

A STUDY ON THE KNOWLEDGE, ATTITUDES AND PERCEPTIONS
OF PRIMARY HEALTH CARE NURSES IN THE ETHEKWINI
MUNICIPALITY DISTRICT WITH REGARDS TO THE INCLUSION OF
HOMOEOPATHY IN PRIMARY HEALTH CARE

BY:

SHAVANI PILLAY

Mini-dissertation submitted to the Faculty of Health Sciences at the Durban
University of Technology in partial compliance with the requirements for a
Master's Degree in Technology: Homoeopathy.

I, Shavani Pillay, declare that this dissertation represents my own work in both
conception and execution.

Shavani Pillay

Date

Approved for Final Submission

Supervisor: _____

Dr. I.M.S Couchman

Date

M.Tech. Hom (TN)

Durban
2013

DEDICATION

I dedicate this dissertation to my mother Anusuya Naiken, my husband Elendran Pillay and my daughter Heshni Pillay, for all their love and support, and being my pillars of strength.

Mum, thank you for raising me into the person that I am today, and instilling in me the principles and values that I will teach to my daughter. You are strong and independent and lead by example. Thank you for all the hard work and sacrifices that you have made to make everything possible for us, your children, and putting our needs first. I am eternally grateful to you for your love, support, encouragement, wisdom and belief in me, throughout my studies. “Butterfly Kisses”

Thank you to Elendran, for being a wonderful husband and dad. Thank you for all your love, patience, support and understanding on this long journey whilst encouraging me to reach for my dreams.

Thank you to Heshni for your unconditional love, and in completing my life. Your presence has encouraged me to reach for my dreams, to strive to be a better mum, and to fight for what is important and righteous.

I dedicate this to Lord Ganesha, the remover of all obstacles, “Om Ganeshaya Namaha”.

ACKNOWLEDGEMENTS

To God, Almighty who has always given me strength and wisdom and has blessed me with the beautiful profession of homoeopathy.

To Dr Ingrid Couchman, thank you for all your advice, support and encouragement. This has been a long and hard journey, thank you for your faith in me and never giving up. Thank you for all the hard work, time and dedication, I really appreciate everything that you have done for me throughout my studies, and more so for my dissertation, more than words could express, especially during times of stress (and there were many of those).

To my brothers, Tashan and Lushan Naiken, thank you for your unwavering love, faith and support. Thank you for all the advice, assistance and encouragement in every aspect of my life and for always being my guardian angels.

To my In-laws, Archie, Maliga and Nivendran Pillay, thank you for all the love and support in everything I do, especially all the assistance, faith and encouragement in the completion of my dissertation. Thank you for accepting me into your wonderful family, with open arms, and loving me as your own.

To Dr Cornè Hall, thank you for all your help and support during my dissertation, and throughout the course.

To Dr Ashley Ross, Dr Madu Maharaj, Dr David Naude and Dr Jabulile Ngobese for all your support, guidance and wisdom through the years of my studies, it is greatly appreciated.

To Dr Richard Steele and Dr Anton de Waard, thank you for your assistance and guidance as clinicians.

Tonya Esterhuizen, thank you for assistance with the statistics. Your time, helpfulness and kind regards is greatly appreciated.

My dearest friends and colleagues, thank you for all your love and support throughout my studies, especially to Sheromani, Dheshini and Nevorn, for your advice and encouragement not to give up, but to fight for and reach my dreams.

To Dr Arasha Thotharam, thank you for all your assistance and support. The Chief Executive Officer's at all the community health centres that gave me permission to conduct my survey, thank you for your helpfulness and taking time out to listen to me. A very big thank you to the all Head nurses at the clinics who had caring attitudes and were willing to help. I really appreciate all the time and assistance.

To all the nurses, thank you for taking time out of your busy schedule to participate in this study.

To Department of Health and to the Ethekewini Municipality, thank you for permission to conduct my study and for all the help and information.

ABSTRACT

The aim of this study was to determine the knowledge, attitudes and perceptions of Primary Health Care nurses in the Ethekewini Municipality District regarding the inclusion of homoeopathy in Primary Health Care. Nurses working in Primary Health Care facilities were approached to conduct this study.

The objectives of this study was to make nurses and their patients alike aware of an alternative to conventional medicine, and to the fact that homoeopaths are medically trained practitioners.

The survey method used was a self-administered questionnaire to investigate the knowledge, attitudes and perceptions of Primary Health Care nurses towards homoeopathy. The study population was nurses with a minimum of 3 years of general nursing experience, working in Primary Health Care in the Ethekewini Municipality District. The data was collected and analysed statistically using SPSS version 19.

A total of 205 questionnaires were distributed and a total of 108 (52.68%) questionnaires were returned with 100 correctly completed and then analysed.

The results reflected that 74% of participants felt that homoeopathy should be made available at hospitals and clinics. 69% of participants agreed (strongly agreed or agreed) that homoeopathy should play an active role in the Primary Health Care system in South Africa. The target group's attitudes were positive as 58% of participants said they would personally use homoeopathy as a source of Primary Health Care. The majority of the participants (71%) felt that homoeopathy should be available as a treatment for most conditions.

The study demonstrated an otherwise positive trend of support of those Primary Health Care nurses surveyed toward the possible inclusion of homoeopathy in Primary Health Care. Further research into the nature of such integration and the potential contribution of homoeopathy and homoeopathic practitioners is warranted.

This study has established a perceived requirement for Primary Health Care nurses to be exposed to education programs which may introduce the concepts of CAM, homoeopathy and its regulations in South Africa. These nurses may then reliably guide their patients that have a historical use or future need of such services.

Generalisation of results and conclusions regarding the perceptions of Primary Health Care nurses regarding homoeopathy can be tentative.

Table of Contents

DEDICATION	i
ACKNOWLEDGEMENTS	ii
ABSTRACT	iv
List of Figures	ix
List of Tables	xi
DEFINITION OF TERMS	xiii
CHAPTER 1	1
INTRODUCTION	1
1.1 The study	4
1.2 The aim of the study	5
1.3 Objectives	5
CHAPTER 2	6
REVIEW OF THE RELATED LITERATURE	6
2.1 Overview	6
2.2 Primary Health Care	8
2.3 Primary Health Care in South Africa	9
2.4 The proposed National Health Insurance	11
2.5 Homoeopathy in Primary Health Care	13
2.6 Homoeopathy in South Africa	15
2.7 The Laws and Principles of Homoeopathy	17
2.8 Homoeopathic Training	21
2.9 The growing public use and the success of Homoeopathy in Durban, Kwa-Zulu Natal	23
2.10 Perception surveys on the public	24
2.11 Perceptions of medical professionals on Homoeopathy in South Africa	27
2.12 International surveys on perceptions towards Homoeopathy and Complementary and Alternate Medicine	30
2.13 Conclusion	35
CHAPTER 3	37
MATERIALS AND METHODS	37

3.1 Objectives	37
3.2 The Participants.....	37
3.3 The Sample.....	38
3.4 Study Design	38
3.5 The Questionnaire.....	41
3.6 Pre-testing of the questionnaire.....	42
3.7 The Administration of the Questionnaire.....	43
3.8 Confidentiality	44
3.9 Data storage	44
3.10 Data Capture	45
3.11 Data Analysis.....	45
CHAPTER 4.....	46
RESULTS.....	46
4.1 Introduction	46
4.2 Overview of Results Chapter	48
4.3 Descriptive Comments and Statistics.....	51
4.4 Correlation Analyses.....	114
CHAPTER 5.....	116
DISCUSSION.....	116
5.1 Introduction	116
5.2 Response rate	117
5.3 Part 1: Information.....	118
5.4 Part 2: Personal Information: Demographics.....	120
5.5 Part 3: Knowledge of Homoeopathy (Questions 6 – 10, 13 – 16).....	121
5.6 Part 4: Attitudes and perceptions towards Homoeopathy (Questions 11 – 12, 17 – 20).....	130
5.7 Part 5: Experience in Primary Health Care (Questions 21 – 31).....	133
CHAPTER 6.....	144
CONCLUSIONS AND RECOMMENDATIONS	144
6.1 Conclusions	144
6.2 Recommendations	147
REFERENCES.....	151
LIST OF APPENDICES	163
• Appendix A – Letter of Information and consent	163

• Appendix B – Letter of Permission.....	163
• Appendix C – The Questionnaire.....	163
• Appendix D – Letter of Confirmation (Statistical analysis)	163
• Appendix E – The revised list of Primary Health Care clinics supplied by KZN Health Department and the Ethekewini Municipality Health Department .	163
• Appendix F – Letter of Support from the District Manager	163
• Appendix G – Letter of Approval from KZN Health Department	163
• Appendix H – Letter of Approval from Ethekewini Municipality Health Department	163
• Appendix I – List of Preliminary randomly selected Primary Health Care clinics	163
• Appendix J – Comments from Section 4.....	163

List of Figures

Figure 4.1 Gender distribution of participants.....	67
Figure 4.2 Ethnicity.....	68
Figure 4.3 Home language	70
Figure 4.4 Is Homoeopathy recognised by law in South Africa	73
Figure 4.5 Indicate below what you think a Homoeopath does	75
Figure 4.6 Which of the following conditions do you think a Homoeopath can treat	77
Figure 4.7 What kind of procedures would you expect a Homoeopath to perform on his/her patients.....	79
Figure 4.8 Do you agree with each of the following statements regarding Homoeopathy.....	81
Figure 4.9 The average Homoeopathic consultation last approximately	82
Figure 4.10 Do you think that Medical Aids in South Africa Fund Homoeopathy.....	83
Figure 4.11 Do you know if there are any training courses available to become a Homoeopath.....	84
Figure 4.12 How long do you think it takes to qualify as a Homoeopathic doctor in South Africa.....	85
Figure 4.13 In the treatment of acute (short lasting) or chronic (long lasting) conditions, do you think that Homoeopathic medicines are.....	89
Figure 4.14 Would you use Homoeopathy as a source of Primary Health Care.....	90
Figure 4.15 In your opinion do you see Homoeopathy as	91
Figure 4.16 In your opinion, should Homoeopathic treatment be offered as a treatment for most medical conditions or available at hospitals and clinics.....	92

Figure 4.17 Who is in charge of the Primary Health Care clinic	95
Figure 4.18 How many doctors are on duty per day	96
Figure 4.19 How many patients does a doctor on duty see per day	98
Figure 4.20 Is there a shortage of doctors in Primary Health Care clinics	99
Figure 4.21 How many patients do you see in a day	100
Figure 4.22 In your opinion is there overcrowding in Primary Health Care Clinics ..	101
Figure 4.23 What is the average waiting time for patients to see a doctor/nurse ..	102
Figure 4.24 What is the average travelling time for patients to a Primary Health Care clinics	104
Figure 4.25 What is the current state of Primary Health Care clinics.....	105
Figure 4.26 Homoeopathy should play an active role in the Primary Health Care system in South Africa.....	113

List of Tables

3.2.1.1 Inclusion Criteria	37
3.2.1.2 Exclusion Criteria.....	38
4.2.2.1 Correlation analysis.....	50
Table 4.1 Gender distributions of participants.....	66
Table 4.2 Race.....	68
Table 4.3 Home language	70
Table 4.4 Is Homoeopathy recognised by law in South Africa	72
Table 4.5: Indicate below what you think a homoeopath does.....	74
Table 4.6 Which of the following conditions do you think a Homoeopath can treat	76
Table 4.7 What kind of procedures would you expect a Homoeopath to perform on his/her patients	78
Table 4.8 Do you agree with each of the following statements regarding Homoeopathy.....	80
Table 4.9 The average Homoeopathic consultation lasts approximately	81
Table 4.10 Do you think that Medical Aids in South Africa fund Homoeopathy	82
Table 4.11 Do you know if there are any training courses available to become a Homoeopath.....	83
Table 4.12 How long do you think it takes to qualify as a Homoeopathic doctor in South Africa	85
Table 4.13 Do you think that Homoeopathic medicines are effective in the treatment of acute (short lasting) or chronic (long lasting) conditions?	88
Table 4.14 Would you use Homoeopathy as a source of Primary Health Care .	90
Table 4.15 In your opinion do you see Homoeopathy as.....	91

Table 4.16 In your opinion, should Homoeopathic treatment be offered as a treatment for most medical conditions or available at hospitals and clinics	92
Table 4.17 Who is in charge of the Primary Health Care clinic.....	94
Table 4.18 How many doctors are on duty per day.....	96
Table 4.19 How many patients does a doctor on duty see per day	97
Table 4.20 Is there a shortage of doctors in Primary Health Care clinics	98
Table 4.21 How many patients do you see in a day	100
Table 4.22 In your opinion is there overcrowding in Primary Health Care Clinics	101
Table 4.23 What is the average waiting time for patients to see a doctor/nurse	102
Table 4.24 What is the average travelling time for patients to a Primary Health Care clinics	103
Table 4.25 What is the current state of Primary Health Care clinics	105
Table 4.26 Homoeopathy should play an active role in the Primary Health Care system in South Africa.....	112
Table 4.27 The relationship between knowledge of Homoeopathy and attitudes towards Homoeopathy.....	114
Table 4.28 Pearson Correlation.....	115

DEFINITION OF TERMS

Alternative medicine

Medical practices that fall outside the spectrum of conventional allopathic medicine (Alternative Medicine, 2012).

Complementary and Alternative Medicine (CAM)

A group of diverse medical and health care systems, practices and products that are not generally part of conventional medicine (National Centre of Complementary and Alternative Medicine, 2012).

Conventional medicine

Medicine as practiced by holders of M.D. (medical doctors) or D.O. (doctors of osteopathy) degrees and by their allied health professionals such as physical therapist, psychologist and registered nurses. Other terms for conventional medicine include allopathy and allopathic medicine: Western medicine, mainstream, orthodox medicine and regular medicine and biomedicine (Medicine Net. com, 2012).

Potentization

The preparation of a homoeopathic remedy through the process of serial dilutions and succussions (Ullman and Reichenberg-Ullman, 1995; 101).

Succussion

The systematic and repeated shaking of a homoeopathic medicine after each serial dilution (Ullman and Reichenberg-Ullman, 1995;102).

Vital Force

The invisible energy present in all living things which creates harmony, balance, and health (Ullman and Reichenberg-Ullman, 1995;102).

CHAPTER 1

INTRODUCTION

The primary choice in treating an illness for many people is still conventional medicine, yet more people worldwide are turning to alternative medicine for their illnesses, increasing the acceptance of alternative medicine as a form of health care (Alternative Medicine, 2012).

Complementary medicine is grouped separately from conventional medical care for most people, and their access to complementary medicine depends on their ability to pay for the treatment. If complementary medicine (especially homoeopathy) is included into Primary Health Care it will benefit patients, orthodox practitioners and complementary practitioners with few problems for all concerned (Paterson, 2000).

Homoeopathy is a 200 year old system of medicine. Homoeopathy was first developed by the German physician Samuel Hahnemann in 1810. Homoeopathic remedies stimulate the body's own immune and defence system to bring about healing (Ottermann, 2010).

Homoeopathy has been pressurised over the past 5 years by various action groups to present evidence of its effectiveness and has been scientifically challenged on the mechanism of its medicine production (Gower, 2012). Homoeopathy is still the fastest growing and the second largest system of medicine in the world according to

the World Health Organization (WHO). If homoeopathy worldwide continues to grow at its current rate of 20 to 25% per annum, by the year 2017, it will be equal to the combined medical systems that make up the rest of alternative health care market (Ottermann, 2010). Even though homoeopathy is becoming popular, as a Primary Health Care choice, it is not considered as a health care modality in most parts of the world (Innocent, 2010).

There is a mal-distribution of health professionals between the rural and urban areas in South Africa, with many health professionals emigrating to different countries all around the globe. Most nurses are still employed in the public sector in South Africa, with more nurses towards private sector (Department of Health: Republic of South Africa, 2008).

Most clinics and community health centres are staffed by professional, enrolled and auxiliary nurses who are supported by some clerical and general health workers and community health workers (Lehmann, 2008:168). Primary Health Care nurses know the hardships of running a Primary Health Care with the shortages of doctors, lack of funds and medication, overcrowding of patients and being understaffed (Lehmann, 2008).

In the Primary Health Care system, nurses are faced with filling the gaps made by the lack of key health professionals (such as social workers, pharmacists, psychologists and physiotherapists). The responsibilities of nurses include diagnosing and counselling patients to ordering and dispensing medications (Department of Health: Republic of South Africa, 2008).

Nursing provides the most holistic approach to healing of any of the conventional modalities because of the nurse's unique bio-psycho-social understanding of the patient (McKay, 2005). Nurses who have knowledge of homoeopathy can assist in the promotion of homoeopathy as a safe and effective form of treatment and its integration with allopathic care (McKay, 2005).

In Prinsloo's (2000) opinion, he felt that homoeopaths can fill the gap that is made by the lack of doctors in the Primary Health Care system.

