questions such as “Is it marketed?” were often present in the responses, which points to a lack of a sound marketing footprint.

##### **Poor Cohesion of Stakeholders**

A notable problem of knowledge regarding the UNHCC **was** the poor dissemination of information. Many participants felt that there was a lack of communication between the community and the community leaders regarding community needs and strategies employed to meet those needs. Hence, awareness of facilities such as the UNHCC remained unresolved.

*“It is not marketed well. And I think the counsellor can do something about that because they do a lot when they are recruiting voters. I don't know who the counsellor is. I didn't know that there was a clinic. The people who stay nearer to the clinic than me should be using the clinic, but they aren't, they are overpopulating the other public facilities. I'm not too sure about security. Perhaps safety is another issue – Is it safe for patients to go? That's a question we need to ask ourselves.”* (Participant 5, 20 April 2021)

*“I think the principles of Bato Pele - Consultation – was not applied. If you bring something to the community it is important that you consult with them and see if it addresses the needs of the community. The ward manager was supported to provide guidance on how to deliver the clinic to the people regardless of whether it is a free clinic or not. Even when one is providing a free service, there must be a system to disseminate knowledge.”* (Participant 8, 20 April 2021)

##### **Inadequate Dissemination of Information**

Some participants felt that there was no opportunity or platform available to learn about homoeopathy or the UNHCC facility. They felt that the absence of advertisements, pamphlets and radio interviews, which could assist in providing information on the

homeopathic system of medicine and the UNHCC, played a decisive role in perpetuating the limited knowledge in the community:

*“People do not know about it so there has not been a real opportunity for the profession to grow in awareness. People only get a chance to know about it once they arrive at the clinic.”* (Participant 1, 7 April 2021)

*“We have never seen or found someone walking around to advertise the clinic. No one has come to our tables/stalls to motivate us to come to the clinic.”* (Participant 3, 19 April 2021)

*“It is the way it marketed. We need to bring it closer to the people so that they can become more accustomed to it. White people already know about it, but black people do not. People from your profession must speak on radio on a regular basis so that we as black people can know more about the different forms of healing that are available.”* (Participant 4, 21 April 2021)

*“Because there is no advert. People must be told about it and given the opportunity to know more about it. I think an advert would make a huge difference. Being in the corner is of no benefit to the clinic.”* (Participant 10, 22 April 2021)

*“Is it advertised...? We just cannot see it as a clinic.”* (Participant 11, 22 April 2021)

Participants felt that much could be improved about the existing knowledge of homoeopathy if people approached the different stalls and places of work to find information about the clinic. They felt that with improved knowledge, they would be able to pass information on to others – even regular recipients of products from Scala Pharmacy (the only pharmacy situated in the heart of Warwick Junction), as many people use the facility but do not seem to be improving in health.

*“From my experience, I’m not a nurse, I just have a qualification in homebased care, but I worked at Scala clinic dispensing. I saw lots of people coming to the clinic for medication because they are sick.... Yet they kept returning for the same medication, I believe that if you must go back to the clinic for the same medication continuously, it proves that you are not getting the help you require. I feel if those*

*people could get organic medication, perhaps they could see a huge difference.”*  
(Participant 10, 22 April 2021)

### **Isolation of Students**

Some participants felt that the homoeopathy students, although being concerned about their patients and treated them with great circumspection, were not always sufficiently motivated to promote the clinic services to the community.

*“The students studying homoeopathy must be paid to advertise and be driven with a vehicle to different sites to advertise. I’m not sure how but the students must be hired to enhance visibility of the clinic.”* (Participant 10, 22 April 2021)

### **Inconsistent Dispensing of Medication**

A participant who had previously utilised homoeopathic services at the UNHCC noted that there were inconsistencies in the dispensing of medication. Medication that was somewhat useful took longer to dispense, defeating the purpose of returning to the facility. The specific products referred to were Threshold MSM, which were part of the South African National Products (SANP) being dispensed as a supplement to homoeopathic remedies.

When asked what contributed to the poor attendance at the clinic, he responded as follows:

*“It is because just like with the pills I told you about, they run out of their medication, and they don’t have all the medication we need. They are short of a lot of their previous medication. The time they started, and they had all the medication, we would fill the benches to the brim but now I have noticed that people hardly visit this clinic”.* (Participant 13, 22 April 2021)

Although other remedies sufficed, patients often preferred to be given the same adjunctive treatment as they would at Government facilities. This suggests that the notion ‘less is more’ promoted by homoeopathy is not well received or understood by patients.

#### 4.3.6 Strengthened Conventional Medicine Stream

A crucial factor that has limited the knowledge of homoeopathy and created the resultant negative attitudes, is that of conventional medicine. Conventional modification has been presented as the ideal in many aspects, one such being prescription trends. Furthermore, many allopathic practitioners often have limited knowledge of alternative therapies and as a result have limited positive views on homoeopathy.

#### Mass Production of Pharmaceutical Drugs

The mass production of pharmaceutical drugs has led consumers to accept that 'more is more' in conflict with the general aim of homoeopathic medicine, where ideally only one simillimum is dispensed, based on the symptoms provided.

*"In the hospitals the treatment arrives ready-made from the pharmacies. Unlike homoeopaths, who make it up themselves, hospitals get it ready-made; it is mass produced and delivered by pharmaceuticals to distribute all over the world."*  
(Participant 1, 7 April 2021)

In addition, the participants viewed the pharmaceutical industry as a multibillion-dollar industry that focused on business rather than providing drugs that would benefit the masses. They also felt that the pharmaceutical industry relied on people recovering slowly and thus requiring more medication. The principles of homoeopathy do not subscribe to the notion of profitable business, hence the negative publicity and views.

*"Homoeopathy was the original medicine being used. Things changed along the 1920s, post the discovery of oil – which produces car oil and chemicals. It was then discovered that new ways of treating/healing can be discovered. Homoeopathy was then rejected and the conventional medicine – run by the pharmaceutical industry - took over. There were people behind the scenes under the pharmaceuticals who had an agenda to promote their own products."* (Participant 4, 20 April 2021)

*"This is based around one person – whose name I know of – David Rockefeller. He is behind the scenes and has been banking from the oil industry. He discovered*

*new ways to make money after they discovered that many products can be made from oil – some of which can be synthetic medicines - and that is how he controlled his business and killed the industry of natural medicine.” (Participant, 20 April 2021)*

*“I mean, in terms of medicine it’s all about business. Obviously.... I had this discussion with someone most pharmaceutical companies provide these types of medicine for business purposes, it not about helping people out - because they cause more harm in the long term than good. They are providing medicine to be taken for years instead of using natural plants like the likes of Dr Sebi. They were closed down for a reason because this is a big corporate thing, it is all about money.” (Participant 5, 21 April 2021)*

### **Industrial Indoctrination**

Consumers have inadvertently developed an understanding that conventional medicine is the only form of medicine based on scientific evidence. Furthermore, in discussions about alternative therapies, the focus was on the limited scientific information rather than the proven successes.

