

The perception of homoeopathy amongst Grade 12 learners in Durban, South Africa.

**by
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Mini-dissertation submitted in partial compliance with the requirements for the Master's Degree in Technology: Homoeopathy in the Department of Homoeopathy at the Durban Institute of Technology.

I, Deirdré Small declare that this mini-dissertation represents my own work in both conception and execution.

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Signature of supervisor

Date of signature

DEDICATION

I would like to dedicate this research to Peter Small, my husband, friend and champion. His belief in my ability to complete the Master's degree in Homoeopathy, together with his endless support and help, has enabled me to fulfill my dream.

To my sons, Brendon and Clinton, who often had to take the back seat, and to my parents Ron and Steve, who never doubted that I would succeed.

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Gratitude is due to Dr Richard Steele, my supervisor, for his leadership and assistance. Further thanks go to the schools who permitted the survey to be undertaken, and especially to the learners, whose enthusiasm and need for knowledge made the exercise enjoyable.

ABSTRACT

A perception amongst homoeopaths in South Africa that there is a great deal of ignorance and misunderstanding about homoeopathy required empirical evidence to ascertain its validity.

A questionnaire was compiled and administered to a sample group of final level secondary education students at selected schools within the Durban metropolitan area of KwaZulu Natal. One school was selected from each of the twelve districts comprising the two regions within the greater Durban area in order to provide a cross section of the demography of the area.

Each school was visited and the questionnaire was introduced to learners, who completed and returned it immediately. A short presentation on homoeopathy as a therapy and a career ensued. This method of administering the survey ensured a high return of completed questionnaires.

The responses confirmed the initial perception that there is a large degree of ignorance within the population regarding homoeopathy. The great majority of respondents (76.0%) had never heard of homoeopathy, and only 3.7% had ever been treated homoeopathically. However, it is encouraging that more than 80% of those who had no experience of homoeopathy wished to learn more about it.

As would be expected from this lack of knowledge of the subject, a large percentage of respondents were unable to provide an opinion on statements aimed at assessing their perceptions of homoeopathy.

This trend is also evident with regard to statements on the safety and efficacy of homoeopathic remedies, where 57.7% and 64.4% respectively could not venture an opinion.

More than half of the respondents believe that the public does not generally accept homoeopathy as a form of medical therapy. The great majority (76.6%) of these are of the opinion that this is due to a lack of understanding of homoeopathy.

A positive observation, however, is the significant change in perceptions from those respondents with previous experience of homoeopathy, and their satisfaction with the therapy.

The future of homoeopathy depends greatly on improved public awareness and understanding, and the transformation in attitude of those with experience, coupled with the high demand for more information, indicates the value of a concerted marketing effort.

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CHAPTER 1

1. INTRODUCTION

Discussion among homoeopaths in South Africa provides the impression that there is a degree of ignorance or misunderstanding of homoeopathy, and that varied opinions on its application and efficacy exist among the general public. However, very little empirical evidence exists, either in South Africa or internationally, to substantiate this impression.

In order to address this issue a survey was conducted in 2004 amongst grade 12 learners at selected schools in the North Durban and Durban South regions within the jurisdiction of the KwaZulu Natal Department of Education and Culture, to assess their knowledge and perception of homoeopathy.

Grade 12 learners were identified as early stage health consumers and future medical practitioners of the area, and it was presumed that their opinions on the subject would provide a useful indicator of the knowledge and understanding of and attitudes towards homoeopathy of the general public.

According to the records of the KwaZulu Natal Department of Education and Culture there are 190 secondary schools in the Durban South region and 181 secondary schools in the North Durban region, resulting in a population of 371 schools. Of these, 97 schools have an enrolment of 1000 learners or above. One of these schools from each of the 12 circuits was selected as a research site. This selection mechanism was aimed at ensuring that participants represented the demography of Durban.

Relevant permission to distribute the questionnaire at the selected schools in these two regions was obtained from the principals and arrangements were made with the principals or career counsellors of the selected schools to address grade 12 learners on the issue of homoeopathy. The questionnaire was introduced to the learners by the researcher, and

was completed immediately thereafter. On receipt of the completed questionnaires (n=1597) a presentation on homoeopathy and career opportunities in this field was offered to those interested.

The questionnaire was aimed at determining the level of knowledge and understanding of homoeopathy among participants, as well as their attitudes towards homoeopathy.

Responses were analysed statistically using frequency tables and Pearson's chi squared tests to ascertain any significant relationships between the factors tested. The statistical package used was SPSS version 11.

Data collected can form the basis for the development of a marketing exercise to improve the knowledge and perception of homoeopathy amongst the general public, and to market the homoeopathy course offered at Durban Institute of Technology.

1.1. Rationale for the study

- To provide clear, reliable information rather than speculation or hearsay on the current perceptions of homoeopathy in the region.
- To collect information which could form the basis for a focused marketing drive towards increasing public awareness and acceptance of homoeopathy and careers in homoeopathy.
- Grade 12 learners were targeted because they are a section of the general public, and because they are the future wave of health consumers and potential homoeopaths. An increase in the level of awareness amongst grade 12 learners of homoeopathy as a complementary medical practice and as a possible career choice will be of benefit to the future of homoeopathy in South Africa.

CHAPTER 2

2. REVIEW OF RELEVANT LITERATURE

The value of a questionnaire as a survey instrument, according to Oppenheim (1992), is in the collection of data about the prevalence of particular attributes, or about the relationships between them, and in being able to draw valid conclusions and inferences from the findings.

The survey was designed as a self-administered, descriptive, qualitative / quantitative questionnaire. Mouton and Marais (1990) define descriptive research as a study that attempts to describe that which exists as accurately as possible. Oppenheim (1992) states that the purpose of a descriptive survey is to count, and that descriptive surveys chiefly tell us what proportion of a population have a certain opinion or characteristic. A qualitative survey according to Mouton and Marais (1990) is the approach where procedures are not as strictly formalised, while the scope is more likely to be undefined and a more philosophical mode of operation is adopted, while a quantitative survey is more highly formalized, more explicitly controlled, and has a more exactly defined range. This definition indicates that the use of open questions in this survey requiring personal opinions places part of the survey in qualitative research, while the explicitly stated questions with precisely identified terms must be regarded as quantitative.

2.1. Previous homoeopathic and complementary medicine surveys

Surveys undertaken in South Africa on perceptions of pharmacists (n = 160) to complementary medicines (Daphne, 1997) and of veterinarians (n = 271) to homoeopathy and acupuncture (Wortmann, 1997) indicate a positive attitude towards these therapies from the professionals surveyed. Pharmacists sampled indicated that very few had received instruction in complementary therapies, but that more had been exposed to homoeopathy than any other complementary therapy. An overwhelming majority saw the need for the inclusion of complementary therapies in pharmaceutical training.

Approximately three quarters of the respondents had referred patients to complementary therapists. Veterinarians sampled felt the need for clinical trials and proof of efficacy of therapies to adopt these in their practices, but that the great majority wished to learn more about the therapies and saw a future for the incorporation of these in their practices.

Internationally it is also evident from surveys among medical doctors that they believe alternative therapies are moderately effective (Zollman and Vickers 1999), but that older general practitioners appear to be more sceptical than younger doctors and medical students.

References that could be found of surveys of public attitudes towards alternative and complementary medicines included surveys of the attitudes of the general public conducted in Slovenia (Premik 1999). This reference provides an interesting insight into the views of patients in a society where the organised medical profession displays a formally negative attitude toward complementary and alternative medicine.

Furnham (2002) in a London survey, found that respondents had a self-confessed ignorance about homoeopathy, and maintained that the real barrier to the wider acceptance and use of complementary therapies is a general lack of useful information.

White, *et al.* (1997) used a questionnaire-based survey to ascertain the use of and attitude toward complementary medicines in the south west of England. Similarly Levine, *et al.* (2003) conducted a survey among the faculty of a medical school in the United States of America to gauge their training, experience and attitude with regard to complementary therapies.

Blevins (2000) conducted a survey to ascertain the perceptions and use of complementary medicines amongst West Virginians, and found that almost 60% of respondents used complementary therapies in the year prior to the survey. He found that older respondents, female respondents and those that perceived their health status to be poor were more likely to use complementary therapies.

The results of the above surveys indicated the success of this method of research to obtain the information required to answer the research questions.

2.2. Prevalence of use of complementary therapies

Eisenberg, *et al.* (1998) in America undertook surveys of the public usage of alternative and complementary therapies in 1990 and again in 1997. They found a 47% increase in number of visits to complementary and alternative therapists across the timespan of the two surveys. Homoeopathy was listed as one of the therapies showing the largest increase in usage.

A survey conducted by the York University Centre for Health Studies (1999) indicated that over 42% of Canadians use alternative medicines and practices.

Ullman (1995) refers to the significant increase in the use of complementary therapies all over the world. He quotes a French survey conducted in 1990 that indicates that 39% of French physicians had prescribed homoeopathic remedies, and 40% of the French public had used homoeopathic medicines. He quotes similar popularity figures for England, Scotland and Germany and refers to popularity of homoeopathy in the Netherlands, Belgium, Austria and Greece. He claims that homoeopathy is even more popular in India where there are over 100 000 homoeopathic doctors and over 100 four- and five-year homoeopathic medical colleges. He also mentions the growth of homoeopathic medicine in Russia, Brazil, Argentina and Mexico.

Owen, Lewith, and Stephens (2001) surveyed the response of allopathic medical practitioners to the increasing use of complementary therapies by their patients, and found that 39.5% of general practice partnerships in England provide access to some form of complementary therapy for their patients. Thomas, Nicholl and Coleman (2001) found substantial use of complementary therapies in England in a survey of over 5000 respondents, but found that over 90% of this provision is purchased privately.

Ramsey, Walker and Alexander (1999) surveyed complementary medicine usage in Canada and found that 73% of the survey had made use of complementary therapies, predominantly to prevent future illness from occurring and to maintain health and vitality. Approximately 88% found these therapies to be helpful, but only 44.3% discussed using these therapies with their doctors.

Yamashita, Tsukayama and Sugishita (2002) found that the percentage of respondents in a Japanese survey who used complementary medicine in the prior twelve months was greater than those that used orthodox medicine (76% compared to 65.6%). The major reasons put forward by respondents for use of complementary therapy were 'that the condition was not serious enough to warrant orthodox medicine' and 'health promotion and disease prevention'.

2.3. Questionnaire design

Literature consulted with regard to the formulation of the research and the design of the questionnaire included: Oppenheim (1992), which provided important insight into the design of descriptive surveys, the planning of a questionnaire, the wording of the questions, the designing of attitude statements and data processing and statistical analysis; and Mouton and Marais (1990) which assisted with research design and writing a research report.

Existing questionnaires were used to assist in the formulation of questions, particularly those in: Daphne (1997) where perceptions of complementary medicine amongst pharmacists were measured, especially with regard to opinions on usage and efficacy; Wortmann (1997) where veterinarians were questioned on aspects such as factors which may encourage the use of homoeopathy and acupuncture and reasons why these therapies may not be in common usage; Blevins (2000) where the public of West Virginia were questioned on their attitudes and perceptions of complementary therapies; Baugniet *et al* (2000) where perceptions of complementary and alternative medicine amongst various

medical students were compared; and Decima Research (1990) where a survey was undertaken to ascertain the attitudes and perceptions of the Canadian public to ethical medicines.

Guidance on the final wording of the questionnaire was obtained from Professor Steve Collings (2003) of the Department of Sociology of the University of Natal, Durban, and Dr Richard Steele (2003), supervisor.

CHAPTER 3

3. METHODS

3.1. Problem statement

The aim of this survey was to determine the perceptions of homoeopathy amongst grade 12 learners in Durban, South Africa, by means of a perception questionnaire.

3.2. Methodology

The research took the form of a self-administered, descriptive, qualitative / quantitative survey.

3.2.1. The participants

3.2.1.1. The population

The population for the survey was grade 12 learners in the greater Durban region of KwaZulu Natal in 2004, in 371 secondary schools (190 in Durban South region and 181 in North Durban region). Figure 3.1. provides a map of the KwaZulu Natal province of South Africa, indicating the greater Durban area as Ethekwini, and Figure 3.2. presents a map of the sample area, the greater Durban area or Ethekwini metropolitan area.

Figure 3.1: Map of KwaZulu Natal province (Statistics South Africa, 2003)

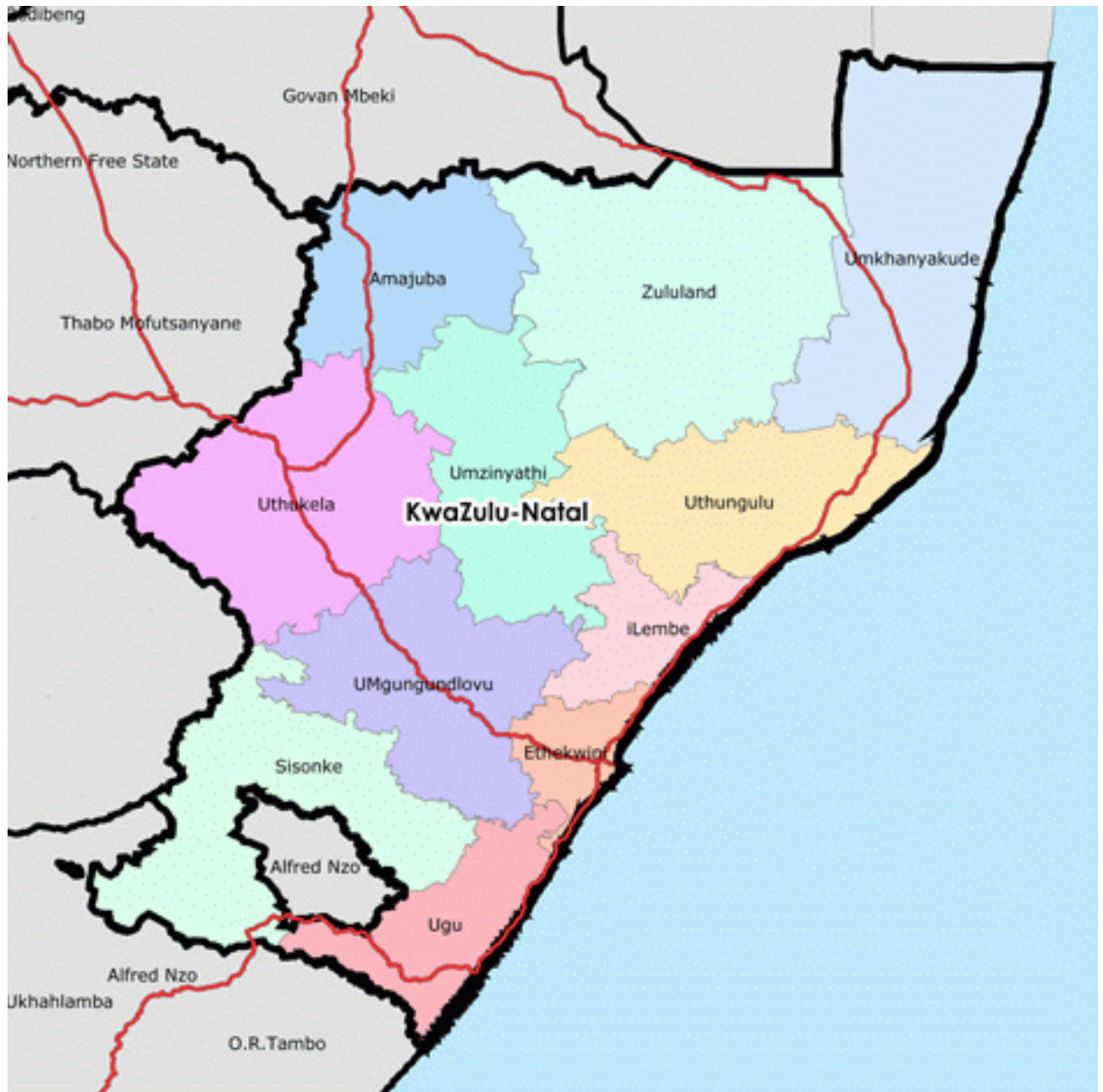


Figure 3.2: Map of the greater Durban region of KwaZulu Natal. (Statistics South Africa, 2003)



3.2.1.2. The sample

In order to provide a manageable representative sample of the population a list of the regions designated by the KwaZulu Natal Department of Education and Culture (2001). Two regions were selected for reasons of proximity to the researcher's base to reduce travelling costs, as well as them being the regions with the largest enrolment of learners. The two regions selected were North Durban and Durban South. These regions represent the greater Durban region (see Figure 3.2).

Within these two regions there are 371 secondary schools. In order to reduce this large pool of respondents it was decided to concentrate on the larger schools because they are more likely to have a broad spectrum of learners. Schools with a learner enrolment of greater than 1000 were selected. This reduced the number of qualifying secondary schools to 97.

The 12 circuits within the two regions provided a good cross-section of the demographics of the area. Each circuit had at least one school from the list of 97 identified. It was felt that selecting one school from each circuit would provide a convenience representative sample of the demographics of grade 12 learners in the Durban area. In selecting the Schools from the qualifying list within each circuit an attempt was made to ensure that different cultural and social groups were included in the sample. Thus, for example, the Pinetown circuit provided the selection of Gelofte Hoërskool, the only Afrikaans medium secondary school in the two regions that met the qualifying criteria.

This process resulted in a structured convenience sample of 12 schools from the regions from which grade 12 learners were requested to complete the questionnaire. Schools selected are listed in Appendix F.

According to the KwaZulu Natal Department of Education and Culture (2001) approximately 16% of Senior School learners are in grade 12. Using this as a norm it was

estimated that the sample size of grade 12 learners at the selected Schools would be 2072. A total of 2200 questionnaires were printed.

During the fieldwork stage of the study, 1597 questionnaires were administered with 65 being rejected due to being incomplete.

3.2.2. The questionnaire

The questionnaire was adapted from Blevins (2000), Daphne (1997) and Wortmann (1997) in consultation with Professor Steve Collings (2003) and Dr Richard Steele (2003). See Appendix D.

3.2.3. Administration of the questionnaire

After obtaining permission from the school principals, and making the relevant arrangements, the questionnaire was introduced to the participants by the researcher, who also explained that the responses were voluntary and absolutely confidential. The questionnaires were collected immediately after completion. The collection was followed by a short presentation by the researcher on homoeopathy and homoeopathic education at Durban Institute of Technology.

The following documents relevant to the survey are included as appendices: a letter to the principals of selected schools requesting permission to undertake research at their schools (Appendix A); a letter to the participants introducing the survey (Appendix B); instructions to complete the questionnaire (Appendix C); the questionnaire (Appendix D); and a letter of thanks to the participating schools (Appendix E)

3.3. Data analysis

Raw data was entered into a computer on an Excel spreadsheet and then imported into the SPSS statistical package. The responses were analysed statistically using frequency tables

and Pearson's Chi-square test to determine whether there was any significant association between the factors collected in the responses. These were cross-referenced against the varied social and cultural backgrounds of the participants.

3.3.1. Components of statistical tests used

For the statistical analysis of the findings three statistical techniques were used viz. frequency distribution, cross tabulation, and Pearson's chi-square analysis. Frequency distribution allows for the compression of raw data into classes each describing one characteristic of the data (Oppenheim 1992). Cross tabulation allows for the comparison of frequency distributions of more than one class of data. Pearson's chi-square analysis deals with discrete data, counted rather than measured values (Oppenheim 1992). It is a test of independence, determining whether one variable is affected by another variable. It does not measure the degree of the relationship, but is used to estimate the likelihood that some factor other than chance accounts for the apparent relationship. It is assumed that sample observations have been randomly selected, and that there is no relationship between the variables. Pearson's chi-square test evaluates the probability that the observed relationship between the variables results from chance. The computed chi-square value is compared with a critical value in the chi-square table taking note of the appropriate degrees of freedom and level of significance. If the computed value exceeds the critical value in the table, the assumption of independence can be rejected. Such a significant chi-square value indicates that the variables tend to be systematically related, and that the relationship transcends pure chance. The concept is possibly best explained using an example. The chi-square table indicates a critical value for 4 degrees of freedom and a 0.01 significance level (99% certainty) of 13.28. If the computed chi-square value of two variables is less than or equal to this critical value, the variables are considered independent of each other. If, however, the computed value exceeds this critical value, it provides an indication that one variable has a significant effect on the other.

Analysed data is arranged in both tabular and graphic form. Tables provide summaries of the analysed data, while graphs emphasise and clarify trends that are not so readily discernible in tables.

CHAPTER 4

4. RESULTS

4.1. Introduction

The procedure outlined in Chapter 3 above was followed, and the data obtained from the respondents was analysed statistically in order to provide relevant summaries of the responses, as well as to explore relationships between some of the responses.

4.2. Questionnaires administered

Initial estimates based on the assumption that 16% of the school population would be in grade 12 resulted in an expected sample of 2072 learners. On contacting individual schools the actual number of grade 12 learners at each school was obtained prior to the visit. The numbers provided by each school and the number of completed questionnaires returned is indicated in Table 4.1 below. Also included in Table 4.1 is the number of questionnaires rejected due to them not being completed fully.

Table 4.1: Number of questionnaires distributed, returned and rejected.

SCHOOL	NUMBER OF GR 12 LEARNERS	QUESTIONNAIRES RETURNED	QUESTIONNAIRES REJECTED
Amandlethu	163	144	13
Arena Park	218	206	2
Brookdale	112	105	1
Durban	200	133	24
Gelofte	60	48	0
John Dube	104	94	6
Kingsway	200	160	4
New West	266	197	5
Sikhethuxolo	109	85	0
Tongaat	220	109	2
Vukuzakhe	139	130	0
Zwelibanzi	270	186	8
TOTAL	2051	1597	65

From the data in Table 1 it is evident that a questionnaire return percentage of 77.9 % was obtained, which is excellent in terms of representivity. A low percentage of 4.1% was rejected due to not being completed in full. The total number of questionnaires returned that met the criteria for admissibility of data was 1532. Participation was voluntary.

4.3. Criteria governing the admissibility of the data

Questionnaires must be completed in full.

4.4. Demographic data of the sample (Question 1 – 7)

4.4.1. Gender

The gender distribution of the respondents is summarised in Table 4.2, and illustrated in a pie chart as Figure 4.1. The greater number of male respondents can be explained to some extent by the fact that one school (Durban High School) is a boys school (n = 108).

Table 4.2: Gender distribution of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	728	47.5	47.5	47.5
	Male	804	52.5	52.5	100.0
	Total	1532	100.0	100.0	

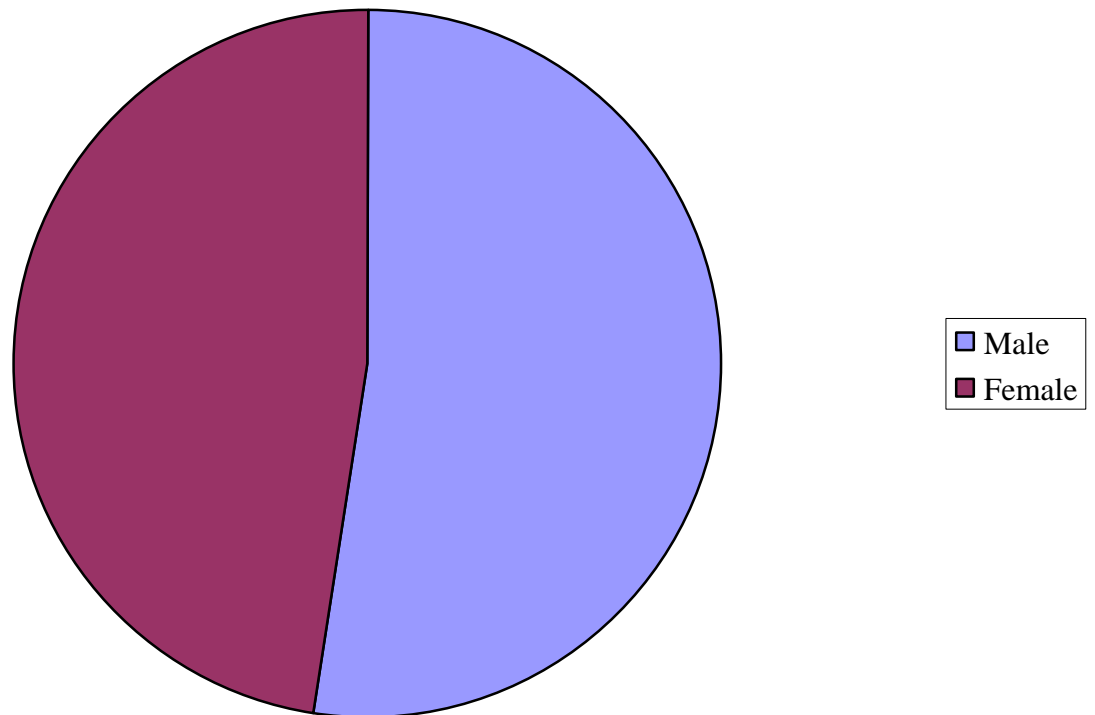


Figure 4.1: Pie chart of the gender distribution of respondents

4.4.2. Age

The frequency distribution of age of respondents is indicated in Table 4.3 and illustrated in Figure 4.2.

Table 4.3: Age distribution of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16	286	18.7	18.7	18.7
	17	622	40.6	40.6	59.3
	18	335	21.9	21.9	81.1
	19	157	10.2	10.2	91.4
	20	83	5.4	5.4	96.8
	21	40	2.6	2.6	99.4
	22	8	.5	.5	99.9
	23	1	.1	.1	100.0
	Total	1532	100.0	100.0	

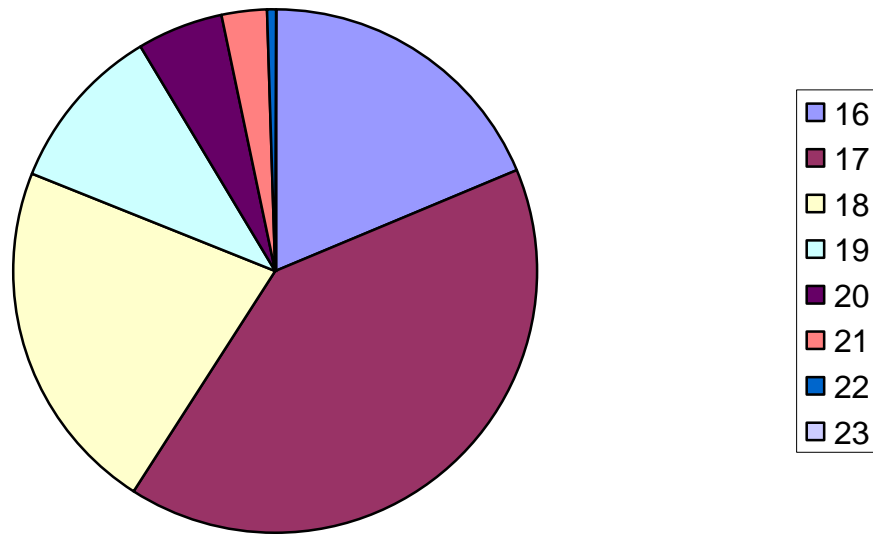


Figure 4.2: Pie chart of the age distribution of respondents

4.4.3. Ethnicity

The distribution of ethnic groups within the respondent population is summarised in Table 4.4 and illustrated in Figure 4.3.