This can be seen in Ghana where there has been the integration of traditional medical practices, including homoeopathy, into their public health care system (Timah, 2000). In Botswana, the Maun Homoeopathic Project (The Maun Homoeopathy Project Newsletter, 2007), and in Malawi, the Chintech Homoeopathic Clinic (Amma Resonance Healing foundation Newsletter, 2012) demonstrate how homoeopathy is filling in the gaps in their public health care systems. Homoeopathy is growing globally as shown by clinics in India, Botswana, Kenya and the United States of America.

1.1 The study

This study aimed to evaluate the knowledge, attitudes and perceptions of Primary Health Care nurses in the Ethekewini Municipality District (Appendix F-‘Map’) with regards to the inclusion of homoeopathy into Primary Health Care, using a questionnaire.

The researcher is using Primary Health Care Nurses, as they have first contact with patients using Primary Health Care facilities, which are primarily nurse-based and their most patients use these facilities as their first or only form of health care, as most Primary Health Care clinics are nurse-based due to the shortage of doctors. As nurses make up the largest group of health care workers is thus assumed that the nurses have such an important role in Primary Health Care, their opinions would provide a useful indicator of their current understanding and knowledge of homoeopathy and the potential role of the homoeopathic profession. The data obtained from this study maybe used to provide a future homoeopathic education to the Primary Health Care nurses. The data obtained from this study may also be used as motivation to consider the integration homoeopathy and conventional medicine and to integration of homoeopathy into Primary Health Care in South Africa. Such a proposal would be aimed at relieving the shortage of doctors and other medical professionals in Primary Health Care, while also providing homoeopaths with additional potential career opportunities other than private practise.

1.2 The aim of the study

The aim of this study was to evaluate the knowledge, attitudes and perceptions of Primary Health Care nurses in the Ethekewini Municipality District with regards to the inclusion of homoeopathy into Primary Health Care.

1.3 Objectives

1.3.1 The first objective

To assess the knowledge of Primary Health Care nurses about homoeopathy.

1.3.2 The second objective

To assess the perceptions of Primary Health Care nurses of homoeopathy.

1.3.3 The third objective

To assess the attitudes of Primary Health Care nurses to homoeopathy.

1.3.4 The fourth objective

To assess the participants experiences in Primary Health Care.

CHAPTER 2

REVIEW OF THE RELATED LITERATURE

2.1 Overview

Complementary and alternative medicine (CAM) is being used by an ever increasing number of people for health promotion and disease prevention, with over 65% to 80% of the world's population using non-western medicine for their health care needs (Stanhope and Lancaster, 2004).

Homoeopathy is one of the most dynamic forms of medicine in the world today, capable of producing profound, lasting healing (Ullman and Reichenberg-Ullman, 1995). The recognition of homoeopathy is growing all over the world. Homoeopathy has been a sought-after form of medicine by people as a solution to their health problems for over 200 years (Ullman and Reichenberg-Ullman, 1995).

While there are numerous studies which reflect an interest in complementary therapies, with an estimated 45% of the general population in the United States of America using these therapies, there are very few studies showing the use of complementary therapies by nurses, either for their patients or for themselves. With this in mind little is known about nurses' attitudes and knowledge of complementary therapies, yet they deal daily with patients who use such therapies (King, Pettigrew and Reed, 2000).

In 2008, Allopi conducted a survey to determine the perceptions of nurses in the Ethekewini region towards homoeopathy. This study revealed that there is a lack of knowledge of homoeopathy amongst nurses and the need for communication between the nursing profession and the homoeopathic profession. From the data it was perceived that integrative medicine could have a role to play in a hospital setting (Allopi, 2008).

In South Africa with our ever-changing health care system (the proposed National Health Insurance which is currently under review), it is important that all health care professionals are aware of alternate therapies, such as homoeopathy, as an additional option for their patients.

2.2 Primary Health Care

Primary Health Care is essential care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community and country so they can afford to maintain their health at every stage of their development and well being (World Health Organization Alma Ata Conference, 1978).

The Primary Health Care system in South Africa is based on principles that are advocated by the World Health Organisation (WHO). The WHO describes the health-care system as a system that provides all people with Primary Health Care benefits at an affordable cost (De Haan, Dennill and Vasuthevan, 2005).

The health care workers of the Primary Health Care team are those who have first contact with the patient. In every country there are different health care workers that make up the Primary Health Care team, which is under constant change. In most countries nurses, family doctors or general practitioners make up the Primary Health Care team.

Family doctors or general practitioners and nurses are Primary Health Care workers who tend to care for their patients throughout their patients' lives and can care for their patients on all levels i.e. physically, emotionally and mentally (Leckridge, 1997).

2.3 Primary Health Care in South Africa

There are considerable problems facing South Africa with regards to its Primary Health Care system. Primary Health Care in South Africa varies from the most basic Primary Health Care, offered free by the state, to highly specialised health services available in the private sector. The public sector has a lack of doctors because the private sector has much more attractive prospects (Healthcare in South Africa, 2010). Homoeopaths, who up to now have only been employed in the private sector, could be utilised as doctors in Primary Health Care clinics. This will benefit the public as the shortage of doctors will be addressed.

The private healthcare system tends to 18% of the population consisting mainly of middle and upper income earners, most of whom are members of medical aid societies, whereas the public healthcare system tends to the majority of the population and is under-funded and overburdened (Healthcare in South Africa, 2010).

In South Africa, the government contributes 40% of its budget on health care. With the high levels of poverty throughout South Africa, healthcare for the unemployed becomes a burden for the government and the Department of Health (Healthcare in South Africa, 2010).

In 1998, 53% of general practitioners, 57% of professional nurses and 76% of all specialists worked in the country's private sector catering to less than 20% of the population. Today, this trend has worsened with an estimated 63% of general

practitioners now working in the private sector in South Africa (Kautzky and Tollman, 2008:24).

In 2003, the WHO assessed the health care institutions in South Africa and found that more than 60% of the institutions struggled to fill posts in all provinces, with more than 4000 vacant posts for general practitioners and greater than 32000 vacant posts for nurses (Kautzky and Tollman, 2008).

Tanser, Gijsbertsen and Herbst (2006) investigated the accessibility and utilization of Primary Health Care in rural South Africa. It was discovered that physical access to health care affects a large array of health outcomes. Many patients travel long distances to get to the nearest Primary Health Care clinic. The average travelling time is 81 minutes to the nearest clinic and 65% of homesteads travel 1 hour or more to attend to the nearest clinic, using public transport (buses and taxis), sometimes even walking great distances. Due to the high number of patients visiting Primary Health Care clinics which are under staffed, this leads to longer waiting periods for patients.

In 2006, it was estimated that 5.41 million people in South Africa were infected with HIV. It was also estimated that in the next ten years, 6 million South Africans will die from AIDS related diseases. HIV/AIDS, together with other poverty related diseases such as Tuberculosis and cholera, put the health care system under severe strain as it tries to provide basic medical services (Healthcare in South Africa, 2010).

There is a rise of patients with chronic illnesses, which is putting an increased demand on health care services and, in turn, creating significant burden on the understaffed Primary Health Care clinics and the Department of Health (Kautzky and Tollman, 2008).

2.4 The proposed National Health Insurance

The National Health Insurance (NHI) will provide essential healthcare to all South African citizens (including all legal long term residents), regardless of their employment status or their contribution to the NHI fund (The National Department of Health, 2011b).

The current South African health care system is neither rational nor fair, with smaller, privileged group of the population having disproportionate access to health care. The NHI will provide equal access to health care for all South Africans. The NHI is a model of health care and health care services that is well accepted and promoted as universal coverage by the WHO (The National Department of Health: Republic of South Africa, 2011a).

Health care is a basic human right. The government is committed to offering a wide range of services, but the NHI package will not include anything or everything. It will offer care from Primary Health Care to specialised secondary care and highly specialised tertiary and quaternary care. The NHI will provide preventive, promotive, curative and rehabilitative health services. The NHI is trying to blend the private and

public health care to make it more sustainable for all (The National Department of Health, 2011b).

There currently appears to be no plan to cover homoeopathy or homoeopaths under the National Health Insurance. The justification at present for such is that only evidence based therapies are currently being considered (Gower, 2012).

2.5 Homoeopathy in Primary Health Care

Homoeopathy, the Chinese yin/yang system, Ayurvedic medicine, reflexology and acupuncture are some of the different types of alternate medicine available. There are many elements from the alternate medical systems which may be beneficial to patients in Primary Health Care (Jha and Kanna, 2006).

It is estimated that 30% of the population in the United States of America use Herbal medicines, homoeopathy and acupuncture. Asian countries such as India, China and Nepal have formal training in alternate medicine in order to maintain high standards of delivery in the national health system (Jha and Kanna, 2006).

In developing countries, alternate healers are an important resource who should be fully employed in the effort to provide adequate Health care (Jha, Kanna, 2006:30).

In South Africa, Traditional African healers are now being incorporated into the Primary Health Care system (Healthcare in South Africa, 2010).

If alternate healers are brought into the health care delivery system, they should be regarded as allies in the delivery of Primary Health Care. Alternate health care systems should be evaluated for their therapeutic significance, cost-benefit ratio and their socio-cultural importance. These are the basis for evaluation of their use in Primary Health Care (Jha and Kanna, 2006).

A survey conducted in Northwest London by Van Haselen, Reiber, Nickel, Jakob and Fisher (2004) assessed Primary Health Care professionals' (such as nurses) perceptions of integrating Complementary and Alternative Medicine (CAM) in primary care. The results were that there is considerable interest in CAM among primary care professionals, and many are already referring or suggesting referral (Acupuncture and homoeopathy were the therapies for which patients were most frequently referred). Such referrals are driven mainly by patient demands and by dissatisfaction with the results of conventional medicine. Most of the respondents were in favour of integrating at least some types of CAM in mainstream primary care (Van Haselen, Reiber, Nickel, Jakob and Fisher, 2004). We need policy makers to integrate orthodox with complementary therapies into Primary Health Care for the benefit of patients (Paterson, 2000).

2.6 Homoeopathy in South Africa

Homoeopathy is recognised as being the fastest growing medical modality in the world. Peoples' perception of homoeopathy is changing. In South Africa the homoeopathic industry has been growing steadily (Prinsloo, 2000). There has been an enormous increase in the sale of homoeopathic medicine in South Africa along with peoples' interest in homoeopathy. The sale of alternate medicine is around R2 billion per year in South Africa and is still growing, with more health shops and pharmacies stocking homoeopathic medicine. Allopathic medical practitioners in South Africa are also showing an increase awareness of homoeopathy and about 10% of allopathic medical practitioners are starting to use homoeopathic medicines in their practices. Allopathic medical practitioners are also attending homoeopathic lectures, seminars and congresses. There are numerous publications that now feature articles on homoeopathy on a regular basis (Prinsloo, 2000).

In South Africa there are three groups of Primary Contact Practitioners, these being Medical Practitioners, Homoeopathic Practitioners and Chiropractors. Homoeopathy became a registerable profession in 1974 and any person wanting to practice as a homoeopathic practitioner needs to be registered with the Allied Health Professions Council (one of the autonomous Statutory Councils) (Prinsloo, 2000).

In South Africa, a homoeopath is trained as a diagnostician. The level of training a homoeopath receives is at the same level as primary health medical practitioner. Homoeopathic practitioners have rights and privileges similar to those of a medical practitioner. Most homoeopathic practitioners run their practises as all-round family practices, due to their success of treating vast range of conditions. Homoeopathy caters to every patient as an individual on the mental, emotional and physical levels. A homoeopath can diagnose and treat a patient's condition as well as understand and listen to a patient, giving advice and support where needed in turn providing effective holistic treatment to the patient (Allied Health Professions Council of South Africa, 2012).

2.7 The Laws and Principles of Homoeopathy

2.7.1 Homoeopathy

The two basic laws that govern homoeopathy are “The Law of Similiars” and “The Minimum Dose”.

The Law of Similiars forms the basic principle of homoeopathy which is “like cures like”. This means that homoeopathy uses any natural substance be it animal, mineral or plant material that produces symptoms in a healthy person to cure the similar symptoms in a person that is ill. Some homoeopaths contend that a remedy works by stimulating the Vital Force to initiate the body to heal itself and initiate curing mechanisms (De Schepper, 2001).

The Vital Force exists within a person as long as one is alive, *it is a living, intelligent energy that is responsible for healing and maintaining balance in your body, mind and emotions* (Ullman and Reichenberg-Ullman, 1995).

The Law of Minimum Dose states that giving the medicine in small doses would lessen the side effects but increase the therapeutic effects. Through experiments Hahnemann, the founder of homoeopathy, developed a system called potentization, where medicines are diluted in a series of trituration, dilution and succussion, resulting in a non-toxic but highly effective medicine (Dooley, 2001).

The other laws and principles that govern homoeopathy are:

- The use of a single remedy allows the homeopath to evaluate the effects that it may produce once the patient has taken the remedy to see if it has a beneficial or adverse reaction (Vithoulkas, 1998).

-Hering's law is used to determine if the remedy is working properly. The law states the cure proceeds from:

- Inside out
- Top to bottom
- The most important organs to the least important organs
- The most recent symptoms to the oldest symptoms

When this happens the body is moving from a state of disease to a state of health (Ullman and Reichenberg-Ullman, 1995).

-Individualisation is the accurate prescribing of homoeopathic remedies depending on the patient's characteristic symptoms matching the picture of the remedy, including the emotional, mental and physical symptoms (Swayne, 1998).

Homoeopaths treat people, not diagnoses (Ullman and Reichenberg-Ullman, 1995).

Conventional medicine has a disease-centred approach. Disease and the treatment of disease is the focus, which has developed specialised disciplines according to the system of the body that has been affected and the type disease. Conventional medicine has neglected the holistic approach and importantly the patient, together with this conventional medicine has become more dependable on its treatment and

expensive technological investigations. Integrative health care (including homoeopathy), compared to conventional medicine, believes the person has the capability of healing themselves and healers support the process and not suppress it. With the integration of other healing modalities into health care, it will give the patients a choice to choose the health care that suits them (van Wyk, 2009).

2.7.2 Herbalism

Also known as Phytotherapy, it is a traditional medicinal practice that dates back to 2500BC. Plants and plant extracts are used for their healing properties, when used appropriately herbalism has shown it can be an effective form of therapy. Since herbalism is considered a natural therapy it is assumed to be safe, but when used incorrectly by an unqualified therapist or patient it can be extremely dangerous, even fatal. It is estimated the 80% of the world's population uses herbalism. So it is important that doctors and nurses know what herbalism is, as herbalism has some cautionary aspects, undesirable interactions with medicines or foods, and numerous contraindications (Bourne, 2009).

The restoration and maintenance of homeostasis is the main focus of the herbalist's perspective of disease control. The main principle of herbalism is the ability of a person's life force or energy to heal itself. When the body fails to overcome an imbalance it is regarded as the body been in a state of disease, the signs and symptoms of the disease is the outward manifestation of the body trying to overcome this imbalance and restore homeostasis. This is where herbalism plays its role of supporting the life force or energy to help itself. In addition to the use of remedies, the patient is asked to adopt a healthier lifestyle and habits (Bourne, 2009).

2.8 Homoeopathic Training

Homoeopathic registration in South Africa allows practitioners privileges and rights similar to those of medical practitioners. Homoeopathic practitioners are recognised as a primary contact profession, the same as Medical Practitioners. As this is the case, only full-time training at the level of a Master's Degree in homoeopathy is recognised. Homoeopathic Training in South Africa is a five year full-time medico-scientific course (Prinsloo, 2000).

The course trains the student in clinical, classical and modern homoeopathy, and homoeopharmaceutics, as well as medical courses such as anatomy, physiology and biochemistry. The Durban University of Technology and the University Of Johannesburg offer a Master's Degree in homoeopathy which is recognised in South Africa. On completion of a Master's Degree in homoeopathy, it is compulsory for the graduate to register with the Allied Health Professions Council of SA (AHPCSA) (Homeopathic Association of South Africa, 2011). Medical doctors that are registered with the Health Professions Council (HPCSA) who want to practice homoeopathy or dispense homoeopathic medicines in South Africa are required to complete a Postgraduate Diploma in homoeopathy. On completion of the 3 year course from The South African Faculty of Homoeopathy, they will then be allowed to register as homoeopaths with the AHPCSA (SA Faculty of Homoeopathy, 2012).

Homoeopaths qualify as doctors and are trained in treating patients. Homoeopaths can fill the gap that is left by the shortage of doctors (Prinsloo, 2000). If there were more homoeopaths in the Primary Health Care it will ease the burden on the nurses

and doctors in the Primary Health Care sector. The researcher believes homoeopathy can be incorporated into the Primary Health Care System. There is an acute shortage of health professionals in the public sector (van Rensburg, 2004). If there is a public need which is urgent and genuine, then it must be looked into, especially when there are medically trained professionals that could fill this gap, who currently work in the private sector only. *Homoeopathic practitioners are trained as diagnosticians, recognised as primary contact practitioners* (Allied Health Professions Council of South Africa, 2012). If homoeopathy were incorporated into Primary Health Care will be available to the general public and not just the private sector.