*“Doctors do not permit African traditional medicine. They believe that traditional medicine is not tested, it is only their medicine that is tested. So that is probably why other forms of medicine like traditional medicine cannot be found in the government set up. I’m not sure why alternative medicine like the homoeopathy – you just told me about – is not available in the public health facilities/set up.” (Participant 11, 22 April 2021)*

Furthermore, universities offering courses in alternative medicine are limited. For example, only two institutions offer Homoeopathy as a degree course in South Africa – the Durban University of Technology and the University of Johannesburg.

*“Probably because it is what is available in the universities to be studied.... So, the practitioners produced can only treat us in one particular manner.” (Participant 7, 21 April 2021)*



## **Inequality**

Many participants linked the colonial history to the reasons governing the isolation of homoeopathy, mostly amongst the white race. Two participants maintained that information was heavily filtered before it reached the destitute, hence many remained in the dark regarding the healing modalities that could potentially be of benefit to them. Even with the advent of the internet, information **was** not easily available to predominantly the Africans.

*“We are still behind as black people but what surprises me is that a lot of grannies know the clinic, but Imotep – who studied all the difficult professions: medicine, architecture and was a priest. He was the first doctor, he existed 2000 years before Hippocrates. Hippocrates was a thief, essentially Imotep was the first doctor. A lot of things were taken away from us by the white race. The white colonized us and took away our sense of spirituality which was our biggest asset. We connected with nature and were spiritual but now we are distant from that life. We have adopted the religion that the whites brought to us. We are lost.”* (Participant 4, 20 April 2021)

*“Secondly, since medical knowledge was previously isolated to the white, it was easy for them to push the school of medicine that was suitable for them.”* (Participant t 8, 20 April 2021)

## **4.4 Conclusion**

This chapter considered the results of the study. The six main themes of the study were detailed as follows, namely the unfamiliar medicinal modality; organic medicine; gentle medicine; the unmapped homoeopathic centre; the pitfalls in the UNHCC marketing strategy and finally, the strengthened conventional medicine stream. These themes foregrounded a number of perceptions held by the communities in the Warwick Junction area. Many perceptions about homoeopathy appear to be largely underpinned by a lack of knowledge on homoeopathy practices and medicines, which should be addressed in future research. Chapter 5 will discourse on the results of the study.

## CHAPTER 5

### DISCUSSION OF THEMES

#### 5.1 Introduction

This chapter deliberates on the results presented in chapter 4 and how these results relate to existing literature, guided by Anderson's Behavioural Model on Healthcare utilisation (Artiga and Hinton 2018). The discussion on the results was guided by the aim of the study; the areas of interest presented in chapter 1, namely, the knowledge of the Warwick Junction community regarding homoeopathy and the UNHCC; the attitudes of the Warwick Junction community towards homoeopathy and the UNHCC; and last, the perceptions of the Warwick Junction community towards homoeopathy and the UNHCC.

#### 5.2 Interpretation and Discussion of Themes

##### Theme 1: Unfamiliar medicinal modality

The 77% of participants indicating no knowledge of homoeopathy, supported the findings of Ngobese (2018) which revealed similar mediocre knowledge of homoeopathy among the African communities.

##### Sub-theme A: Vagueness

Of the participants with knowledge of homoeopathy (23%), there was little clarity in the understanding of the concept, making it difficult to explain the concept to others. Martensen *et al.* (2016) established that positive word of mouth communication is said to exert a strong influence over the behaviour of people, social norms, attitudes, and intention. An obfuscated understanding of homoeopathy can negatively affect the growth of the profession, unless supported by evidence based on sound clinical practice. However, it is difficult for humans to explore a concept they are not familiar with. This is supported by Anderson's Behavioural Model of Health Service Utilization (Artiga and Hinton 2018), which suggests that health choices are governed by enabling factors such as community perceptions.

## **Sub-theme B: Misinterpretation of alternative medicine**

Amongst the participants with no knowledge of homoeopathy, there was a predominant understanding of alternative medicine being similar to African traditional medicine. This not only **reinforced** the notion of 'vagueness' pertaining to the knowledge of homoeopathy, but also **revealed** that in line with Anderson's Behavioural Model of Health Utilization, predisposing factors such as culture significantly **impacted** on the knowledge of health, and thus **influenced** the behaviour towards health issues. In addition, there **was** also a general perception that traditional medicine **was** unsafe and **involved** the practice of witchcraft. Many patients explained that their core mode of healing was from conventional medicine from PHC facilities, due to African traditional medicine being something that they could not openly relate to. This poses a threat to the growth in the knowledge of homoeopathy and the UNHCC, given that many believe that the facility provides medication parallel to African traditional medicine.

## **Theme 2: Organic medicine**

There has been a growing interest in organic foods and increasing positive views on organic products, when compared to genetically modified products (Shafie and Rennie 2012). The term 'organic' is defined in the *Cambridge Dictionary* (2021) as 'not using artificial chemicals in the growing of plants and animals for food and other products.' As a result, the term 'organic medicine' refers to herbal and natural medicine, suggesting that the notion of homeopathy is not fully understood, even amongst the supporters of homoeopathy. In addition, with popular homoeopathic dispensing techniques such as dispensing a remedy with an adjunct such as a tincture, the essence of homoeopathy, including the general understanding of the mode-of-action of homoeopathy becomes misconstrued. Homoeopaths often dispense in this manner when they are unsure of their

*similimum*<sup>2</sup> and when they are treating a patient who is familiar with polypharmacy, which is a popular dispensing method at Government PHC facilities.

### **Sub-theme A: Natural and organic Ingredients**

Anything associated with the word 'organic' is viewed as a safer and healthier option. Many perceive homoeopathy as an 'organic' system of medicine dispensing products made from 'organic' material. As a result, this promoted a positive stance towards homoeopathy, particularly with regards to its efficacy and degree of safety. The concern, however, lies in the misunderstanding of the mode of action in terms of the use of infinite dosages in homoeopathic medicine.

### **Sub-theme B: Similarities to traditional medicine**

A key feature of homoeopathy and traditional medicine is the use of natural raw materials from the ground, which includes various parts of plants and animals. However, traditional medicine is rigorously tested; separated by chemical means or measured using various scales and dispensed in its raw and true form. Homoeopathic treatments undergo rigorous processing, particularly dilution, which purifies the essence of the medication and *potentisation*<sup>3</sup>.

African traditional medicine (ATM) is underpinned by herbal medicine, including the use of minerals and dried animal parts (Ozioma and Chinwe 2019). ATM is viewed as holistic medicine as it is believed that physical illness is caused by poor health, spiritual instability, sorcery and issues with the ancestors and witchcraft. Similarly, homoeopathy utilises naturally derived products and herbal tinctures; with the added understanding that physical illness may have deeper etiologies related to the mind and emotions.