Table 4.4: Ethnic distribution of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Asian	587	38.3	38.3	38.3
	Black	753	49.2	49.2	87.5
	Coloured	20	1.3	1.3	88.8
	White	172	11.2	11.2	100.0
	Total	1532	100.0	100.0	

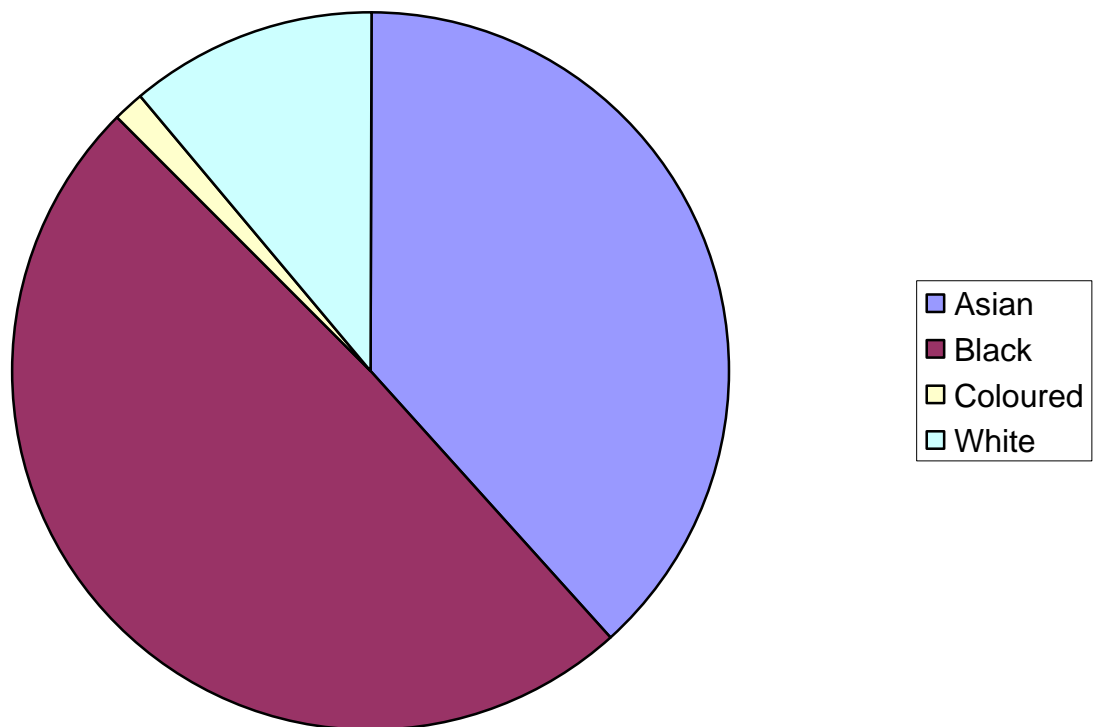


Figure 4.3: Pie chart of the ethnic distribution of respondents

4.4.4. Home Language

The home languages spoken by respondents is indicated in Table 4.5 and illustrated by the pie chart in Figure 4.4.

Table 4.5: Home language distribution of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Afrikaans	52	3.4	3.4	3.4
	English	724	47.3	47.3	50.7
	French	1	.1	.1	50.7
	German	1	.1	.1	50.8
	Hindi	1	.1	.1	50.8
	seSotho	4	.3	.3	51.1
	isiXhosa	10	.7	.7	51.8
	isiZulu	739	48.2	48.2	100.0
	Total	1532	100.0	100.0	

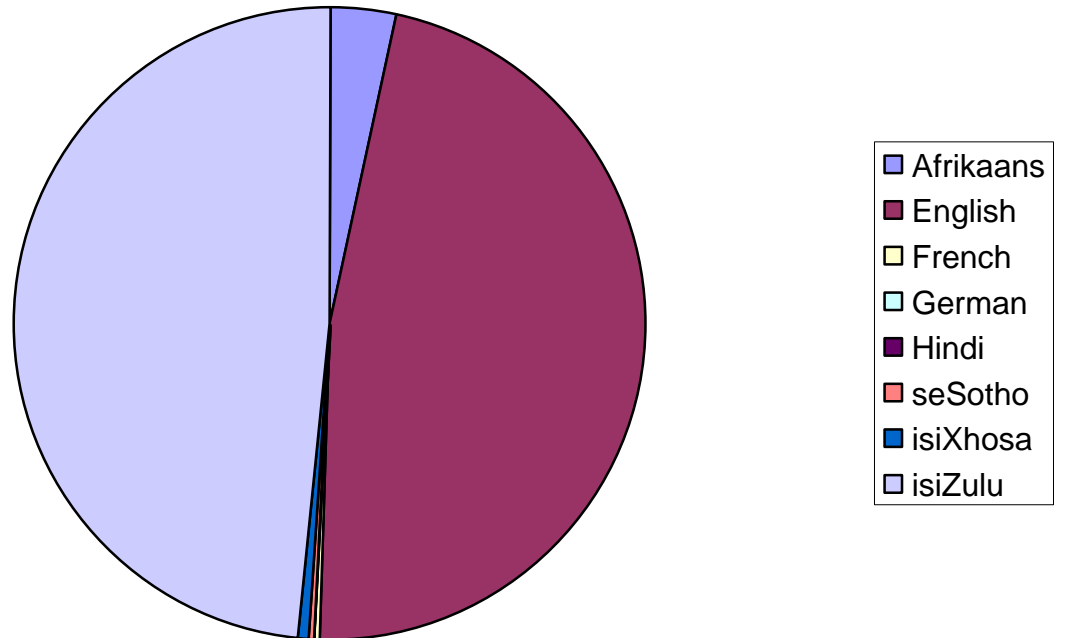


Figure 4.4: Pie chart of the home language distribution of respondents

4.4.5. Residence

Respondents were questioned with regard to whether they resided within the same suburb as the school they attended in order to ascertain whether the responses were representative of the geographic area within which the school is situated. Those respondents indicating that they were not resident within the same suburb as the school were requested to indicate their suburb of residence so that an idea could be obtained of the proximity of their residence to the school. Table 4.6 indicates the proportion of respondents resident within the same suburb as the school, resident in adjacent suburbs, or resident far from the school.

Table 4.6: Proximity of home and school of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Resident far from school	86	5.6	5.6	5.6
	Resident in adjacent suburb	295	19.3	19.3	24.9
	Resident in same suburb as school	1151	75.1	75.1	100.0
	Total	1532	100.0	100.0	

The data indicates that the great majority of respondents are resident within close proximity to their schools, and that their responses can, therefore, be regarded as representative of the geographical area of the school.

4.5. The analysed data

4.5.1. Respondents' Health (Questions 8 – 11)

Respondents were questioned on how they rated their health, and the results of their responses are summarised in Table 4.7 and illustrated in Figure 4.5.

Table 4.7: Health rating of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	87	5.7	5.7	5.7
	Fair	281	18.3	18.3	24.0
	Good	417	27.2	27.2	51.2
	Very Good	351	22.9	22.9	74.1
	Excellent	396	25.9	25.9	100.0
	Total	1532	100.0	100.0	

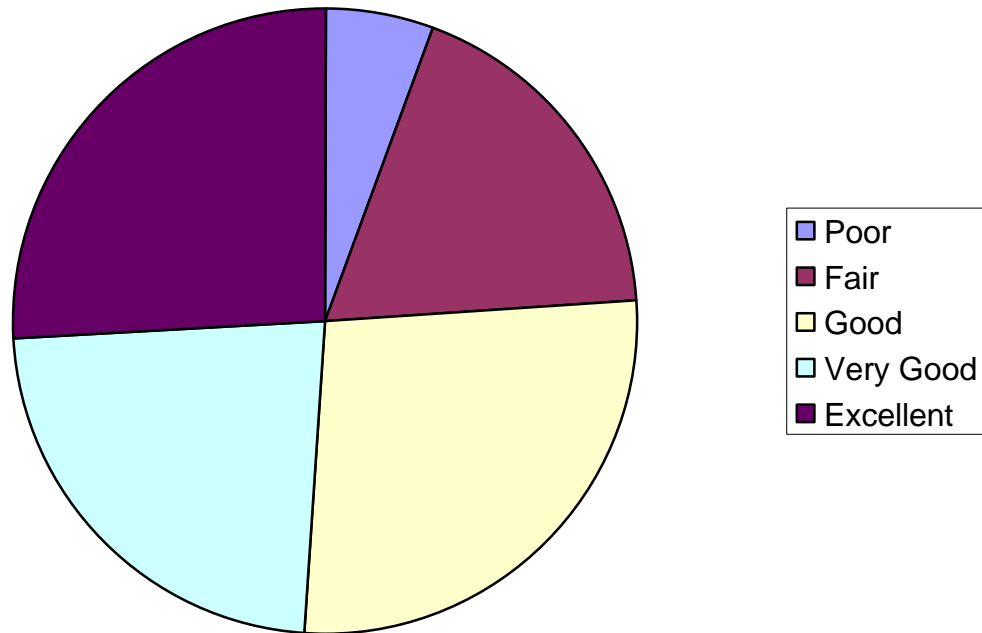


Figure 4.5: Pie chart of health rating of respondents

Respondents were asked who they consulted when they feel ill, and how satisfied they were with their last consultation. These responses are summarized and illustrated in Tables 4.8 and 4.9, and Figures 4.6 and 4.7 respectively.

Table 4.8: Person whom respondents consult when feeling ill

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Chemist	30	2.0	2.0	2.0
	Church	1	.1	.1	2.0
	Clinic	315	20.6	20.6	22.6
	Doctor	1108	72.3	72.3	94.9
	Father	2	.1	.1	95.0
	God	1	.1	.1	95.1
	Grandma	6	.4	.4	95.5
	Grandpa	1	.1	.1	95.6
	Guru	1	.1	.1	95.6
	Homoeopath	4	.3	.3	95.9
	Jesus	1	.1	.1	96.0
	Knowledge	7	.5	.5	96.4
	Mother	36	2.3	2.3	98.8
	None	2	.1	.1	98.9
	Nyanga	1	.1	.1	99.0
	Sangoma	12	.8	.8	99.7
	Sister	2	.1	.1	99.9
	Spiritual brother	1	.1	.1	99.9
	Teacher	1	.1	.1	100.0
	Total	1532	100.0	100.0	

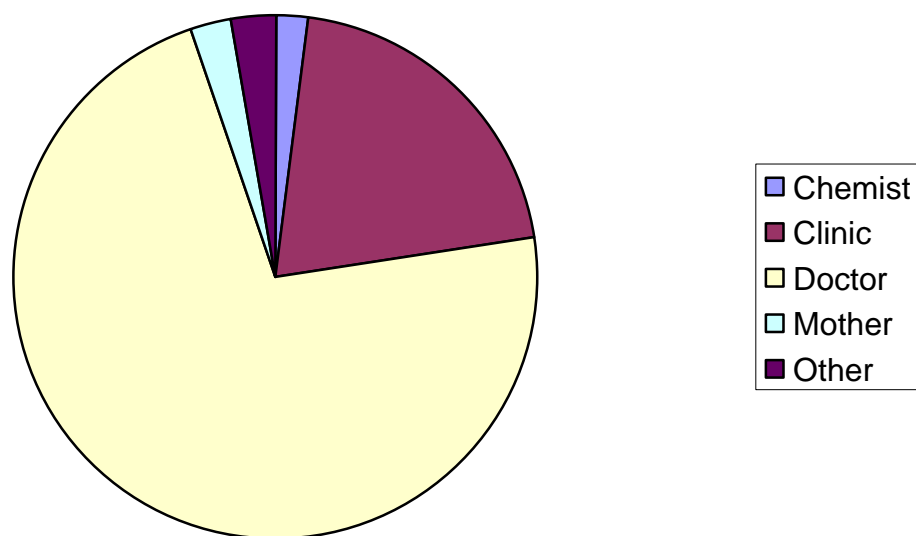


Figure 4.6: Pie chart of persons consulted by respondents when feeling ill

Table 4.9: Level of satisfaction of respondents with their last medical consultation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Very unsatisfied	56	3.7	3.7	3.7
Unsatisfied	89	5.8	5.8	9.5
Neutral	245	16.0	16.0	25.5
Satisfied	676	44.1	44.1	69.6
Very satisfied	466	30.4	30.4	100.0
Total	1532	100.0	100.0	

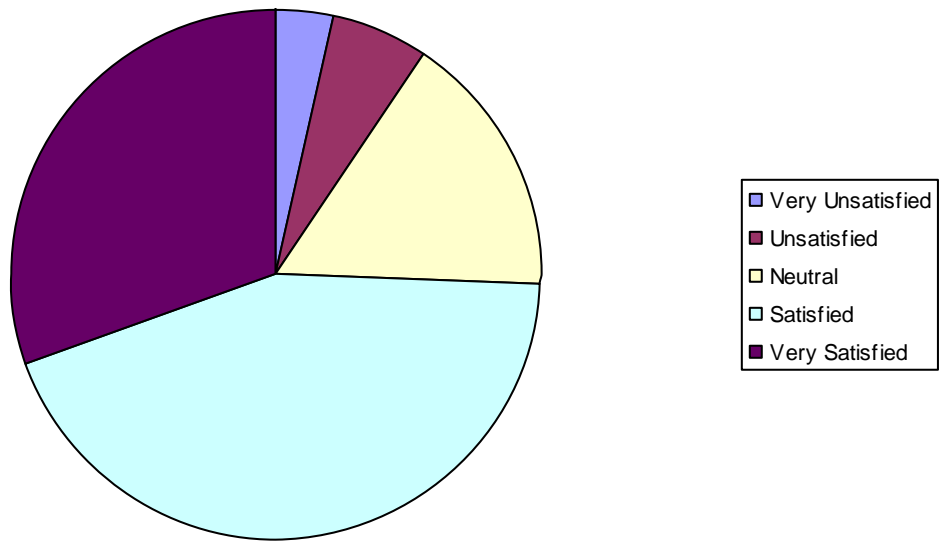


Figure 4.7: Pie chart of level of satisfaction of respondents with their last medical consultation

Respondents were also asked about whether their medical expenses were covered by medical aid. Their responses are summarized in Table 4.10 and illustrated in Figure 4.8.

Table 4.10: Medical expense coverage by medical aid

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Don't know	208	13.6	13.6	13.6
	No	741	48.4	48.4	61.9
	Yes	583	38.1	38.1	100.0
	Total	1532	100.0	100.0	

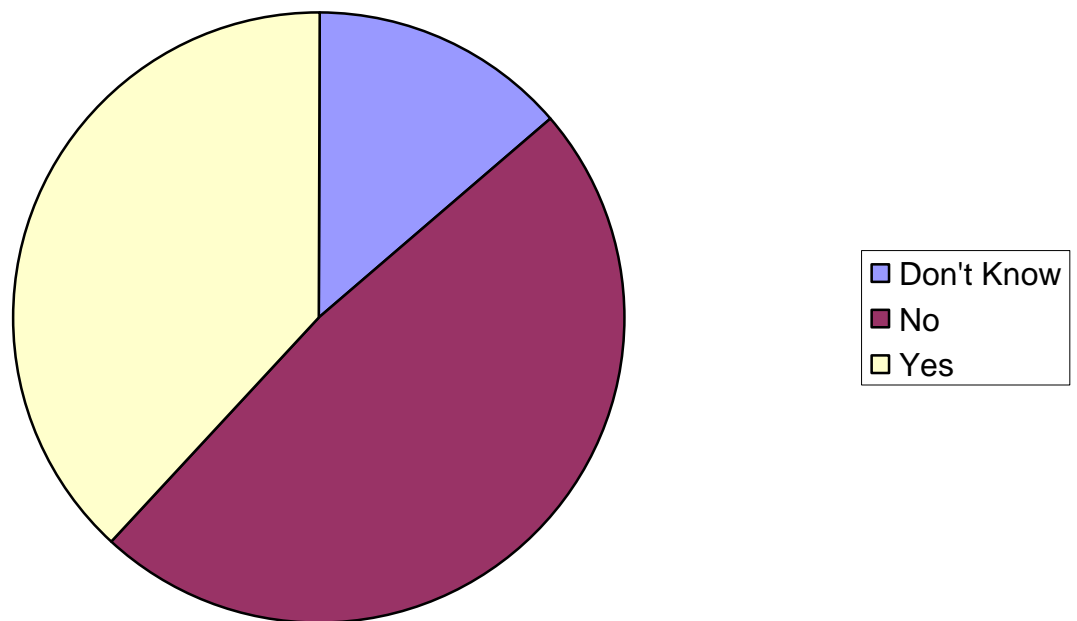


Figure 4.8: Pie chart of medical expense coverage by medical aid

These responses were further analysed by how the different ethnic groups rated their health (Table 4.11 and Figure 4.9), how their health rating is affected by the person consulted when feeling ill (Table 4.12 and Figure 4.10), by their satisfaction with such consultations (Table 4.13 and Figure 4.11) and by their membership of medical aids (Table 4.14 and Figure 4.12).

Table 4.11: Health rating of respondents per ethnic group

		Health					Total
		Poor	Fair	Good	Very Good	Excellent	
Ethnicity	Asian	.5%	5.5%	22.5%	27.4%	44.1%	100.0
	Black	10.9%	31.5%	29.3%	14.7%	13.5%	100.0
	Coloured	10.0%	5.0%	20.0%	30.0%	35.0%	100.0
	White		6.4%	34.9%	42.4%	16.3%	100.0
Total		5.7%	18.3%	27.2%	22.9%	25.8%	100.0

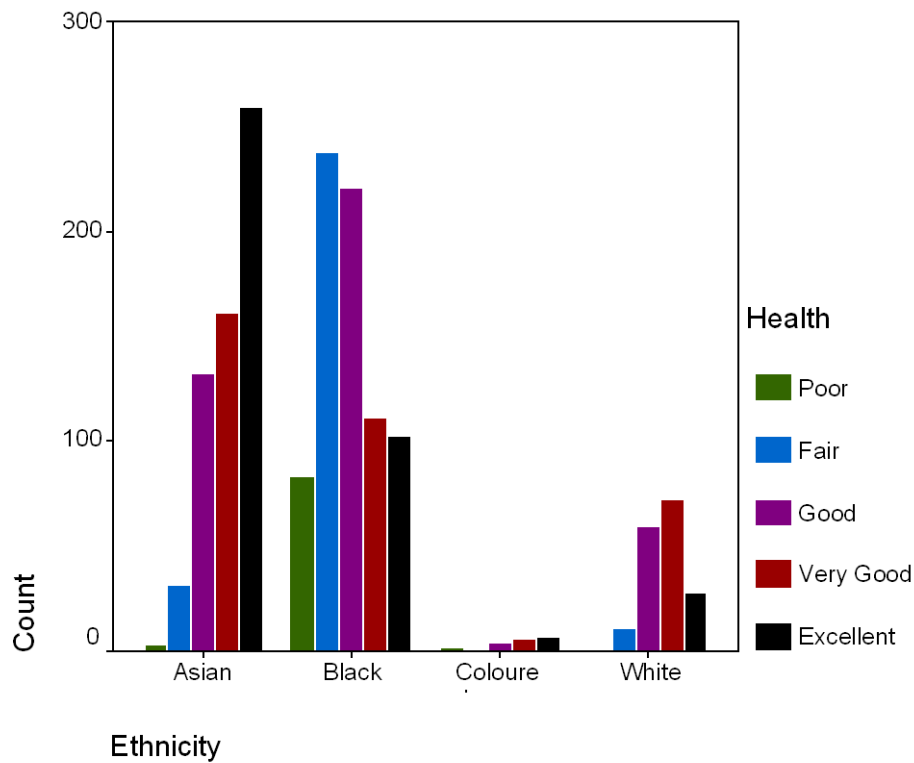


Figure 4.9: Bar chart of health rating of respondents per ethnic group

Table 4.12: Health rating of respondents as related to the person consulted when ill (showing top six consultees only)

		Consultee						Total
		chemist	clinic	doctor	grandma	mother	sangoma	
Health	Poor	3.4%	54.0%	32.2%	1.1%	3.4%	1.1%	100.0
	Fair	1.4%	30.6%	53.7%	1.1%	7.5%	1.8%	100.0
	Good	2.2%	24.0%	70.7%	.2%	.7%	1.4%	100.0
	Very Good	2.8%	10.5%	83.8%	.3%	1.1%		100.0
	Excellent	1.0%	11.4%	85.9%		1.3%		100.0
Total		2.0%	20.6%	72.3%	.4%	2.3%	.8%	100.0

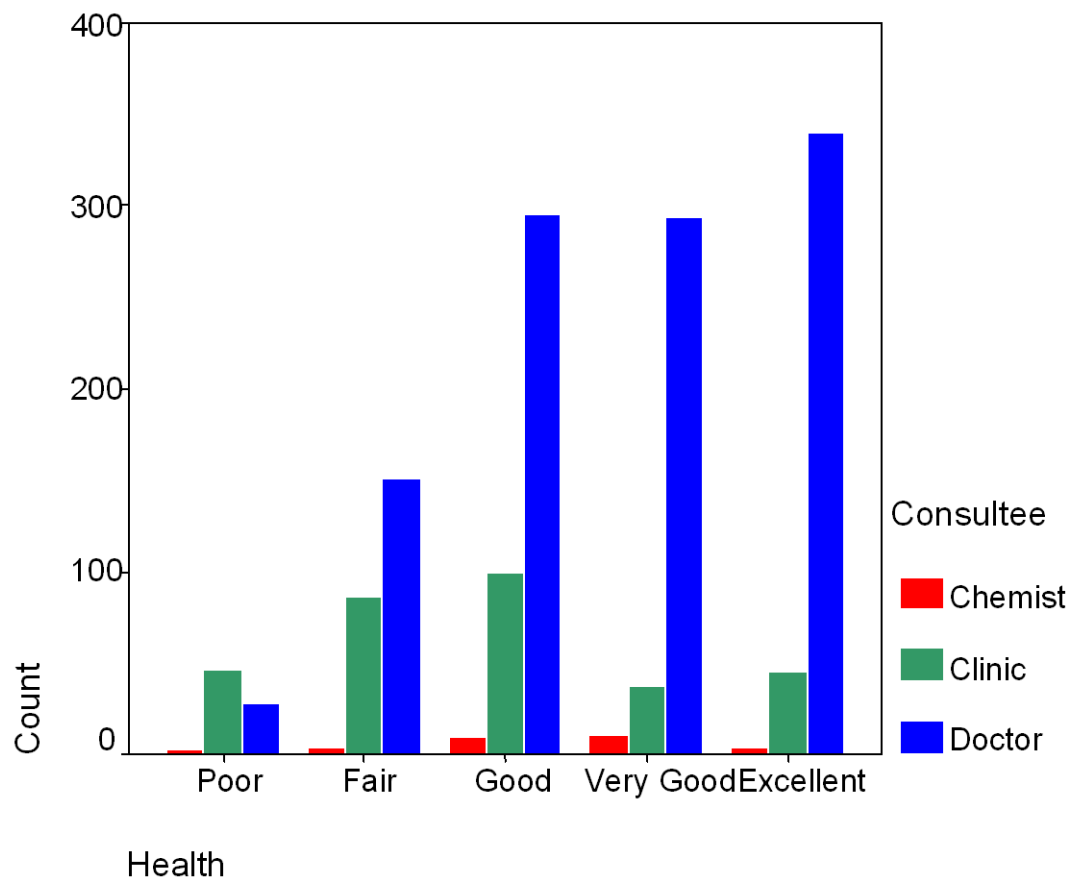
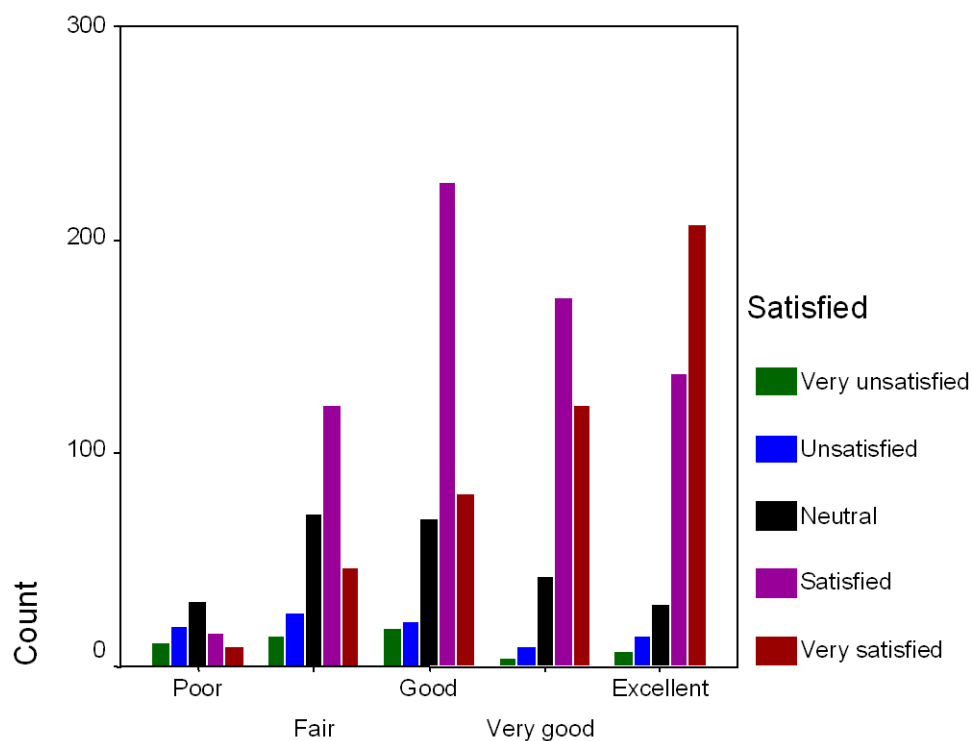


Figure 4.10: Bar chart of health rating of respondents as related to the person consulted when ill (showing top three consultees only)

Table 4.13: Health rating of respondents as related to their satisfaction with medical consultations

		Satisfied					Total
		Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	
Health	Poor	13.8%	21.8%	35.6%	18.4%	10.3%	100.0
	Fair	5.3%	8.9%	25.6%	43.8%	16.4%	100.0
	Good	4.3%	5.0%	16.8%	54.4%	19.4%	100.0
	Very Good	1.1%	2.6%	12.0%	49.3%	35.0%	100.0
	Excellent	1.8%	3.8%	7.6%	34.6%	52.3%	100.0
Total		3.7%	5.8%	16.0%	44.1%	30.4%	100.0



Health

Figure 4.11: Bar chart of health rating of respondents as related to their satisfaction with medical consultations

Table 4.14: Health rating of respondents as related to their membership of medical aid

		Medical Aid			Total
		Don't know	No	Yes	
Health	Poor	31.0%	56.3%	12.6%	100.0%
	Fair	21.7%	53.4%	24.9%	100.0%
	Good	13.9%	50.6%	35.5%	100.0%
	Very good	9.7%	41.0%	49.3%	100.0%
	Excellent	7.1%	47.2%	45.7%	100.0%
Total		13.6%	48.4%	38.1%	100.0%

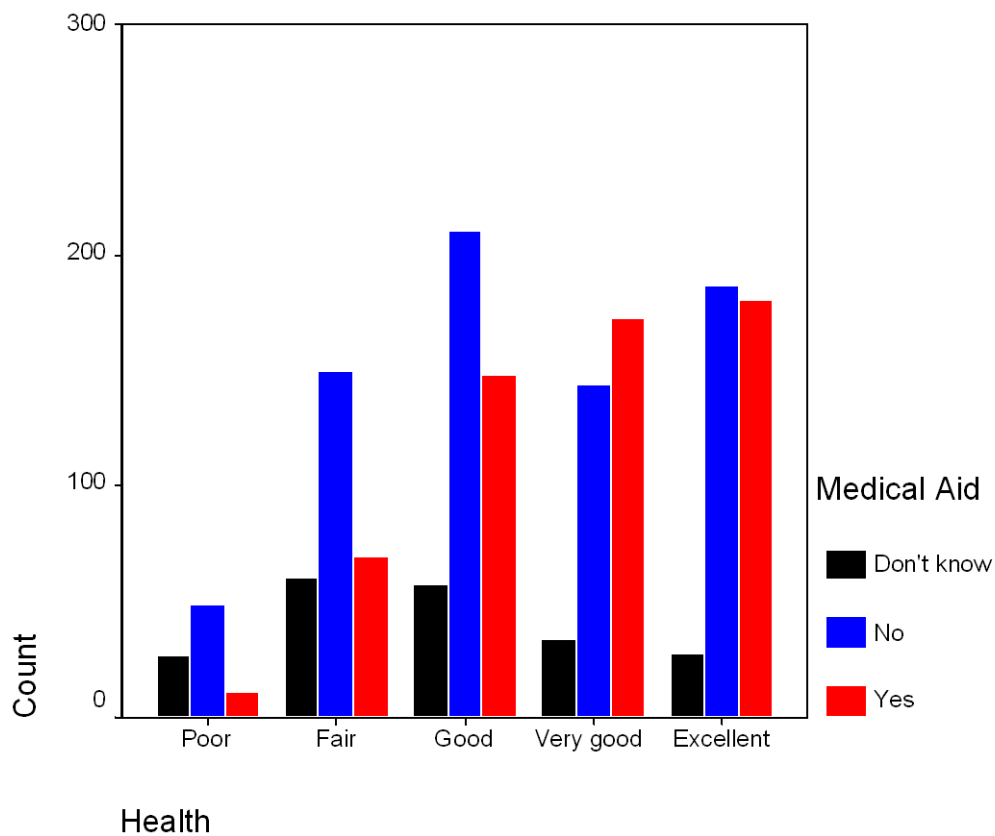


Figure 4.12: Bar chart of health rating of respondents as related to their membership of medical aid

4.5.2. Experience of Homoeopathy (Questions 12 – 21)

Respondents' knowledge of the existence of homoeopathy was ascertained by questions on whether they had previously heard of homoeopathy, whether they were aware of a registered homoeopath within their area, whether they had ever been treated by a homoeopath, or whether a member of their family had been treated by a homoeopath. The results of their responses are indicated in Tables 4.15 – 4.18.