Babaletakis (2006) and Sweidan (2007) conducted surveys investigating the career paths of homoeopathic graduates in which it was discovered that the majority of homoeopaths had to supplement their income as private practice was not sufficient. Thus, if an opportunity for homoeopaths to practice in Primary Health Care can be realised, it can lead to the further employment of homoeopaths in this sector.

2.9 The growing public use and the success of homoeopathy in Durban, Kwa-Zulu Natal

The Durban University of Technology's Homoeopathic Department has community clinics at Redhill, in Warwick Junction and at Kenneth Gardens. The clinic in Warwick Junction is called Ukuba Nesibindi. All three clinics provide Primary Health Care services to the community. Some of the more common conditions treated at the clinics are: cold/ flu, high blood pressure, diabetes, arthritis, headache, allergies, asthma, menopause, and skin problems just to name a few. All treatments are specific for the individual (Smillie, 2010).

The Redhill Homoeopathic Community Clinic is based in an established community clinic and has been well received by the public but the clinic operates under an *ad hoc* contract thus this can be tenuous. The 5th year homoeopathic students treat patients, under the supervision of a qualified homoeopathic practitioner.

The Ukuba Nesibindi Homoeopathic Clinic is operated three times a week by 4th and 5th year homoeopathic students under the supervision of a qualified homoeopathic practitioner. The clinic opened in 2004. When the clinic opened, consultations were only on two afternoons a week. With the ever growing number of patients visiting the clinic, more consultation afternoons were added in 2006 to cope with the demand. The increase in patient numbers shows the positive trend Ukuba Nesibindi Homoeopathic Clinic is having on providing the community with Primary Health Care (Smillie, 2010).

2.10 Perception surveys on the public

In 1998, Moys conducted a survey to determine the perceptions of affluent White and Indian communities in the greater Durban area towards homoeopathy. 500 White people from Westville area and 500 Indians from the Reservoir Hill's area were randomly selected. The outcome was that 98.8% of respondents from Westville and 90.0% from the Reservoir area had knowledge of homoeopathy, with 39% of respondents from the Westville area and 18% from Reservoir Hills having consulted with a homoeopath before. The survey showed that there is a definite use of homoeopathy amongst the White and Indian communities, but just a handful of people had an understanding of homoeopathy in detail and it was concluded that public education on homoeopathy would benefit patients and future patients. No study was done on African population (Moys, 1998).

In 2004, Singh, Harries and Naidoo conducted a study on the prevalence, patterns and usage of Complementary and Alternative (CAM) among the Indian community in Chatsworth, South Africa. The study consisted of 200 one on one interviews with randomly selected English-speaking residents. For the time period of 2000/2001 38.5% of the respondents had CAM, with spiritual and herbal/natural remedies more commonly used. Half of the CAM users used allopathic medicine concurrently with their CAM treatment. 37.6% of the respondents said they used allopathic medicine which improved their condition but had not cured the condition. 14.3% of the respondents showed a preference to allopathic medicine, 32.5% of respondents preferred to use both and 51.9% preferred to use CAM. The results from the study conducted in Chatsworth, South Africa were similar to the findings found in studies

done across the world, reinstating the greater need for CAM to be integrated with allopathic medicine (Singh, Harries and Naidoo, 2004).

In 2004, Small had conducted a survey to determine the perceptions of homoeopathy amongst Grade 12 learners in Durban, South Africa. The data gathered showed that 76% of the respondents had never heard of homoeopathy before, and more than 80% of those respondents showed an interest in learning more about homoeopathy (Small, 2004).

In 2006, Paruk conducted a survey to determine the perceptions that exists amongst pregnant women towards the use of homoeopathy during pregnancy. The results of this study showed there was a great lack of knowledge about homoeopathy, which lead to homoeopathy not being sought as a form of treatment during pregnancy. It was concluded that if homoeopathy was more publicly known, it would used as a treatment in the future (Paruk, 2006).

In 2007, Macquet conducted a survey to determine the perceptions and awareness of homoeopathy at the Durban University of Technology (DUT) Homoeopathic Day Clinic (HDC) amongst students. It revealed 49% of the target population, had never heard of homoeopathy before and 48% having heard of it. Only 29% of the students knew about the existence of HDC, and 49% of the students showed an interest in attending the HDC in the future now that they knew the clinic exists, and 68% of the students wanted to learn more about homoeopathy (Macquet, 2007).

In 2009, Von Bardeleben conducted a survey to determine the perceptions of homoeopathy amongst parents of children aged 3 to 7 years old at pre-primary schools in the Pinetown district. 56.1% of the respondents had heard of homoeopathy before. 22.7% of the respondents had taken their children to a homoeopath with 48.6% of the parents being satisfied with the homoeopathic treatment their child had received. Almost two thirds (65.6%) of the respondents thought homoeopathy should be made available in clinics and hospitals. The survey concluded that even though more than half the respondents were aware of homoeopathy, their levels of knowledge on homoeopathy were poor (Von Bardeleben, 2009).

In 2009, Harripershad conducted a survey to determine the knowledge and perceptions of parents in the Central Durban area towards Paediatric homoeopathy. Parents with children aged 5 and younger, who attended a registered crèche or education care were questioned with a sample size of 300. 72.1% of respondents perceived homoeopathy as a legitimate form of medicine, 10.64% of respondents had consulted a homoeopath when their child was ill. The majority of the respondents (77.14%) felt homoeopathy should be available in clinics and hospitals, indicating that most parents felt that integrative medicine is needed in a hospital and clinic setting. A large portion of respondents felt that homoeopathy should be available for most conditions. Almost the whole population (90.71%) would like there to be more information made available to the public on homoeopathy (Harripershad, 2009).

2.11 Perceptions of medical professionals on homoeopathy in South Africa

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

In 2005 Turner conducted a survey to determine the perceptions and usage of veterinarians towards homoeopathy and the utilization of homoeopathy by veterinarians in Kwa-Zulu Natal. This study showed that 60.3% of veterinarians use homoeopathy, while 79.4% of veterinarians believed homoeopathy has a role to play in veterinarian medicine. In Wortmann's 1997 study which revealed only 26% of veterinarians used homoeopathy in their practises, the growth of homoeopathy amongst veterinarians in those 8 years between the 2 studies, shows how much the level of interest in homoeopathy has increased (Turner, 2005).

In 2007, Thorvaldsen conducted a survey to determine the perceptions of 3rd year medical students at the University of Cape Town and the University of Kwa-Zulu Natal towards homoeopathy. 181 questionnaires were returned from the 347 questionnaires handed out. Only 4% of the respondents had never heard of homoeopathy, 21% were quite familiar with homoeopathy. It was noted 92% of these respondents felt that it was important for a medical doctor to know about other forms of alternate treatment, 68% of these respondents were willing to learn more about homoeopathy. One of the important points that came out from this study is that there needs to be improved communication between medical doctors and homoeopaths (Thorvaldsen, 2007).

In 2008, Naicker conducted a survey to determine the perceptions of medical specialists and interactions with homoeopathy. The data gathered during this study showed that 70.7% of medical specialists having heard of homoeopathy but had no contact with it. 76.7% of medical specialists had perceived homoeopathy could be used in conjunction with conventional medicine, with 8% of medical specialists referring patients to a homoeopath. Overall the study showed there is limited knowledge that medical specialists have of homoeopathy, yet the perception of homoeopathy was favourable (Naicker, 2008).

In 2008, Allopi conducted a survey to determine the perceptions of nurses in the Ethekekwini region towards homoeopathy using both enrolled and registered nurses employed both in private and public hospitals. The target groups of nurses came from 6 public hospitals and 5 private hospitals in the Ethekekwini region. A total of 200 completed surveys were collected with 107 surveys from nurses working in the private sector and 93 surveys from nurses working in the public sector. This study showed that 19% of nurses had never heard of homoeopathy before with 71.1% of those nurses came from the public sector and 28.9% from the private sector. Only 10% of the nurses surveyed were familiar with homoeopathy, (with 85.7% of those nurses were from the private sector and only 14.3% of nurses from the public sector). There is a lack of knowledge amongst the nurses that work in the public sector about homoeopathy. The data gathered also showed that communication between nurses and homeopaths is poor. The nurses were asked if homoeopathy could play a role in a hospital setting with 70.06% of the nurses agreeing. From this it is perceived that the homoeopathy can be integrated into a hospital setting. In general the nurses had a positive view of homoeopathy, and were willing to learn more (Allopi, 2008).

Allopi's survey was based on nurses working in hospitals in the Ethekekwini District. Hospitals fall under either secondary or tertiary level of health care. The researcher's main aim was to compare the level of knowledge between the groups of nurses working either in private or public hospitals on homoeopathy. A survey of this kind has never been done before.

2.12 International surveys on perceptions towards homoeopathy and Complementary and Alternate Medicine

2.12.1 A multiple source study

Riley *et al* in 2001 conducted a study that was an international multi-centre, observational study in a real world medical setting which compared the effectiveness of homoeopathy with conventional medicine, with 30 investigators with conventional medical licences in 6 clinics in 4 countries. They treated 500 patients with at least 1 of the 3 following complaints (1) upper respiratory tract complaints including allergies; (2) lower respiratory tract complaints including allergies; or (3) ear complaints. 456 patient visits with 281 patients received homoeopathy and 175 patients received conventional medicine were compared. The response to treatment defined as cured or major improvement after 14 days, the response to treatment for homoeopathy was 82.6% and for conventional medicine it was 68%. Patients that had an adverse reaction to treatment were 22.3% for patients using conventional medicine compared to only 7.8% for patients using homoeopathy. 65.1% of patients using conventional medicine were completely satisfied compared to the 79% of patients using homoeopathy who were completely satisfied (Riley *et al*, 2001).

2.12.2 Israel

In 2008, Ben-Arye, Frenkel, Klein and Scharf conducted a survey in Israel to determine the attitudes of patients toward complementary and alternative medicine (CAM) use, their family physicians' role regarding CAM, and models for referral and treatment. The patients' perceptions were then compared to the attitudes of primary health physicians (PCP) and CAM practitioners with regards to the integration of CAM into primary care. A total of 1150 patients, 333 PCP and 241 CAM practitioners responded. When the respondents were asked about the integration of CAM into primary care 60% of patients expected to receive CAM compared to 30% PCPs' expectations of prescribing CAM in a primary care setting. Patients expected their physicians to have an updated knowledge about CAM, to refer patients to CAM and to offer CAM treatments in their clinics based on appropriate training. It was concluded that with the increased use of CAM amongst patients, PCPs need to be more knowledgeable and have a non-judgemental approach regarding the use of CAM. There is a lack of communication between PCPs and CAM practitioners', which needs to improve for the benefit of their patients.

2.12.3 The United States of America

In 2008, Hsu *et al* conducted a study to determine the acceptance of patients and clinicians to the inclusion of other healing options in primary care. The study used focus groups, 4 groups of primary care patients (44 patients) and 3 groups of clinicians (32 clinicians) from an integrated medical system. Both groups were open to including a broader range of healing options (51 options including homoeopathy) in primary care. Patients wanted some evidence on the effectiveness of the treatments, many of which believed the clinician's personal and practical experience was an important form of evidence. Clinicians were concerned about the lack of information about many of the alternative therapies were and unaware of legitimate local practitioners to whom they could refer their patients to. Patients also wanted to share in the decision of referrals and the different options available. It was concluded that the integration of other healing options would be feasible and desirable.

In 2008 Frenkel *et al* conducted a study to assess the perspectives of patients attending a family medical clinic towards the integration of complementary and alternative medicine (CAM) into primary care. A questionnaire was handed out to 502 patients attending the family medicine clinic, with 66% of patients having used CAM during that year. 55.4% of patients said that they would like CAM therapies to be integrated into their primary care clinic. It was concluded from this study that patients would like their family physicians to be more involved in providing and supervising CAM treatments.

In 2002, Sohn and Cook conducted a survey to assess the knowledge of nurse practitioners on complementary alternative health care. The ever increasing use of complementary and alternative treatments by the public in the United States of America this study was to investigate the source and level of knowledge of treatments amongst nurses. The questionnaire was distributed to 151 nurses from Missouri and Oregon. 83% of nurse practitioners recommended complementary alternative treatments to their patients, yet only 24% of nurse practitioners reported their formal education as their source of information. Most respondents (60%) of nurse practitioners relied on their own personal experience as well as journals as their source of information. It was determined that 9 out of 10 nurse practitioners suggested the use of complementary alternative treatments, without formal education in the treatments.

2.12.4 Italy

In 2007, Zanini *et al* conducted a survey assess the knowledge of oncology nurses on complementary and alternate therapies. Due to the increase of use of complementary and alternate therapies by the public, and nurses play a key role in healthcare as primary care providers, it is likely that they would be asked by their patients about other therapies. The survey was handed out to 270 registered nurses, with a return rate of 57.4% of these 94 of the nurses perceived to have knowledge about complementary and alternate therapies. Two-thirds of these nurses said that they had gained their information from books, other common sources of information came from other healthcare workers, the internet, workshops and seminars and only 17% said their primary source of knowledge on complementary and alternate therapies came from their formal nursing education. A total of 71.6% of nurses encountered patients using complementary and alternate therapies, with 47.1% of patients asking about information on the therapies. It was concluded that nurses do not have sufficient knowledge to give their patients in order for the patients to make an informed decision.

2.13 Conclusion

The literature review above highlights the growth and popularity of Complementary and Alternative Medicines (CAM), amongst all the populations the world over.

However, from all the studies conducted internationally and in South Africa, there is a lack of knowledge of homoeopathy, especially amongst other medical professionals limiting its use.

In South Africa, nurses are the largest group of health care workers and are generally most employed within the public health care system. The majority of Primary Health Care clinics in South Africa are run by nurses. Nurses not only run the clinics but they also do the jobs of the doctors due to shortages in the public health sector. Nurses are the first contact and sometimes the only medical care that patients receive. This puts them in the best position to inform and educate patients on homoeopathy or refer patients to homoeopaths. If there is a lack of knowledge or an incorrect understanding of homoeopathy, it will have a negative impact on the use of homoeopathy. A positive perception would therefore have a positive impact in the growth of homoeopathy and would also be beneficial to the incorporation of homoeopathy into the public health care system.

There has been no previous study to determine the knowledge, attitudes and perceptions of nurses working in Primary Health Care and their attitudes and perceptions towards the integration of homoeopathy into Primary Health Care system, as homoeopaths are recognised as primary contact practitioners. This study, therefore bridges the gap in the knowledge, by assessing directly the general

perceptions and attitudes of Primary Health Care nurses regarding homoeopathy, but more importantly about its inclusion into Primary Health Care in South Africa. In addition, this study helps to lay the foundation to the incorporation and integration of homoeopathy into Primary Health Care in South Africa as well as provide information to the body of medical professionals with regards to their knowledge and perceptions of homoeopathy.

CHAPTER 3

MATERIALS AND METHODS

3.1 Objectives

1. To assess the knowledge of Primary Health Care nurses about homoeopathy.
2. To assess the perceptions of Primary Health Care nurses of homoeopathy.
3. To assess the attitudes of Primary Health Care nurses to homoeopathy.

3.2 The Participants

3.2.1 The Population

The target population for this study were Primary Health Care nurses, who are currently working at a Primary Health Care Facility in the Ethekwini Municipality District.

3.2.1.1 Inclusion Criteria

- The participants were Primary Health Care Nurses registered with the South African Nursing Council with a minimum of 3 years of general nursing experience.
- Participants had to be English-speaking.

3.2.1.2 Exclusion Criteria

- Any Primary Health Care Nurse that is not registered with the South African Nursing Council or Enrolled and Auxiliary Nurses.
- Any Primary Health Care Nurses with less than 3 years of general nursing experience.
- Non English-speaking due to the questionnaire being in English only.

3.3 The Sample

The sample comprised of Primary Health Care nurses who are currently working at Primary Health Care Facilities in the Ethekwini Municipality District. The researcher used a multistage cluster sample and the clinics were randomly select whilst the Primary Health Care nurses were conveniently selected. A total of 205 questionnaires were distributed, once the target of 100 completed questionnaires were received the researcher ceased distributing.

3.4 Study Design

The research was a quantitative study that took the form of a self-administered, descriptive survey on perceptions, attitudes and the knowledge of Primary Health Care nurses with regards to the inclusion of Homoeopathy in Primary Health Care. A research instrument (questionnaire) was utilized to collect the data.

The researcher used a multistage cluster sample by first randomly selecting 25 provincial and local clinics from the Ethekewini Municipality District (Appendix E). The clinics were selected by putting all the names of the clinics in a hat and randomly drawing 25 clinics. Once the 25 clinics were selected the researcher had to obtain permission from the provincial government and the local government.

For permission from the provincial government, the researcher had spoken to the District Manager from the Ethekewini District Health. A copy of the "The Letter of Permission" was sent together with a copy of the PG4a and ethical clearance letter. A Letter of Support (Appendix F) was received from the District Manager, which is needed to gain permission from KZN Health Department. The researcher then contacted the KZN Health Department, after all the required documents were sent to the KZN Health Department. Once permission to conduct the research was obtained from the KZN Health Department, an updated list of clinics and community health centres (CHC) were obtained from the Department together with a "Letter of Approval" (Appendix G).