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<sup>2</sup> *similimum* - which is the remedy which matches the disease symptoms presented by the patient.

<sup>3</sup> potentisation - which eliminates the toxic elements of the crude substance, thus enhancing the curative elements of the substance.

### **Sub-theme C: Stark differences in conventional medicine and homoeopathy**

There are stark differences in conventional medicine. The main variance being the source of material used to manufacture the products. Although many people are unclear on the materials used to make conventional and/or pharmaceutical drugs, the consensus is that the source is mostly synthetic. On the other hand, it is understood that homoeopathic products are made from natural substances.

### **Theme 3: Gentle medicine**

Homoeopathy is perceived to be rooted in natural organic medicine and as a result perceived as a gentle form of healing. Of the participants who had consulted a homoeopath, it was noted that homoeopathy **did not** interact with chronic drugs; **had** no side effects and **was** linked to sound lifestyle choices with lasting changes. The 'gentle' element was also noted with the homoeopathy students during case-taking, as they demonstrated selflessness and took time with the patients. This is endorsed by Aphorism 1 of the Organon of Homoeopathy, which states that, 'The physician's high and only mission is to restore the sick to health, to cure, as it is termed'. Aphorism 2 further states, 'The highest ideal of cure is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable, and most harmless way, on easily comprehensible principles' (The School of Homoeopathy n.d.). Both Aphorism 1 and 2 form the blueprint of homoeopathic training and are thus the basic principles of service in homoeopathic community centres. Furthermore, the healing journey is a partnership between patient and physician, as the patient is equipped with lifestyle advice to further improve the desired health status.

### **Sub-theme A: Safety**

There is much controversy regarding the efficacy and safety of homoeopathic remedies (National Institute of Health 2021). In the United States of America, many who used homoeopathic products used these to treat influenza, muscular or skeletal issues. The issue of safety was initiated by various over-the-counter products containing active ingredients claiming to be homoeopathic, when in fact they were not, posing a risk to drug

interactions. This has led to the general misconceptions regarding homoeopathic products.

Fortunately, due to the ethnic understanding of traditional medicine, anything made from naturally derived ingredients is believed to be safe. Although people understand that scientific backing is required for what they consume, due to the general western presentation of the homoeopathic remedies, the assumption by many is that it is safe to use. Furthermore, with the UNHCC being endorsed by the Durban University of Technology, the public assumes that the products are well-researched.

### **Sub-theme B: Scientifically approved**

Scientific backing has been the core reason why conventional medicine has remained in the forefront. Subsequently, there is an assumption that homoeopathic medication is well researched, due to its packaging, presentation, and dispensation.

### **Theme 4: The 'Unmapped' Homoeopathic Community Centre**

The term 'unmapped' is as defined when a destination not found on the map. This has been the case with the UNHCC, as the 'Ukuba Nesibindi Homoeopathic Community Centre' does not appear on the GPS nor as a destination on the Uber application. It appears that only those who have had a reason to attend this facility was aware of its existence. Others, although having worked and/or lived in the area for more than five years, still had not identified the facility as a PHC. As a result, many still visit Lancers' clinic (which is a local Government clinic on Lancers Road in the Warwick Triangle) for their PHC services, as it was always assumed to be the only PHC facility available in the area.

Apart from being unmapped, the UNHCC remains invisible to the public. Although there may be DUT signage, there is no additional indication to explain the nature of the facility or the services there. The terms 'homoeopathy' or 'homoeopathic' can be intimidating to those who do not know what these terms mean. With 77% of the community being unfamiliar and/or unaware of this service, there is a possibility that the signage of the facility did not spark interest or address the needs of the community.

The Anderson's Behavioural Model of Health Utilization suggests that predisposing factors such as community support influence health behaviour. In this context, the local municipality has foregrounded the Government PHC through visible, simple signage and its positioning. This has not advantaged the UNHCC; its lack of advertising strategies and its poor visibility.

### **Sub-theme A: Concealed behind the *Lifeline* banner**

As mentioned in chapter 1, the UNHCC shares the building with Lifeline Durban. Lifeline is a volunteer-based organisation supported and maintained by its facilitators, counsellors and social workers. The sole purpose of the organisation is to provide counselling for trauma, stress, HIV/AIDS, abuse, disease and suicide, the most sought-after service being HIV Testing and counselling (Lifeline n.d).

Although there was the promise of a possible symbiotic relationship between Lifeline Durban and the UNHCC, people avoided exploring the UNHCC because they perceived the facility as limited to HIV patients. Many people to date still struggle with the stigma of HIV and hence avoid facilities that are 'HIV/AIDS landmarks'. Bonnington et.al (2017) noted that there has been continuity and some change in HIV-related stigmatisation, despite improvement in overall access to ARV medication. For this reason, amongst others as discussed in this study, the UNHCC has largely been ignored due to the HIV connotation.

### **Theme 5: Pitfalls in the UNHCC marketing strategy**

Marketing of the UNHCC facility is multi-faceted as it is dependent on the conflation of several factors, such as considering the stakeholders involved; the nature of the location; the type of medicine being distributed and the behaviour of the students working in the facility.

The South African Department of Health (2001:2) in section 38 of the Allied Health Professionals Act of 1982, stipulates that homoeopathic practitioners are allowed to advertise, as defined and specified below:

'Advertisement' means any written, illustrated, visual or other descriptive material or verbal statement or reference -

- (a) which appears on the Internet, in a newspaper, magazine, pamphlet or other publication;
- (b) which is distributed amongst members of the public;
- (c) which has been fixed onto or appears on walls, windows, boards or vehicles; or
- (d) which is brought to the attention of members of the public in any other manner whatsoever, and which is meant to promote a specific practice or a specific practitioner's technique or to make known a specific practitioner's professional proficiency or knowledge; (South African Department of Health 2001:2)

Considering Anderson's Behavioural Model of Healthcare Utilization, there is a set of enabling environmental factors that further perpetuate existing trends within the society. With the notably non-existent marketing strategy, the community is less inclined to utilise the UNHCC facility.

#### **Sub-theme A: Poor stakeholder cohesion**

Participants commented on the absence of support from the local municipality and counsellors to promote awareness of the facility, for the purpose of supporting the profession; providing added healthcare options for the community, and expanding the UNHCC facility. There is an identified need for the local municipality to provide an improved infrastructure and security, as safety was a critical and valid concern. Anderson's Behavioural Model of Healthcare Utilisation also supports the fact that the environment is a critical factor in the placement and choice of healthcare facilities.