Table 4.15: Respondents who have previously heard of homoeopathy

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	1164	76.0	76.0	76.0
Yes	368	24.0	24.0	100.0
Total	1532	100.0	100.0	

Table 4.16: Respondents who are aware of a registered homoeopath in their area

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	1441	94.1	94.1	94.1
Yes	91	5.9	5.9	100.0
Total	1532	100.0	100.0	

Table 4.17: Respondents who have been treated by a homoeopath

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	1476	96.3	96.3	96.3
Yes	56	3.7	3.7	100.0
Total	1532	100.0	100.0	

Table 4.18: Respondents who have had family members treated by a homoeopath

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	1418	92.6	92.6	92.6
Yes	114	7.4	7.4	100.0
Total	1532	100.0	100.0	

Those who had not heard of homoeopathy were asked as to whether they wished to learn more of the subject, and their responses are indicated in Table 4.19.

Table 4.19: Respondents unaware of homoeopathy but wishing to learn more about it

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	197	16.9	16.9	16.9
	Yes	971	83.1	83.1	100.0
	Total	1168	100.0	100.0	

Those respondents who had previously heard of homoeopathy were asked about the source of their information. Their responses are indicated in Table 4.20 and illustrated in Figure 4.13.

Table 4.20: Sources of respondents' information on homoeopathy

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1167	76.2	76.2	76.2
Books	3	.2	.2	76.4
Career book	1	.1	.1	76.4
Career day	4	.3	.3	76.7
Divine Life Society	1	.1	.1	76.8
Doctor	11	.7	.7	77.5
Family	110	7.2	7.2	84.7
Friends	72	4.7	4.7	89.4
Media	150	9.8	9.8	99.2
Nurse	1	.1	.1	99.2
Research	1	.1	.1	99.3
Teacher	9	.6	.6	99.9
Veterinarian	2	.1	.1	100.0
Total	1532	100.0	100.0	

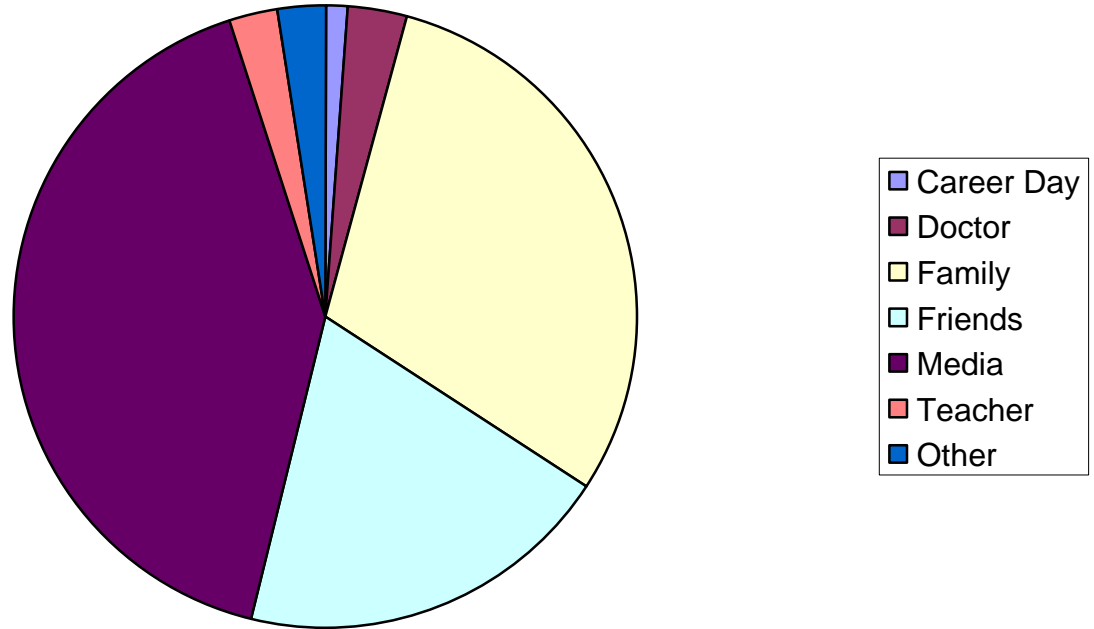


Figure 4.13: Pie chart of sources of respondents' information on homoeopathy

Those respondents who had been treated by a homoeopath were asked who had referred them, what their level of satisfaction was with the treatment, whether the homoeopath had explained to them how homoeopathy works, and whether they discussed their use of homoeopathic remedies with their physician or chemist.

Their responses to this series of questions is summarized in Tables 4.21 – 4.24 below.

Table 4.21: Source of referral of respondents to a homoeopath

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Chemist	1	1.8	1.8	1.8
	Doctor	8	14.3	14.3	16.1
	Family	39	69.6	69.6	85.7
	Friends	6	10.7	10.7	96.4
	Neurologist	1	1.8	1.8	98.2
	Radiologist	1	1.8	1.8	100.0
	Total	1532	100.0	100.0	

Table 4.22: Satisfaction of respondents with homoeopathic treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very unsatisfied	1	1.8	1.8	1.8
	Unsatisfied	1	1.8	1.8	3.6
	Neutral	9	16.1	16.1	19.7
	Satisfied	24	42.8	42.8	62.5
	Very satisfied	21	37.5	37.5	100.0
	Total	56	100.0	100.0	

Table 4.23: Explanation of workings of homoeopathy by the homoeopath to the respondents

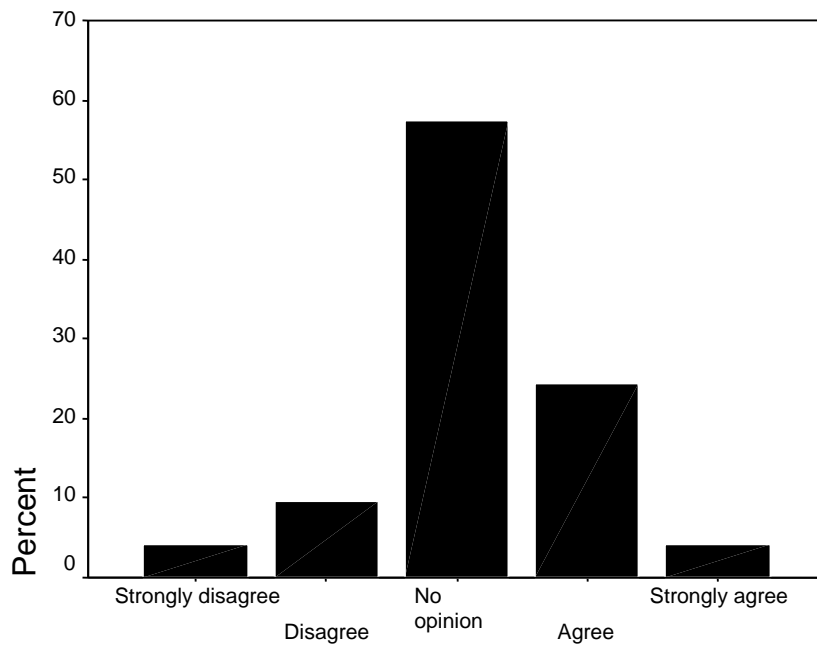
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	16	28.6	28.6	28.6
	Yes	40	71.4	71.4	100.0
	Total	56	100.0	100.0	

Table 4.24: Discussion of homoeopathic usage with the respondents' physician or chemist

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	40	71.4	71.4	71.4
	Yes	16	28.6	28.6	100.0
	Total	56	100.0	100.0	

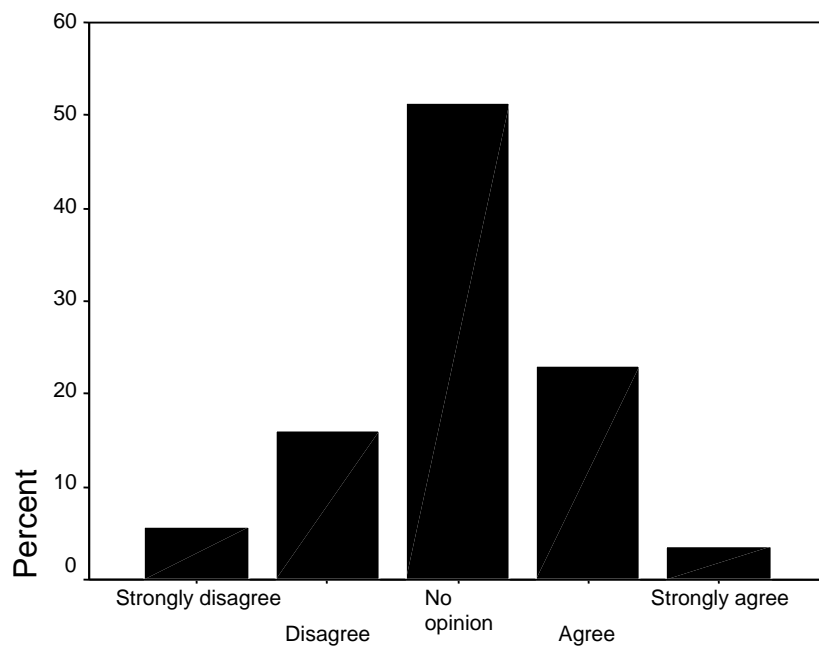
4.5.3. Perceptions of Homoeopathy (Question 22)

Respondents were provided with five statements on homoeopathy and requested to indicate their degree of agreement with the statements. Their responses to each of the five statements are illustrated in bar charts in Figures 4.14 – 4.18 below.



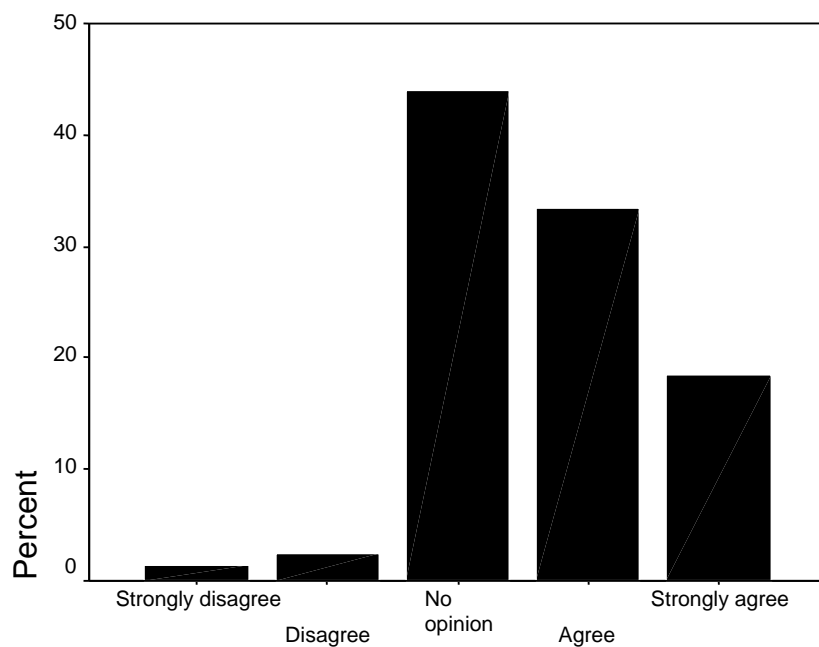
Not Recognised by Official Medicine

Figure 4.14: Bar chart of responses regarding the non-recognition of homoeopathy by official medicine



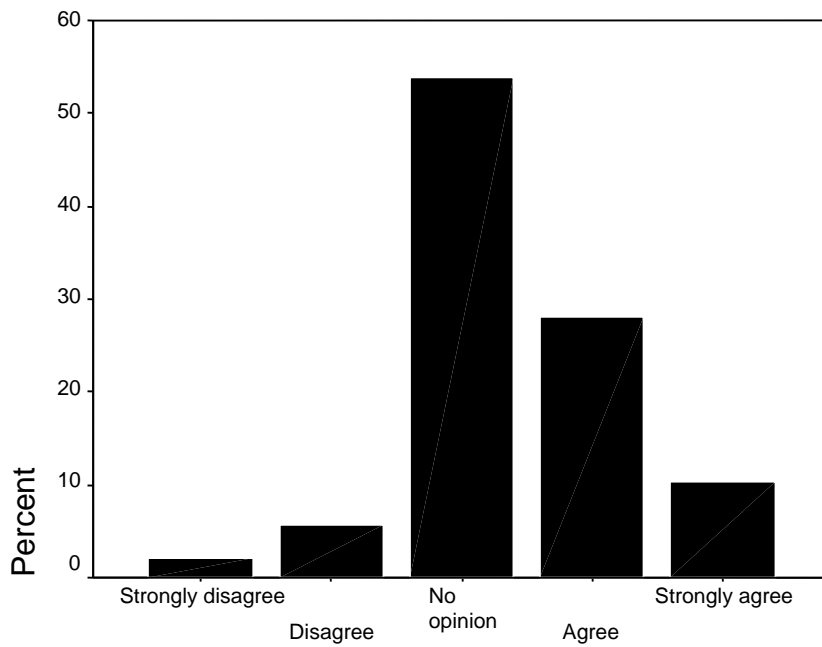
Traditional Medicine from Another Culture

Figure 4.15: Bar chart of responses regarding homoeopathy being a traditional medicine from another culture



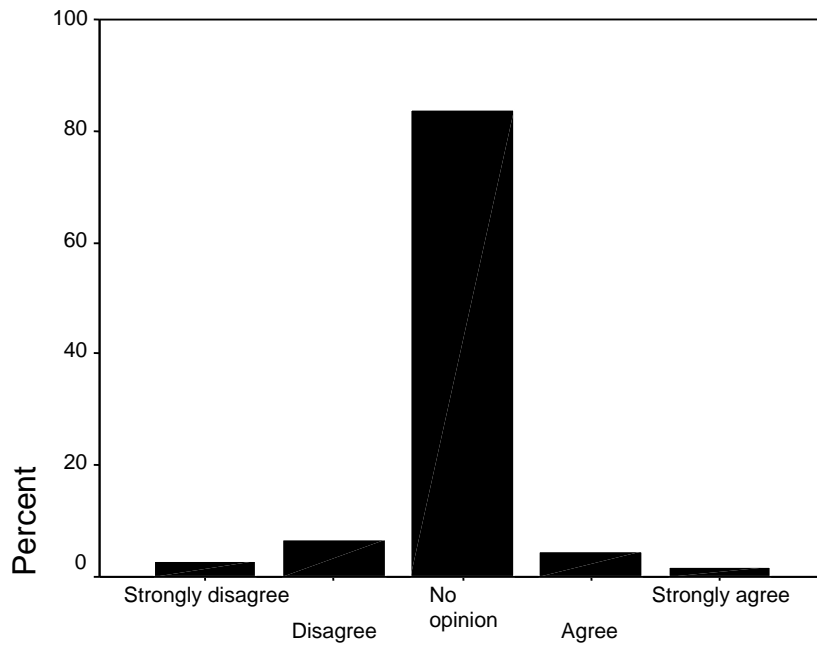
Treatment with a Natural Healing Substance

Figure 4.16: Bar chart of responses regarding homoeopathy being a treatment with a natural healing substance



Useful Supplement to Regular Medicine

Figure 4.17: Bar chart of responses regarding homoeopathy being a useful supplement to regular medicine



Results Mainly due to Placebo Effect

Figure 4.18: Bar chart of responses regarding homoeopathic results being mainly due to the placebo effect

Further analysis was undertaken using Pearson's chi-square test to ascertain whether having heard of homoeopathy had an effect on the respondents' degree of agreement with the statements. This analysis is summarized in Table 4.25, and clearly illustrated in Figures 4.19 – 4.23.

It is evident from Table 4.25 where each question has 4 degrees of freedom, that the high chi-square values indicate that the variables are related more than by pure chance (see paragraph 3.3.1 on page 12).

Table 4.25: Pearson's chi-square test used to detect an effect of having heard of homoeopathy on respondents' agreement with selected statements.

		Strongly disagree	Disagree	No opinion	Agree	Strongly agree	Total	Pearson's Chi-square	
								Value	df
		Not Recognised by Official Medicine							
Heard of Homoeopathy	No	39	77	766	244	38	1164		
	Yes	24	71	115	131	27	368		
	Total	63	148	881	375	65	1532	146.8	4
		Traditional Medicine from a Different Culture							
Heard of Homoeopathy	No	57	147	675	249	36	1164		
	Yes	32	100	112	104	20	368		
	Total	89	247	787	353	56	1532	94.9	4
		Treatment with a Natural Healing Substance							
Heard of Homoeopathy	No	16	33	625	345	145	1164		
	Yes	6	6	50	168	138	368		
	Total	22	39	675	513	283	1532	220.1	4
		A Useful Supplement to Regular Medicine							
Heard of Homoeopathy	No	23	66	702	295	78	1164		
	Yes	10	21	123	134	80	368		
	Total	33	87	825	429	158	1532	111.8	4
		Homoeopathic Results Mainly Due to Placebo Effect							
Heard of Homoeopathy	No	33	84	989	42	16	1164		
	Yes	11	21	295	28	13	368		
	Total	44	105	1284	70	29	1532	18.4	4

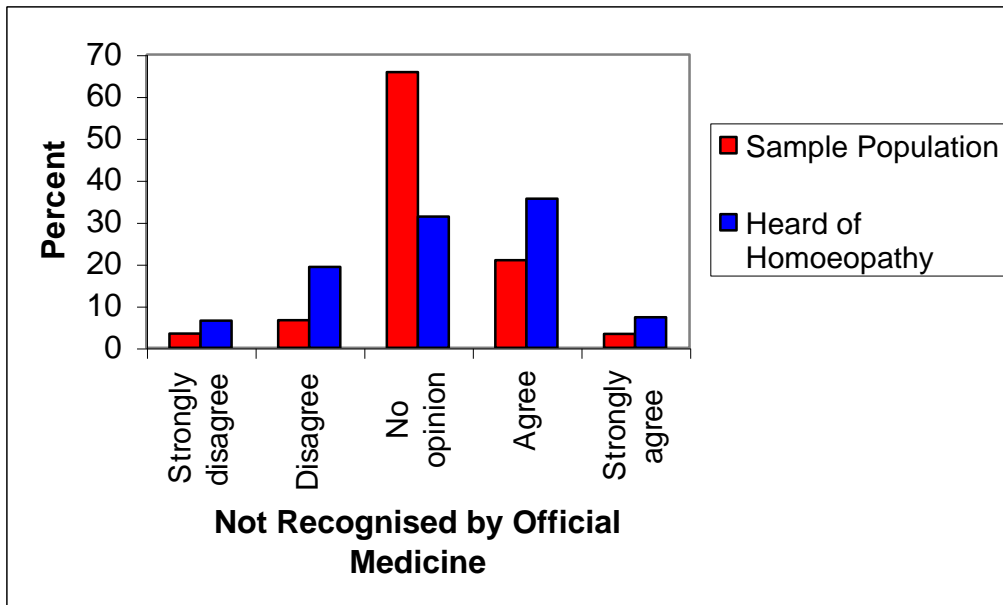


Figure 4.19: Bar chart comparing responses of the total sample population with those that have heard of homoeopathy regarding the non-recognition of homoeopathy by official medicine

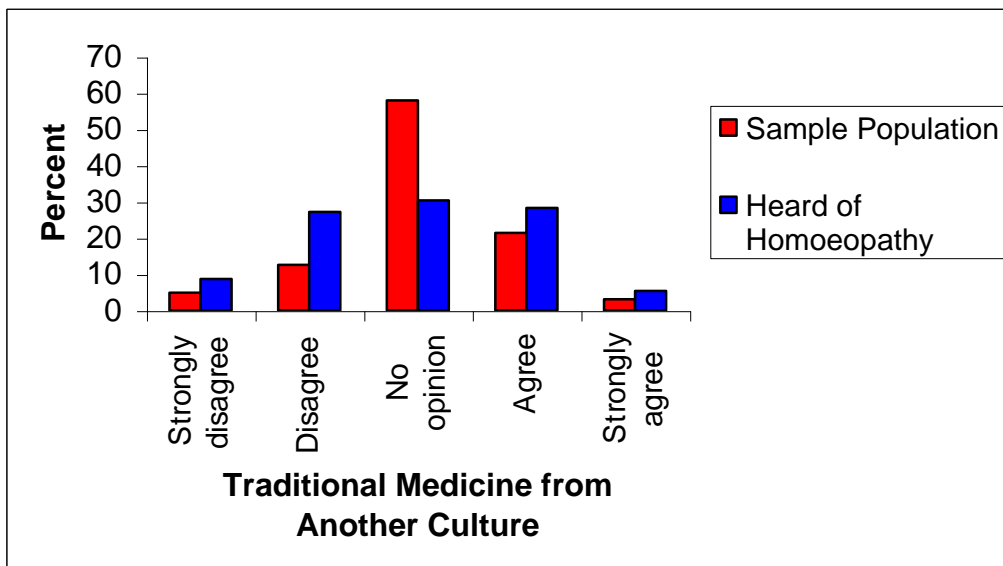


Figure 4.20: Bar chart comparing responses of the total sample population with those that have heard of homoeopathy regarding homoeopathy being a traditional medicine from another culture

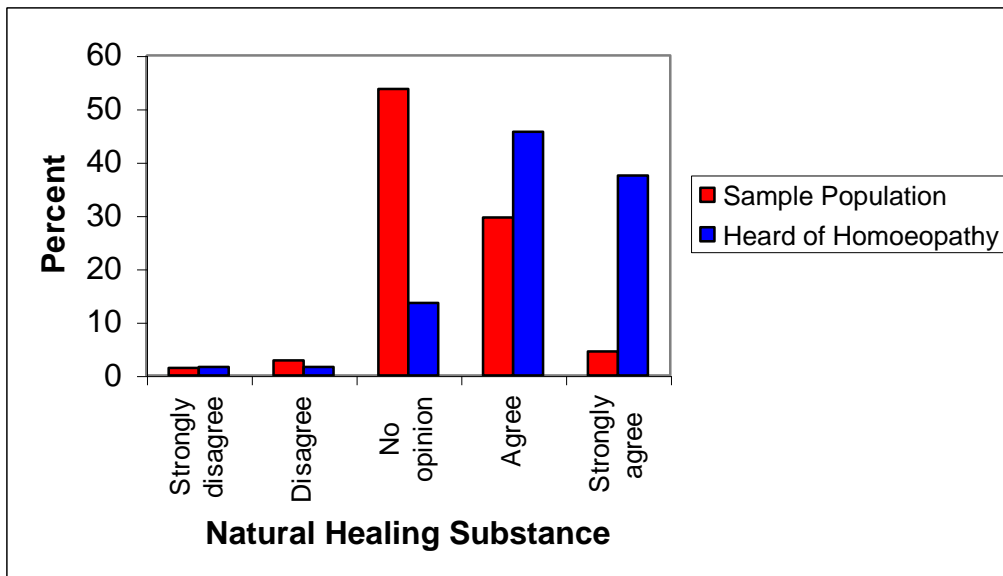


Figure 4.21: Bar chart comparing responses of the total sample population with those that have heard of homoeopathy regarding homoeopathy being a treatment with a natural healing substance

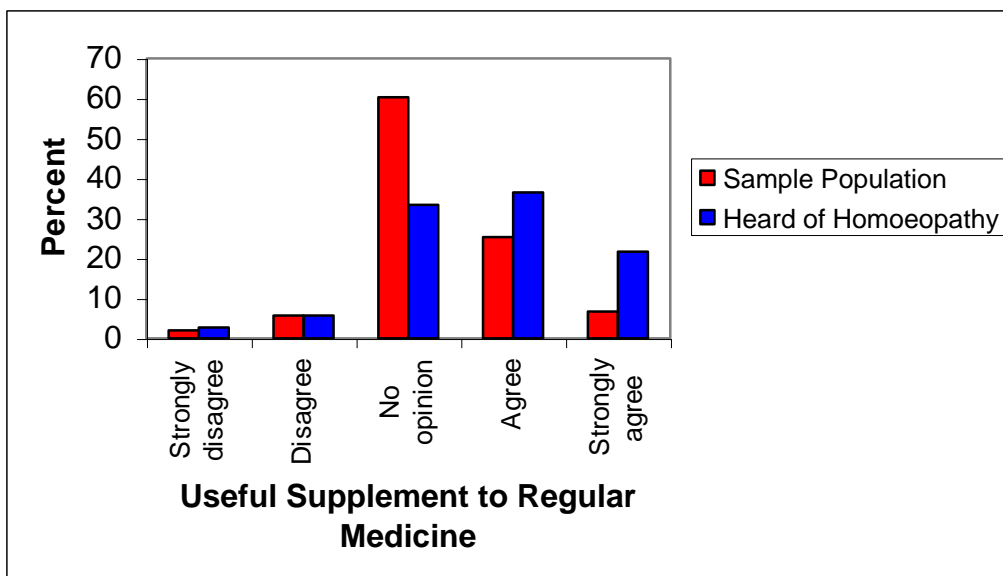


Figure 4.22: Bar chart comparing responses of the total sample population with those that have heard of homoeopathy regarding homoeopathy being a useful supplement to regular medicine

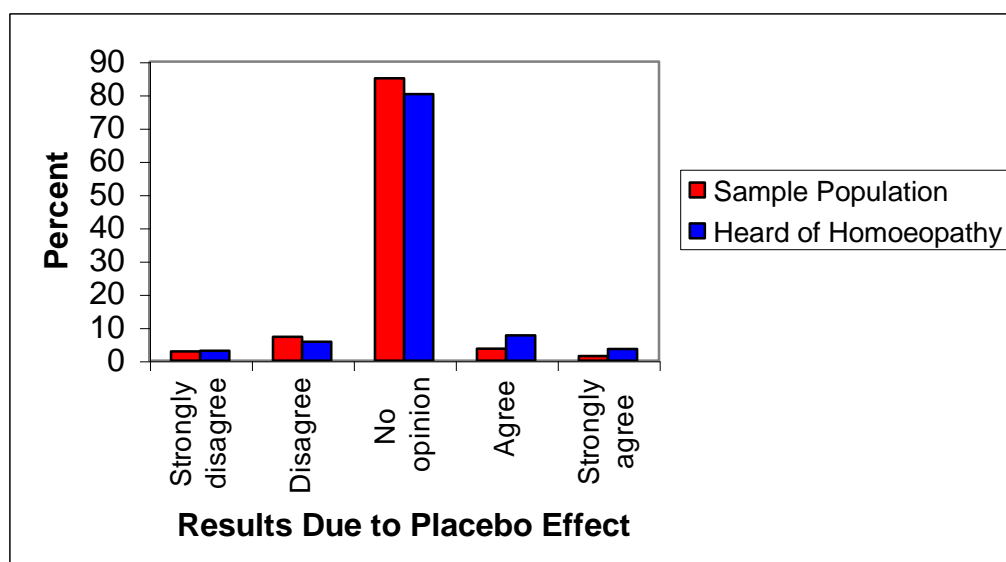


Figure 4.23: Bar chart comparing responses of the total sample population with those that have heard of homoeopathy regarding homoeopathic results being mainly due to the placebo effect

Similarly, chi-square analysis was undertaken for those who had been treated homoeopathically (Table 4.26 and Figures 4.24 – 4.28), and those who were aware of family members having been treated homoeopathically (Table 4.27 and Figures 4.29 – 4.33).