The researcher then contacted the CHC either in person or via email to obtain permission to conduct the research at the CHC or the clinics that fell under that CHC. Permission was obtained for each CHC and the clinics that fell under that CHC either in person or via email from the Chief Executive Officers from each of the CHC. Once the researcher had the permission, depending on the clinic, the researcher handed out the questionnaires herself. In certain clinics the researcher was not allowed to disturb the nurses and their patients so the survey was explained to the head nurse about the study and that all responses would be voluntary and

confidential. In those clinics the head nurses distributed the questionnaires to the nurses that fulfilled the inclusion criteria, so that the researcher did not disturb the nurses or the patients. Those that agreed to participate were given an information and informed consent letter (Appendix A). These would have been explained to the participant and once they have completed the informed consent, depending on the clinic the researcher/ head nurse would then give them the questionnaire (Appendix C) to complete.

For permission from the local government, the researcher had to contact the Ethekwini Municipality's health department. The researcher contacted the head of the health department, via a phone call and sent an email containing all required documentation and which was then handed to the research co-ordinator of the Ethekwini Municipality's health department. It was then submitted to the Ethekwini Municipality's research committee. The research committee meets once a month.

The researcher had obtained permission from the health department and had received a copy of "The Letter of Approval" (Appendix H) via facsimile and a copy of the list of clinics (Appendix E) via email that fall under the Ethekwini Municipality. The researcher had contacted the clinics and set up an appointment to meet with the head nurse.

Due to the busy nature of the clinics the researcher had to drop off the questionnaires. The researcher or the research supervisor were available telephonically should any problems or queries arise. Once the participant had completed the questionnaire they were instructed to drop the completed

questionnaire into a sealed box that was present at each clinic or hand it to the head nurse who would then put it into the box. Once all the surveys from that clinic were completed, the researcher retrieved the box after confirming an appointment with the head nurse. The researcher visited the clinic one more time to pick up any outstanding questionnaires. Any outstanding questionnaires after the second visit were not included in the study.

The first 25 randomly selected clinics did not yield the 100 participants required for the study as many were not willing to participate in the study. The names of the remaining clinics were once again placed in the hat and the next clinic was selected and the process was repeated until the researcher had attained 100 participants.

3.5 The Questionnaire

The questionnaire used was adapted from Maharajh, (2005); Paruk, (2006) and Khoosal (2007), because of their previous success in gathering valuable data towards homoeopathy.

The questionnaire was modified to suit nurses in Primary Health Care and their attitudes towards homoeopathy in general and towards the integration of homoeopathy into Primary Health Care. The questionnaire consisted of open questions which allowed the participant to give their comments, closed questions which allowed the participants to choose from the given options and closed questions with an open question that allowed the participant to choose from the given options but also give their comments.

The questionnaire (Appendix C) comprised of 31 questions divided into 4 parts:

- Section 1: Information
- Section 2: Personal Information
- Section 3: What do you know about Homoeopathy
- Section 4: Your experience in Primary Health Care

3.6 Pre-testing of the questionnaire

A focus group was conducted prior to the distribution of the questionnaires, to determine the face validity and content validity of the questionnaire. A focus group is a trial of the questionnaire on a sample of people to determine if the instructions are understood and the questions can be answered. The questionnaire was tested on a group of 10 Primary Health Care nurses. The group gathered to discuss the questionnaire, the factors that it covers, and to establish the reliability of the questionnaire. Any queries, concerns or problems about the questionnaire were then discussed with the research supervisor, once agreement had been reached on the queries or concerns, the questionnaire was modified accordingly. The results of the focus group were not included, and the participants of the focus group were excluded from the main study.

3.7 The Administration of the Questionnaire

The researcher introduced the survey to the head nurse/nurses. Either the researcher or the head nurse (whoever distributed the surveys depending on each of the clinics visited), explained to nurses that fulfilled the inclusion criteria that the responses were voluntary and confidential. Interested individuals were then given a copy of the following: 1) A Letter of Information and Consent (Appendix A). 2) A copy of the questionnaire (Appendix C).

The researcher or head nurse distributed the questionnaire, the researcher then left the clinic. Any queries that may have occurred during the survey were answered by the researcher and/or supervisor by phone. Completed questionnaires were placed in a sealed box that was available. The researcher set up an appointment with the head nurse to pick up the completed surveys. Prior to the appointment the researcher phoned the head nurse to confirm the appointment. If there were any outstanding surveys, the researcher visited those clinics once more. The cut-off point for collecting questionnaires which were still outstanding was after the second visit to the clinic.

3.8 Confidentiality

Participation in the research was voluntary.

Anonymity was maintained in the following way:

- The participants were not asked to supply their names, addresses or other information that would allow identification on the actual questionnaire.
- The Informed Consent Form (Appendix A) was separated from the questionnaire (Appendix C) prior to collection.
- There was no way of identifying participants from their returned questionnaires.
- Each completed questionnaire was assigned a number as to keep track of the number of received questionnaires and to track each questionnaire during data collection.

3.9 Data storage

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

3.10 Data Capture

After all the questionnaires were received, the data was edited, encoded and entered into a computer by the researcher onto an Excel spreadsheet. The data was then sent to a statistician who imported it into the IBM SPSS (Version 19) for Windows and Excel Xp.

3.11 Data Analysis

Clinics were randomly selected. As the target group for the research were Primary Health Care nurses, they were conveniently selected. Results were analysed by utilising the IBM SPSS® program (version 19 for Windows®). Descriptive statistics and inferential statistics were used in the form of bars charts and frequency tables as well as summary statistics for continuous variables including mean, standard deviation and range.

CHAPTER 4

RESULTS

4.1 Introduction

As the methodology described in Chapter 3, the study produced raw data in the form of completed questionnaires, which was captured by the researcher in Excel ® 2007™.

Twenty five Primary Health Care (PHC) clinics (Appendix I) were randomly selected from the list of PHC clinics supplied by the provincial authority KZN Health Department and the local authority Ethekewini Municipality Health Department. Once permission had been obtained the researcher approached those clinics that fitted the inclusion criteria. A total of 205 questionnaires were distributed to willing participants, 108 (52.68%) were returned. Once the researcher had the target of 100 correctly completed questionnaires these were accepted for analysis.

The specific objectives of the analysis were as follows:

- To assess information on homoeopathy characteristic to the participant who complete the questionnaire.
- To describe the demographic characteristic of participants who responded to the questionnaire.
- To describe current knowledge of homoeopathy according to the target group.
- To describe the attitudes and perceptions of homoeopathy according to the target group.
- To describe the participants experience in Primary Health Care.
- To determine any statistically significant correlations between the knowledge of homoeopathy to the attitudes and perceptions of homoeopathy of the participants.

IBM SPSS® version 19.0 was used to analyse the data. Frequency tables and bar charts were generated to summarise all variables. Frequency counts and percentages response were reported. Attitude and knowledge scores were checked for normality of distribution using normal probability plots, and correlated together using Pearson's correlation.

4.2 Overview of Results Chapter

4.2.1 Descriptive data

4.2.1.1 Information (Questions 1 – 2)

These comprised a description of the comments made by the participants on their current knowledge and understanding of homoeopathy.

4.2.1.2 Personal information: Demographics (Questions 3 – 5)

These comprised distribution tables and graphs for the participants' demographic data (gender, ethnic group and home language).

4.2.1.3 Knowledge of homoeopathy (Questions 6 – 10, 13 – 16)

These comprised descriptions of central tendency and distribution frequencies for data relating to the current knowledge of the respondents.

4.2.1.4 Attitudes and perceptions towards homoeopathy (Questions 11 – 12, 17 – 20)

These comprised descriptions of central tendency and distribution frequencies for data relating to the current knowledge of the respondents.

4.2.1.5 Experiences in Primary Health Care (Questions 21 – 31)

These comprised descriptions of central tendency and distribution frequencies for data relating to the current knowledge of the respondents.

4.2.2 Analysis

4.2.2.1 Correlation analysis

Knowledge questions were scored by summing the number of correct responses to specified knowledge questions. These were expressed as a percentage out of a maximum 54 points. Attitudes were scored by summing the coded responses to specified attitudes questions. The codes were allocated in such a way that a higher code represented a more positive attitude. Attitude scores were expressed as percentages out of a maximum 14 points. Attitude and knowledge scores were checked for normality of distribution using normal probability plots, and correlated together using Pearson's correlation. The relationship between the two scores was shown graphically using a scatter plot.

4.2.2.1.1 Is there a relationship between knowledge of homoeopathy and attitudes towards Homoeopathy playing a role in Primary Health Care

These comprised of mean scores and a scatter plot graph to show the relationship between knowledge of homoeopathy and attitudes towards homoeopathy.

4.3 Descriptive Comments and Statistics

4.3.1 Part 1: Information

In terms of objective one described in the Introduction, the descriptive comments made by the participants in Section 1 of the completed questionnaires. Further discussion of these will follow in Chapter 5.

4.3.1.1 Question 1: What is your knowledge of homoeopathy?

Little or no knowledge on homoeopathy

- Very little knowledge gained from conversation/discussion with patients.
- 7 participants had none or no knowledge homeopathy.
- 5 participants had minimum knowledge on homoeopathy.
- We have very scarce information of homeopathy.
- I have little information about homoeopathy I heard that it is the mixture of herbs and medicine.
- Spiritual healing/ nerve study.
- Not sure but I think it has to do with natural remedies to treat minor conditions/ illnesses at home.

Homoeopathy as an alternative form of medicine

- It is alternative medication used on patients.
- Its alternative therapy based on natural products.
- I understand it to be the use of natural methods of treating sickness of people.
No artificial means are used, or processed methods are used.
- Alternative medicine, rather than the conventional usage of drugs.
- Its alternative medicine other than medical/clinical western medicine.
- It is alternate form of treatment that can be offered in PHC clinics.
- It is an alternate form of treatment that can be offered in primary health clinics
- It's an alternative form of treatment that can be offered at primary health care.
- Alternative treatment for various ailments using natural products a break away from mainstream western prescription.
- It is an alternate to drugs.
- A certain type of treatment.
- Homeopathy is kind of treatment or therapy. It is used @ Primary level secondary and tertiary level of treatment.
- It is another type or alternative medicine different to government medicine.
- It is an alternative form of medication with minimal side effects.
- It's alternative medicine which can be taken with orthodox medicine.
- Alternative medicine eg acupuncture or herbalism.

Homoeopathy as a natural medicine

- Making use of natural things to relieve illnesses
- Trying to treat condition with natural product it can be authorised by a medical doctor or a nurse.
- Natural ingredients are used to make up a remedy.
- Natural medicines.
- Using natural medicines.
- Study of natural medicine.
- Specially made mixtures and shakes made from natural products.
- Use of natural medicine.
- It is a form of other medical treatment based on natural substances.
- 2 participants responded Natural remedies.
- Natural medicine with no chemicals.
- The use of natural medicine.
- It includes basic natural ways and medicines that are less harmful to the body.
- Natural therapy, using natural resources.
- Is any kind of medication or drugs made by the nature eg. Herbs.

Participants with some understanding/ knowledge of homoeopathy

- Treating people with highly diluted substances given mainly in tablet form so that the body natural system of healing is triggered.

- It is treating people with simpler medicines.
- Medication is given in small doses. Herbal treatment is also used.
- It is an alternative method of healing which does not use drugs, operations, mostly natural remedies are used.
- Use of natural products which is made into small tablets to treat illness. They have no side effects and environmentally friendly.
- Is a system of medicine practice based on the attempt to let “like cure like” A substance that produces certain symptoms in a healthy individual will cure those symptoms in a sick individual.
- Medicine which includes highly diluted substances.
- It is a system of medicine which involves treating the patients with highly diluted substance, which is mainly given in tablet form.
- Is natural medicine made into tablets to trigger the body’s natural system of healing
- My understanding is: treatment or treats by drugs when given in a healthy person would produce symptoms like those of the illness - drugs given are natural and they are given in small doses.
- Is natural medicine made into tablets to trigger the body’s natural system of healing
- Group of people that uses natural remedies, non toxic and safe to use.
Registered in their own council and medical aid can pay for them. They are even trained and registered
- Homeopathy is the type of medicine that uses to cure the diseases. Their treatment does not have side effects or less side effects

- Is a system formulated by Hahnemann and based on the principle that “like cures like”. Drugs given which produce in the patient the signs of the disease to be cured but they are usually prescribed in very small doses.

Homoeopathy is a form of herbalism with the use of plant extract and herbs

- Method of treatment using extract of plants only. It is an alternative to modern medicine.
- Medicine used through the use of plant extracts
- All about herbal treatment and trying to resolve an illness without medication.
- Homeopathy is a natural extracts used to treat conditions. Their products are not scientifically tested for tested for side effects or adverse reaction.
- Alternative methods of treatment, using plant extracts.
- Alternate form of healing using natural medicines eg herbs and nature to treat ailments and complaints.
- It is about using natural remedy. It is about using herbs.
- Use of natural and herbal medicines used for the treatment of various illnesses.
- Is a traditional medicines
- Treating conditions with purely plant extracts.
- Use of herbal/natural substances/ingredients for treating illness.
- Use of natural and herbal medicines used for treatment of various illnesses
- Use of herbal methods to diagnose and treat clients.

- I know that natural/herbal remedies are used as an alternate to prescribed medication from a physician. In some cases these herbal remedies can be used whilst taking prescribed meds.
- Whereby you treat every illness or disease using herbs only.
- It is natural medicine made from plants and administered by someone trained to do so.
- Use of home remedies/natural products eg plant extractions that are combined to form natural products.
- It is treatment that is an alternative to drugs. Herbal treatment.
- This is the use of herbal medications which are not prescribed by medical doctors in hospital or private practices e.g. gum tree leaves used for coughing and tightened chest.
- Treatment of illness by herbal treatment and also making use if needle to remedy e.g. acupuncture.
- I know that sometimes if you got flu, you can take Iboza and drink it. It helps so much to subsided flu and Intshungu to low down diabetes.
- This is herbal medication.
- Homeopathy is a certain discipline which cures by using herbs and involves sangomas/ herbalists.
- Is the usage of natural herbs as medicine
- Treatment made from plant.
- It is a method of healing using natural herbs and plants so that the body fights the disease or infection – usually there are no allergies.

Home Remedies

- It is a method of healing using natural herbs and plants so that the body fights the disease or infection – usually there are no allergies.
- Natural remedies (home made as well).
- It is the home remedy treatment which does not contain or have side effect and have chemicals.
- It is a first aid given to patient with acute conditions or minor conditions by prescribing home remedies to treat minor conditions.
- It is self medication that somebody makes at home to cure any kind of illness.
- 2 participants responded Home remedies.
- Home remedy and treatment.
- I am not sure but I think it is how we can treat conditions at home before even coming to the clinic.

4.3.1.2 Question 2: Do you think homoeopathy could fit into Primary Health Care? Please explain your answer.

A positive response to homoeopathy fitting into Primary Health Care

- Yes if it is regulated
- Yes. Prevents complications, side effects caused through medication.
- Yes. Most patients are willing to try alternative forms of medication to cure disease.
- Yes. There are some conditions that require basic home remedies.
- Yes! So that clients won't rely on too much of medication that is harmful to the body systems anyway. It would allow their own body to build a defence against its own attackers.
- Natural remedies can be used in minor conditions but complicated diseases need tested and proven safe treatments and remedies.
- Yes, prevents complications, side effects caused by medication.
- Yes, simpler medicines have lesser side effects- which can be of benefit to patients in the clinic.
- Yes because some of our patients still believe in it. They are still using it away from the clinic and they come here to the clinic while they are very sick they took this medication without supervision.
- It can because side effects will be much less because medication created from natural substances.
- Yes. Natural medication can be given at the clinic.

- Yes. It should be used as a method for primary prevention of illnesses. It will help reduce the cost factor at institutions and to prevent complications relating to use from medication.
- Sometimes- yes. Because sometimes medications have ingredients that can have side effects eg alcohol in cough mixture – natural remedies can be used. Also community can be empowered to use ingredients that are available at home – cost saving for the client and health services.
- Yes, there are aspects of PHC where drugs are not prescribed but patients are told how to make home remedies eg oral re-hydration solution for diarrhoea, honey lemon and warm H₂O for cough.
- Yes. It is cheaper, has less side effects, more body friendly and more environmentally friendly.
- Yes. 1) Cheaper. 2) More accessible. 3) Less side effects. 4) Easier for patient to be compliant with natural remedies rather than synthetic treatment. 5) Can be produced locally.
- Yes, cheaper and easily available. Less side effects/ harmful effects.
- Yes, cheaper, less time wastage.
- Yes, lesser side effects.
- Agree. Some conditions are psychosomatic where patients take medication which are harmful to the liver and kidneys (long term effects) therefore plant extracts (will not or maybe) jeopardise functioning of organ.
- Yes, sometimes the best treatment is natural instead of using antibiotic or strong medication.
- Yes- cheaper. Less side effects/ harmful effects.