The Warwick Junction is congested and notorious for its high crime rate, affecting both drivers and pedestrians (Maasen and Galvin 2019). Durban Central Police station is listed amongst the top thirty stations for the following sixteen crime categories, namely:

- theft of motor vehicle and motorcycle (highest in the country)
- shoplifting (highest in the country)
- driving under the influence of alcohol and or drugs (highest in the country)
- theft out of or from vehicle (4<sup>th</sup> in the country)
- other serious crimes (4<sup>th</sup> in the country)



- sexual violence detected because of police action (5<sup>th</sup> in the country)
- serious crimes; contact crime; kidnapping; common robbery; robbery with aggravating circumstances; robbery at non-residential premises; property related crimes; all theft not mentioned elsewhere; crime detected because of police action and drug related crime. (South African Police Service 2019)

From this it can be deduced that an unsafe environment together with the alarming crime statistics does not support the utilisation of a facility, as the risk far outweighs the potential benefit of promised treatment.

### **Sub-theme B: Ineffective dissemination of information**

There is no evidence of recruitment drives being undertaken by the homoeopathic students to educate the community about the facility and recruit potential patients. Instead, students are isolated and under-utilised. This creates the impression amongst patients and community members alike, that homoeopathic students lack passion for their profession and are indifferent to patient attendance.

This supports Macquet's (2007) finding that very few DUT students know about the Homoeopathic Day Clinic, placing in doubt the recruitment strategy and the desire of the students to raise awareness about the facility. If students lack interest and are not motivated by their department on the viable methods that can be adopted to market the DUT Homoeopathic facilities, it sets the tone for poor marketing practices for in the future – which potentially implies a higher incidence of failed practices.

In addition, as the traders commented, there is no history of students approaching them to market and educate them about this unique practice of medicine as well as the facility. This has created the impression that the facility is only for the selected few.

### **Sub-theme C: Limited dispensing of medicine – SANP (South African Natural Product)**

This limitation goes hand in hand with very little stakeholder cohesion, because with proper funding from the Municipality, for instance, there would be fully stocked dispensaries with no shortages. However, even homoeopathic companies provide limited

support for the homoeopathic satellite clinics. Shortages in medication create the impression of inconsistency, causing patients to lose trust in the brand and reverting to more familiar practices. Familiarity is a key feature of the Anderson's Model of Healthcare Utilization, where it emphasises predisposing factors such as past experiences with various healthcare providers and/or PHC facilities, setting the tone for expected future experiences, and whether positive or negative, will dictate future choices in healthcare.

### **Theme 6: Strengthened Conventional Medicine Stream**

Conventional medicine is mainstream medicine provided at the public healthcare facilities and underpinned by the pharmaceutical industry. Bursaries are granted every year to persuade pupils to studying medicine and other professions recognised by the Health Professions Council of South Africa (HSPCSA), to increase the number of professionals in the industry. Health professions are not taught about CAM or homoeopathy, hence the disinterest seen in professionals, as noted by Naicker (2008). Professional nurses admitted having a keen interest in knowing more about CAM and perhaps training, to use some of the modalities in patient care (Sibiya, Maharaj and Bhagwan (2017).

In light of the Anderson's Behavioural Model of Healthcare Utilization, health choices are influenced by environmental factors such as the healthcare system. Given that conventional medicine is the mainstay of the healthcare system, it is not surprising that CAM and homoeopathy will be overlooked, remain unknown and/or misunderstood. Another aspect of this model is the influence of the community on health. The 'community' being a space where people live and work, includes the Government and media. TV advertisements focus mainly on advertising pharmaceutical drug products, and not CAM.

### **Sub-theme A: Mass production of pharmaceutical drugs**

The profit-driven pharmaceutical industry has deviated from providing treatments for the benefit of consumer health. Consumers are aware of this phenomenon, but due to limited information regarding alternative medicine, they remain consumers of pharmacological drugs. Doctors are groomed from their undergraduate years at medical school by pharmaceutical brands through gifting, providing vouchers and selective book discounts.

This influences their choice on drug dispensation in practice, fueling the financial ideals of the industry.

This has influenced consumers in such a way that they believe they should expect more medication and repeated use of the same to recover fully, even when symptoms may have long passed. This may generate profits for the pharmaceutical industry, but result in adverse effects on the health of the consumer by promoting drug dependency and predispose consumers to toxic blood levels.

Participants who had used the UNHCC but no longer attended, were resentful of the fact that the dispensation protocol opposed that of the pharmaceutical industry, which advocates polypharmacy. Homoeopathic remedies (along with adjuncts) treat the underlying cause of illnesses based on the symptoms displayed by the patient and are then discontinued upon improvement or new symptoms. In addition, the UNHCC only dispenses adjuncts from the South African Natural Product (SANP), based on need rather than as chronic treatment. This has confused many patients who had expected otherwise and assumed that their symptoms would reappear as a result. This confusion rendered them indifferent to the positive results obtained from the homoeopathic treatment. This suggests that patients at all homoeopathic centers need to be educated on the differences in treatment styles and need to 'unlearn' some hazardous conventional practices, such as the overuse of pharmacological drugs.

### **Sub-theme B: Industry indoctrination**

The general concept 'more is more' or polypharmacy, is evident on the conventional medicine interface – where the increasing symptoms of patients with chronic conditions graduate to more elaborate daily medicinal needs. This has become the benchmark of effective treatment for many patients. When patients recover after taking homoeopathic treatment and do not receive further treatment that has improved their health, they tend to worry due to misinformation arising from viewing homoeopathy through a conventional lens.

### **Sub-theme C: Inequality**

During a live television interview on eNCA on the 30<sup>th</sup> of June 2021, a professor from the University of Cape Town commented that the average family had no access to the internet (eNCA 2021). This runs parallel to nuances that emerged in the interview around the notion of poorly disseminated knowledge. African communities remain isolated from the rest of society due to limited knowledge, underscored by the 77% of the community who had no knowledge of homoeopathy. This further translates into the public healthcare system which is heavily burdened and under-resourced. In addition, there is no access for homoeopaths into the public health system, therefore they cannot access most of the population, even though homoeopaths are trained at public institutions. In chapter 1, it was stated that 84% of the South African population utilises the public healthcare system. With 80% of the South African population being African, it is obvious that the main recipients of the public healthcare system are the Africans. Hence, many participants with average means preferred to self-medicate with over-the-counter medication, rather than utilise public healthcare facilities.

### **4.3 Conclusion**

Misconceptions are a result of a deficit in knowledge and can potentially result in limited understanding of any area of interest. In an industry governed by the laws of conventional medicine, which is driven by the pharmaceutical industry, anything outside the norm is liable to be placed under much scrutiny. However, advancements in accessibility and transparency by homoeopaths can contribute towards positive advancements to the existing perceptions towards homoeopathy.

## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 Conclusions

This research explored the knowledge, attitudes and perceptions of Homoeopathy and the Ukuba Nesibindi Homoeopathic Community Centre (UNHCC) in the Warwick Junction community.