Table 4.26: Pearson's chi-square test used to detect an effect of respondents having been treated homoeopathically on their agreement with selected statements.

		Strongly disagree	Disagree	No opinion	Agree	Strongly agree	Total	Pearson's Chi-square	
								Value	df
		Not Recognised by Official Medicine							
Treated Homoeopathically	No	56	136	868	357	59	1476		
	Yes	7	12	13	18	6	56		
	Total	63	148	881	375	65	1532	37.3	4
		Traditional Medicine from a Different Culture							
Treated Homoeopathically	No	86	230	772	339	49	1476		
	Yes	3	17	15	14	7	56		
	Total	89	247	787	353	56	1532	26.7	4
		Treatment with a Natural Healing Substance							
Treated Homoeopathically	No	20	37	669	490	260	1476		
	Yes	2	2	6	23	23	56		
	Total	22	39	675	513	283	1532	33.8	4
		A Useful Supplement to Regular Medicine							
Treated Homoeopathically	No	32	84	814	406	140	1476		
	Yes	1	3	11	23	18	56		
	Total	33	87	825	429	158	1532	43.1	4
		Homoeopathic Results Mainly Due to Placebo Effect							
Treated Homoeopathically	No	41	102	1241	67	25	1476		
	Yes	3	3	43	3	4	56		
	Total	44	105	1284	70	29	1532	10.3	4

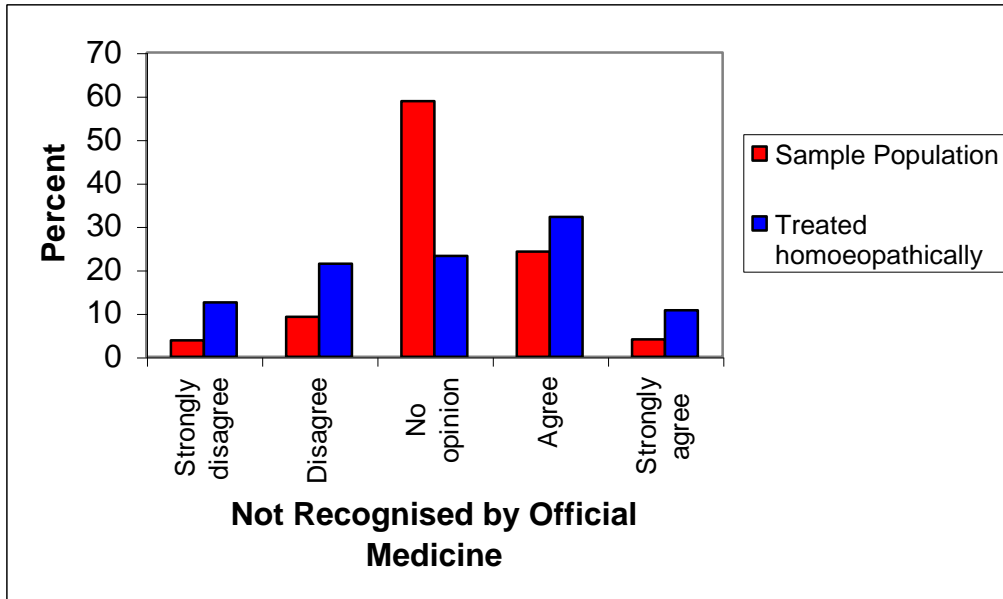


Figure 4.24: Bar chart comparing responses of the total sample population with those that have been treated homoeopathically regarding the non-recognition of homoeopathy by official medicine

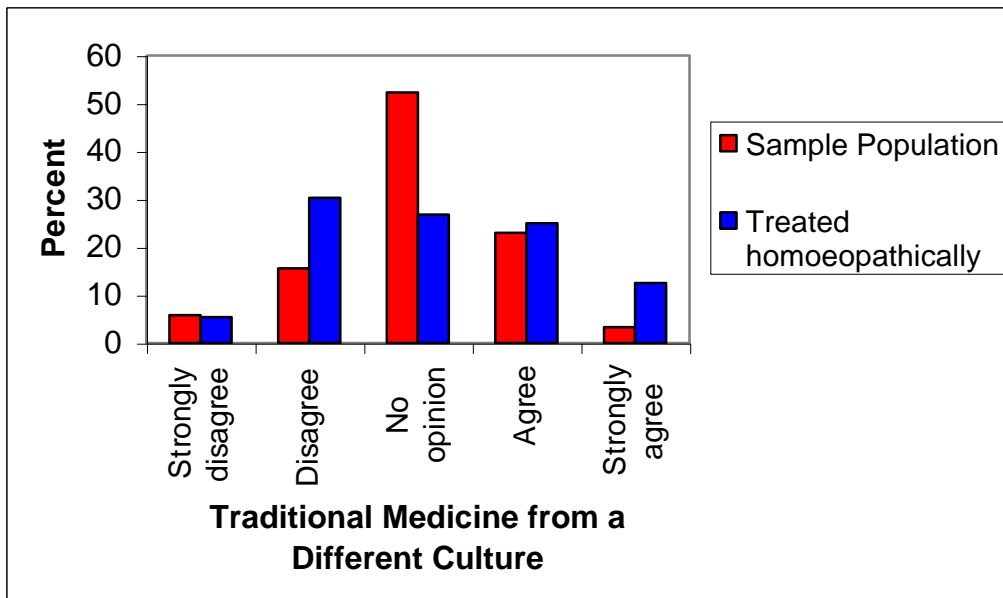


Figure 4.25: Bar chart comparing responses of the total sample population with those that have been treated homoeopathically regarding homoeopathy being a traditional medicine from another culture

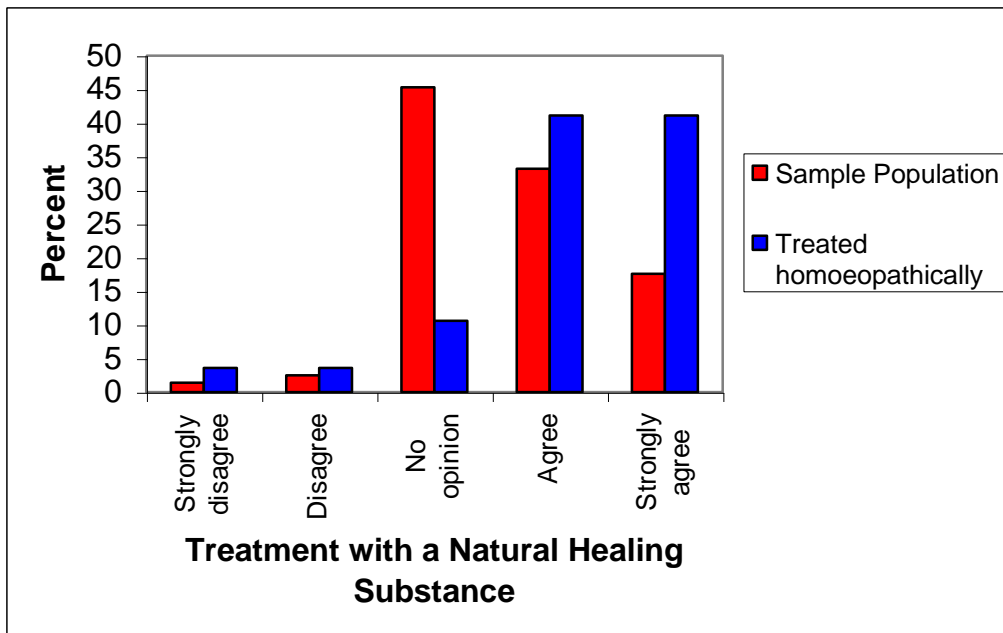


Figure 4.26: Bar chart comparing responses of the total sample population with those that have been treated homoeopathically regarding homoeopathy being a treatment with a natural healing substance

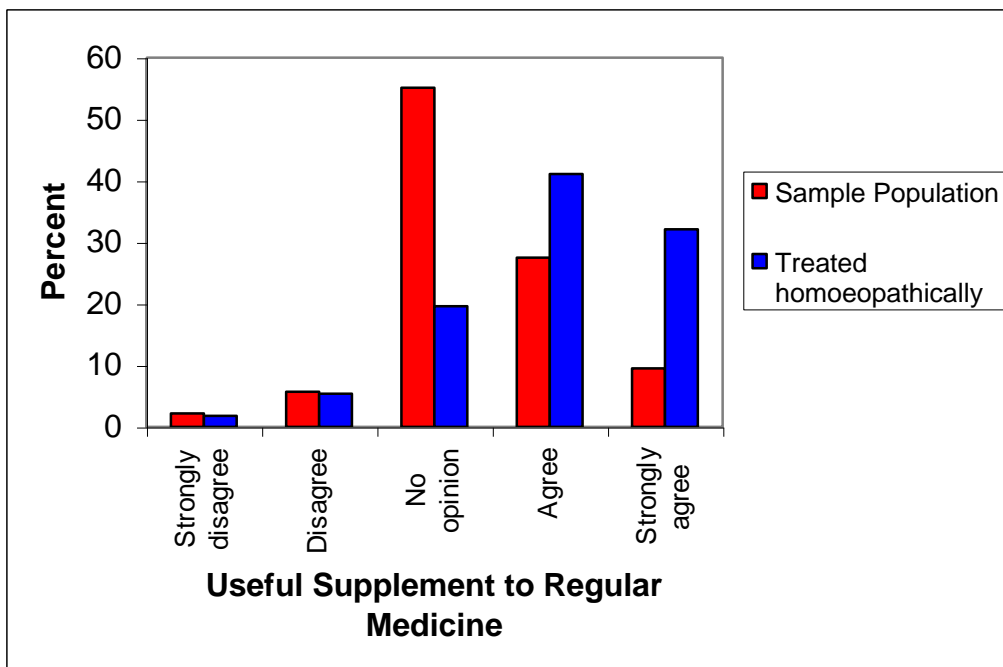


Figure 4.27: Bar chart comparing responses of the total sample population with those that have been treated homoeopathically regarding homoeopathy being a useful supplement to regular medicine

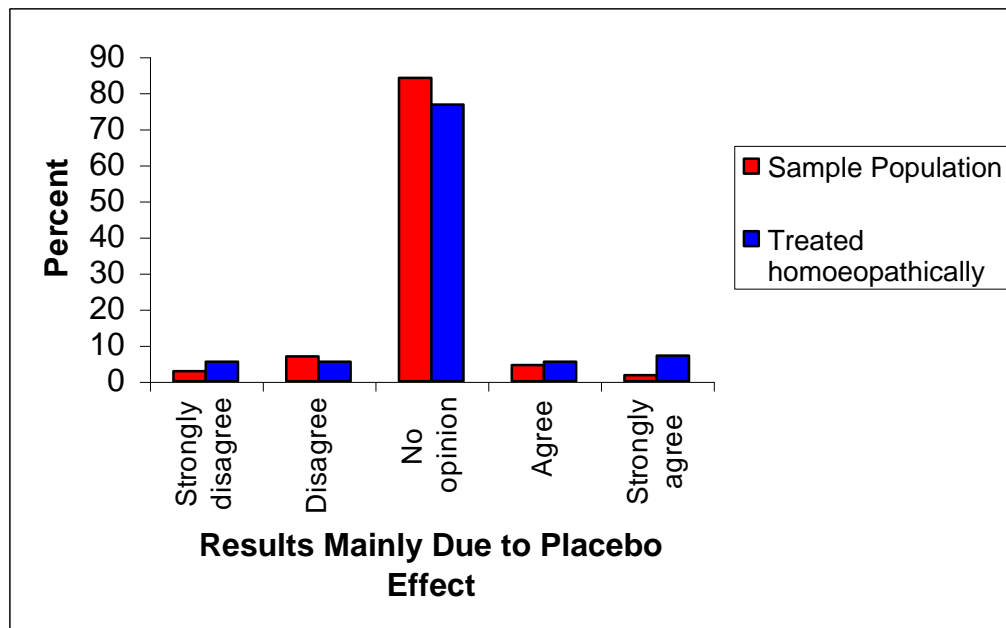


Figure 4.28: Bar chart comparing responses of the total sample population with those that have been treated homoeopathically regarding homoeopathic results being mainly due to the placebo effect

Table 4.27: Pearson's chi-square test used to detect an effect of respondents having family treated homoeopathically on their agreement with selected statements.

		Strongly disagree	Disagree	No opinion	Agree	Strongly agree	Total	Pearson's Chi-square	
								Value	df
		Not Recognised by Official Medicine							
Family Treated Homoeopathically	No	53	128	853	331	53	1418		
	Yes	10	20	28	44	12	114		
	Total	63	148	881	375	65	1532	59.2	4
		Traditional Medicine from a Different Culture							
Family Treated Homoeopathically	No	79	212	754	329	44	1418		
	Yes	10	35	33	24	12	114		
	Total	89	247	787	353	56	1532	46.3	4
		Treatment with a Natural Healing Substance							
Family Treated Homoeopathically	No	19	36	662	466	235	1418		
	Yes	3	3	13	47	48	114		
	Total	22	39	675	513	283	1532	70.5	4
		A Useful Supplement to Regular Medicine							
Family Treated Homoeopathically	No	29	83	796	385	125	1418		
	Yes	4	4	29	44	33	114		
	Total	33	87	825	429	158	1532	66.9	4
		Homoeopathic Results Mainly Due to Placebo Effect							
Family Treated Homoeopathically	No	39	101	1193	62	23	1418		
	Yes	5	4	91	8	6	114		
	Total	44	105	1284	70	29	1532	12.2	4

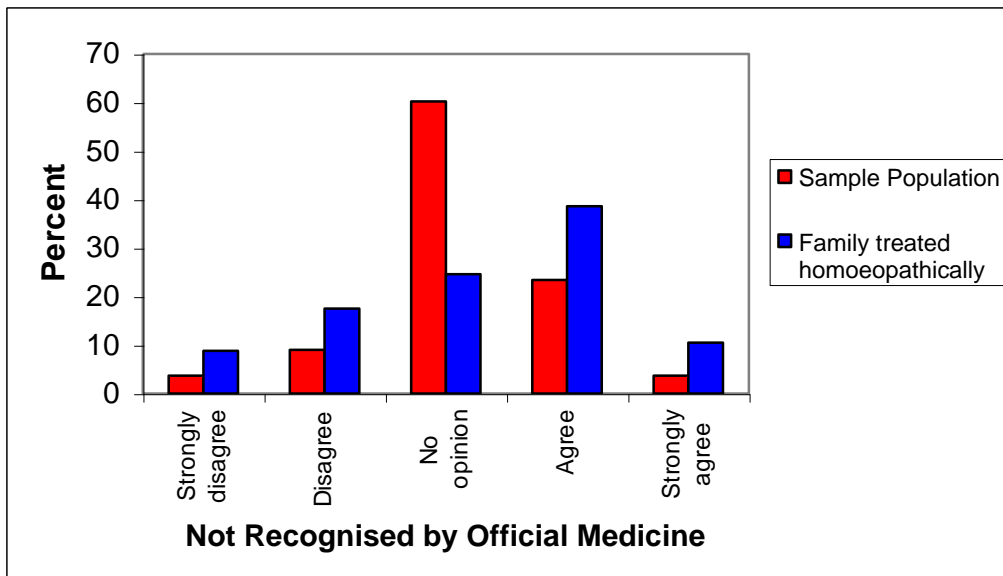


Figure 4.29: Bar chart comparing responses of the total sample population with those that have had family treated homoeopathically regarding the non-recognition of homoeopathy by official medicine

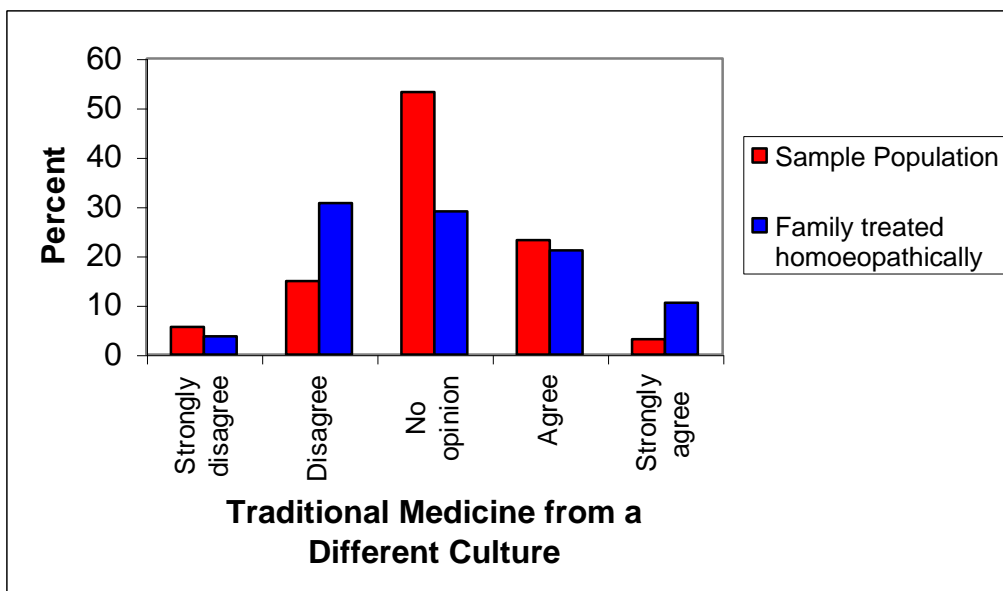


Figure 4.30: Bar chart comparing responses of the total sample population with those that have had family treated homoeopathically regarding homoeopathy being a traditional medicine from another culture

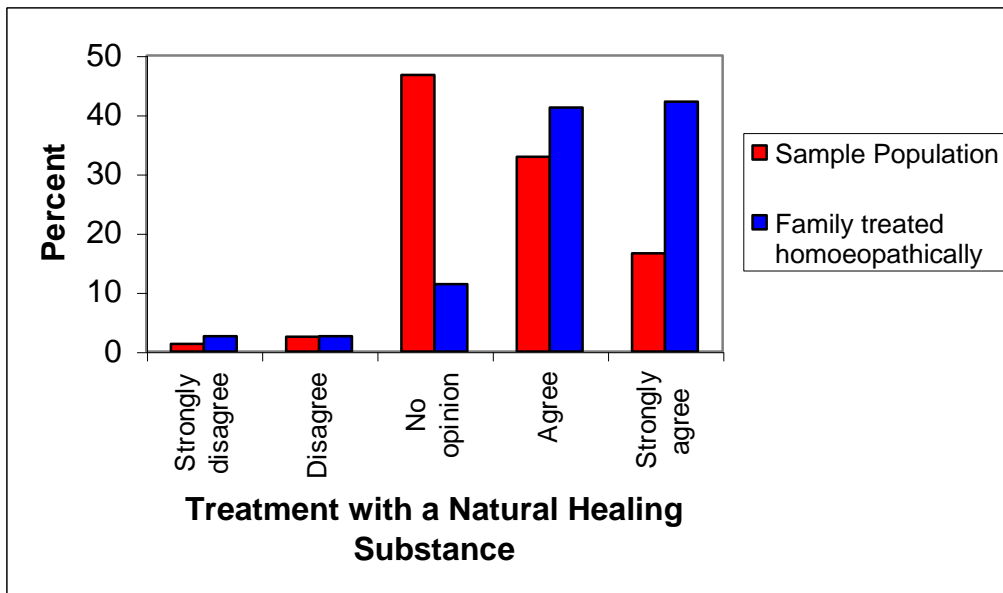


Figure 4.31: Bar chart comparing responses of the total sample population with those that have had family treated homoeopathically regarding homoeopathy being a treatment with a natural healing substance

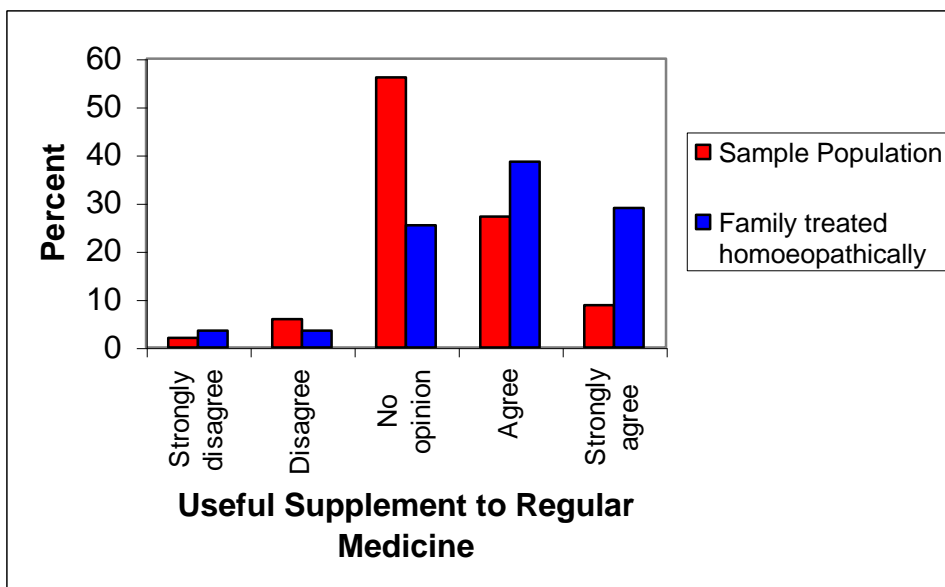


Figure 4.32: Bar chart comparing responses of the total sample population with those that have had family treated homoeopathically regarding homoeopathy being a useful supplement to regular medicine

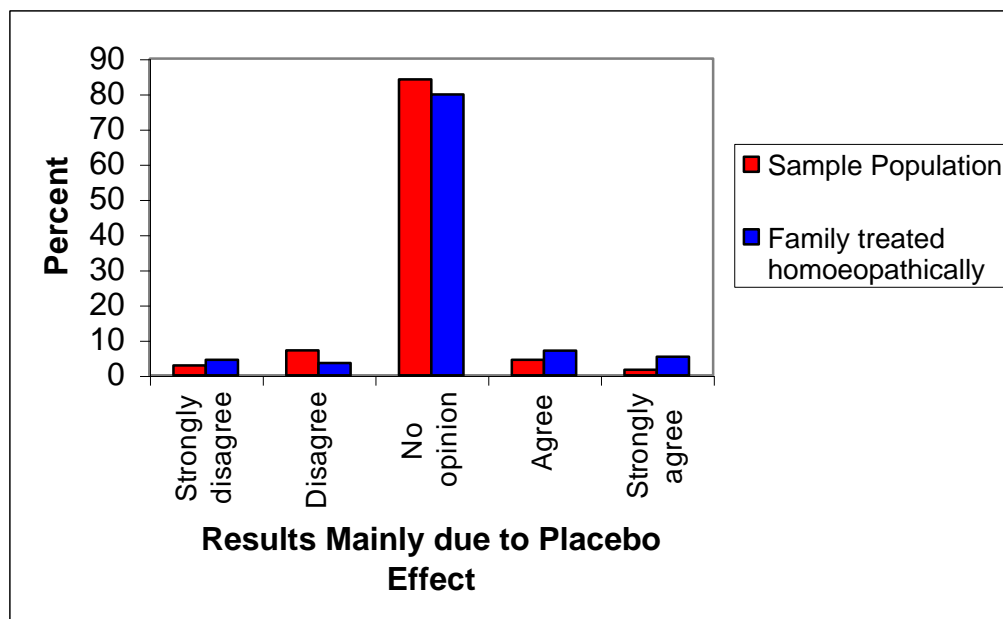


Figure 4.33: Bar chart comparing responses of the total sample population with those that have had family treated homoeopathically regarding homoeopathic results being mainly due to the placebo effect

Respondents were further requested to provide an opinion on the value of homoeopathy. (Question 24). Their responses are summarised in Table 4.28 and illustrated as a pie chart in Figure 4.34.