- Yes. There is scientific proof that certain natural remedies are beneficial to ones health.
- Yes, because some patients are using herbal medication I think it will be easy for them to accept homeopathy.
- Yes, because some diseases need home remedies and traditional medicines.
- Yes, due to so many side effects with medication. Natural remedies can be used e.g. for cough –lemon juice and honey.
- Yes, extensive proving required and support services.
- Yes, because even at home. The patient can treat him/herself without any side effects.
- Yes, to avoid overcrowding in pharmacy and the long queues to the doctors.
- Yes, natural medicines are useful to aid minor ailments e.g. UTI's, cinnamon and honey to cure cold.
- Yes. Many people are unaware of the advantages of natural remedies therefore they depend entirely on prescribed meds. Homeopathy will also help/heal minor ailments that most patients present with.
- Yes, it is preventative. PHC is preventative.
- Yes because herbs treat very well and there are no side effects to the treatment.
- Yes, primary health care is essentially preventative care I think that homeopathy has a holistic approach.
- Yes, many people are open to and accept alternate treatment.
- I think it can because people always have used home remedy even if they went to the doctor.

- Yes, because many communities are aware of alternate treatment and some communities use tradition herbs, Chinese and Asian natural therapies and treatment.
- Yes. It is primary health care because it is accessible to everyone.
- Yes, I once read in a paper, one patient survived cancer from herbs and roots and only fresh fruits and vegetables after all medication and chemo failed. All roots and leaves were consumed fresh and uncooked.
- Yes, patients that have allergies or experience side effects of medication can use homeopathic medication instead.
- Yes, it is benefit as in the rural areas example many people pay a visit to the traditional healer who gives herbal medications it could also work for the Homeopath who also works with plants extract medicine.
- 5 participants responded “Yes”.
- Yes, we have different types of clients who think differently from the majority, thus they need to be catered for.
- Yes, because majority of our community believe in herbal.
- Yes, but only to the patients who believe in natural remedies. Others do not think that this can be effective in treating other ailments.
- Yes, because it is easily accessible.
- Yes, it is cheap, easy to prepare, easy to store.
- Yes, it depends to the kind of illness that one comes across with.
- Yes, mostly it does not have side effects as many other medications has and is very safe and effective.
- Yes, for cultural beliefs.

- Yes, there are other illnesses which can be treated by this type of treatment (Homeopathy).
- Yes, in the case of emergencies.
- Yes, as long as it has fast effective onset, must also be properly researched.
- Yes, should go hand in hand. Medicine and home remedy work in most instants.
- Yes, it would allow people to work with what they have. Will be less costly.
- Yes, mostly it does not have side effects and it is safe to use it.
- Yes, most patients prefer to use traditional medicines, rather than using western medicines. So I think homeopathy would rather be a safer way of treating patients who would rather be treated traditionally.
- Yes, definitely. Certain ailments eg sinusitis, eczema, glucose intolerance, arthritis could effectively be treated, as homeopathy helps the body to heal itself over a period of time.
- Yes, as we coming from different backgrounds we are taught by our elders on how they use to treat their illness while there was no clinic around and some of those treatments really worked wonders so I think it will fit so that clients can be able to treat themselves at home.
- Yes, for holistic treatment of our clients
- Yes, as they use of safe remedies and they do have knowledge of minor ailments and they can also assist in rehabilitation eg post CVA, post MVA and congenital diseases.
- Yes, if people are educated about it then it might coincide with PHC treatment I think, but I doubt for now it fits.

- It can fit if the public can be introduced to Homeopathy and they understand it, its meaning its uses advantages and disadvantages.
- Yes, to prevent and promote health in community, especially chronic conditions.
- Yes, to reduce the workload of nurses.
- Yes, it can if they give to the educated or reinform people about the usage.

A negative response to homoeopathy fitting into Primary Health Care

- No x 9 responses
- No, due to the possibility of drug interaction.
- No. it is a waste of money and if govt concentrated on the principles of primary health care which are disease prevention and treatment of minor ailments, homeopathy would be unnecessary. Govt should concentrate on better health care for its citizens such as ensuring adequate supply of drugs, employing more staff and refurbishing health institutions into acceptable standards.
- No, because they are not tested in laboratories. There are no contraindications, no side effects people overdose themselves which damages their liver those doctors are not practising personal hygiene.
- No, due to the possibility of drug interaction.
- No, because they are not tested in laboratories. There are no contraindications, no side effects people overdose themselves which damages their liver those doctors are not practising personal hygiene.

- No, our patient does not want to pay and they prefer pills that they know and they believe that Homeopathy is like (Imbiza) herbal medicine like they are issued by herbalist. They resist to charge so they prefer pills that they have been using for ages.
- No, homeopathic medication commonly causes herbal toxicity and is always fatal. Homeopathic treatment is not always effective in patient care.
- No. Because the PHC we use western medicine if they do they will have to accept inyengas + sangomas because they use natural medicines.
- No. Homeopathic treatments have not been scientifically proven. Many contain substances that could be toxic or hazardous to people if give in larger doses.

Unsure to whether homoeopathy could fit into Primary Health Care

- I do not know what is homeopathy. Therefore I will not be able to say whether it could fit in primary h/care.
- 6 participants responded Unsure
- Maybe it could, though I can't say boldly yes because I never in my life attended a homeopath.
- I am not sure it is scary to use something not scientifically proven. Herbal medicines they must help on short term bases or might cause permanent damage of eg liver and kidneys.
- It may work for some of the clients. If the actions and benefits are explained to the clients.

- It may work for some of the clients if the actions and benefits are explained to the clients.
- I'm not quiet sure about that because you have to believe that the medicine will help you.
- I don't think so. Homeopathy involves medication that has not been approved scientifically patients will be confused and even health disciplinary team will confuse patient is these two are mixed.
- Partially, if a need arises.
- Without being given a chance like a day cause we are unable to know exactly what is Homeopath.
- It may fit, but extensive training to be given in Primary Health Care nurses so that we can understand this form of treatment in order to be able assist the homeopath specialist.
- I'm not sure because in the primary health care setting people are not trained about homeopathy.

4.3.2 Part 2: Personal information: Demographics (Questions 3 – 5)

In terms of objective two described in the Introduction, the data used for the following analyses were from Section 2 from the completed questionnaires. The use of frequency tables and bar charts were generated for the participants' demographic data (gender, ethnic group and home language).

4.3.2.1 Question 3: Gender

Table 4.1 Gender distributions of participants

		Frequency	Percent
Valid	Male	8	8.0
	female	92	92.0
	Total	100	100.0

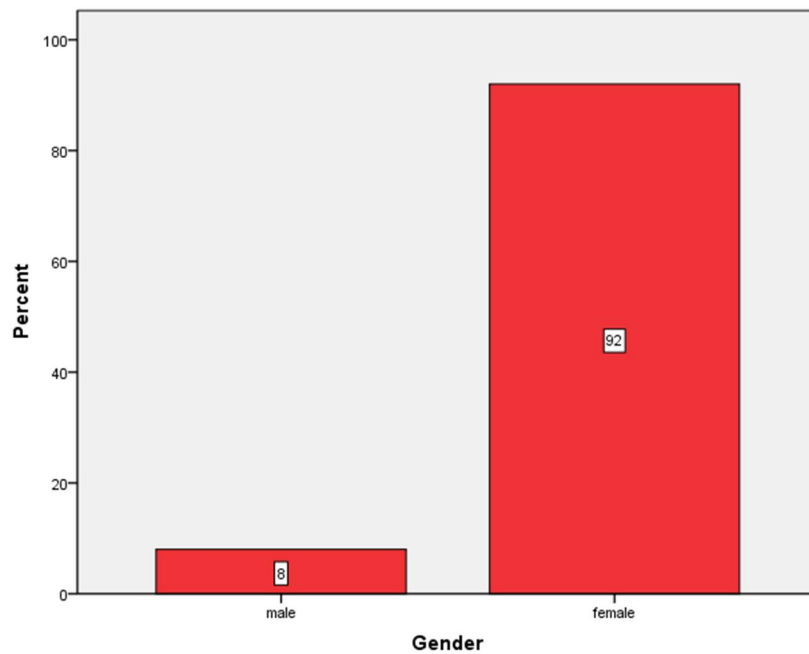


Figure 4.1 Gender distribution of participants

One hundred nurses took part in the survey, of which 92% were female and the remaining 8% were male. Nurses are generally more likely to be female, while it is evident that *more males are registering each year* (van Rensberg, 2004:341).

4.3.2.2 Question 4: Race

Table 4.2 Race

		Frequency	Percent
Valid	Black	50	50.0
	Coloured	6	6.0
	Indian	42	42.0
	White	1	1.0
	Other	1	1.0
	Total	100	100.0

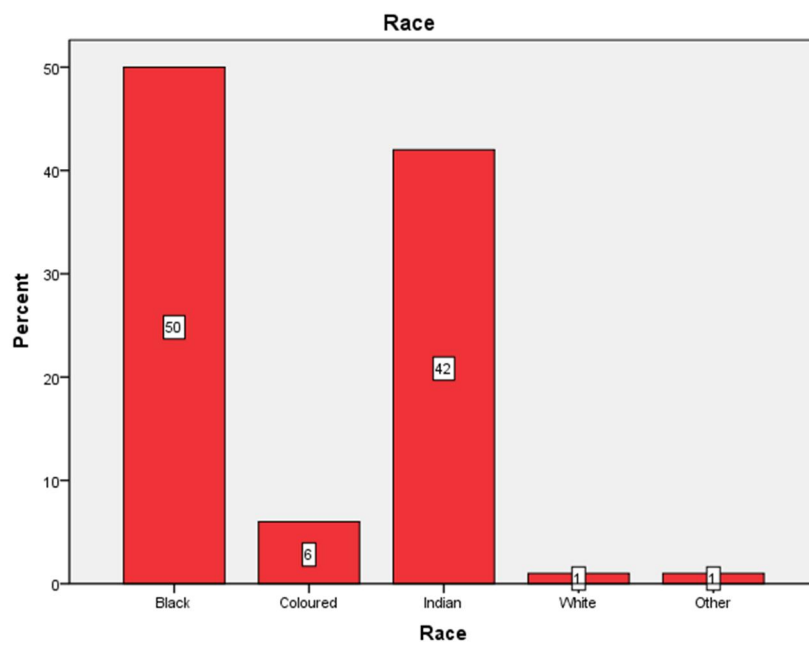


Figure 4.2 Race

The ethnicity distribution of the target group is shown above. The majority were Black (50%) followed by Indian (42%). With a minority of the following “Coloured” 6%, “White” and “Other” only 1% respectively.

4.3.2.3 Question 5: Home language

Table 4.3 Home language

	Frequency	Percent
English	47	47.0
Afrikaans	1	1.0
isiZulu	40	40.0
isiXhosa	6	6.0
seSotho	1	1.0
Setswana	2	2.0
Other	3	3.0
Total	100	100.0

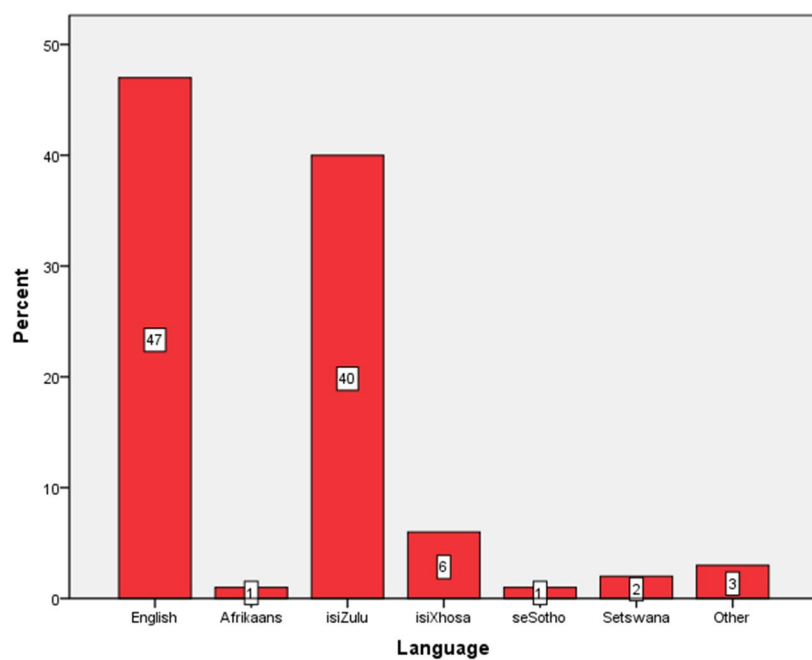


Figure 4.3 Home language

The most prevalent home language of the participants was English (47%) followed by IsiZulu (40%), this due to the questionnaire been in English only. The minority of the home languages which were in shortfall were IsiXhosa 6%, “Other” 3%, Sestswana 2% and Afrikaans and SeSotho 1% each, due to the areas where the participating PHC clinics were found and does not represent all the home languages of PHC nurses in the Ethekewini Municipality District.

4.3.3 Part 3: Knowledge of homoeopathy (Questions 6 – 10, 13 – 16)

In terms of objective 3 in the Introduction, the data used for the following analyses were a part of Section 3 (as it was split into knowledge of homoeopathy and attitudes and perceptions of homoeopathy) from the completed questionnaires. The use of frequency tables and bar charts were generated for the participants' responses.

In order to assess nurses' knowledge of homoeopathy, various questions regarding homoeopathy training, function etc were asked. Results of these questions are presented in this section.

4.3.3.1 Question 6: Is homoeopathy recognised by law in South Africa?

Table 4.4 Is homoeopathy recognised by law in South Africa

		Frequency	Percent
Valid	Yes	58	58.0
	No	6	6.0
	Unsure	36	36.0
	Total	100	100.0

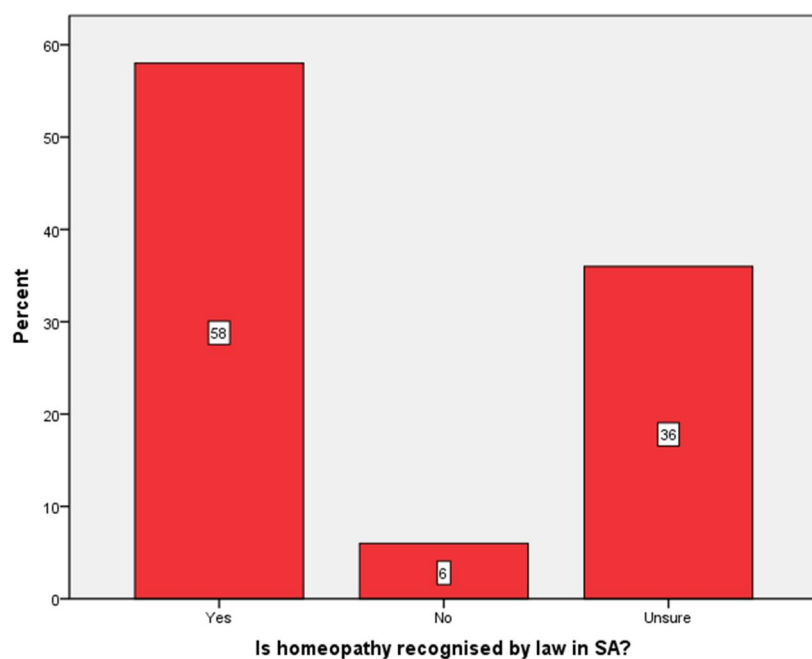


Figure 4.4: Is homoeopathy recognised by law in South Africa

58% of the participants knew that homoeopathy was recognised by law in SA. While 36% of participants were unsure if homoeopathy is legitimate, as health care professionals the lack of knowledge on other legitimate forms of health care is ignorance with of only 6% saying no.