The study was conducted through semi-structured interviews at the UNHCC. After a thematic analysis of the transcribed interviews, it became clear that the knowledge of homoeopathy and the UNHCC was exceptionally limited among members of this community. The attitudes towards homoeopathy varied, some showing ignorance and/or disinterest, but also many exhibiting a keen interest

The perceptions of the participants revealed interesting opinions and trends, as most of the participants viewed homoeopathy as a safe, organic medicine and likened it to traditional or herbal medicine. They also viewed it as a medicinal system that was isolated and only benefitted the white population. The UNHCC was perceived as an HIV/AIDS facility which many avoided for fear of stigmatisation, while others could not relate the facility to other familiar medical institutions such as a clinic or a community healthcare centre.

There is a significant gap in knowledge in the understanding of homoeopathy or knowledge regarding the services provided by the facility. This gap is rife with misinformed ideas and perceptions, which further deter people from accepting the UNHCC and homoeopathy.

Students studying and/or practising this discipline need to become proactive because they represent the profession through their conduct and represent the future of this profession.

From the extracted themes the following were noted:

1. Homoeopathy remains an unfamiliar medicinal modality lacking in confidence and understanding, even amongst those who claim to have knowledge thereof. There is much misrepresentation of alternative medicine in the media and the pharmaceutical industry, hence the lack of knowledge that defines homoeopathy in this community. Healthcare practitioners often lack adequate knowledge and thus are more likely to deter the public away from exploring alternative healthcare systems.
2. Organic medicine is another broad and misunderstood topic under which homoeopathy and African traditional medicine resort. However, African traditional medicine has often appeared to be antagonistic towards conventional medicine, placing homoeopathy under this banner as well. This aggressive stance initially created some resistance regarding the use of homoeopathy while on traditional medication.
3. On the other hand, homoeopathy is perceived to be a gentle form of medication due to its organic ingredients and taken in small doses, as stated earlier. Furthermore, the professional packaging and modern presentation of the remedies allow consumers to assume that it has been clinically tested and presumed safe before further inquiry is made. This positive spectrum has improved interest in this unfamiliar medicinal modality.
4. The UNHCC, unlike all Government clinics, has no recognised footprint. There is no online profiling of the centre and no online links or directions to access the site. For many, the site has not been a feature of interest as the focus has largely been on the Lifeline services.
5. Conventional medicine will continue to be in the forefront because it endorses polypharmacy, which boosts pharmaceutical sales and thus increases the mass production of drugs; healthcare professionals are not educated on CAM and the vast inequality inherent in South Africa, underpinned by poverty, continue to limit most of the population on health choices.

### **6.1.1 Limitations of the study**

Due to COVID-19 regulations, participants could not be interviewed at their place of work, which made recruitment problematic as many could not leave their employment despite showing a keen interest. This includes people from the taxi industry, who were inaccessible for this study.

Lockdown legislations limited the operating hours of Lifeline Durban in 2020 and 2021. This has decreased the footprint of the UNHCC even more and has resulted in Lifeline staff migrating fulltime to the Lifeline branch in Stamford Hill, Durban. This unintentional decrease raised questions with prospective participants regarding the validity and legitimacy of the research, as many potential recruits believed that the clinic no longer existed and thus saw no valid reason to participate in the study.

### **6.1.2 Strengths of the study**

Interviews provided participants with the opportunity to share their perspectives in their own words and according to their understanding, without being coerced. In addition, the qualitative research study provided rich data and improved insight and focused on extracting in-depth meaning from the collected data. Furthermore, the phenomenological approach assisted in accessing the lived experiences of the participants.

A selected group of participants were recruited to avoid bias. One person from each organisation or stall was interviewed to avoid unilateral perspectives. This strengthened the research as the group constituted a diverse selection of people with wide-ranging views and perspectives. Many participants had worked in the Warwick Junction for more than five years, making them suitable candidates as they had an in-depth understanding of the area, which increased their credibility.

### **6.2 Recommendations for future research**

- Research is required into what it means to be an African homoeopath or a student of homoeopathy, given the bias of the African population, and the isolation of homoeopathy within the white population due to the perceived lack of information.

- Further research is required on the knowledge, attitudes, and perceptions of homoeopathy and the UNHCC in the form of a survey to obtain quantitative information.
- Further research is also needed on the knowledge, attitudes, and perceptions of homoeopathy on a larger scale to identify provinces with low numbers to determine possible methods to address the identified deficit. This may also assist homoeopaths who wish to open practices in areas with a low number of homoeopaths.
- Research on the health issues in the Warwick Junction community to explore treatment and recruitment strategies would be beneficial to the community.
- Further research on the lack of marketing and advertising homeopathy as a medical resource, and the implication thereof for the growth of the homoeopathic profession would benefit both the community and the homoeopathy profession immensely.

### **6.3 Recommendations for the homoeopathic profession**

- Advertising and marketing legislations need to be revisited so that homoeopaths can market themselves to reach more patients. This call for marketing is not intended to coerce people or place homoeopathy above allopathic medicine, but to inform the community about available service providers and their respective services. With the ongoing COVID-19 pandemic, the virtual world, legislation prohibiting advertising online through blogs (and/or social media campaigns) should be revisited. Advertising would allow for expanded and accessible knowledge of homoeopathy amongst the general population and assist in addressing the existing misconceptions regarding the profession which continue to limit the growth of the geographic footprint and inhibit the potential positive impact of homoeopathy in communities.
- Homoeopaths and students should advance their skills in HIV management so that they can become portals of information for HIV/AIDS patients. In addition, with the ongoing HIV research and ongoing changes in the HIV treatment regimen, it is



important to know the researched responses and side-effects of the varying treatment regimens. This could motivate improved remedy choices in treating HIV patients.

- Homoeopaths should demonstrate their medical knowledge through creating brochures and posters on a large scale to improve credibility in communities and among health professionals.
- Homoeopaths should create social media blogs to educate communities about homoeopathy; share success stories; demonstrate scientific evidence of remedy preparation to highlight the safety of the product and to emphasise the improbability of interaction with allopathic drugs. This will help refute the existing negative notions held on homoeopathic remedies.
- Homoeopaths should publish more research articles to educate academics and institutions regarding the profession and update existing homoeopathic literature.

#### **6.4 Recommendations for the UNHCC**

- The UNHCC should utilise online platforms by creating an interesting advertisement on social media where the public can be updated on, for example, the working hours of the facility and share testimonials to explain homoeopathic medicine, and thus improve the UNHCC brand. This vlog page should be in English and isiZulu on healthcare to further advance the credibility of the facility and homoeopathy.
- The UNHCC should consider changing the name “Ukuba Nesibindi,” as it means ‘have strength’ or ‘be brave’, which can be intimidating to some, as it creates a negative impression of the facility. A neutral name that emphasises the healthcare and the caring nature of the facility is suggested.
- DUT should increase its visibility by displaying prominent easy-to-read signages and provide professionally designed glossy brochures on site and to surrounding establishments. Senior homoeopathy students should be co-opted into marketing strategies by managing a project designing a marketing campaign for the UNHCC (and the DUT homoeopathic day clinic) which is within AHPCSA. regulations Such

campaigns should include health presentations at DUT residences; handing out fliers during campus HIV testing drives; giving interviews on RadioDUT; community or campus health drives (in association with other health bodies) and design interesting and relevant posters in line with various health topics with affiliation to the UNHCC (DUT day clinic or other satellite clinics). This will not only market the homoeopathic facilities, but also train the students on marketing campaigns to adopt once they go into private practice.