Table 4.28: Respondents opinions on the value of homoeopathy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	First choice	178	11.6	11.6	11.6
	No value	208	13.6	13.6	25.2
	Preventative	344	22.5	22.5	47.7
	Recuperative	198	12.9	12.9	60.6
	Supportive	604	39.4	39.4	100.0
	Total	1532	100.0	100.0	

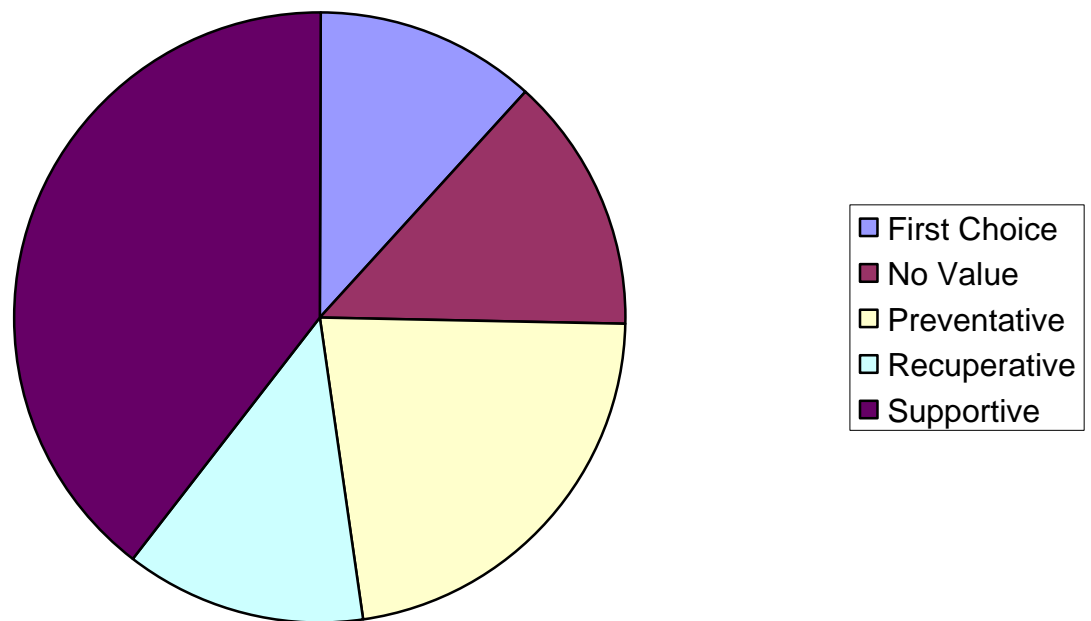
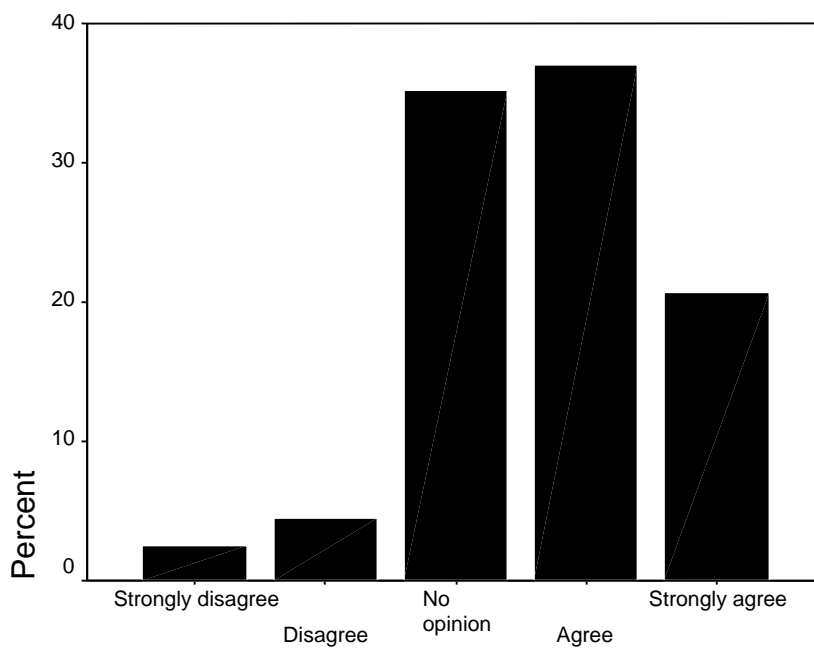


Figure 4.34: Pie chart of respondents' opinions on the value of homoeopathy

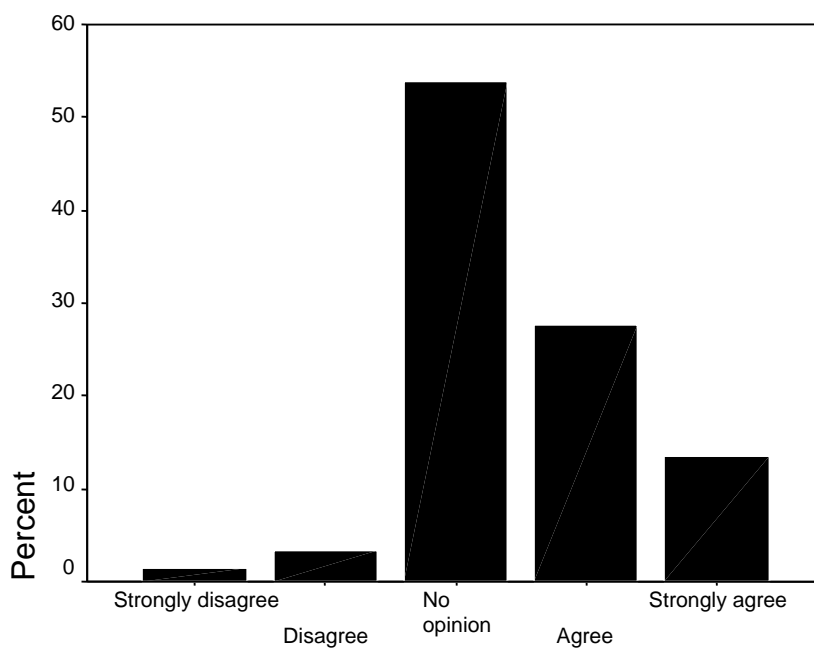
4.5.4. Perceptions of the efficacy and safety of homoeopathic remedies (Question 22)

Respondents were provided with statements regarding the efficacy and safety of both prescription medicines and homoeopathic remedies and requested to indicate their degree of agreement with the statements. Their responses to each of the four statements are illustrated in bar charts in Figures 4.35 – 4.38 below.



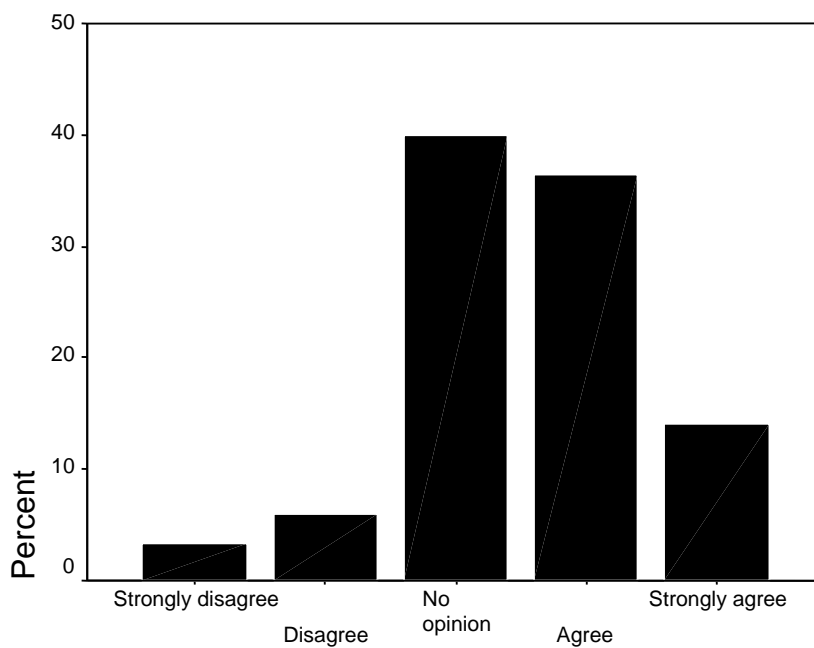
Prescription Medicines are Safe to Use

Figure 4.35: Bar chart of respondents' views on the safety of use of prescription medicines



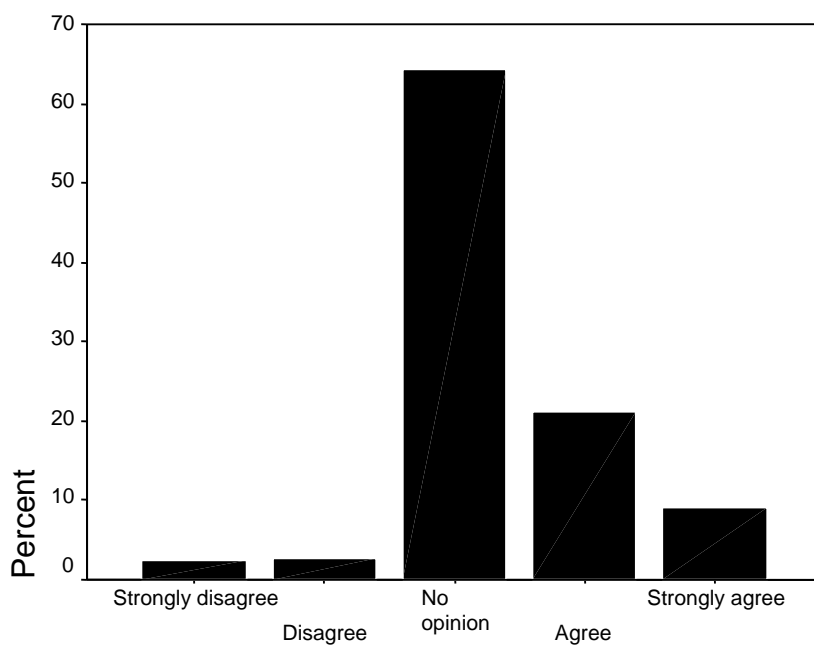
Homoeopathic Remedies are Safe to Use

Figure 4.36: Bar chart of respondents' views on the safety of use of homoeopathic remedies



Prescription Medicines are Effective

Figure 4.37: Bar chart of respondents' views on the efficacy of use of prescription medicines



Homoeopathic Remedies are Effective

Figure 4.38: Bar chart of respondents' views on the efficacy of use of homoeopathic remedies

Further analysis was undertaken using Pearson's chi-square test to ascertain whether having heard of homoeopathy had an effect on the respondents' degree of agreement with the statements. This analysis is summarized in Table 4.29 and clearly illustrated in Figures 4.39 – 4.42.

Table 4.29: Pearson's chi-square test used to detect an effect of having heard of homoeopathy on respondents' perceptions of safety and efficacy of homoeopathic remedies.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total	Pearson's Chi-square	
								Value	df
		Prescription Medicines are Safe to Use							
Heard of Homoeopathy	No	29	44	476	400	215	1164		
	Yes	10	26	63	167	102	368		
	Total	39	70	539	567	317	1532	72.3	4
		Homoeopathic Remedies are Safe to Use							
Heard of Homoeopathy	No	18	38	710	287	111	1164		
	Yes	5	15	116	137	95	368		
	Total	23	53	826	424	206	1532	116.7	4
		Prescription Medicines are Effective							
Heard of Homoeopathy	No	38	67	535	384	140	1164		
	Yes	14	24	78	175	77	368		
	Total	52	91	613	559	217	1532	75.3	4
		Homoeopathic Remedies are Effective							
Heard of Homoeopathy	No	27	32	825	199	81	1164		
	Yes	10	11	161	126	60	368		
	Total	37	43	986	325	141	1532	97.5	4

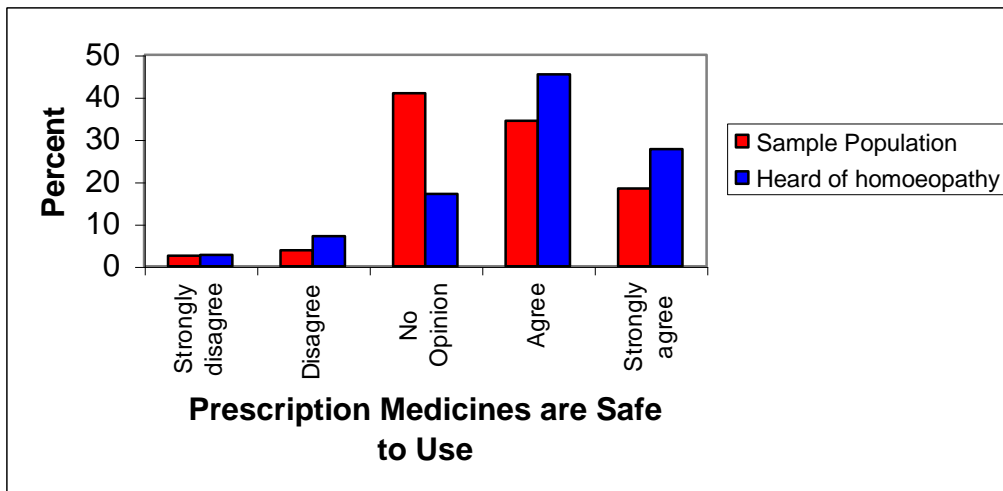


Figure 4.39: Bar chart comparing responses of the total sample population with those that have heard of homoeopathy regarding the safety of prescription medicines

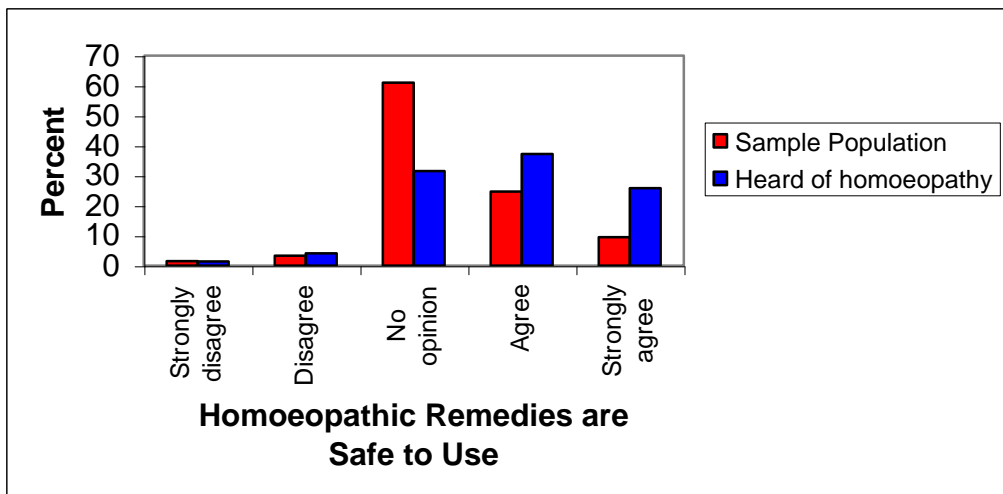


Figure 4.40: Bar chart comparing responses of the total sample population with those that have heard of homoeopathy regarding the safety of homoeopathic remedies

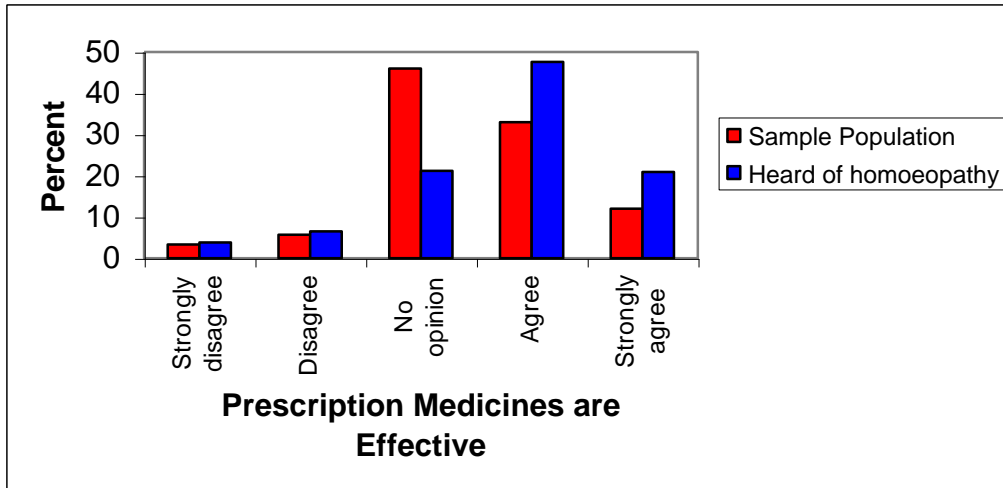


Figure 4.41: Bar chart comparing responses of the total sample population with those that have heard of homoeopathy regarding the efficacy of prescription medicines

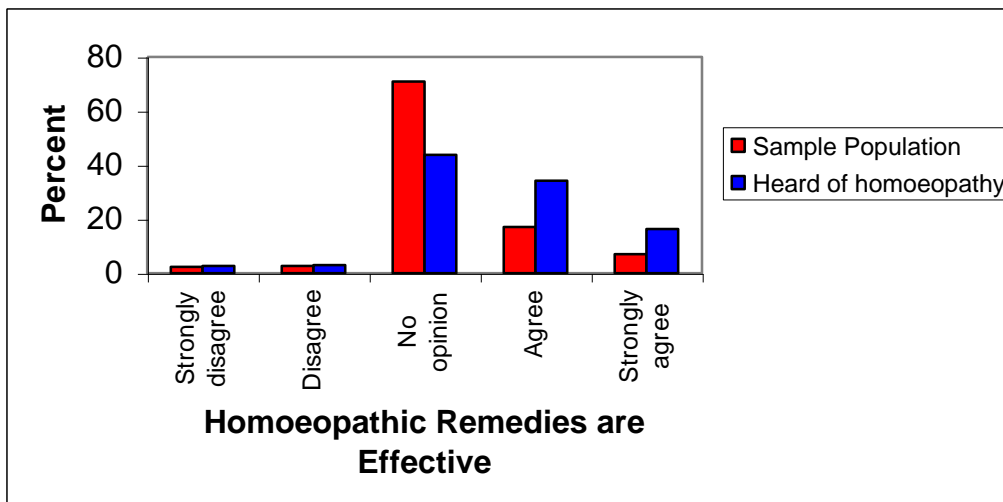


Figure 4.42: Bar chart comparing responses of the total sample population with those that have heard of homoeopathy regarding the efficacy of homoeopathic remedies

Similarly, chi-square analysis was undertaken for those who had been treated homoeopathically (Table 4.30 and Figures 4.43 – 4.46), and those who were aware of family members having been treated homoeopathically (Table 4.31 and Figures 4.47 – 4.50).

Table 4.30: Pearson’s chi-square test used to detect an effect of having been treated homoeopathically on respondents’ perceptions of safety and efficacy of homoeopathic remedies.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total	Pearson’s Chi-square	
								Value	df
		Prescription Medicines are Safe to Use							
Treated Homoeopathically	No	36	62	527	543	308	1476		
	Yes	3	8	12	24	9	56		
	Total	39	70	539	567	317	1532	18.1	4
		Homoeopathic Remedies are Safe to Use							
Treated Homoeopathically	No	22	50	819	396	189	1476		
	Yes	1	3	7	28	17	56		
	Total	23	53	826	424	206	1532	42.0	4
		Prescription Medicines are Effective							
Treated Homoeopathically	No	48	82	599	536	211	1476		
	Yes	4	9	14	23	6	56		
	Total	52	91	613	559	217	1532	16.5	4
		Homoeopathic Remedies are Effective							
Treated Homoeopathically	No	32	40	971	302	131	1476		
	Yes	5	3	15	23	10	56		
	Total	37	43	986	325	141	1532	39.8	4

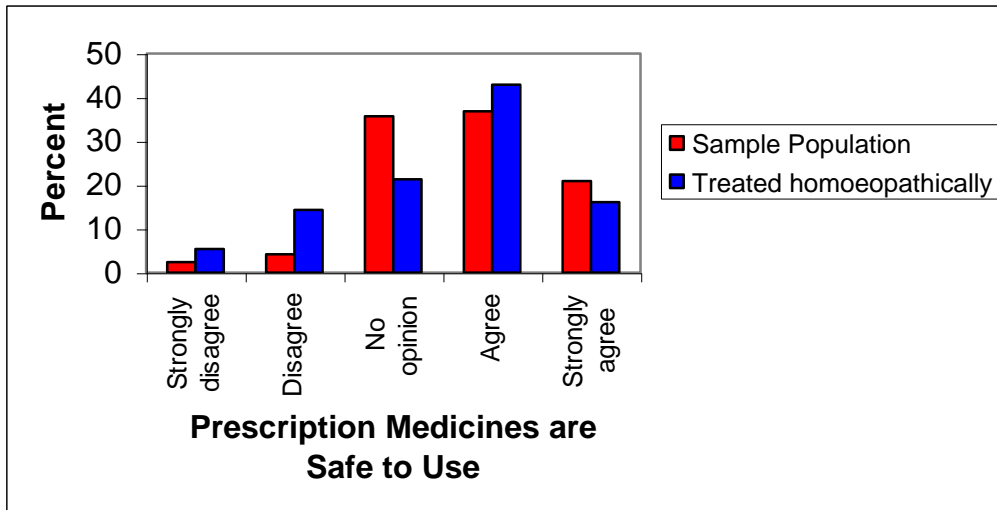


Figure 4.43: Bar chart comparing responses of the total sample population with those that have been treated homoeopathically regarding the safety of prescription medicines

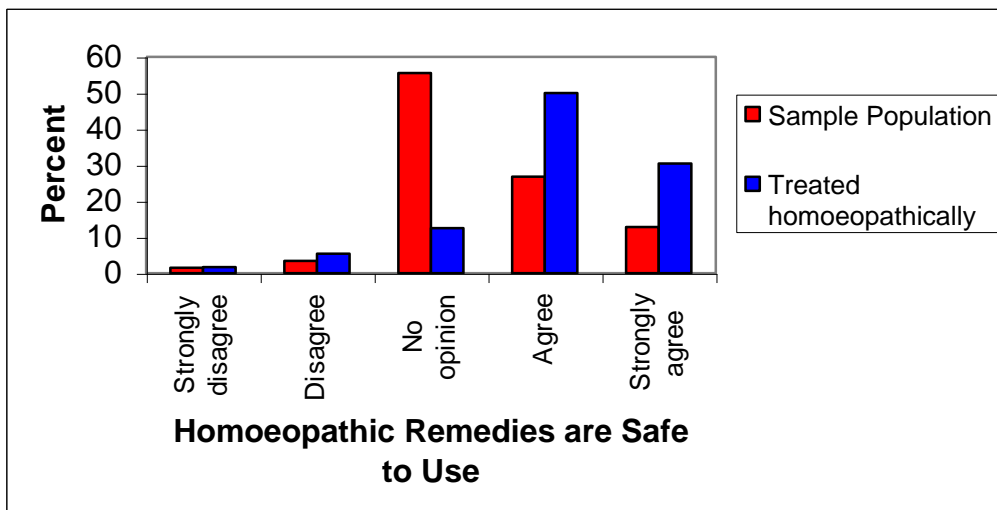


Figure 4.44: Bar chart comparing responses of the total sample population with those that have been treated homoeopathically regarding the safety of homoeopathic remedies

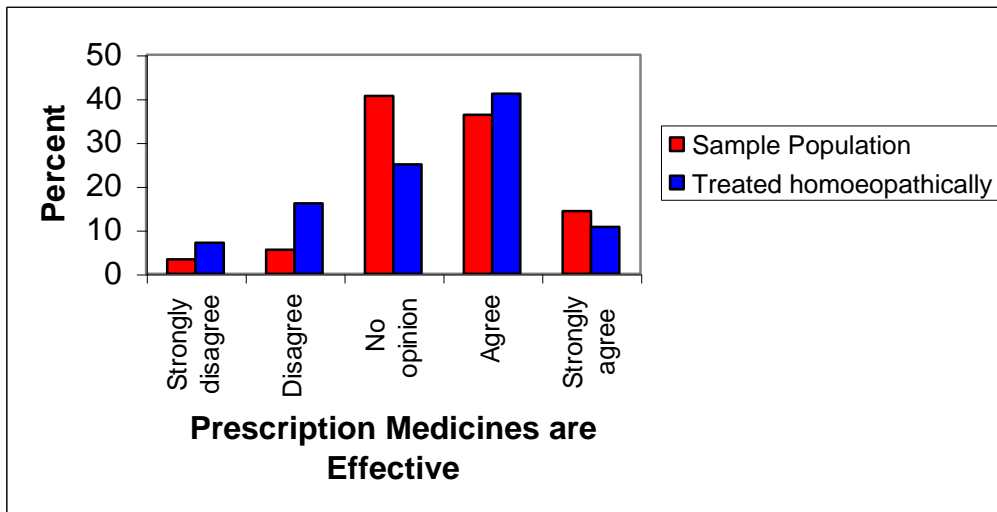


Figure 4.45: Bar chart comparing responses of the total sample population with those that have been treated homoeopathically regarding the efficacy of prescription medicines

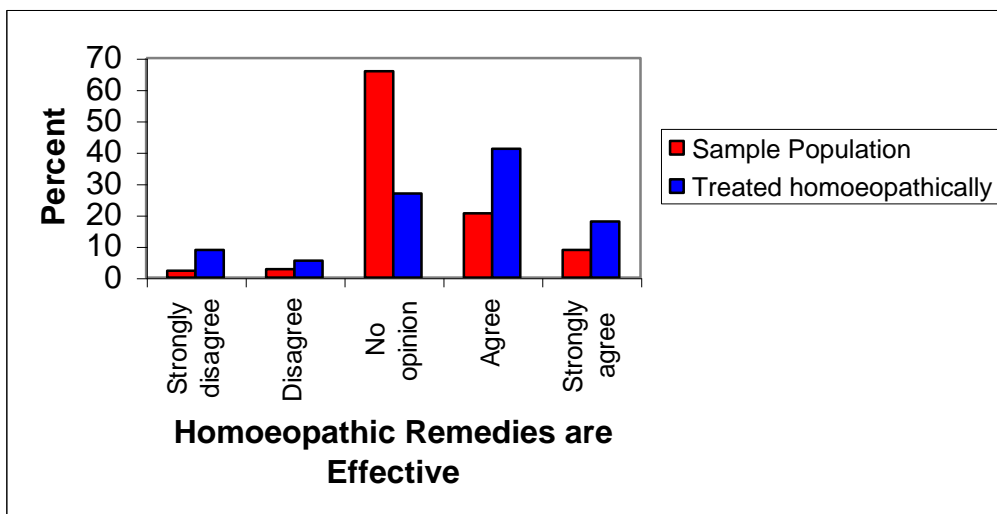


Figure 4.46: Bar chart comparing responses of the total sample population with those that have been treated homoeopathically regarding the efficacy of homoeopathic remedies