4.3.3.2 Question 7: Indicate below what you think a homoeopath does?

Table 4.5: Indicate below what you think a homoeopath does

	Yes		No		Unsure	
	Count	Row N %	Count	Row N %	Count	Row N %
Take blood pressure	44	50.0	23	26.1	21	23.9
Stimulate the skin with sharp needles	35	41.2	28	32.9	22	25.9
Boost the immune system	70	77.8	5	5.6	15	16.7
Usually prescribes painkillers	12	14.3	47	56.0	25	29.8
Prescribes medicines that are diluted and shaken	35	40.2	20	23.0	32	36.8
Can diagnose the majority of disease	44	51.8	16	18.8	25	29.4
Makes use of medicines that can cause the same symptom	17	19.8	26	30.2	43	50.0
Makes use of antibiotics	12	14.3	49	58.3	23	27.4
Iridiology	13	16.0	30	37.0	38	46.9
Prescribes plant extracts	69	76.7	2	2.2	19	21.1
Emphasizes a healthy lifestyle	84	90.3	1	1.1	8	8.6
Can treat the majority of disease	50	54.9	11	12.1	30	33.0
Prescribes and dispenses their own Homoeopathic medicine	84	89.4	2	2.1	8	8.5%
Ophthalmological examination	16	19.0	31	36.9	37	44.0

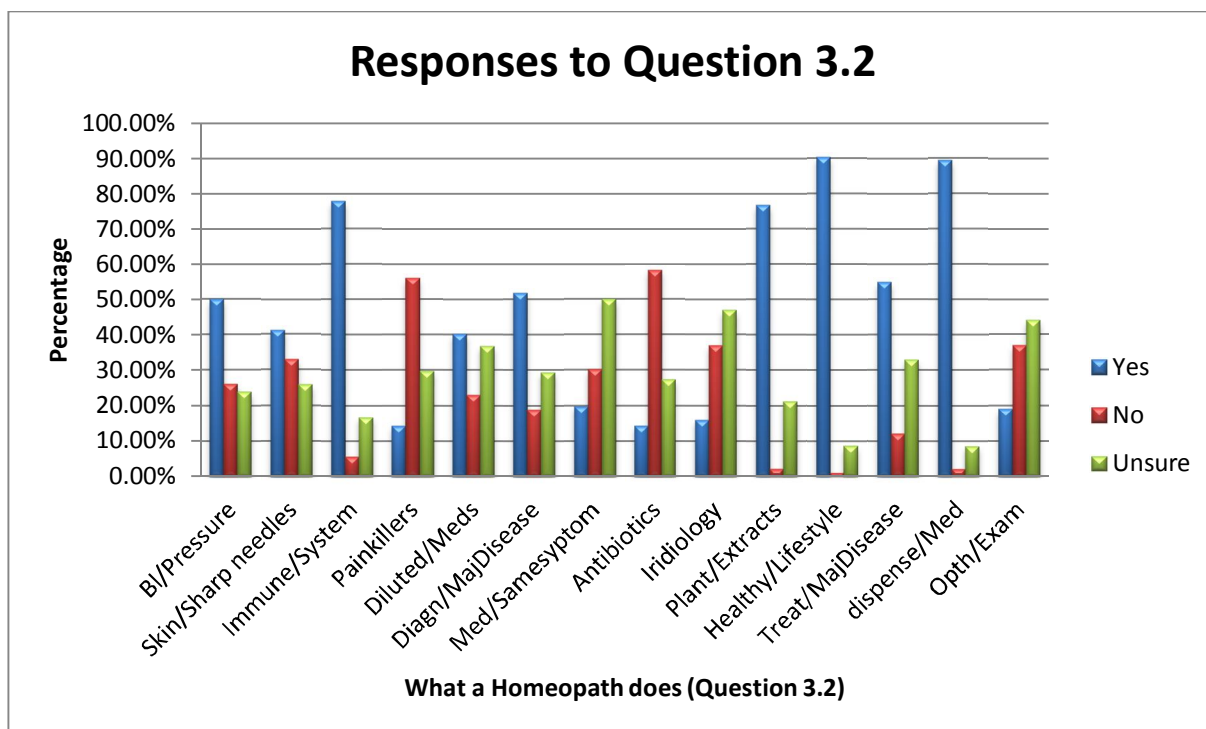


Figure 4.5 Indicate below what you think a homoeopath does

In terms of the functions of homeopaths, most participants thought they emphasised a healthy lifestyle (90%) and prescribed, dispensed homeopathic medicines (89%), and boost the immune system (77.8%). The majority (76.7%) of participants thought homoeopaths prescribed plant extracts ties in with the trend found in Question 1, that there is some confusion with homoeopathy and herbalism. 41.2% of participants thought Homoeopaths stimulate the skin with sharp needle which is untrue. Only 19% of participants thought homoeopaths conduct Ophthalmology examinations, homoeopaths do conduct Ophthalmologic examinations as a part of a medical examination of the external and internal parts of the eye. There is a misunderstanding of homoeopaths' abilities and their potential contribution to the field of Primary Health Care.

4.3.3.3 Question 8: Which of the following conditions do you think a homoeopath can treat?

Table 4.6 Which of the following conditions do you think a homoeopath can treat

	Yes	No	Unsure
	%	%	%
BP/Prob	73.3	14.4	12.2
Diabetes	82.4	11.0	6.6
Colds/Flu	88.5	5.2	6.3
Cancer	36.5	40.0	23.5
AIDS	21.2	48.2	30.6
Arthritis	77.4	10.8	11.8
Headaches	84.4	10.0	5.6
Painful/Periods	79.5	9.1	11.4
Skin/problems	80.4	10.9	8.7
Anx/Depr	53.9	31.5	14.6
Preg/Compl	32.2	46.0	21.8
Brk/Bones	18.0	67.4	14.6
Allergies	64.8	17.0	18.2
Unex/Tiredness	70.8	12.4	16.9
Appendix	11.6	72.1	16.3
Asthma	62.1	26.4	11.5
Flushes	71.3	17.2	11.5
Child/Compil	54.0	23.0	23.0
Coughs	81.1	11.1	7.8

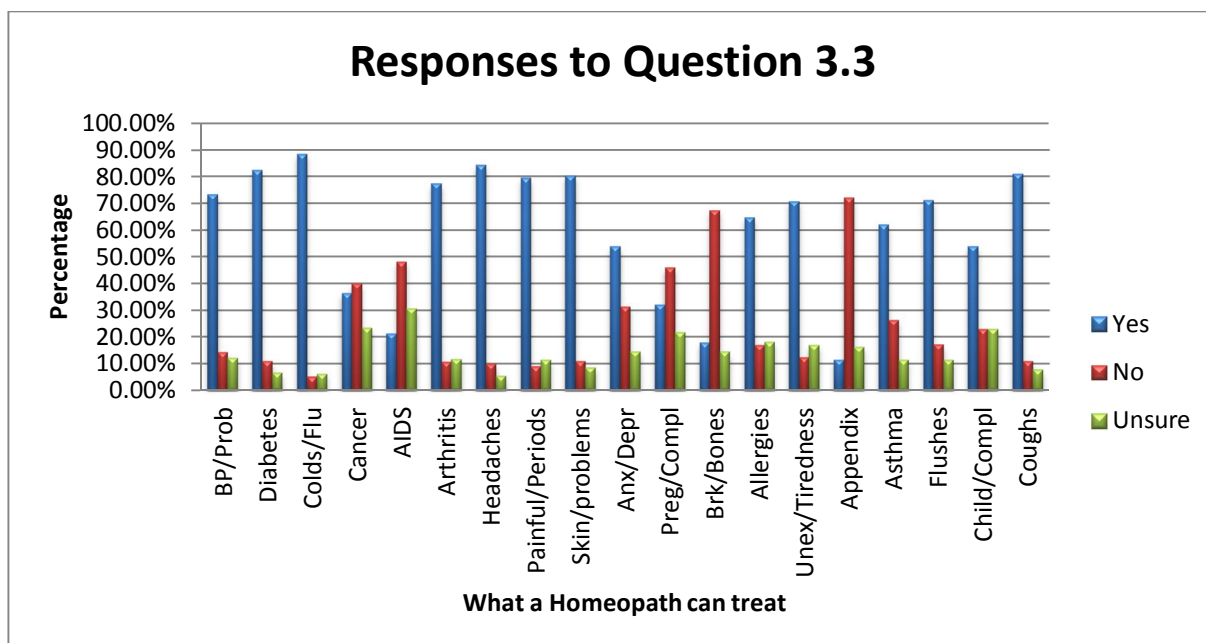


Figure 4.6 Which of the following conditions do you think a homoeopath can treat

The conditions that participants thought homeopaths could treat are listed in the table above. Colds and flu was the most commonly selected (89%), followed by headaches (84.4%), diabetes (82.4%), coughs (81.1%) and skin problems (80.4%).

4.3.3.4 Question 9: What kind of procedures would you expect a homoeopath to perform on his/her patients?

Table 4.7 What kind of procedures would you expect a homoeopath to perform on his/her patients

	Yes		No	
	Count	Row N %	Count	Row N %
BP/Pulse/Etc	69	69.0	31	31.0
Ex/Chest	57	57.0	43	43.0
Ex/Stomach	59	59.0	41	41.0
Heart/Breath	58	58.0	42	42.0
Lab/Test	33	33.0	67	67.0
Spec/Invest	24	24.0	76	76.0
Press/Points	74	74.0	26	26.0
Surgery	8	8.0	92	92.0
MscI/Funct	55	55.0	45	45.0
Nerves	49	49.0	51	51.0

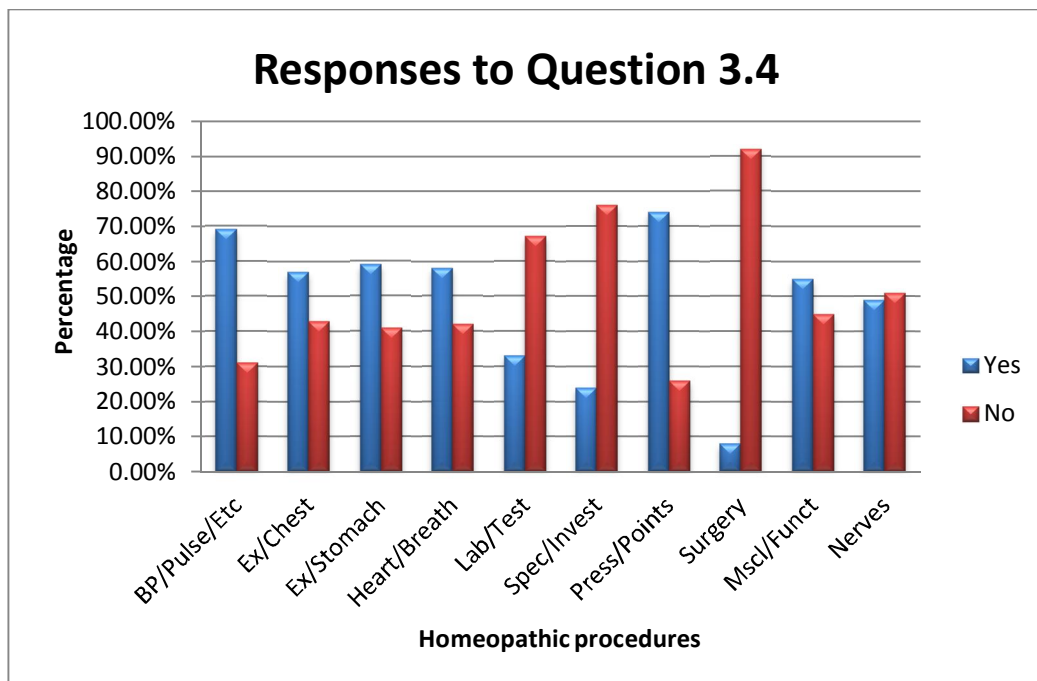


Figure 4.7 What kind of procedures would you expect a homoeopath to perform on his/her patients

The procedures that a homeopath uses, according to participants, are listed in the graph above. Most thought that homeopaths stimulate pressure points (74%) and check blood pressure etc (69%). Some of the “Other” procedures that they suggested were: lifestyle assessment, weight control, massage, enema induced vomiting, using bones to examine, blood sugar, mentality and prescribing homoeopathic drugs.

4.3.3.5 Question 10: Do you agree with each of the following statements regarding homoeopathy.

Table 4.8 Do you agree with each of the following statements regarding homoeopathy

	Yes	No	Unsure
	%	%	%
Homoeopathy has a scientific base	58.0	9.0	33.0
The medicines do not contain chemicals or drugs	68.0	12.0	20.0
Medicines are made from plant extracts only	74.0	8.0	18.0
For the medicines to work you must believe	46.5	26.3	27.3
Medicines have been tested though trial and error	54.0	16.0	30.0
Homeopathic medicines have undergone clinical trials	49.0	12.0	39.0
Works on conditions not treatable by conventional meds	14.1	48.5	37.4
Homeopathic medicines are safe to use in newborns and infants	22.0	36.0	42.0
Homeopathic medicines are safe to use during pregnancy	24.0	26.0	50.0

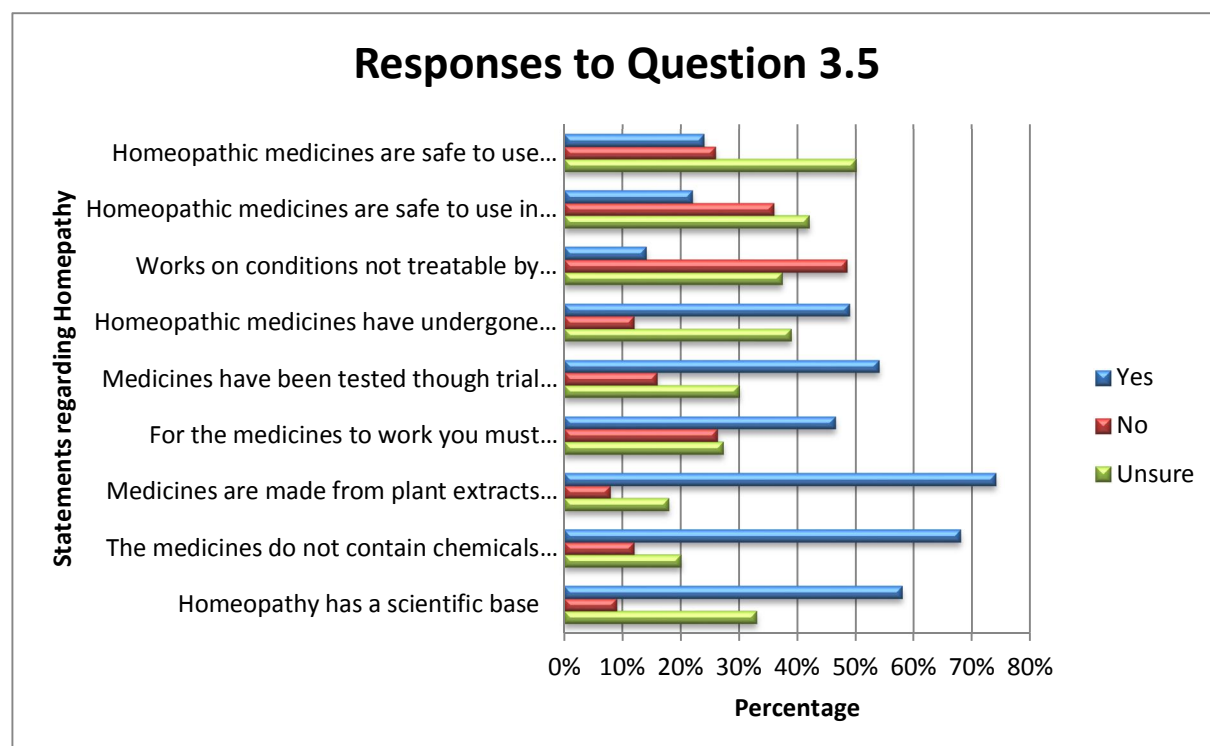


Figure 4.8 Do you agree with each of the following statements regarding homoeopathy

The responses to the statements regarding Homoeopathy are shown in the table above. Homoeopathic medicines are safe to use in newborns and infants (22%) and homoeopathic medicines are safe to use during pregnancy (24%). The results showed 46% of participants thought one has to believe in order for homoeopathic medicines to work. Three-quarter of participants (74%) thought homoeopathic medicines are made from plant extracts only. It is however not uncommon for homoeopaths to use some form of herbalism, leading to the confusion of the scope of homoeopathy.

4.3.3.6 Question 13: The average homoeopathic consultation lasts approximately

Table 4.9 The average homoeopathic consultation lasts approximately

		Frequency	Valid Percent
Valid	10 mins	5	5.6
	20 mins	12	13.3
	30 mins	31	34.4
	40 mins	10	11.1
	1 hr	27	30.0
	1.5 hrs	5	5.6
	Total	90	100.0
Missing	System	10	
Total		100	

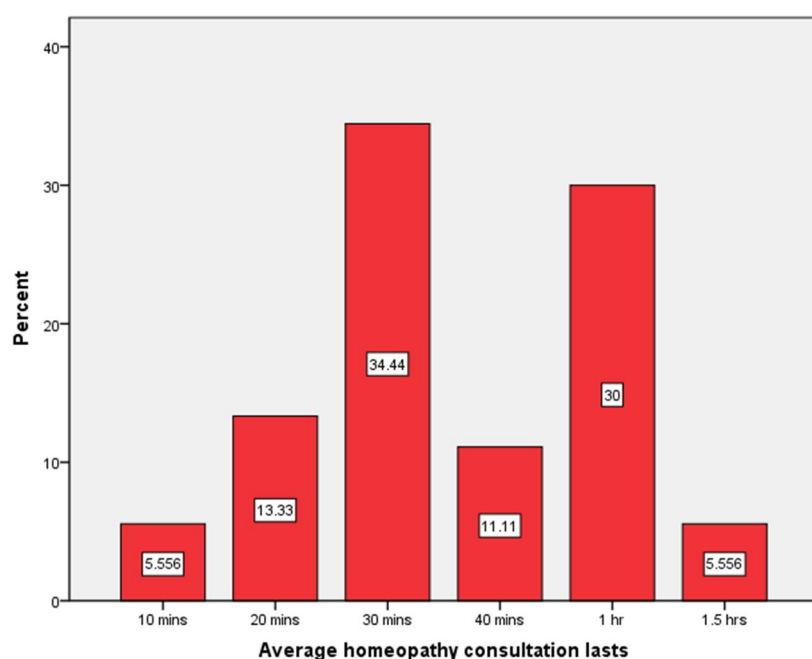


Figure 4.9 The average homeopathic consultation lasts approximately

Most participants thought the average homeopathic consultation would last 30 mins (34.44%), and many also thought it would last an hour (30%).