## **6.5 Conclusion**

The growth of the homoeopathic profession rests in the hands of the homoeopathic experts, lecturers, and students. Homoeopath professionals are community members first, before they become professionals, therefore it is imperative that they understand the needs of their communities in order to align their services to meet the needs of the communities. They should improve the knowledge base; improve the attitudes and alignment of perceptions which can only be achieved by advances in the services and visibility of homoeopathic professionals.

Although the public health crisis continues, talks regarding integration of homoeopathy into the public healthcare system can only be made once such visibility is achieved and improved by the homoeopathy practitioners' efforts in advancing the knowledge of homoeopathy within the communities. Isolation will only serve to create and perpetuate negative perceptions and reflect a reluctance to serve the public.

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## **Appendix A1: Letter of Information (English)**

### **LETTER OF INFORMATION**

#### **Title of the Research Study:**

Exploring the knowledge, attitudes and perceptions of Homoeopathy and the Ukuba Nesibindi Homoeopathic Community Centre (UNHCC) in the Warwick Junction community.

**Principal Investigator/s/researcher:** Miss Khulu Khwezi Kwazi Gama, B. Tech: Homeopathy

**Supervisor/s:** Dr C. Hall, M.Tech: Homoeopathy

**Co-Investigator:** Dr V.B.N. Ngobese, M.Tech: Homoeopathy

#### **Brief Introduction and Purpose of the Study:**

Hello!

Hope you are well and thank you for taking time out to read this.

I am a 6<sup>th</sup> year student at DUT doing research for my Masters degree in Homoeopathy.

I would like to invite you to participate in my research. Research is merely a collection of new information around specific topics to solve problems and for gaining a better understanding. I am doing a research study on the Warwick Junction community's knowledge, attitudes and perceptions of homoeopathy, and the Ukuba Nesibindi Homoeopathic Community Centre (UNHCC). The reason for this study is to explore your knowledge, attitudes and perceptions of homoeopathy and the UNHCC. I would like to find out how much you know about homoeopathy and the clinic. You are welcome to take your time and obtain a second opinion before making the decision to participate in the study

**Outline of the Procedures:** I am asking that you take part in a twenty-minute interview. This interview will be completed in the Ukuba Nesibindi Homoeopathic Community Centre (UNHCC). You can choose to be interviewed in isiZulu or English, depending on your language preference. The interview is informal, much like a conversation. We will discuss your knowledge, attitudes, and perceptions of the homoeopathy and UNHCC. With your permission, I would like to audio- tape the interview; the recordings will only be used for research purposes.

**Risks or Discomfort to the Participant:** There are no risks involved when participating in this study.

**Benefits:** The information that you will share with us in the interview, will contribute towards improving the care that we offer at the UNHCC.

**Reason/s why the Participant May Be Withdrawn from the Study:** The researcher may stop you from taking part in the study at any time if she believes it is in your best interest or if the study is stopped. Also, participants may choose to withdraw from the study at any time during the research process with no adverse consequences.

**Remuneration:** Participants will not be remunerated for taking part in the study.

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

**Confidentiality:** Your personal details will not be disclosed at any stage of the study. The documents will be kept secure by myself for the duration of the research and then stored in a locked office of the research study personnel at the Durban University of Technology, Homoeopathy Department and will be destroyed within five years. Only people involved in the research will be able to access this information. None of the information you provide will be shared with persons at the clinic, your family members or anyone else outside of this research project. Your name will not be used in any written reports or articles that result from this project.

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

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

Please contact me, Miss Khulu Khwezi Kwazi Gama (cell no. 067 365 9964), my supervisor Dr C. Hall, (tel no. 031 373 2514.) and Dr Ngobese (cell no. 073 998 3639) or the Institutional Research Ethics administrator on 031-373 2900. Complaints may be reported to the Director: Research and Postgraduate Support, Dr L Linganiso on 031 373 2577 or [researchdirector@dut.ac.za](mailto:researchdirector@dut.ac.za).





## **Indikimba A2: Incwadi yolwazi ngokuzibandakanya (IsiZulu)**

**Isihloko socwaningo:** Ulwazi, imizwa kanye nemibono yakho ngekanye nemibono yabahlali base Warwick Junction mayelana nehomoepathy nangomtholampilo I Ukuba Nesibindi Homoeopathic Community Centre (UNHCC)

**Umcwangingi omkhulu:** Nks. Khulu Khwezi Kwazi Gama, B.Tech: Homeopathy

**Umdloli omkhulu:** Dkt C. Hall, M.Tech: Homoeopathy

**Isekela likamhloli:** Dkt V.B.N. Ngobese, M.Tech: Homoeopathy

**Isingeniso kaye nenjongo yalolucwaningo:**

Sawbona!

Ngiyathemba uyaphila. Ngiyabonga ngokungipha isikhathi sakho.

Ngiwumfundi wase-Durban University of Technology owenza unyaka wesithupha (6), owenza ucwaningo le-Masters ezifundweni zeHomoeopathy.

Bengifisa ukuk'mema ukuthi ungenele ucwaningo lwami. Lolu cwano lusiza ngokwandisa ulwazi olusha ngokusuke kucwaningwa. Ngenza ucwaningo ukuba sithole kabanzi ulwazi, nemizwa kanye nemibono yabahlali base Warwick Junction mayelana nehomoepathy nangomtholampilo I Ukuba Nesibindi Homoeopathic Community Centre (UNHCC). Sifona ukuqonda ngokugcwele ukuthi imibono kanye nemizwa yabahlali bakuledawo ukuthi bacabangani ngehomoepathy kanye nomtholampilo. Unelungelo lokuthatha isikhathi osidingayo ukuze uthathe isiqu mo esizokufanela, futhi uphinde ubuze kubasondelene nawe.

**Indlela uhlelo oluzohamba ngayo:** Sicela imizuzu engu-20 yokukhulumisana ngemibuzo mpendulo. Imibuzo mpendulo iyokwenzelwa eUkuba Nesibindi Homoeopathic Community Centre (UNHCC). Iziguli ziyobuzwa ngeSiNgisi noma ngeSiZulu kuyoya ngokuthi zikhetha luphi ulwimi. Lemibuzompendulo iyokwenziwa ngendlela ehlelekile futhi ekhululekile njengengxoxiswano. Siyokhuluma ngolwazi lwakho, imibono yakho kanye nemicabango yakho nge-homoepathy kanye neUNHCC. Ngemvume yakho, siyacela ukuyiqopha lengxoxiswano kusiqophamazwi. Lesiqophamazwi siyosetshenziselwa Ucwaningo kuphela. Angeke kusakazwe lokho ukukhulumile ngaphandle kocwaningo.