Table 4.31: Pearson's chi-square test used to detect an effect of having had family treated homoeopathically on respondents' perceptions of safety and efficacy of homoeopathic remedies.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total	Pearson's Chi-square	
								Value	df
		Prescription Medicines are Safe to Use							
Family Treated Homoeopathically	No	35	58	522	512	291	1418		
	Yes	4	12	17	55	26	114		
	Total	39	70	539	567	317	1532	28.9	4
		Homoeopathic Remedies are Safe to Use							
Family Treated Homoeopathically	No	21	48	806	371	172	1418		
	Yes	2	5	20	53	34	114		
	Total	23	53	826	424	206	1532	70.9	4
		Prescription Medicines are Effective							
Family Treated Homoeopathically	No	46	81	588	503	200	1418		
	Yes	6	10	25	56	17	114		
	Total	52	91	613	559	217	1532	18.4	4
		Homoeopathic Remedies are Effective							
Family Treated Homoeopathically	No	29	39	952	280	118	1418		
	Yes	8	4	34	45	23	114		
	Total	37	43	986	325	141	1532	69.3	4

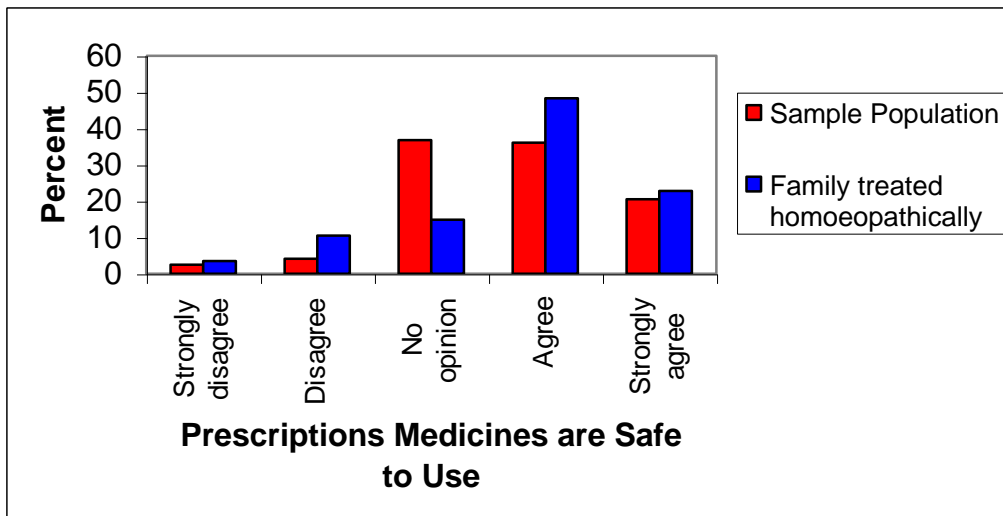


Figure 4.47: Bar chart comparing responses of the total sample population with those that have had family treated homoeopathically regarding the safety of prescription medicines

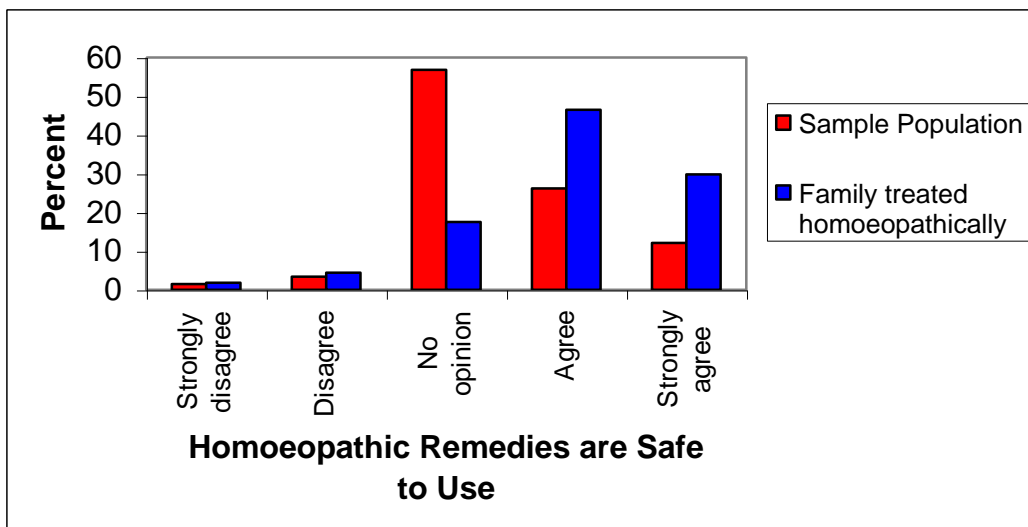


Figure 4.48: Bar chart comparing responses of the total sample population with those that have had family treated homoeopathically regarding the safety of homoeopathic remedies

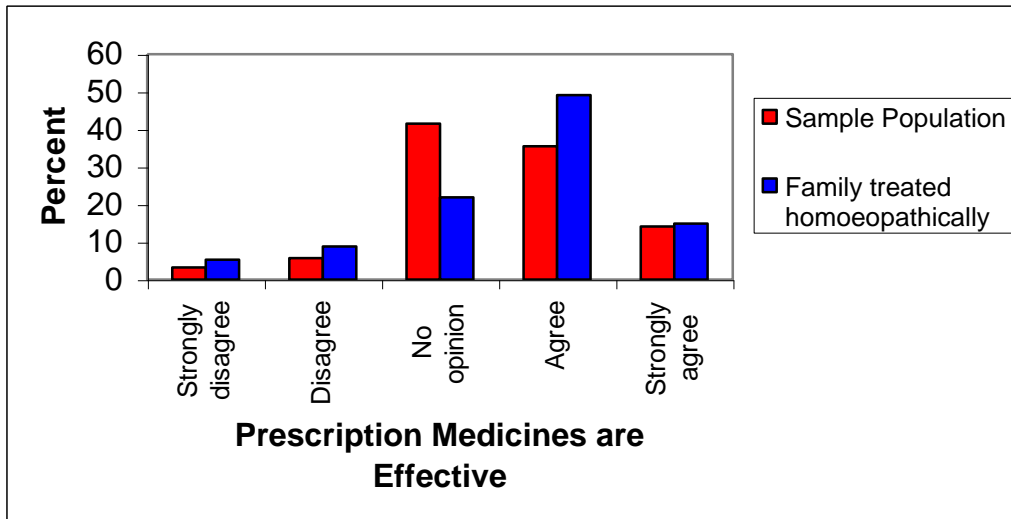


Figure 4.49: Bar chart comparing responses of the total sample population with those that have had family treated homoeopathically regarding the efficacy of prescription medicines

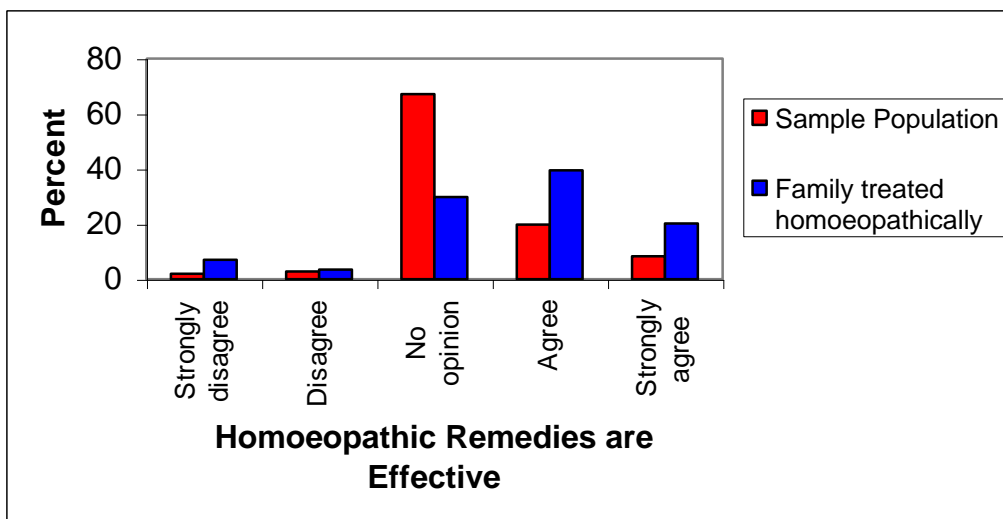


Figure 4.50: Bar chart comparing responses of the total sample population with those that have had family treated homoeopathically regarding the efficacy of homoeopathic remedies

4.5.5. Degree of risk of homoeopathic remedies (Question 23)

Respondents were asked to compare the degree of risk of suffering from side effects from taking prescription medicines as compared to homoeopathic remedies.

The responses are summarised in Table 4.32 and illustrated as a pie chart in Figure 4.51.

Table 4.32: Respondents' perceived risk of side effects when comparing homoeopathic remedies to prescription medicines

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Greater	313	20.4	20.4	20.4
	Less	381	25.0	25.0	45.4
	Same	837	54.6	54.6	100.0
	Total	1532	100.0	100.0	

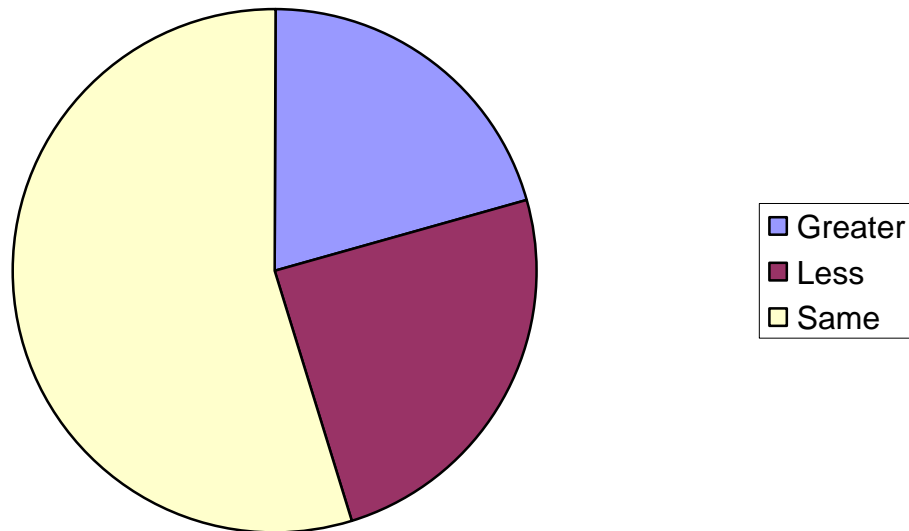


Figure 4.51: Pie chart of respondents' perceived risk of side effects when comparing homoeopathic remedies to prescription medicines

Further analysis was undertaken using Pearson's chi-square test to ascertain whether having heard of homoeopathy had a significant effect on the respondents' perceptions of comparative risk. This analysis is summarized in Table 4.33 and illustrated in Figure 4.52.

Table 4.33: Pearson's chi-square test used to detect an effect of having heard of homoeopathy on respondents' perception of the comparative risk of side effects

		Greater Risk	Less Risk	Same Risk	Total	Pearson's Chi-square	
						Value	df
Heard of Homoeopathy	No	214	287	663	1164		
	Yes	99	94	175	368		
	Total	313	381	838	1532	14.5	2

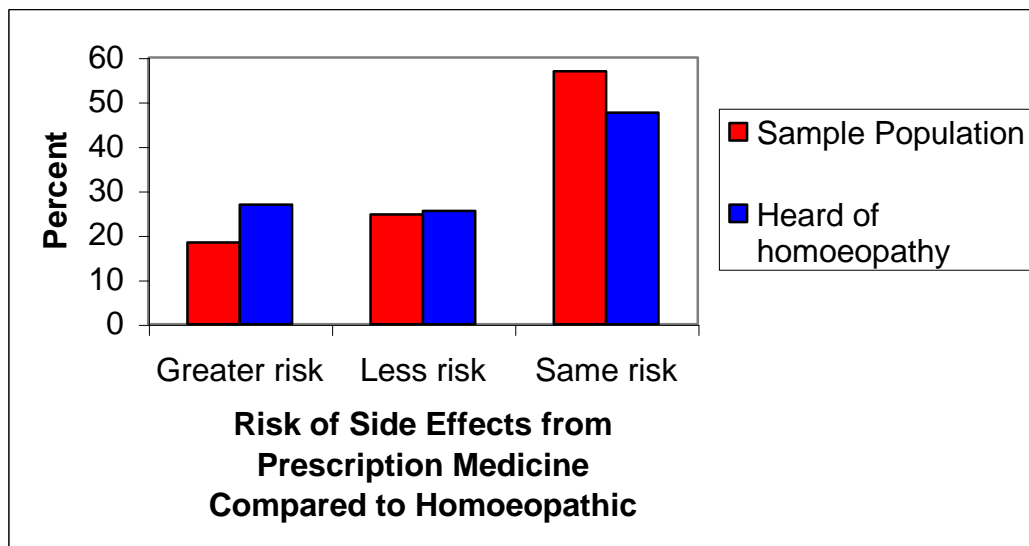


Figure 4.52: Bar chart comparing responses of the total sample population with those that have heard of homoeopathy regarding the level of comparative risk of side effects from prescription medicines as compared to homoeopathic remedies

Similarly, chi-square analysis was undertaken for those who had been treated homoeopathically (Table 4.34 and Figure 4.53), and those who were aware of family members having been treated homoeopathically (Table 4.35 and Figure 4.54).

Table 4.34: Pearson's chi-square test used to detect an effect of having been treated homoeopathically on respondents' perception of the comparative risk of side effects

		Greater Risk	Less Risk	Same Risk	Total	Pearson's Chi-square	
						Value	df
Treated Homoeopathically	No	290	368	818	1476		
	Yes	23	13	20	56		
	Total	313	381	838	1532	16.0	2

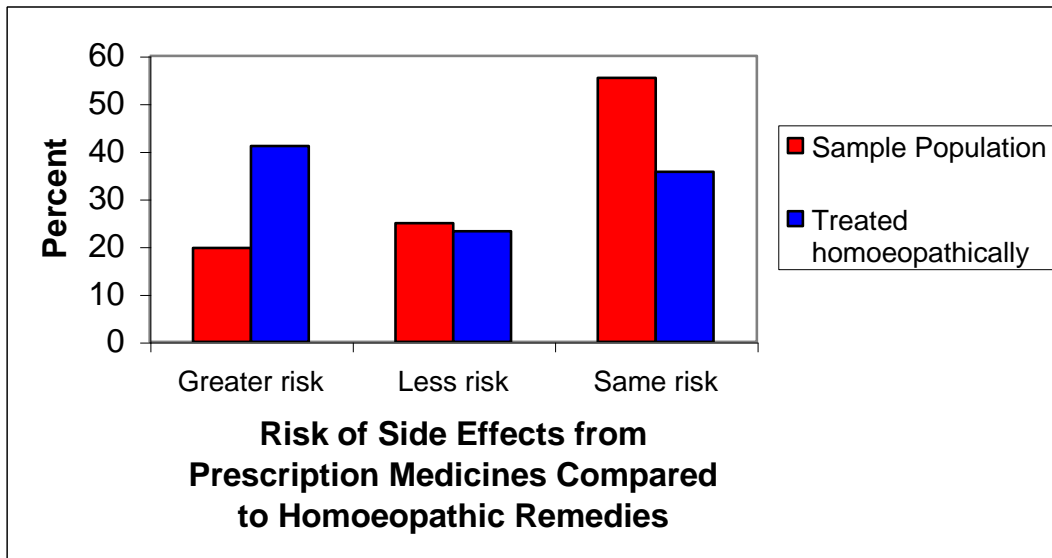


Figure 4.53: Bar chart comparing responses of the total sample population with those that have been treated homoeopathically regarding the level of comparative risk of side effects from prescription medicines as compared to homoeopathic remedies

Table 4.35: Pearson's chi-square test used to detect an effect of having had family treated homoeopathically on respondents' perception of the comparative risk of side effects

		Greater Risk	Less Risk	Same Risk	Total	Pearson's Chi-square	
						Value	df
Family Treated Homoeopathically	No	272	360	786	1418		
	Yes	41	21	52	114		
	Total	313	381	838	1532	18.5	2

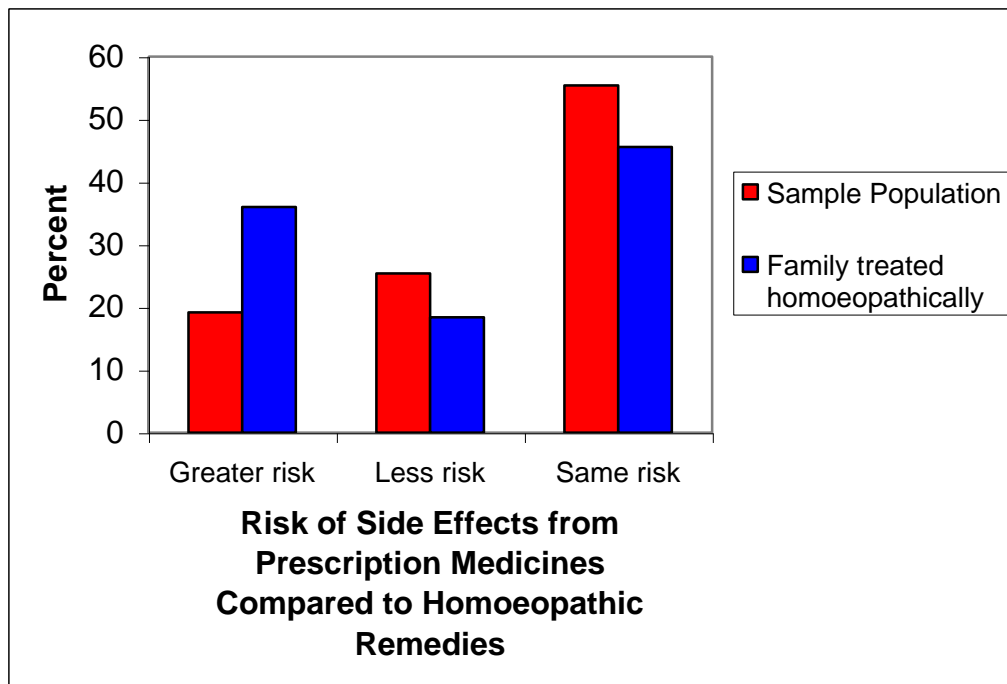


Figure 4.54: Bar chart comparing responses of the total sample population with those that have had family treated homoeopathically regarding the level of comparative risk of side effects from prescription medicines as compared to homoeopathic remedies

4.5.6. Public acceptance of homoeopathy (Questions 25 and 26)

Respondents provided opinions on the whether they felt the public generally accept homoeopathy as a form of medical therapy. Their responses are indicated in Table 4.36 and illustrated in Figure 4.55.

Table 4.36: Respondents' perceptions on public acceptance of homoeopathy as a form of medical therapy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	838	54.7	54.7	54.7
	Yes	694	45.3	45.3	100.0
	Total	1532	100.0	100.0	

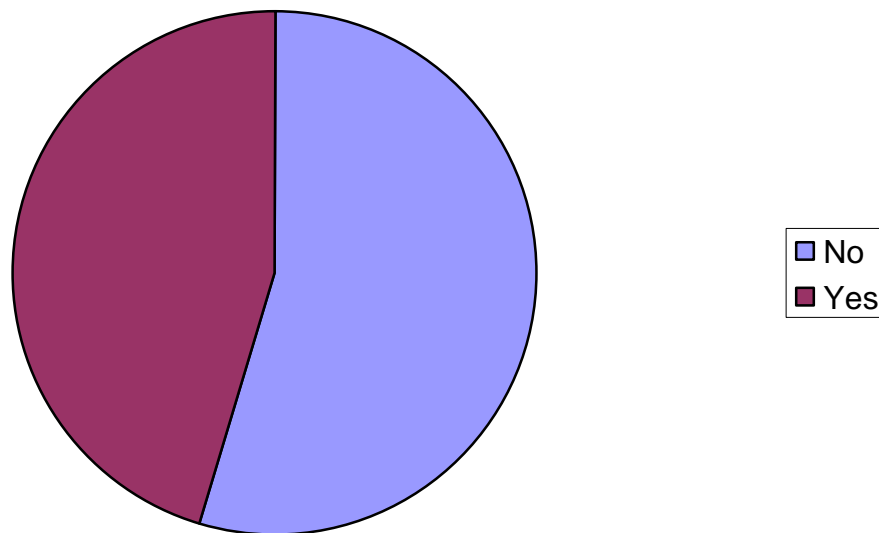


Figure 4.55: Pie chart of respondents' perceptions on public acceptance of homoeopathy as a form of medical therapy

Those who were of the opinion that the public does not generally accept homoeopathy were asked to indicate a reason for this lack of acceptance. The reasons are indicated in Table 4.37 below and illustrated in the pie chart of Figure 4.56.

Table 4.37: Reasons given by respondents for the non-acceptance of homoeopathy by the general public

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	690	45.0	45.0	45.0
Bad marketing	75	4.9	4.9	49.9
Excessive cost	32	2.1	2.1	52.0
Harmful medicines	33	2.2	2.2	54.2
Lack of understanding	648	42.3	42.3	96.5
Unproven effectiveness	54	3.5	3.5	100.0
Total	1532	100.0	100.0	

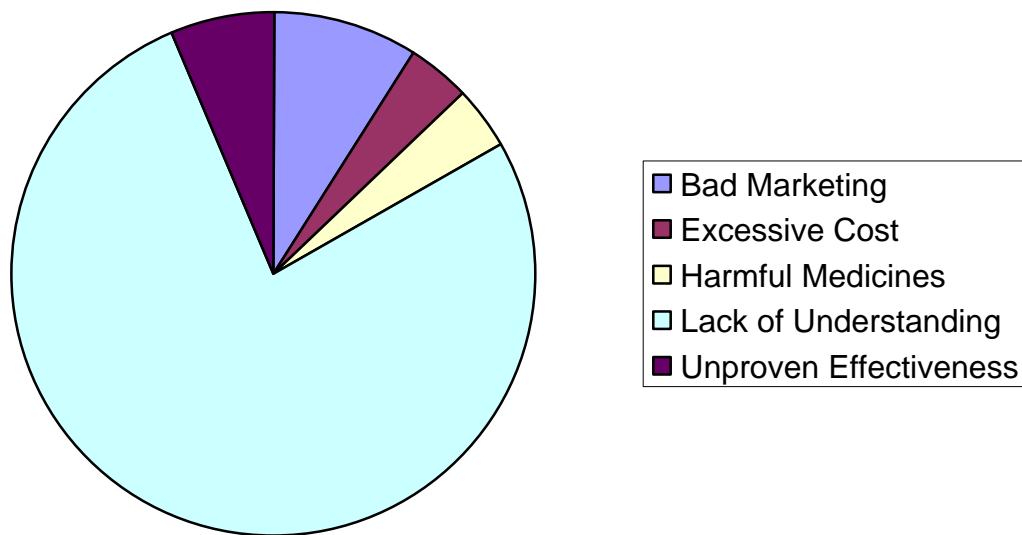


Figure 4.56: Pie chart of reasons given by respondents for the non-acceptance of homoeopathy by the general public

4.5.7. Homoeopathy as a career (Questions 27 – 30)

Respondents indicated their ideas on the time it took to qualify as a homoeopath and the responses are summarized in Table 4.38 and Figure 4.57.

Table 4.38: Respondents' perceived time to qualify as a homoeopath

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 year	48	3.1	3.1	3.1
	2 years	69	4.5	4.5	7.6
	3 years	148	9.7	9.7	17.3
	6 years	315	20.6	20.6	37.9
	Don't know	951	62.1	62.1	100.0
	Total	1532	100.0	100.0	

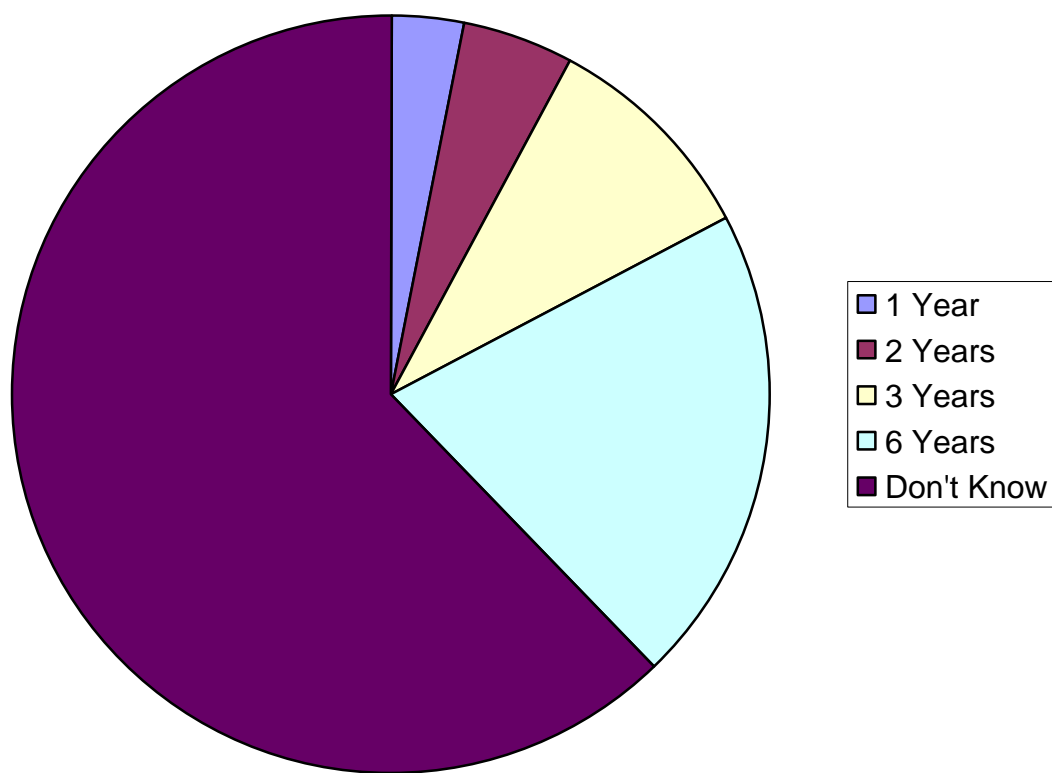


Figure 4.57: Pie chart of respondents' perceived time to qualify as a homoeopath

Those who had considered a career in medicine are indicated in Table 4.39, and those who would consider a career in homoeopathy in Table 4.40.