4.3.3.7 Question 14: Do you think that Medical Aids in South Africa fund homeopathy?

Table 4.10 Do you think that Medical Aids in South Africa fund homeopathy

Do SA medical Aids fund homeopathy		Frequency	Percent
Valid	Yes	28	28.0
	No	32	32.0
	Unsure	40	40.0
	Total	100	100.0

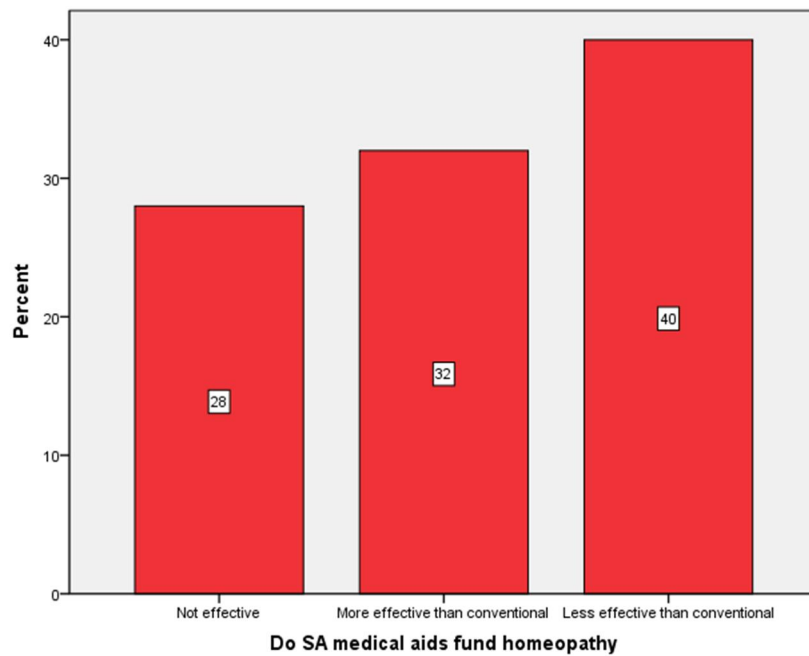


Figure 4.10 Do you think that Medical Aids in South Africa fund homeopathy

When participants were asked whether SA medical aids fund homeopathy treatment most people were unsure (40%).

4.3.3.8 Question 15: Do you know if there are any training courses available to become a homeopath?

Table 4.11 Do you know if there are any training courses available to become a homeopath

		Frequency	Percent
Valid	Yes	54	54.0
	No	19	19.0
	Unsure	27	27.0
	Total	100	100.0

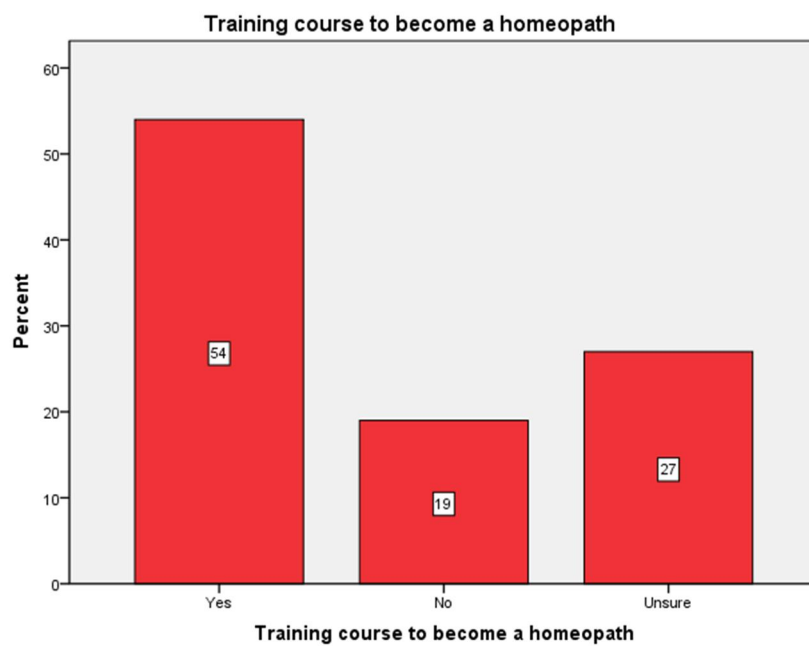


Figure 4.11 Do you know if there are any training courses available to become a homoeopath

On the availability of training courses, most participants answered yes. (54%)

4.3.3.9 Question 16: How long do you think it takes to qualify as a homoeopathic doctor in South Africa?

Table 4.12 How long do you think its takes to qualify as a homoeopathic doctor in South Africa

How long does it take to qualify?		Frequency	Percent
Valid	1 year	1	1.0
	2 years	4	4.0
	3 years	8	8.0
	4 years	12	12.0
	5 year	9	9.0
	>5 years	10	10.0
	Unsure	56	56.0
	Total	100	100.0

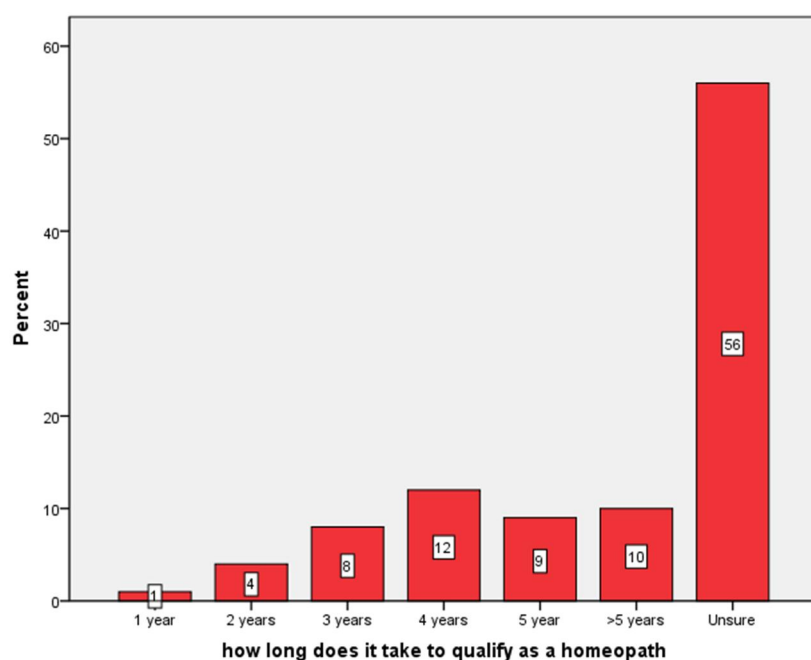


Figure 4.12 How long do you think its takes to qualify as a homoeopathic doctor in South Africa

Most people were also unsure how long it takes to qualify as a homeopath (56%) followed by 4 years (12%). Yet 54% of participants said yes to there been training courses available in the previous question.

4.3.4 Part 4: Attitudes and perceptions towards homoeopathy (Questions 11 – 12, 17 – 20)

In terms of objective 4 in the Introduction, the data used for the following analyses were a part of Section 3 (as it was split into knowledge of homoeopathy and attitudes and perceptions of homoeopathy) from the completed questionnaires. The use of frequency tables and bar charts were generated for the participants' responses.

This section summarises the responses to questions which asked participants about how they felt about homoeopathy.

4.3.4.1 Questions 11 and 12: In the treatment of acute (short lasting) or chronic (long lasting) conditions, do you think that homoeopathic medicines are:

Table 4.13 Do you think that homoeopathic medicines are effective in the treatment of acute (short lasting) or chronic (long lasting) conditions?

	Not effective	More effective than conventional	Less effective than conventional	As effective as conventional	Don't know
In the treatment of acute conditions, homoeopathy is	8.0	14.0	10.0	22.0	46.0
In the treatment of chronic conditions, homoeopathy is	8.0	18.0	7.0	22.0	45.0

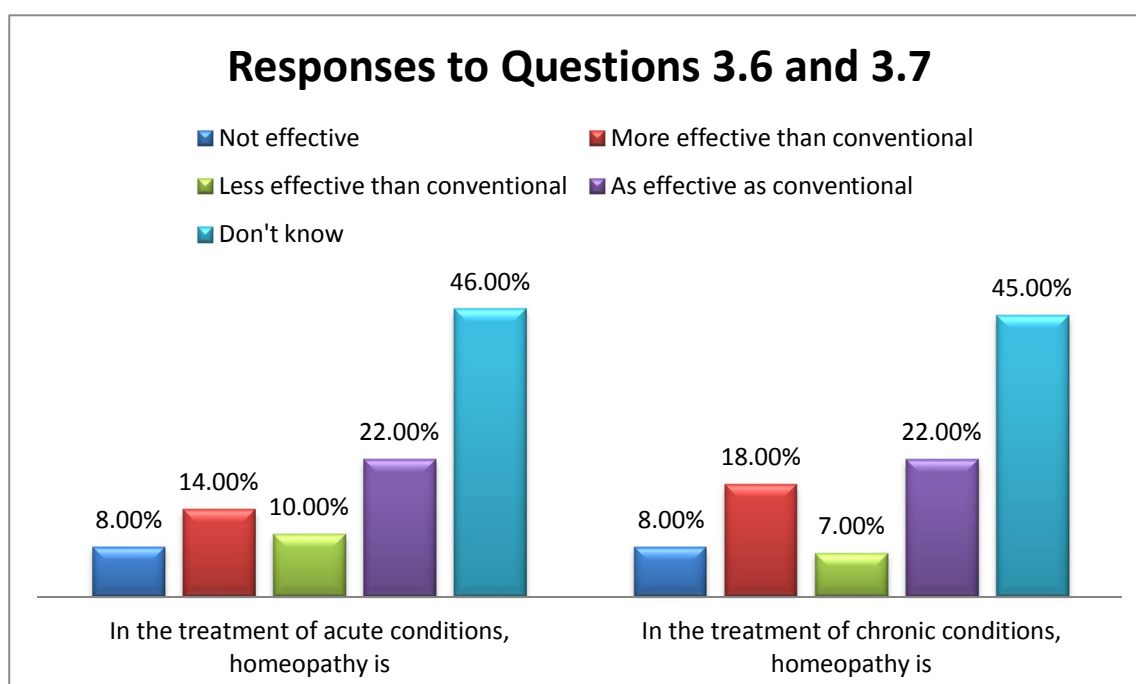


Figure 4.13 In the treatment of acute (short lasting) or chronic (long lasting) conditions, do you think that homoeopathic medicines are

The majority of participants responded that they didn't know about the effectiveness of homoeopathy in acute (46%) or chronic (45%) conditions, followed by more effective than conventional medicines (22%) for both acute and chronic conditions.

4.3.4.2 Question 17: Would you use homoeopathy as a source of Primary Health Care

Table 4.14 Would you use homoeopathy as a source of Primary Health Care

		Frequency	Percent
Valid	Yes	58	58.0
	No	21	21.0
	Unsure	21	21.0
	Total	100	100.0

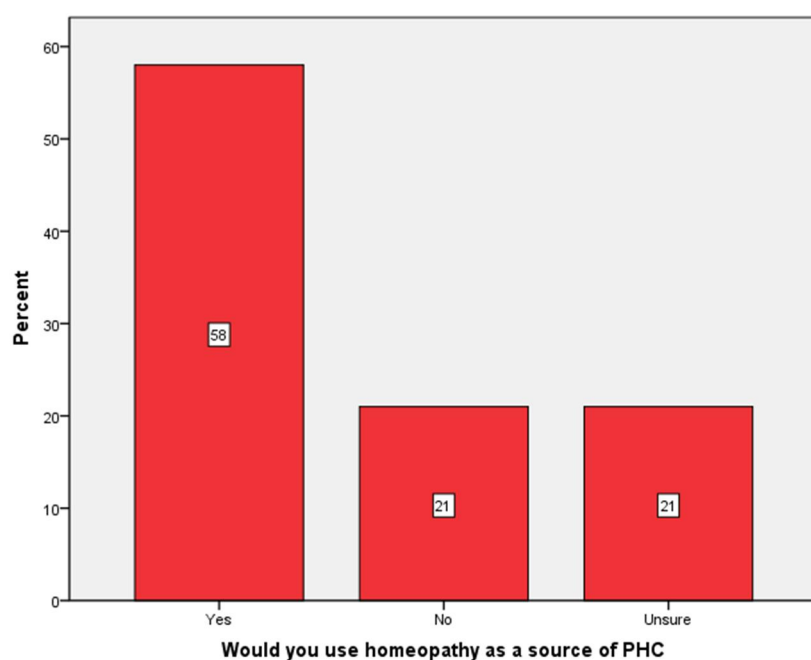


Figure 4.14 Would you use homoeopathy as a source of Primary Health Care

Nearly 60% said they would use homoeopathy as a source of PHC, with an equal spilt between no and unsure of the remaining 42%.

4.3.4.3 Question 18: In your opinion do you see homoeopathy as:

Table 4.15 In your opinion do you see homoeopathy as

	Yes	No	Unsure
	Row N %	Row N %	Row N %
Prevent	32.0	68.0	.0
PHC	27.0	73.0	.0
Supp/Ther	61.0	39.0	.0
Recup/ill	20.0	80.0	.0
No/Val	7.0	93.0	.0

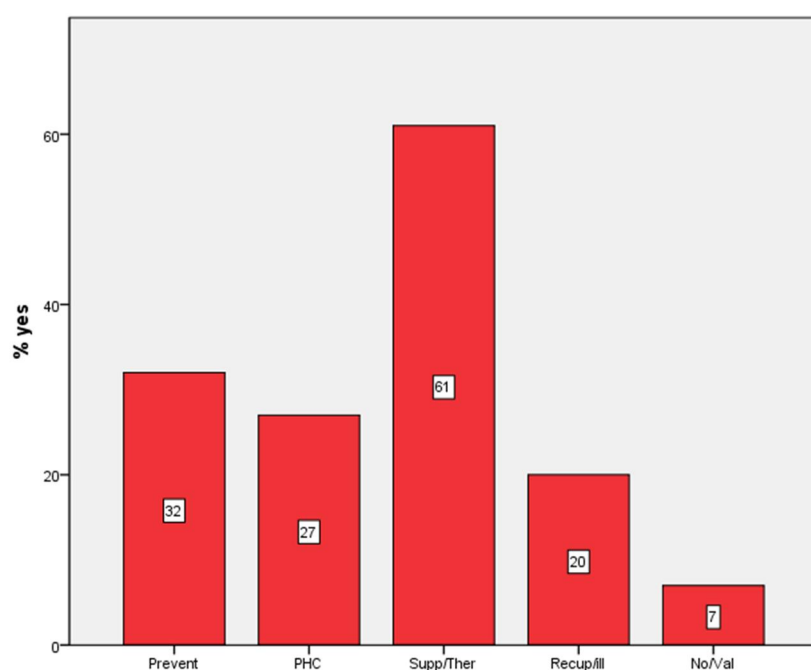


Figure 4.15 In your opinion do you see homoeopathy as

Participants tended to see homoeopathy as 61% supportive therapy while 32% saw it as preventative. With 27% as Primary Health Care, 20% as recuperative for illness and just 7% saw homoeopathy as of no value showing that there is a place for homoeopathy in Primary Health Care.

4.3.4.4 Question 19 and 20: In your opinion, should homoeopathic treatment be offered as a treatment for most medical conditions or available at hospitals and clinics?