**Ubungozi noma inking nokungaphatheki kahle:** Abukho ubungozi nengcuphephe eyaziwayo ngokuzibandakanya kulolucwaningo.

**Inzuzo:** ulwazi oluyotholakala kulolucwaningo emveni kokugcwalisa nokuphendula uhla lwemibuzo yocwaningo luyosiza ekuphuculeni indlela yokusebenza kulomtholampilo.

**Izizathu zokushiya Ucwangingo kothe wazibandakanya:** Uvumelekile ukuphuma ocwangingweni noma inini ngaphandle kwesijeziso. Umcwangingi angakumisa kulolucwangingo uma ebona ukuthi kangcono ukwenza njalo ukusiza wena. Wonke umuntu ozibandakanyayo angakhetha ukuyeka nanoma inini naphakathi kwemibuzo yocwangingo, futhi lokho akunamiphumela emimbi eyovelela lowo okhetha ukuyeka.

**Inani nokubiza kwalolucwangingo:** Akukhokhwa mali futhi awulindelekile ukuba ukhokhe ngokuzibandakanya kulolucwangingo kumahala.

**Ukuphepha nefihlo:** Imininingwane yakho iyimfihlo engenakudalulwa nanoma inini. Imininingwane yohla lwemibuzo yocwangingo iyobekwa endaweni ephiphile ngumcwangingi kuzekuphele ucwangingo bese sibekwa egunjini lwezocwangingo esikhungweni sezemfundo ephakeme iDurban University of Technology, ngaphansi komnyango wezeHomoeopathy beselushatshalaliswa noma lubhubhiswe emvakweminyaka eyisihlanu. Abantu abayingxenywe yalolucwangingo kuphela abayokubanalemininingwane. Akukho mininingwane eyodluliselwa kwabanye abangaphandle nabangaphakathi kulomtholampilo ngisho namalungu ondeni wakho imbala, Akukho ngamunye ngaphandle kwalabo ababandakanyeka kulolucwangingo. Igama lakho aliyikusetshenziswa nakanye kwimibhalo eshicilelweyo kanye nakumibiko eyophuma kulolucwangingo.

**Ubungozi ngenxa yocwangingo:** Ngenxa yendlela yalolucwangingo Abukho ubungozi obulindelekile nakulimala okulindelekile ngenxa yokuzibandakanya. Akukho nkokhelo eyokhishwa kulabo abakhala ngesimo esinjalo.

**Bantu ongaxhumana nabo uma Kukhona ofuna ukukubuza noma uma kubanenkinga:**

**Uyacelwa ukuba uthinte umcwangingi:** Nks Khulu Khwezi Kwazi Gama (cell no. 067 365 9964), umhloli omkhulu Dkt. C Hall, (tel no (0)31 373 2514.) no Dkt. Ngobese (inombolo yocingo. 073 998 3639) noma Institutional Research Ethics administrator on 031-373 2900. Izikhalazo ungazidlulisela ku DVC:TIP, Prof F. Otieno on 031 373 2382 or [dvctip@dut.ac.za](mailto:dvctip@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, \_\_\_\_\_(Khulu Gama), 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, \_\_\_\_\_(Khulu Gama) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

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

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

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



**Indikima B2: Isivumelwano (IsiZulu)**

**Isivumelwano sokuba yinxenye yocwaningo**

- Nginesiqiniseko sokuthi umcwaningi \_\_\_\_\_ uKhulu Gama ungazisile ngendlela ucwaningo oluzohamba ngayo, isimo kanye nobungozi balolucwaningo – Research Ethic Clearance Number: \_\_\_\_\_,
- Ngitholile, ngafunda futhi ngaqonda ulwazi olubhalwe ngaphezulu oluchaza kabanzi ngalolucwaningo.
- Ngiyazi ukuthi imiphumela yalolucwaningo, ebandakanya imininingwane yami, ubulili, iminyaka, usukulwami lokuzalwa, iziqalo zamagama kanye nokugula kwami angeke kuvezwe kwimiphumela yalolucwaningo.
- Ngokubheka izinto ezidingwa yilolucwaningo, ngiyavuma ukuthi ulwazi oluzotholakala umakwenziwa lolucwaningo lucubungulwe ngengqondomshini ngumcwaningi.
- Ngingayeka ukubayinxenye yalolucwaningo noma inini, ngingasavumi ukubayinxenye.
- Ngilitholile ithuba elanele lokubuza imibuzo futhi ngilungele ukuba yinxenye yalolucwaningo.
- Ngियाqonda ukuthi ulwazi olusha oluzotholakala ngizonikezwa ngokuba ngibeyinxenye yalolucwaningo.

\_\_\_\_\_  
**Igama                      usuku                      isikhathi                      uphawu lwesivumelwano**

Mina \_\_\_\_\_ u (Khulu Gama) ngiyaqinisekisa ukuthi ngiludlulsile ulwazi olugcwele ngendlela ucwaningo oluzohamba ngayo, isimo kanye nobungozi balolucwaningo.

\_\_\_\_\_  
**Igama lomcwaningi                      usuku                      uphawu lwesivumelwano**

\_\_\_\_\_  
**Igama lofakazi                      usuku                      uphawu lwesivumelwano**



**Appendix C I: Semi-structure interview guide (English)**

<b>Code</b>	
<b>Participant Name</b>	
<b>Participant Age</b>	
<b>Participant Gender</b>	

1. Have you heard about homoeopathy?

If yes,

- 1.1 What is your understanding of homoeopathy?
- 1.2 What type of training do they do and where is it offered?
- 1.3 What services do homoeopaths provide in practice?
- 1.4 Have you visited a homoeopath before? If yes, please provide details as well as your opinion on the services provided.
- 1.5 What is your opinion on the practice of homoeopathy in general?
- 1.6 How similar or different is homoeopathy to conventional medicine? (Conventional: The medicine offered at Government clinics and hospitals)
- 1.7 How similar or different is homoeopathy to traditional or herbal medicine?
- 1.8 Do you think it is a viable system of medicine in terms of safety and effectiveness?

If no,

- 1.9 What forms of alternative medicine are you familiar with?
- 1.10 Would you be keen to know more about homoeopathy and possibly explore it? Explain with reasoning.

2. Have you heard about the Ukuba Nesibindi Homoeopathy Community Center?

If yes,

- 2.1 Have you visited the center before? If yes, provide a level of satisfaction with reason. (Between 1 and 10 – where 1 is least satisfied and 10 is most satisfied)
- 2.2 What is your understanding of the services provided there?
- 2.3 What reasons, if any, would motivate you to visit the Ukuba Nesibindi Community Centre?

If no,

- 2.4 Where do you obtain medical services in the area?
- 2.5 Have you considered seeking alternative medical services within this area?

- 3. In your opinion, why is conventional medicine the mainstream medicine offered in all our public health facilities?
- 4. What do you think has contributed to the slow growth in the awareness of the clinic?