Table 4.39: Proportion of respondents who have considered a career in medicine

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	978	63.8	63.8	63.8
	Yes	554	36.2	36.2	100.0
	Total	1532	100.0	100.0	

Table 4.40: Proportion of respondents who would consider a career in homoeopathy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	977	63.8	63.8	63.8
	Yes	555	36.2	36.2	100.0
	Total	1532	100.0	100.0	

From the data in Tables 4.39 and 4.40 it is evident that the respondents who indicated that they had considered a career in medicine and those who would consider a career in homoeopathy showed identical frequencies in the sample population. This led to further analysis being undertaken to distinguish whether the respondents were the same in both cases. This analysis is illustrated in Figure 4.58.

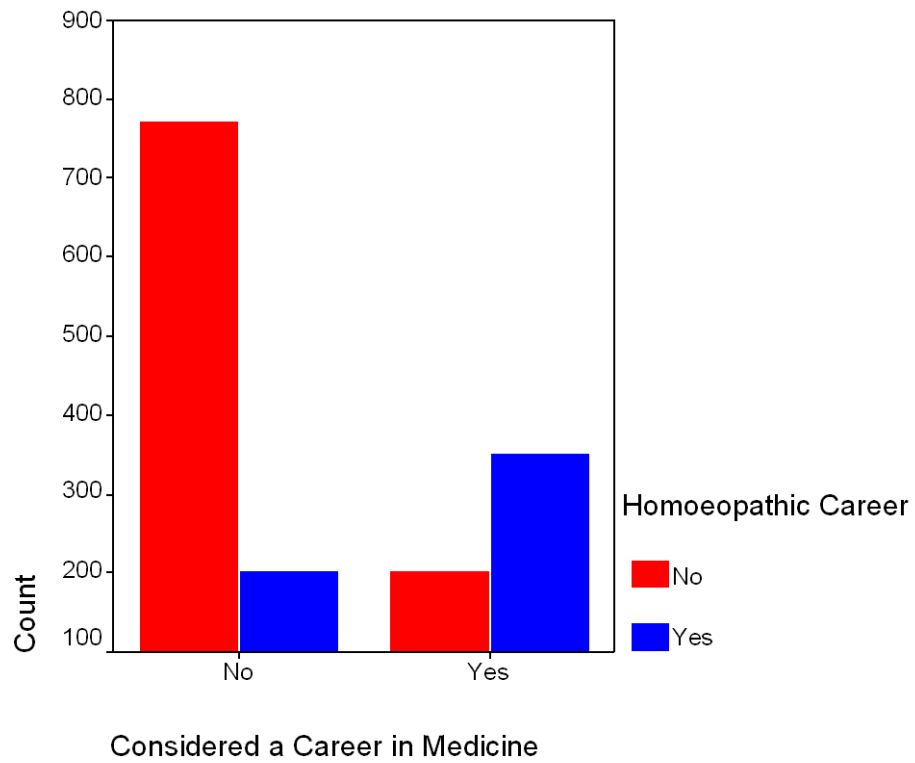


Figure 4.58: Comparative bar chart of respondents who considered careers in medicine and homoeopathy.

CHAPTER 5

5. DISCUSSION

5.1. Introduction

The responses obtained from the learners as well as the statistical analysis and conclusions from Chapter 4 above, are interpreted and evaluated in this Chapter. The high response rate and the low rate of rejected questionnaires indicates that the learners consulted took the task assigned to them seriously. This, together with the large size of the sample and the demographic distribution of the sample population enables the presumption that their opinions on the subject provide a useful indicator of the knowledge and understanding of, and attitudes towards homoeopathy, representative of the views of the general population of the greater Durban region.

5.2. Demographic data

5.2.1. Gender:

The gender distribution of the sample population indicates a male: female ratio of 1.10 : 1, which differs significantly from the gender ratio of the 15 – 34 year old age group from the 2001 census in Durban where a ratio of 0.87 : 1 was enumerated. As indicated, this can be ascribed to the inclusion of an all male school in the sample. Should the population of this school be removed from the sample, the gender ratio at the remaining eleven schools is 0.89 : 1, which closely approximates the 2001 census figure.

5.2.2. Age:

The mean age of respondents is 17.53 years ($n = 1532$) with a standard deviation of 1.26. The range of ages is 7 from a minimum of 16 years to a maximum of 23 years of age.

This age distribution certainly represents the future health consumers and medical practitioners of the area.

5.2.3. Ethnicity:

The ratio of ethnic groups sampled is 36.2 black: 29.5 asian : 8.6 white : 1 coloured. The ethnic ratio enumerated in the 2001 census for the Durban metropole was 24.2 black : 7.1 asian : 3.2 white : 1 coloured. These figures indicate an underrepresentation of the black ethnic group in the sample and an overrepresentation especially of the asian group. This can be partially explained by the subdivision of the regions into circuits, where several of the traditionally black areas have more schools per circuit than the rest of the regions.

5.2.4. Home language:

The three most common home languages encountered in the sample population were isiZulu, English and Afrikaans in the ratio of 14.2 : 13.9 : 1. The ratio of home languages enumerated by the 2001 census for Durban metropole was 45.0 : 21.4 : 1. The discrepancy can be explained to a large degree by the selection of an Afrikaans high school specifically to gain further cultural input into the survey, which would clarify the higher proportion of Afrikaans respondents. The higher proportion of asian respondents referred to in paragraph 5.2.3. above would also explain the higher proportion of respondents with English as home language.

5.2.5. Residence:

The data indicates that the great majority of respondents are resident within close proximity to their schools, and that their responses can, therefore, be regarded as representative of the geographical area of the school.

5.3. The analysed data:

5.3.1. Respondents' Health:

Only about half of the sample (49.8%) had a very positive attitude toward their state of health, rating it as very good to excellent. Almost a quarter (24.0%) of the sample indicated a health status of fair to poor.

The majority (72.3%) of respondents consult a doctor when feeling ill, followed by a clinic (20.6%), their mother (2.3%) and a chemist (2%). Only 0.9% of respondents consult a sangoma / nyanga when feeling ill, and 0.3% a homoeopath.

The majority of respondents are positive about their medical consultation with 44.1% being satisfied with their last consultation and 30.4% being very satisfied.

Only 38.1% of respondents are aware that their medical expenses are covered by a medical aid, with 13.6% not aware, and the remaining 48.4% not covered by medical aid.

The perceptions of health status differ significantly among ethnic groups, with only 28.2% of blacks rating their health as very good to excellent, and 42.4% rating their health as fair to poor. Asians in the sample, on the other hand, indicated a much more positive regard of their health situation with 71.5% rating their health as very good to excellent. About 65.0% of coloureds and 58.7% of whites rated their health in these categories.

The perceptions of health of respondents also appears to differ markedly with respect to the person they consult when feeling ill. Over 80 % of those with a very positive perception of their health status (very good and excellent) consult a doctor when feeling ill, whereas more than half of those who rate their health status as poor attend a clinic when ill.

A similar trend is evident with regard to the satisfaction of respondents with their last medical consultation. More than 80% of those with a very positive perception of their health status (very good and excellent) are also positive about their medical consultations (satisfied and very satisfied), whereas less than 30% of those who rate their health poorly have the same positive attitude toward their medical practitioner.

Awareness of membership of medical aid appears to be more prevalent in those with a positive rating of their health status, with less than 10% of those who rate their health as excellent or very good not knowing whether their expenses are covered by medical aid. This appears to differ significantly from those who rate their health poorly, where over 30% do not know whether their expenses are covered by medical aid. Definitely knowing that medical expenses are not covered by medical aid does not appear to have an effect on the respondents' perceptions of their health status, as all those that are aware of non-membership of medical aid appear to be evenly distributed around the mean among the different health perception categories. The significant difference, however, is among those who are aware of their medical expenses being covered by medical aid, where this makes up over 45% of those with positive perceptions of their health, and only 12.6% of those who perceive their health status as poor.

5.3.2. Experience of homoeopathy

A significant majority of respondents (76.0%) have never heard of homoeopathy before, providing strong evidence that the perceptions of homoeopaths of a great degree of ignorance in this regard is warranted.

This is further supported by the fact that only 5.9% of respondents are aware of a registered homoeopath within their area, and by the facts that only 7.4% are aware of family members being treated homoeopathically and a mere 3.7% of respondents having been treated by a homoeopath.

One positive aspect is that the great majority of respondents (over 80%) wish to find out more about homoeopathy. This indicates a dire need for a concerted marketing effort to be launched.

The most common source of information on homoeopathy identified by respondents was the media, followed by family and friends. This information can again be of value in selecting the tools for a marketing exercise.

Those few respondents who had been treated by a homoeopath were mostly referred by their family (69.6%), their medical practitioner, including a neurologist and a radiologist (17.9%) and their friends (10.7%).

More than 80% of those treated were very positive about their treatment (satisfied and very satisfied), and over 70% had the workings of homoeopathy explained to them during the consultation. However, less than 30% of them discussed their homoeopathic treatment with their doctor or pharmacist. This mirrors the findings of Eisenberg *et al.* (1998) where 63% of respondents did not disclose use of complementary therapies.

5.3.3. Perceptions of homoeopathy

In order to determine respondents' perceptions of homoeopathy a series of five statements was provided and learners were expected to indicate their level of agreement or disagreement with each statement. It is evident from the responses to each statement that the lack of knowledge of homoeopathy of the great majority of respondents persuaded many of them not to venture an opinion. It is evident that a large proportion of respondents marked the "no opinion" option for each of the statements. This was even more evident when statements contained unfamiliar concepts, as shown by the return of 83.8% "no opinion" responses for the statement regarding the results of homoeopathy being mainly due to the placebo effect.

Responses from the total sample population for each statement are discussed below.

Homoeopathy is a method of healing not recognised by official medicine.

More than half (57.5%) of the respondents ventured no opinion on this statement. The remaining respondents mostly (28.7%) agreed with the statement.

Compared to the sample population, those respondents who had heard of homoeopathy before were a lot less unsure of their responses, as only 31.3% of them provided no opinion, and 42.1% agreed with the statement.

Those respondents who have family members who have been treated homoeopathically before also showed a much more positive attitude toward the statement, with a mere 24.6% venturing no opinion and 49.1% agreeing with it.

Those respondents who have received homoeopathic treatment showed less uncertainty with 23.2% having no opinion and 48.0% agreeing with the statement.

Homoeopathy is a traditional medicine from a different culture.

Again more than half the total (51.4%) provided no opinion with regard to the statement. However, this time the response was divided a lot more evenly, with 26.7% agreeing and 21.9% disagreeing with the statement.

Those respondents who had heard of homoeopathy before showed a reduced tendency to provide no opinion, with 30.4% indicating this option. These respondents also showed that more disagree with the statement (35.9%) than agree (33.7%) with it.

Those respondents who were aware of family members receiving homoeopathic treatment further reduced the percentage offering no opinion to 29.0%. The remaining opinions showed again that more (39.5%) disagree with the statement than agree with it.

Respondents who had been treated homoeopathically provided 26.8% with no opinion and the other opinions evenly distributed with 37.5% agreeing and 35.7% disagreeing with the statement.

Homoeopathy is a treatment with a natural healing substance.

This statement provided the lowest number of respondents with no opinion, as only 44.1% responded in this manner. It also provided the strongest agreement, with 52.0% of respondents agreeing with the statement.

A small proportion (13.6%) of respondents who had heard of homoeopathy did not provide an opinion on this statement. The great majority (83.2%) agreed with the sentiments expressed.

The proportion of respondents who knew of family who had been treated homoeopathically reduced the “no opinion” response to 11.4%. A significant majority of 83.3% agreed with the statement.

A low proportion (10.7%) of respondents who had been treated by a homoeopath provided no opinion, and the greatest majority (82.1%) agreed that homoeopathic healing is with natural substances.

Homoeopathy is a useful supplement to regular medicine.

Once more the majority (53.9) of respondents did not express an opinion on this statement. The greater portion of the remainder (38.3%) indicated their agreement with the statement.

Just over a third (33.4%) of respondents who had heard of homoeopathy chose not to provide an opinion on this statement, and 58.2% agreed with it.

Just over a quarter (25.4%) of those respondents who had family members who had consulted homoeopaths before provided no opinion on the statement, with over two thirds (67.5%) agreeing with the statement.

Almost one fifth (19.6%) of respondents who had been treated by a homoeopath provided no opinion on this statement, but the majority (73.2%) agreed with it.

The results of homoeopathy are, in most cases, due to the placebo effect.

As mentioned earlier this statement provided the most confusion amongst respondents with a high 83.8% unwilling to venture an opinion. Among the few that did provide an alternative answer, the majority (9.8%) disagreed with the statement.

Even respondents who had heard of homoeopathy were unable to provide an opinion on this statement, with 80.2% indicating no opinion. Of the remainder 11.1% agreed and 8.7% disagreed with the statement.

Respondents who were aware of family who had been treated by a homoeopath were still unable to provide an opinion on this statement, with 79.8% offering no opinion. Those that did venture an opinion showed that 12.3% agreed and 7.9% disagreed with the statement.

Even respondents who had been treated by homoeopaths struggled to provide an opinion on the placebo effect, with 76.8% marking the “no opinion” block on the questionnaire. The opinions of the rest were evenly shared with 12.5% agreeing and 10.7% disagreeing with the statement.

5.3.4. Perceptions of the efficacy and safety of homoeopathic remedies

Learners were provided with four statements to ascertain their perceptions on the safety and efficacy of both prescription medicines and homoeopathic remedies.

More than half (57.7%) of respondents were of the view that prescription medicines were safe to use, if used as directed. Only a small number (7.1%) felt that they were not safe to use, with the remainder (35.2%) having no opinion on the matter.

In comparison, more than half (53.9%) of respondents were unable to offer an opinion on whether homoeopathic remedies were safe to use, if used as directed. Those that did venture an opinion mostly thought that homoeopathic remedies were safe to use (41.1%).

Those respondents who had heard of homoeopathy before provided unexpected responses as compared to the total sample population, with an increased majority (73.1%) believing that prescription medicines, if used as directed, are safe to use. This resulted in a significant reduction to 17.1% of those who had no opinion on the matter.

This group did, however, feel a lot stronger than the total sample population about the safety of use of homoeopathic remedies with the majority (63.0%) agreeing that remedies were safe to use, and only 31.5% offering no opinion.

Those respondents who were aware of family members having been treated homoeopathically were also overwhelmingly assured of the safety of prescription medicines used correctly, with 71.1% agreeing with the statement, and 14.9% offering no opinion.

This group was very positive about the safety of use of homoeopathic remedies with more than three quarters of the group (76.3%) agreeing that homoeopathic remedies are safe to use, if used as directed.

Those respondents who had consulted a homoeopath indicated less support for the safety of prescription medicines, although the majority (58.9%) still believed that prescription medicines were safe, if used as directed. However, this was the first group where almost as many respondents disagreed (19.6%) with the statement as those with no opinion (21.4%).

The greatest majority of this group (80.4%) agreed that homoeopathic remedies were safe to use, if used as directed, with 12.5% unsure and 7.1% disagreeing.

A similar pattern emerged with regard to the respondents' perceptions of the efficacy of both prescription medicines and homoeopathic remedies. Again the majority (50.7%) agreed that prescription medicines were effective if used as directed. However, the proportion that had no opinion increased to 40.0%, leaving 9.3% disagreeing with the statement.

The trend with regard to homoeopathic remedies also continued, with a high proportion of respondents (64.4%) having no opinion on the matter. Again, the majority of the remainder (30.4%) felt that homoeopathic remedies, if used as directed, were effective,

The respondents who were previously aware of homoeopathy once again showed a surprising increase in the majority (68.5%) who agreed that prescription medicines are effective if used as directed. Less than a quarter (21.2%) had no opinion on this matter.

This group did provide a little more certainty with regard to their opinions of the efficacy of homoeopathic remedies, with a slight majority (50.5%) believing that homoeopathic remedies are effective if used as directed. Most of the remainder (43.8%) had no opinion on the matter.

The respondents whose family members had been treated by a homoeopath were still strongly of the opinion (64.0%) that prescription medicines, if used as directed, are effective. Only 21.9% of them were unsure of the statement.

This group was slightly more convinced of the efficacy of homoeopathic remedies than their counterparts who had heard of homoeopathy, with an increased majority of 59.7% believing that homoeopathic remedies are effective, if used as directed. However, a high proportion (29.8%) still had no opinion on the subject.

Those respondents who had received treatment from a homoeopath provided a less certain view of the efficacy of prescription medicines, with just over half (51.8%) believing that they are effective if used as directed. Those believing that prescription medicines are not effective make up 23.2% of the group with 25.0% offering no opinion.

This group did not show the same optimism for the efficacy of homoeopathic remedies as they did for the safety, with 58.9% agreeing that remedies are effective if used as directed, and as many as 26.8% having no opinion on the matter.

5.3.5. Degree of risk of homoeopathic remedies

Respondents were asked to assess the comparative risk of side effects when taking prescription medicines as compared to homoeopathic remedies. The majority (54.6%) are of the opinion that the risk of side effects is the same for the two treatments, with 20.4% believing there is a greater risk of side effects from prescription medicines, and 25.0% of the opinion that there is less risk from prescription medicines.

Respondents who had previous experience of homoeopathy were analysed separately to see whether their opinions differed from those of the total sample population.

From the group who had heard of homoeopathy, 47.6% believed the risk was the same for both therapies, while 26.9% believed there was a greater risk of side effects from prescription medicines, and 25.5% rated the risk as less.

Those who had family members treated by a homoeopath showed a different trend. Those that believed the risk of side effects to be the same for both treatments constituted 45.6% of the group, but a much bigger proportion than previous groups (36.0%) believed that the risk from prescription medicines was greater than that for homoeopathic remedies.

The group who had been treated homoeopathically appeared to be even more certain of the side effect risks attached to prescription medicines, with 41.1% believing the risk of side effects is greater from prescription medicines than from homoeopathic remedies. A smaller proportion (35.7%) believed the risk to be the same for the two therapies.

Furnham (2002) addressed the issue of comparative risk and found that many participants talked of “naturalness” and hence the safety of complementary therapies that, unlike conventional therapies, did not produce unpleasant side effects. Complementary therapies are seen as safe to both the patient and the environment, but the risk is essentially that serious illness is overlooked.

5.3.6. Public acceptance of homoeopathy

Respondents were divided on whether the public accepts homoeopathy as a form of medical therapy, with a slight majority (54.7%) believing that homoeopathy is not accepted.

Those who believed that the public does not accept homoeopathy as a form of medical treatment were asked to indicate reasons as to why they thought this was the case. The majority (76.9%) was of the opinion that it is because of a lack of understanding of homoeopathy. Others put forward that it was due to bad marketing of homoeopathy (9.0%), unproven effectiveness of homoeopathic therapy (6.4%), homoeopathic remedies being dangerous or harmful medicines (3.9%) and excessive cost of homoeopathic treatment (3.8%).

Some of these reasons were also put forward by Furnham (2002) who came to the conclusion that complementary therapies were not accepted because of public perceptions of little scientific evidence of effectiveness, practitioners' self-interests, and the media portrayal of complementary therapies as using dangerous poisons, having high costs and practitioners having suspicious motives.

5.3.7. Homoeopathy as a career

The majority of respondents (62.1%) did not know how long it takes to qualify as a homoeopath, with 20.6% providing the correct answer of a six-year Masters degree. In the covering letter to participants (Appendix B) mention is made that the survey is for the completion of the researcher's Masters degree in Technology. This may have provided an indication to respondents on the length of the study period, which may explain why the correct response of six years of study was more prevalent than the other options.

More than a third of respondents (36.2%) had considered a career in medicine, with the exact same proportion indicating that they would consider a career in homoeopathy. This created the question as to whether it was the same respondents who would consider careers in the two medical disciplines. Analysis of the responses indicated that 63.4% of respondents indicating interest in either field would consider a career in both fields, while the remaining 36.6% had shown interest in the one career but not the other.

Respondents who would not consider a career in homoeopathy were asked to provide a reason for their choice. A total of 840 respondents of the 977 who would not consider homoeopathy as a career (86.0%) provided reasons for their choice. The most common response ($n = 351$ or 41.8%) maintained that they did not know enough about homoeopathy to choose it as a career. Several respondents ($n = 152$ or 18.1%) indicated that they had other career plans, that they had no interest in medicine ($n = 120$ or 14.3%), that they had no interest in homoeopathy ($n = 83$ or 9.9%), that they had the wrong school subjects ($n = 26$ or 3.1%), that there was no demand for homoeopaths ($n = 15$ or 1.8%), that it would not pay sufficiently as a career ($n = 11$ or 1.3%), and that the study

period was too long (n = 8 or 1%). Other reasons given include a dislike for working with people, a fear of blood and disease, and questioning of the therapy of homoeopathy.

5.4. General observations

The undertaking of a survey amongst final level learners at secondary education institutions provided the researcher, the participants and the educators with new experiences.

For the researcher, visiting the schools and observing different learning conditions, and the opportunity to engage learners and staff and share with them thoughts on homoeopathy, made the exercise a positive experience. A general perception of a willingness to listen and an eagerness to learn on the part of the learners ensured that the survey was beneficial to all parties.

Staff members at several of the schools surveyed indicated that they were happy for their learners to participate as it would be a new experience for them, and many requested further information on homoeopathy and on the course offered at Durban Institute of Technology.

Out of the twelve schools visited, nine collected all grade 12 learners into a single venue for the administration of the questionnaire. The remaining three schools kept their learners in separate classrooms and the researcher visited each class to administer the questionnaire. On arrival at the venue each learner received a set of documents consisting of a covering letter to participants (Appendix B), instructions on how to complete the questionnaire (Appendix C) and the questionnaire (Appendix D). Learners received document sets in the language requested by the school Principal.

Although the covering letter provided the learner with the purpose of the questionnaire and the value of their input, the researcher found that further explanation was usually needed on certain terminology including the word homoeopathy. However, care was

taken not to disclose any information that would affect the responses of the learners to the questions in the questionnaire.

There was no discussion between learners during the process of answering the questionnaire.

Therefore the researcher is of the view that the explanation did not unduly influence the spontaneity of the answers, and therefore, the overall results.

The letter to participating schools requesting permission to conduct the survey (Appendix A) indicated that a time of thirty minutes would be required for the administration of the questionnaire. However, the overall time was usually longer because of the clarifications to start with and the questions and discussion afterwards.

Provision was made after the discussion of homoeopathy with learners for a question session. It became apparent, in most cases, that learners were reluctant to ask questions in the open forum, but a number of learners approached the researcher at the end of the proceedings with questions relating to homoeopathy as a career choice and a therapy. Many also raised specific queries related to their personal health, which strengthens the perception that there is an opportunity to market homoeopathy and deliver homoeopathic services in this sector.

Staff members at several schools made the observation that grade 11 learners should have been included in the survey, as they too are in need of career guidance.

Literature consulted on the prevalence of use of homoeopathy and other forms of complementary medicine (as listed in Chapter 2.2) indicate a worldwide trend of increased use of these therapies. This survey, however, indicates a very low degree of knowledge of and use of homoeopathy as a therapy, thus contradicting the international trend. This could possibly be partly ascribed to the selection of the sample population, as it is likely that grade 12 learners are not usually free to take choices on their own health,

but will be advised in this regard by parents or care givers. However, the research experience clearly indicated the dire need for more information on homoeopathy and the necessity to bring homoeopathy to the people. In this regard, homoeopathic students and practicing homoeopaths should be encouraged to be more active in promoting homoeopathy to the public, and to engage in community service work in order to make homoeopathy more widely known and accessible.

CHAPTER 6

6. CONCLUSIONS AND RECOMMENDATIONS

6.1. CONCLUSIONS

This research was undertaken because of the impression amongst homoeopaths that the general public is not aware of, or misunderstands the therapy of homoeopathy, and that there is uncertainty about its application and efficacy.

The survey, undertaken among a representative sample of final level school learners in Durban, clearly indicated that this impression is justified. A significant majority of the learners had never heard of homoeopathy. The small proportion that had heard of homoeopathy had been informed by the media of its existence, or heard of it from family and friends. The insignificantly small proportion of learners who had actually consulted a homoeopath further exemplified this. Yet despite this lack of awareness, the major portion of respondents indicated their wish to find out more about homoeopathy.

The perceptions of homoeopathy of the respondents further supported the notion of ignorance of this therapy by the general public, as a significant number of respondents could not offer an opinion on most of the statements.

It was encouraging, however, to see the change in perception of those who had experience of homoeopathy, and to notice the significant reduction in proportions that could not provide an opinion from this group.

6.2. RECOMMENDATIONS

It seems that the barrier to the wider acceptance and use of homoeopathy is ignorance and a lack of understanding, and that the public literally do not know it is there. This could be overcome through the dissemination of knowledge and information.

Judging from the response of the learners sampled in which the great majority indicated their wish to find out more about homoeopathy, the public will be receptive to such information.

The differences in perception and attitude toward homoeopathy of those who had been exposed to it before in comparison to their colleagues, clearly indicates the value of providing information on homoeopathy to the public.

It is, therefore, imperative that a concerted effort be made to properly market homoeopathy in Durban and countrywide.

The apparent receptiveness of respondents to the media suggests the use of mass media as one of the major avenues of marketing. Provision of career material to schools will not only provide valuable information on homoeopathy to young minds, but will also serve to market the homoeopathy course at the Durban Institute of Technology. It is certainly evident from the responses that many learners will consider a career in homoeopathy should they be provided with sufficient information on it.

Additional research could be undertaken using focus groups to further discern the health status and needs of communities and the general public, and the best approach to providing solutions to these issues.

The possibility of this research being repeated using grade 11's as a sample population could be undertaken and the results compared with the findings of this survey.

The necessity for marketing of homoeopathy is clearly evident from the survey, and further research on developing a marketing plan for homoeopathy as a therapy and a career choice should be undertaken.

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8. APPENDICES

Appendix A

Letter to participating schools requesting permission to conduct a survey at their school.



D U R B A N
INSTITUTE of
TECHNOLOGY

The Principal of _____ High School.

Dear sir, madam,

Throughout the world there is an increase in the use of homoeopathy as a complementary form of medical treatment. We do not know much about what the South African public know and think about homoeopathy.

I have developed a research survey, which I wish to conduct among Grade 12 learners in your school to establish their perceptions of homoeopathy. This survey will be for the completion of my Master's degree in Technology: Homoeopathy at Durban Institute of Technology.

Grade 12 learners represent the future health consumers and medical practitioners of our country, and their opinions on this subject of complementary therapy will be of great value.

An increase in the level of awareness amongst Grade 12 learners of the practice of homoeopathy as a complementary medical treatment and as a possible career choice will be of benefit to the future of homoeopathy in South Africa, and will broaden the horizons of the participants.

With your permission I would like to approach the Grade 12 learners of your school with the view to requesting their voluntary participation in this survey. Once permission has been granted I will set up a time and date with yourself or your careers counselor to visit your school. Your school will be visited, the questionnaire will be introduced, learners will be requested to complete the survey, and a short talk will be provided to them on homoeopathy as a complementary therapy and a career choice. Depending on the number of Grade 12 learners participating in the survey in your school, the survey and talk should not take more than 30 minutes. It will be made clear to each learner that participating in this survey is not compulsory and that the responses of each individual and the school involved will remain confidential.

Yours faithfully

Deirdré Small
Tel: 082 200 9872

Dr A. Ross
Head of Department: Homoeopathy
Tel: 031 204 2041

Appendix B

Covering letter to participants introducing the survey



D U R B A N
INSTITUTE of
TECHNOLOGY

Dear Grade 12 Learner

Throughout the world there is an increase in the use of homoeopathy as a complementary form of medical treatment. We do not know much about what the South African public know and think about homoeopathy.

You, as a Grade 12 learner, represent the future health consumers and medical practitioners of our country, and I value your opinion on this subject of complementary therapy.

This has led me to develop a research survey among Grade 12 learners in the Durban area to establish your perceptions of homoeopathy. This survey will be for the completion of my Master's degree in Technology at Durban Institute of Technology.

I would like you to complete the attached questionnaire in full, which should not take longer than ten minutes. Questions can be answered by placing an X in the block next to the answer of your choice, or by filling in the answer in the blank space provided.

Your decision to participate in this survey is greatly valued and voluntary. If you do choose to take part in the survey and assist me in my research your answers will be completely anonymous and strictly confidential.

Your answers will help us greatly to provide more information on homoeopathy and to market the study of homoeopathy in our area.

Thank you for your help.

Yours faithfully

Deirdré Small

Dr A. Ross
Head of Department: Homoeopathy

Ngiyakubingelela mfundi webanga leshumi nambili (12)

Emhlabeni wonke jikelele kunokuthuthuka kwesibalo sokusetshenziswa kwe Homoeopathy njengenywe yezindlela ezibambisanayo futhi ezisebenzisanayo nezinye izindlela zokwelapha. Asazi ukuthi lokhu kubantu nakumphakathi wase Ningizimu ne Afrika ukubona kanjani nokuthi ucabangani ngakho nanokuthi wazi kangakanani nge Homoeopathy.

Wena njengomfundi owenza ibanga leshumi nambili, umele ikusasa lezempilo yohlelo olufundelwe noluphakeme oluzosetshenziswa uma kuza kwezokwelapha. Ngifuna ukukwazisa ukuthi umbono wakho ubalulekile kulesisihloko esikhuluma ngaso-kwezosizo lokwelapha.

Lokhu yikho okungenze ukuba ngisungule uphando olunzulu lwalemibuzo, nokuthola ulwazi kulabo abenza ibanga leshumi nambili eThekwini namaphethelo ukuze ngithole ukuthi imibono yabo nge Homoeopathy ithini. Loluphando luyokwenza ukuba ngiphumelele ekugodeni ezifundweni zami zeziqo eziphakeme kakhulu kwi Homoeopathy esikhungweni sezemfundo ephakeme e Durban Institute of Technology (DIT).

Ngiyakucela ukuba uphendule lemibuzo ehambisana nalencwadi ngokupheleleyo, okungamele kuze kuqede isikhathi sakho eseqile emizuzwini elishumi. Imibuzo ingaphendulwa ngokuba ubeke uphawu u X kuleso sikwele esiseceleni kwempendulo oyikhethile, noma ugcalise leso sikhala esingenalutho osinikiwe.

Isinqumo sokuba uthathe ingxenye noma iqhaza lokuzibandakanya kuloluphando siyanconywa kakhulu futhi samukelwa ngokukhulu ukubongwa, nokusihlonipha ngokuzinikela kwakho. Uma uvuma ukubamba iqhaza lokuba ingxenye yokungisiza kuloluphando, izimpendulo zakho ziyogcinwa zingadalulwa. Ziyimfihlo futhi igama lakho aliyukwaziwa.

Izimpendulo zakho ziyokusisiza ukuba sithole ulwazi nge Homoeopathy nokuba sibe nokwazisa umphakathi wendawo yangakini ngezifundo zeHomoeopathy.

Ngiyabonga kakhulu ngosizo lwakho.

Yimina ozithobayo



Deirdré Small



Dr A. Ross
Umphathi Wengxenye ye: Homoeopathy



Geagte Graad 12 Leerling

Dwarsdeur die wereld is daar h oplewing in die benutting van homeopatie as h bykomende terapie in die geneeskunde. In Suid Afrika weet ons nie veel van die algemene publiek se kennis en denke oor homeopatie nie.

U, as h graad 12 leerling, verteenwoordig die toekomstige gesondheidsverbruikers en mediese praktisyns van ons land, en ek waardeer u opinie oor hierdie vakgebied.

Dit het gelei tot my ontwikkeling van h navorsingsopname wat die begrip van homeopatie van Graad 12 leerlinge in Durban wil bepaal. Hierdie opname sal dien vir die voltooiing van my Meestersgraad in Tegnologie deur die Durban Institute of Technology.

Ek versoek u graag om die aangehegde vraelys volledig te voltooi, wat nie langer as tien minute van u tyd in beslag sal neem nie. Vrae kan beantwoord word deur h X in die blok langs die antwoord van u keuse te plaas, of om die antwoord in die toepaslike ruimte in te vul.

U beslissing om aan hierdie opname deel te neem word hartlik waardeer, en is vrywillig. Indien u wel besluit om aan die opname deel te neem en my uit te help met my navorsing, wil ek u verseker dat u antwoorde anoniem en vertroulik sal bly.

U antwoorde sal ons grootliks in staat stel om meer inligting oor homeopatie beskikbaar te stel, en om die studie van homeopatie in ons streek te bevorder.

Dankie vir u ondersteuning.

Die uwe

Deirdré Small

Dr A. Ross

Departementshoof: Homeopatie

Appendix C

Instructions to participants on how to complete the questionnaire.

QUESTIONNAIRE ON GRADE 12'S PERCEPTIONS OF HOMOEOPATHY.

INSTRUCTIONS:

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

**IPHEPHA ELINAMAHLELO EMIBUZO ALABO ABENZA IBANGA LESHUMI
NAMBILI (12) NGEMIBONO ABANAYO NGEHOMOEOPATHY.**

IMIYALO:

1. Lamahlelo emibuzo anamakhasi amathathu. Uyacelwa ukuba uyiphendule yonke imibuzo ekuwo wonke amakhasi.
2. Uyacelwa ukuba ufundisise kahle umbuzo ngaphambi kokuba uwuphendule.
3. Uyacelwa futhi ukuba ufake umaka kulesosikwele esinikeza impendulo okuyiyona yona ekuphendulela kahle. Ngophawu u X.
4. Izimpendulo zakho ziyokuba imfihlo engenakudalulwa kumuntu.

VRAELYS OOR GRAAD 12 LEERLINGE SE BEGRIP VAN HOMEOPATIE.

VOORSKRIFTE:

- 1. Hierdie vraelys beslaan drie bladsye. Beantwoord asseblief all die vrae op al drie die bladsye.**
- 2. Lees asseblief elke vraag noukeurig voordat u dit beantwoord.**
- 3. Merk asseblief met 'n X in die toepaslike ruimte langs elke vraag wat u antwoord die beste omskryf.**
- 4. U antwoorde is streng vertroulik.**

Appendix D
Questionnaire.

QUESTIONNAIRE

1. Gender

FEMALE	MALE
---------------	-------------

2. Age (in years)

16	17	18	19	20	21	OTHER
-----------	-----------	-----------	-----------	-----------	-----------	--------------------

3. Ethnicity

ASIAN	BLACK	COLOURED	WHITE	OTHER
--------------	--------------	-----------------	--------------	--------------------

4. Home language

AFRIKAANS	ENGLISH	ISIZULU	OTHER
------------------	----------------	----------------	--------------------

5. Do you live in the same area that you attend school?

YES	NO
------------	-----------

6. If no, state where you live (specific suburb)

--

7. Name of the school you attend.

--

8. How would you rate your health?

POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
-------------	-------------	-------------	------------------	------------------

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

DOCTOR	SANGOMA	CHEMIST	CLINIC	OTHER
---------------	----------------	----------------	---------------	--------------------

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

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

11. Are your health expenses currently covered by Medical Aid?

YES	NO	DON'T KNOW
------------	-----------	-------------------

12. Have you ever heard of Homoeopathy?

If YES, proceed to question 14. If NO, proceed to question 13.

YES	NO	N/A
------------	-----------	------------

13. If no, would you be interested in finding out more about Homoeopathy?

YES	NO
------------	-----------

14. If you have heard of Homoeopathy before, where did you hear about it?

REFERRED BY DOCTOR	MEDIA	FAMILY	FRIENDS	OTHER
---------------------------	--------------	---------------	----------------	--------------------

15. Are you aware if there is a registered Homoeopath in your area?

YES	NO
------------	-----------

16. Have you ever been treated by a Homoeopath?

YES	NO
------------	-----------

If YES, proceed to question 17. If NO, proceed to question 21.

17. If YES, who referred you to the Homoeopath?

DOCTOR	CHEMIST	FAMILY	FRIENDS	OTHER
---------------	----------------	---------------	----------------	--------------------

18. How satisfied are you with the care you received from the Homoeopath the last time you consulted them?

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

19. Did the Homoeopath explain how Homoeopathy works?

YES	NO
------------	-----------

20. Do you discuss your use of homoeopathic medicines with your physician or chemist?

YES	NO
------------	-----------

21. Has any other member of your family consulted a Homoeopath?

YES	NO
------------	-----------

22. In each of the following statements do you generally strongly disagree, disagree, have no opinion, agree, or strongly agree with the statement?

	Strongly disagree	Disagree	No opinion	Agree	Strongly agree
Homoeopathy is a method of healing not recognized by official medicine.					
Homoeopathy is a traditional medicine from a different cultural area.					
Homoeopathy is a treatment with a natural healing substance.					
Homoeopathy is a useful supplement to regular medicine.					
The results in homoeopathy are, in most cases, due to the placebo effect.					
Prescription medicines, if used as directed, are safe to use.					
Homoeopathic remedies, if used as directed, are safe to use.					
Prescription medicines, if used as directed, are effective.					
Homoeopathic remedies, if used as directed, are effective.					

23. In general, do you think that you run a greater risk, the same risk, or less risk of suffering from side-effects when you take prescription medicines as compared to taking homoeopathic remedies?

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

24. In your opinion do you see homoeopathy as:

PREVENTATIVE MEDICINE	
FIRST CHOICE TREATMENT	
SUPPORTIVE TREATMENT	
RECUPERATION FROM ILLNESS	
OF NO VALUE	

25. Do you feel that the public generally accept homoeopathy as a form of medical therapy?

YES	NO
------------	-----------

26. If NO, mark the block which you think provides the best reason.

LACK OF UNDERSTANDING OF HOMOEOPATHY	
DANGEROUS OR HARMFUL MEDICINES	
BAD MARKETING OF HOMOEOPATHY	
EXCESSIVE COST	
UNPROVEN EFFECTIVENESS	

27. Indicate how many years you think it takes to qualify as a Homoeopath.

1 YEAR CERTIFICATE	
2 YEAR DIPLOMA	
3 YEAR BACHELORS DEGREE	
6 YEAR MASTERS DEGREE	
DON'T KNOW	

28. Have you considered a career in medicine?

YES	NO
------------	-----------

29. Would you consider a career as a Homoeopath?

YES	NO
------------	-----------

30. If NO, state briefly why.

IPHEPHA ELINAMAHLELO EMIBUZO

1. Ubulili

OWESIFAZANE	OWESILISA
--------------------	------------------

2. Iminyaka Yobudala

16	17	18	19	20	21	EMINYE
-----------	-----------	-----------	-----------	-----------	-----------	---------------------

3. Uhlanga

UM-ESHIYA	UNSUNDU	UYIKHALATHI	UMHLOPHE	OKUNYE
------------------	----------------	--------------------	-----------------	---------------------

4. Ulimi Lwasekhaya

ISIBHUNU	ISINGISI	ISIZULU	OLUNYE
-----------------	-----------------	----------------	---------------------

5. Uhlala endaweni ecanayo nalapho ufunda khona?

YEBO	QHA
-------------	------------

6. Uma kungenjalo yisho ukuthi uhlala kuphi (idolobha)

7. Igama lesikole ofunda kuso

8. Ungalikalisela kuphi izinga lempilo yakho?

IMPOFU	ILINGENE	INHLE	INHLE KAKHULU	INHLE KAKHULU KAKHULU
---------------	-----------------	--------------	----------------------	------------------------------

9. Ubani oyaye umbikele uma uzizwa ukuthi awuphathekile kahle?

UDOKOTELA	ISANGOMA	UMKHEMISI	ISEKILINI	OMUNYE
------------------	-----------------	------------------	------------------	---------------------

10. Ugculiseke kangakanani ngosizo owaluthola kulomuntu ngesikhathi ugcina ukumbona?

ANGIGCULISEKILE NEZE KAKHULU	ANGIGCULISEKILE	NGIPHAKATHI	NGIGCULISEKILE	NGIGCULISEKILE KAKHULU
-------------------------------------	------------------------	--------------------	-----------------------	-------------------------------

11. Ingabe izindleko zakho zempilo zikhokhelwa usizo lokwelapha?

YEBO	QHA	ANGAZI
-------------	------------	---------------

12. Ingabe wake wezwa nge Homoeopathy?

Uma uvuma, qhubekela kumbuzo 14. Uma ngabe uphika phendula umbuzo 13.

YEBO	QHA	AKUKHO LUTHO
-------------	------------	---------------------

13. Uma uphika, ingabe unaso isifiso sokuthola nokwazi kangcono nge Homoeopathy?

YEBO	QHA
-------------	------------

14. Uma ngabe ukwezwa nge Homoeopathy ngaphambili wezwa kuphi?

NGOKUTHUNYELWA NGUDOKOTELA	NGEZWANGEZINDABA	NGEZA NGOMNDENI	NGEZA NGOMNGANI	OKUNYE
-----------------------------------	-------------------------	------------------------	------------------------	---------------------

15. Ingabe unalo yini ulwazi lwe Homeopath ebalise ngokusemthethweni endaweni yangakini?

YEBO	QHA
-------------	------------

16. Ingabe wake walashwa iHomeopath?

YEBO	QHA
-------------	------------

Uma uvuma qhubekela kumbuzo 17. Uma ungavumi qhubekela kumbuzo 21.

17. Uma uvuma, ubani owakuqhubezela ukuba uye kwi Homeopath?

UDOKOTELA	UMKHEMISI	ABOMNDENI	UMNGANI	OMUNYE
------------------	------------------	------------------	----------------	---------------------

18. Ugculiseke kangakani ngohlengo owaluthola kwi Homeopath ngenkathi ugcina ukuyibona?

ANGIGCULISEKILE NEZE KAKHULU	ANGIGCULISEKILE	NGIPHAKATHI	NGIGCULISEKILE	NGIGCULISEKILE KAKHULU
---	------------------------	--------------------	-----------------------	-----------------------------------

19. Ingabe I Homeopath yakuchazela ukuthi isebenza kanjani I Homoeopathy?

YEBO	QHA
-------------	------------

20. Ingabe niyaxoxisana ngokusebenzisa kwakho imithi yeHomoeopath no dokotela okwelaphayo noma nomkhemisi?

YEBO	QHA
-------------	------------

21. Ingabe ukhona yini omunye oyilunga lomndeni oseke wabonana neHomoeopath?

YEBO	QHA
-------------	------------

22. Kulezizitatimende ezilandelayo, ingabe uyaphikisana kakhulu, uyaphika, awunambono, uyavuma, uyavuma kakhulu yini nalokhu ezikushoyo lezizitatimende?

	Ngiyaphika kakhulu	Ngiyaphika	Anginambono	Ngiyavuma	Ngiyavuma kakhulu
IHomoeopathy iyindlela yokwelapha engaziswa ngamandla esikhundla zokwelapha.					
IHomoeopathy iyindlela yokwelapha enesithako semvelo ngaphakathi.					
IHomoeopathy iyisongezelo noma isenezelo esinosizo kwezohlengo lokwelapha.					
Imiphumela YeHomoeopathy izikathi eziningi ivamise ukuba ibengenxa yokukhohlisa.					
Imithi yezithako abhalwa ephepheni ngudokotela wakho, iphephile uma nje uyisebenzisa ngendlela oyalwe ngayo.					
Imithi YeHomoeopathy iphephile, uma nje uyisebenzisa ngendlela oyalwe ngayo.					
Imithi yezithako abhalwa ephepheni ngudokotela wakho, iyasebenza ngendiela obonakalayo, uma nje uyisebenzisa njengalokhu uyaliwe.					
Imithi YeHomoeopathy, iyasebenza ngokubonakalayo uma nje uzoyisebenzisa njengalokha uyaliwe.					

23. Ngokuvamile / Ngokujwayelekile – Ingabe ucabang ukuthi awuphephile kakhulu noma usebungozini obukhulu, usebungozini obufanayo, usebungozini obuncane bokuba uhlukunyezwe imithi ebhalwa ephepheni nguDokotela wakho uma uyiqhathanisa nokuthatha leyo yeHomoeopathy?

UBUNGOZI OBUKHULU	UBUNGOZI OBUFANAYO	UBUNGOZI OBUNCINYANE
------------------------------	-------------------------------	-----------------------------

24. Ngokubona kwakho – Uyibona I-Homoeopathy njenge:

NDLELA YOKWELAPHA EVIKELAYO	
NDLELA YOKWELAPHA YOKUQALA	
NDLELA YOKWELAPHA ESEKELAYO	
NDLELA YOKULULAMISA EKUGULENI	
NDLELA ENGENAMSEBENZI WALUTO	

25. Ingabe ucabanga ukuthi Iyemukeleka yini iHomoeopathy emphakathini njengendleki yokwelapha?

YEBO	QHA
-------------	------------

26. Uma ngabe ungavumi, boka umaka kulesosikwele lapho ucabanga khona ukuthi iyona mbangela:

INGENXA YOKWESWELA ULWAZI NOKUQONDA NGEHOMOEOPATHY	
AYIPHEPHILA FUTHI INOBUNGOZI EKWELAPHENI	
AYASIZWA KAHLE EMPHAKATHINI	
IYADULA KAKHULU	
AYIHLOLIWE UKUSEBENZA KWAYO NEMIPHUMELA YAYO	

27. Tshengisa ukuthi ingabe kuthatha isikathi esingakanani ukuba ufunde ugododo ube iHomoeopath.

ISITIFIKETI SOMYAKA OWODWA	
IZIQU ZEMINYAKA EMIBILI	
IZIQU ZOBUBMACHELA ZEZINYAKA EMITHATU	
UBUNGCWETI BEMINYAKA EYISITHUPA BEZIKU ANGAZI	

28. Ingabe ukewayicabanga indaba yokuba ubenomsebeni owukhethile wokuziphilisa kwezobuhlangi nokwelapha?

YEBO	QHA
-------------	------------

29. Ingabe ungakucabanga ukuba ukhethe iHomoeopathy njengomsebenzi wokuziphilisa?

YEBO	QHA
-------------	------------

30. Uma ngabo ungavumi yisho ukuthi kungani ungavumi?

VRAELYS

1. Geslag

VROULIK	MANLIK
----------------	---------------

2. Ouderdom (in jare)

16	17	18	19	20	21	ANDER
-----------	-----------	-----------	-----------	-----------	-----------	--------------------

3. Ras

ASIËR	SWART	KLEURLING	BLANK	ANDER
--------------	--------------	------------------	--------------	--------------------

4. Huistaal

AFRIKAANS	ENGELS	ISIZULU	ANDER
------------------	---------------	----------------	--------------------

5. Woon u in dieselfde buurt as waar u skoolgaan?

JA	NEE
-----------	------------

6. Indien nee, meld aan waar u woon (speifieke voorstad)

--

7. Naam van skool wat u bywoon.

--

8. Hoe sou u u gesondheid skat?

SLEG	REDELIK	GOED	BAIE GOED	UITSTEKEND
-------------	----------------	-------------	------------------	-------------------

9. Wie sou u raadpleeg indien u siek voel?

DOKTER	SANGOMA	APTEKER	KLINIEK	ANDER
---------------	----------------	----------------	----------------	--------------------

10. Hoe tevrede is u met die sorg wat u ontvang het van hierdie persoon die laaste keer wat u hulle geraadpleeg het?

BAIE ONTEVREDE	ONTEVREDE	NEUTRAAL	TEVREDE	BAIE TEVREDE
-----------------------	------------------	-----------------	----------------	---------------------

11. Word u gesondheidskoste tans deur 'n Mediese Fonds gedek?

JA	NEE	WEET NIE
-----------	------------	-----------------

12. Het u ooit vantevore van Homeopatie gehoor?

Indie JA gaan na vraag 14. Indien NEE, gaan na vraag 13.

JA	NEE	NVT
-----------	------------	------------

13. Indien nee, sou u belangstel om meer oor Homeopatie uit te vind?

JA	NEE
-----------	------------

14. Indien u wel voorheen van Homeopatie gehoor het, waar het u daarvan gehoor?

VERWYS DEUR DOKTER	MEDIA	FAMILIE	VRIENDE	ANDER
---------------------------	--------------	----------------	----------------	--------------------

15. Is u bewus van 'n geregistreerde Homeopaat in u omgewing?

JA	NEE
-----------	------------

16. Was u ooit deur 'n Homeopaat behandel?

JA	NEE
-----------	------------

Indien JA, gaan na vraag 17. Indien NEE, gaan na vraag 21.

17. Indien JA, wie het vir u verwys na die Homeopaat?

DOKTER	APTEKER	FAMILIE	VRIENDE	ANDER
---------------	----------------	----------------	----------------	--------------------

18. Hoe tevrede is u met die sorg wat u ontvang het van die Homeopaat tydens u laaste raadpleging?

BAIE ONTEVEREDE	ONTEVREDE	NEUTRAAL	TEVREDE	BAIE TEVREDE
------------------------	------------------	-----------------	----------------	---------------------

19. Het die Homeopaat vir u verduidelik hoe Homeopatie werk?

JA	NEE
-----------	------------

20. Bespreek u u gebruik van homeopatiese middels met u dokter of apteker?

JA	NEE
-----------	------------

21. Het enige ander van u gesinslede 'n Homeopaat geraadpleeg?

JA	NEE
-----------	------------

22. In elk van die volgende stellings meld aan of u sterk verskil, verskil, geen opinie het nie, saamstem, of sterk saamstem met die stelling.

	Sterk verskil	Verskil	Geen opinie	Stem saam	Stem sterk saam
Homeopatie is 'n metode van genesing wat nie deur amptelike geneeskunde erken word nie.					
Homeopatie is 'n tradisionele genesing van 'n ander kultuur.					
Homeopatie is genesing met natuurlike hulpmiddels.					
Homeopatie is 'n gebruiklike aanvulling tot normale geneeskunde.					
Die uitslae van homeopatie is, in die meeste gevalle, weens die plasebo effek.					
Preskripsie medisyne, indien gebruik soos voorgeskryf, is veilig om te gebruik.					
Homeopatiese geneesmiddels, indien gebruik soos voorgeskryf, is veilig om te gebruik.					
Preskripsie medisyne, indien gebruik soos voorgeskryf, is effektief.					
Homeopatiese geneesmiddels, indien gebruik soos voorgeskryf, is effektief.					

23. In die algemeen, is u van mening dat u uself aan 'n groter risiko, dieselfde risiko, of 'n kleiner risiko blootstel deur preskripsie medisyne te neem in vergelyking met homeopatiese geneesmiddels?

GROTER RISIKO	DIESELFDE RISIKO	KLEINER RISIKO
----------------------	-------------------------	-----------------------

24. In u eie mening sien u homeopatie as:

VOORKOMENDE MEDISYNE	
EERSTE KEUSE BEHANDELING	
ONDERSTEUNENDE BEHANDELING	
HERSTELLING VAN SIEKTE	
VAN GEEN WAARDE	

25. Voel u dat die algemene publiek Homeopatie aanvaar as 'n vorm van genesing?

JA	NEE
-----------	------------

26. Indien NEE, merk die blok wat vir u die vernaamste rede aandui.

GEBREK AAN BEGRIP VAN HOMEOPATIE	
GEVAARLIKE OF SKADELIKE MIDDELS	
SWAK BEMARKING VAN HOMEOPATIE	
BUITENSPORIGE KOSTE	
ONBEPROEFDE EFFEKTIVITEIT	

27. Dui aan hoeveel jare u dink dit neem om 'n Homeopaat te word

1 JAAR SERTIFIKAAT	
2 JAAR DIPLOMA	
3 JAAR GRAAD	
6 JAAR MEESTERSGRAAD	
WEET NIE	

28. Het u ooit 'n loopbaan in geneeskunde oorweeg?

JA	NEE
-----------	------------

29. Sou u 'n loopbaan as 'n Homeopaat oorweeg?

JA	NEE
-----------	------------

30. Indien NEE, meld kortliks aan waarom nie.

Appendix E

Letter of thanks to participating schools.



D U R B A N
INSTITUTE of
TECHNOLOGY

The Principal

I would like to take this opportunity to thank you most sincerely for your willingness and assistance in allowing me to address your Grade 12 learners about homoeopathy, and for their participation in my survey on perceptions of homoeopathy by Grade 12 learners of Durban.

I trust that this exercise was of value to your learners, and assure you that the information gleaned from the survey is of great significance.

The published results of the survey will be available to you in the library of the Durban Institute of Technology before the end of 2004.

Yours faithfully

Deirdré Small

Homoeopathy

Dr A. Ross
Head of Department:

Appendix F

List of participating schools.

LIST OF PARTICIPATING SCHOOLS

DISTRICT	CIRCUIT	SCHOOL NAME	SUBURB
North Durban	City of Durban	Durban High School	Musgrave
	Inanda	Amandlethu Secondary	Inanda
	KwaMashu	Dr JL Dube High	KwaMashu
	Maphumulo	New West Secondary	Marble Ray
	Ndwedwe	Tongaat Secondary	Tongaat
	Phoenix	Brookdale Secondary	Phoenix
Durban South	Camperdown	Sikhethuxolo Secondary	Hammarisdale
	Chatsworth	Arena Park Secondary	Chatsworth
	Pinetown	Gelofte Hoerskool	Pinetown
	Umbumbulu	Kingsway High School	Amanzimtoti
	Umlazi North	Vukuzakhe High School	Umlazi
	Umlazi South	Zwelibanzi High School	Umlazi

Appendix G

Confirmation of approval by Principal.

NAME OF SCHOOL: _____

DATE OF VISIT: _____

NAME OF CONTACT AT SCHOOL: _____

I hereby confirm that I have approved that Mrs D Small of the Department of Homoeopathy of the Durban Institute of Technology may undertake a survey among the Grade 12 learners at the above mentioned school.

PRINCIPAL / COUNSELLOR