**Indikima C 2: Uhlelo lwemibuzo (IsiZulu)**

<b>Ikhodi</b>	
<b>Igama</b>	
<b>Iminyaka</b>	
<b>Ubulili</b>	

1. Useke wezwa nge-homoeopathy?

Uma uphendula **YEBO**,

- 1.1 Yini oyazi nge-Homoeopathy?
- 1.2 Kufundwani ukuze umuntu abe iHomoeopath futhi kufundwaphi?
- 1.3 Banikana usizo olunjani ezindaweni zabo zokusebenza?
- 1.4 Useke wavakashelana ne-homoeopath? Uma kunjalo, wazizwa kanjani nosizo owaluthola khona?
- 1.5 Uzizwa kanjani nge-homoeopathy?
- 1.6 I-homoeopathy ihluke kanjani noma ifana kanjani nokwelapha okujwayekile kwasezibhedlela?
- 1.7 I-homoeopathy ihluke kanjani noma ifana kanjani nokwelapha kwesintu?
- 1.8 Lolu hlobo lokwelapha ulibona lufanelekile futhi lungenabo ubungozi na?

Uma uphendula **CHA**,

- 1.9 Yikuphi ukwelapha okujwayele?
- 1.10 Ungathanda ukwandisa ulwazi lwakho nge-homoeopathy? Chaza kabanzi.

2. Usuke wezwa nge-Ukuba Nesibindi Homoeopathic Community Center?

Uma uphendula **YEBO**,

- 2.1 Usuke wavakasha khona wathola ukusizakala. Wagculiseka kangakanani nosizo owaluthola khona? (Uma wagculiseka kancane ungathi 1, uma wagculiseka kakhulu ungathi 10)
- 2.2 Ngokwazi kwakho, banikana usizo olunjani?
- 2.3 Yini engakwenza uye e-Ukuba Nesibindi Homoeopathic Community Centre?

Uma uphendula **CHA**,

- 2.6 Ulitholaphi usizo uma ungaphilanga?
- 2.7 Akukaze kufuke kuwe ukuthi uthole olunye usizo ngaphandle kwalolu olutholakala ezibhedlela?

- 3. Ngokubona kwakho, kungani kutholakala lolu hlobo lokwelapha esiluthola ezibhedlela?
- 4. Kungani i-Ukuba Nesibindi Homoeopathic Community Centre ikhule kancane selokhe yavulwa?













## Appendix D: Permission to Conduct Research from the DUT Head of Department of Homoeopathy



P.O Box 391  
Eshowe  
3815  
29 November 2020

Faculty of Health Sciences  
Homoeopathic Department  
Head of Department  
P.O. BOX 1334  
Durban  
4000

Dear Dr Couchman

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

---

My name is Khulu Gama, an M.Tech: Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation is titled '**Exploring the knowledge, attitudes and perceptions of homoeopathy and the Ukuba Nesisibindi Homoeopathic Community Health Centre of the Warwick Junction community**'.

I am hereby seeking your consent to utilise the Ukuba Nesibindi Homoeopathic Community Health Centre facilities to collect data. I will be conducting interviews and will follow all the COVID-19 protocols and procedures.

I have provided you with a copy of my proposal which include copies of the data collection tools, 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).

Should you require further information, please contact me on 067 365 9964 or at [khuluza.gama@gmail.com](mailto:khuluza.gama@gmail.com).

Thank you for your time and consideration in this matter.

Yours sincerely

Khulu Gama (21315488)  
Durban University of Technology

Approved

Dr I Couchman

Acting Head of Department

Homoeopathy

## Appendix E: Permission to Conduct Research from the Head Clinician of the UNHCC



P.O. Box 391  
Eshowe  
3815  
8 February 2021

The Head Clinician  
Ukuba Nesibindi Homoeopathic Community Health Centre  
23 Stratford Road  
Warwick Triangle  
Durban  
4000

Dear Dr Harripersad

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

---

My name is Khulu Gama, an M.Tech: Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation is titled '**Exploring the knowledge, attitudes and perceptions of homoeopathy and the Ukuba Nesisibindi Homoeopathic Community Health Centre of the Warwick Junction community**'.

I am hereby seeking your consent to utilise the Ukuba Nesibindi Homoeopathic Community Health Centre facilities to collect data. I will be conducting interviews and will follow all the COVID-19 protocols and procedures.

I have provided you with a copy of my proposal which include copies of the data collection tools, 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).

Should you require further information, please contact me on 067 365 9964 or at [khuluza.gama@gmail.com](mailto:khuluza.gama@gmail.com).

Thank you for your time and consideration in this matter.

Yours sincerely

Khulu Gama (21315488)  
Durban University of Technology

Dr Sheromani Harripershad  
Homoeopathic Practitioner  
Head Clinician Ukuba Nesibindi Clinic

## Appendix F: Ethical Clearance



**Institutional Research Ethics Committee**  
Research and Postgraduate Support Directorate  
2<sup>nd</sup> Floor, Berwyn Court  
Gate 1, Steve Biko Campus  
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375  
Email: [lavishad@dut.ac.za](mailto:lavishad@dut.ac.za)  
[http://www.dut.ac.za/research/institutional\\_research\\_ethics](http://www.dut.ac.za/research/institutional_research_ethics)

[www.dut.ac.za](http://www.dut.ac.za)

1 March 2021

Ms K K K Gama  
P O Box 391  
Eshowe  
3815

Dear Ms Gama

**Warwick Junction community knowledge, attitudes and perceptions of homoeopathy and the Ukuba Nesibindi Homoeopathic Community Centre**  
**Ethical Clearance number IREC 129/20**

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

We are pleased to inform you that the data collection tool has been approved. Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the IREC acknowledges receipt of your gatekeeper permission letter.

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,

\_\_\_\_\_  
Prof J K Adam  
Chairperson: IREC

## **Appendix G: Editor's Letter**

PO BOX 1432  
WANDSBECK 3631

15/12/2021

KhuluGama  
Dept of Homoeopathy  
Durban University of Technology

Editing of Masters: Mini Dissertation: **Exploring the knowledge, attitudes and perceptions of Homoeopathy and the Ukuba Nesibindi Homoeopathic Community Centre (UNHCC) in the Warwick Junction community**

I confirm that I have edited the above thesis. The Abstract, Acknowledgements, Dedication, Chapters, Conclusion and Reference were addressed for clarity, consistency, layout and style. The contents were edited via track changes, emails and verbal discussions. Changes and clarifications in the body of the text are for the sole discretion of the author.

Editorial advice was provided on the following aspects:

- matters of substance and structure
- paragraph and sentence structure
- language, academic tone, phrasing, figures and tables
- referencing format, verbosity, circumlocution, grammar, spelling and punctuation.
- Content clarification
- presentation of content

**DR L M LOMBARDOZZI**

Editing Fee: 75 Pages x R 30 = R 2 250

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