Table 4.16 In your opinion, should homoeopathic treatment be offered as a treatment for most medical conditions or available at hospitals and clinics

	Yes	No	Unsure
	%	%	%
Should homoeopathy be offered as treatment for most medical conditions	71.0	28.0	1.0
Should homoeopathy be available at hospitals and clinics	74.0	26.0	.0

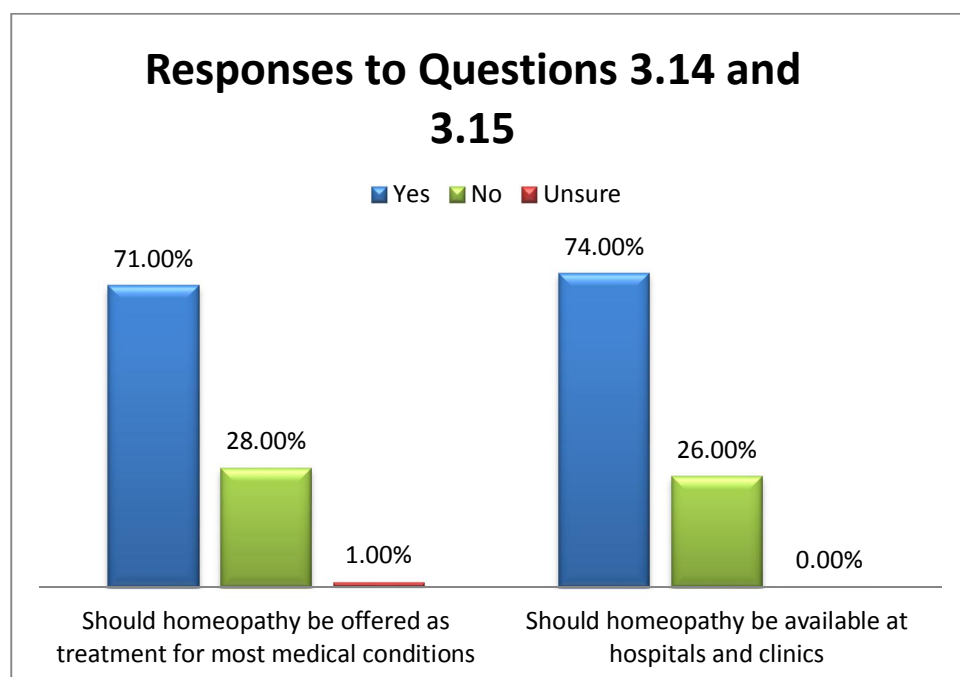


Figure 4.16 In your opinion, should homoeopathic treatment be offered as a treatment for most medical conditions or available at hospitals and clinics

There was a very positive response to whether homoeopathy should be offered as a treatment to most medical conditions (71%) and available at hospitals and clinics (74%). Which shows a positive attitude towards the possibility of homoeopathy been integrated in Primary Health Care.

4.3.5 Part 5: Experience in Primary Health Care (Questions 21 – 31)

In terms of objective 5 in the Introduction, the data used for the following analyses were a part of Section 4 from the completed questionnaires. The use of frequency tables and bar charts were generated for the participants' responses.

4.3.5.1 Question 21: Who is in charge of the Primary Health Care clinic?

Table 4.17 Who is in charge of the Primary Health Care clinic

		Frequency	Percent
Valid	Nurses	90	90.0
	Doctors	9	9.0
	Total	99	99.0
Missing	System	1	1.0
Total		100	100.0

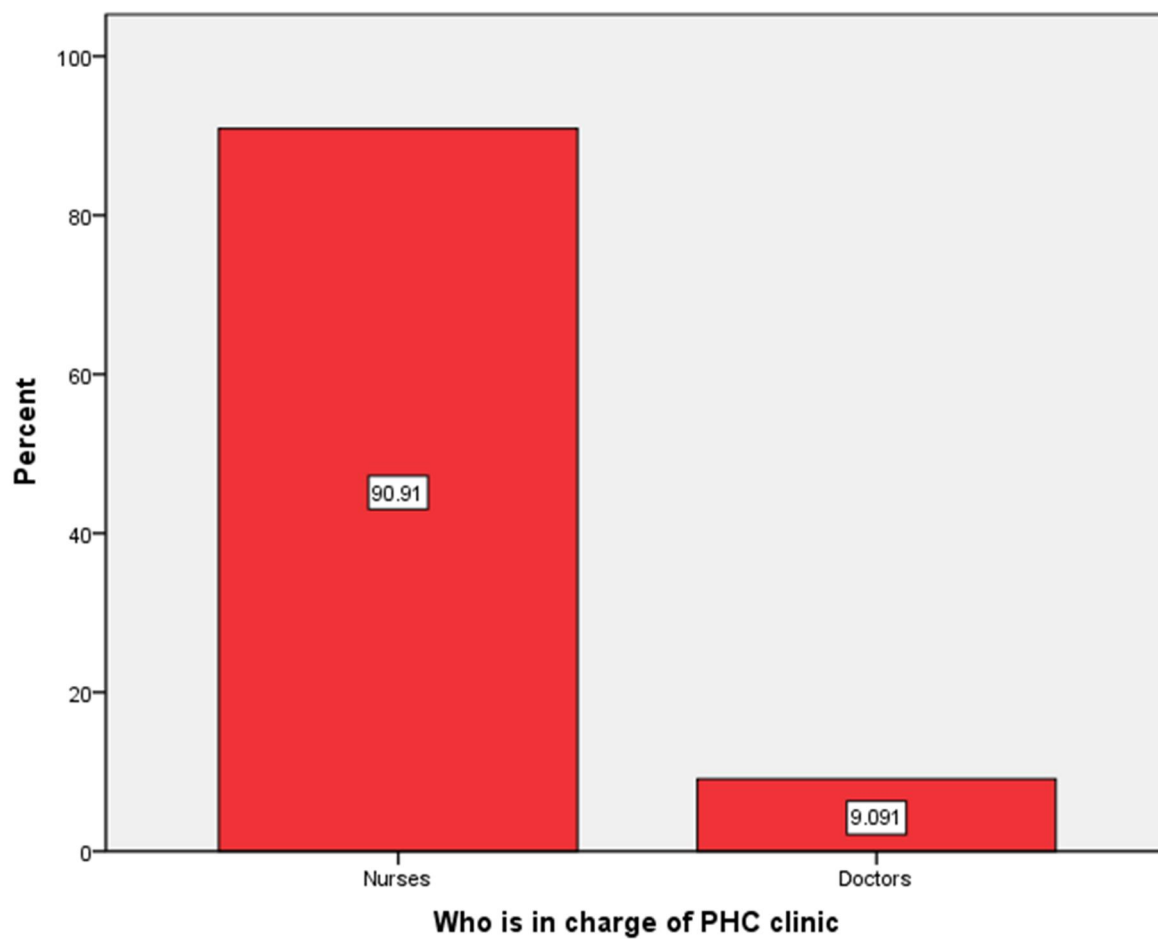


Figure 4.17 Who is in charge of the Primary Health Care clinic

90% of the participants felt that nurses were in charge of PHC clinics.

5.3.5.2 Question 22: How many doctors are on duty per day?

Table 4.18 How many doctors are on duty per day

Number of doctors on duty		Frequency	Percent
Valid	none	17	17.0
	1	37	37.0
	2	13	13.0
	3	14	14.0
	4	10	10.0
	5	6	6.0
	>5	3	3.0
	Total	100	100.0

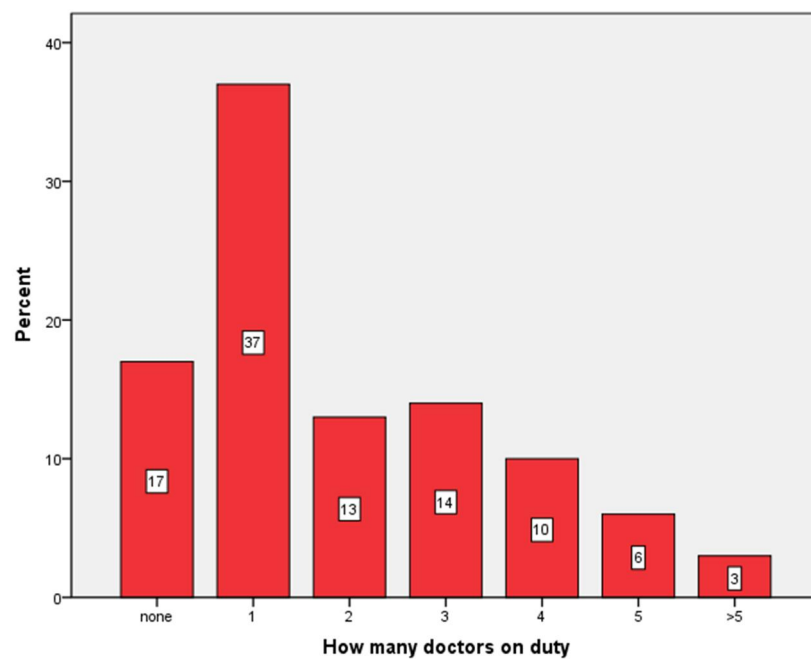


Figure 4.18 How many doctors are on duty per day

37% of participants said that there was 1 doctor on duty per day, but this was corrected by their comments as most clinics have 1 doctor that visits once a week, but this was not an option in the questionnaire.

4.3.5.3 Question 23: How many patients does a doctor on duty see per day?

Table 4.19 How many patients does a doctor on duty see per day

Number of patients doctor sees per day		Frequency	Valid Percent
Valid	<5	3	3.1
	5	4	4.2
	10	5	5.2
	20	14	14.6
	30	10	10.4
	>30	60	62.5
	Total	96	100.0
Missing	System	4	
Total		100	

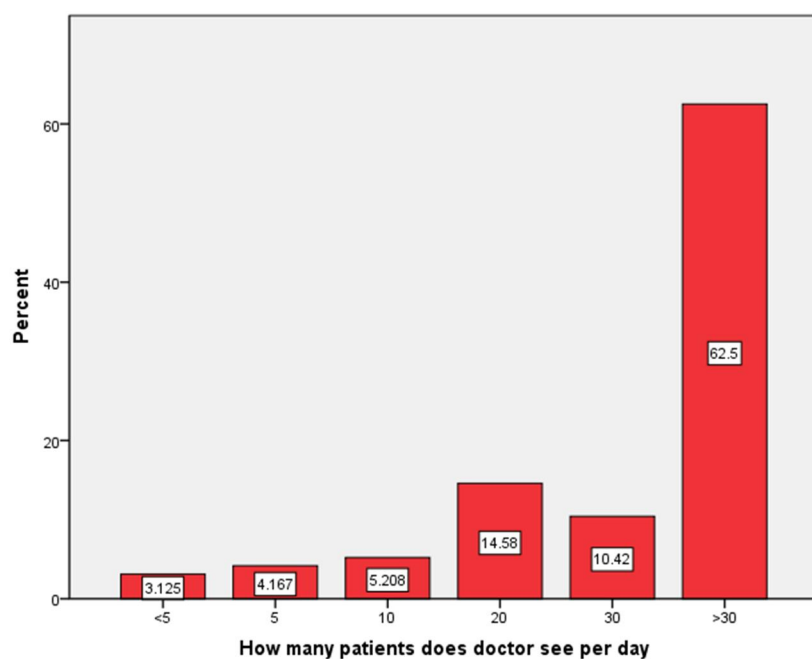


Figure 4.19 How many patients does a doctor on duty see per day

According to 62.5% of the participants the doctor on duty generally sees more than 30 patients a day. The doctor sees patients that require more attention or those patients that have an appointment to see the doctor.

4.3.5.4 Question 24: Is there a shortage of doctors in Primary Health Care clinics?

Table 4.20 Is there a shortage of doctors in Primary Health Care clinics

		Frequency	Percent
Valid	Yes	87	87.0
	No	13	13.0
	Total	100	100.0

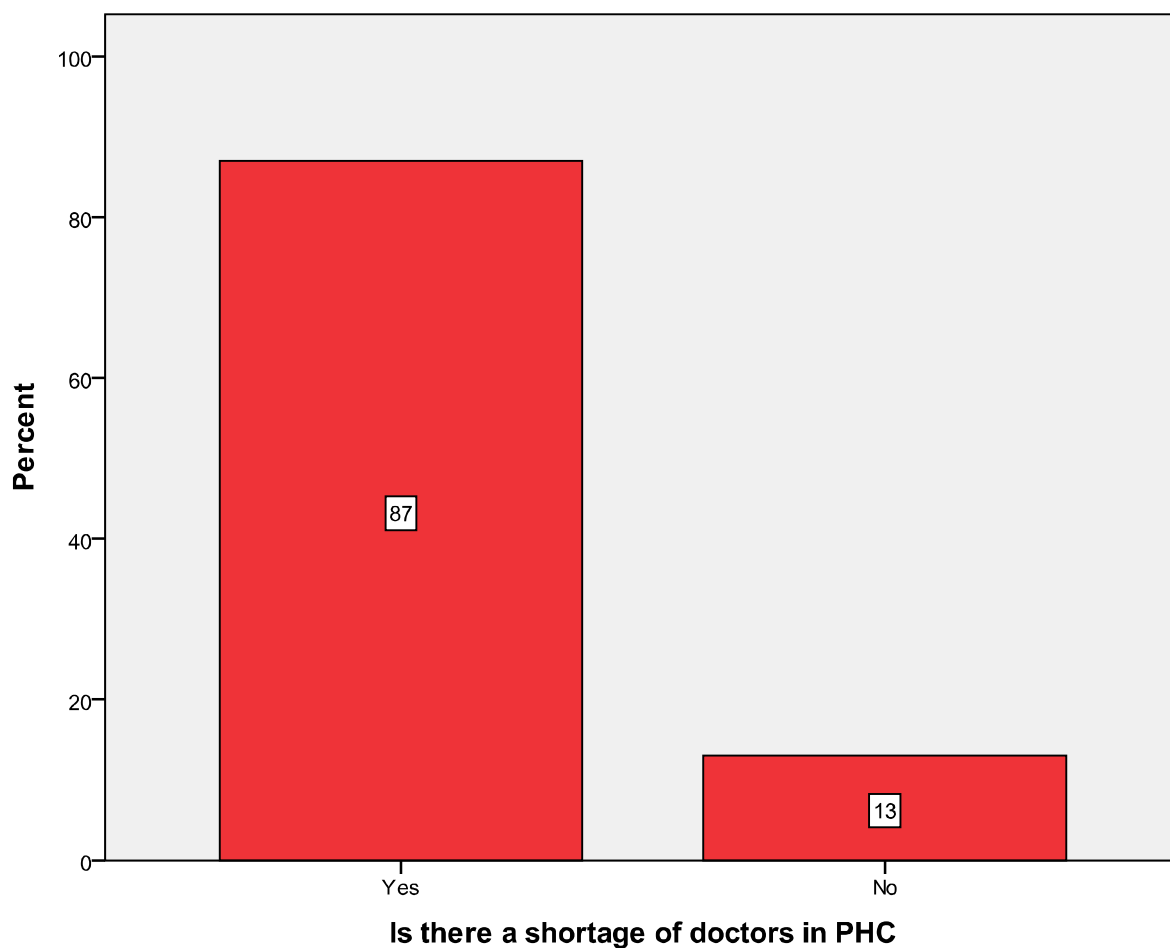


Figure 4.20 Is there a shortage of doctors in Primary Health Care clinics

87% of participants thought there was a shortage of doctors in Primary Health Care clinics with just 13% of participants thought there was no shortage of doctors.

4.3.5.5 Question 25: How many patients do you see in a day?

Table 4.21 How many patients do you see in a day

Number of patients respondent sees per day		Frequency	Percent
Valid	<5	1	1.0
	5	1	1.0
	10	4	4.0
	20	11	11.0
	30	5	5.0
	>30	78	78.0
	Total	100	100.0

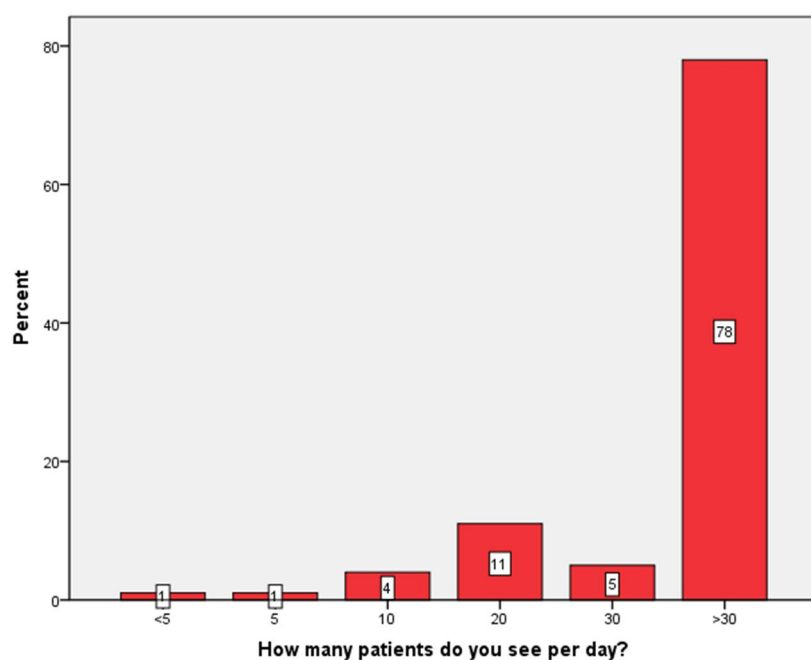


Figure 4.21 How many patients do you see in a day

78% of participants' sees more than 30 patients per day followed 11% of participants that see 20 patients a day.

4.3.5.6 Question 26: In your opinion is there overcrowding in Primary Health Care clinics?

Table 4.22 In your opinion is there overcrowding in Primary Health Care Clinics

		Frequency	Percent
Valid	Yes	96	96.0
	No	4	4.0
	Total	100	100.0

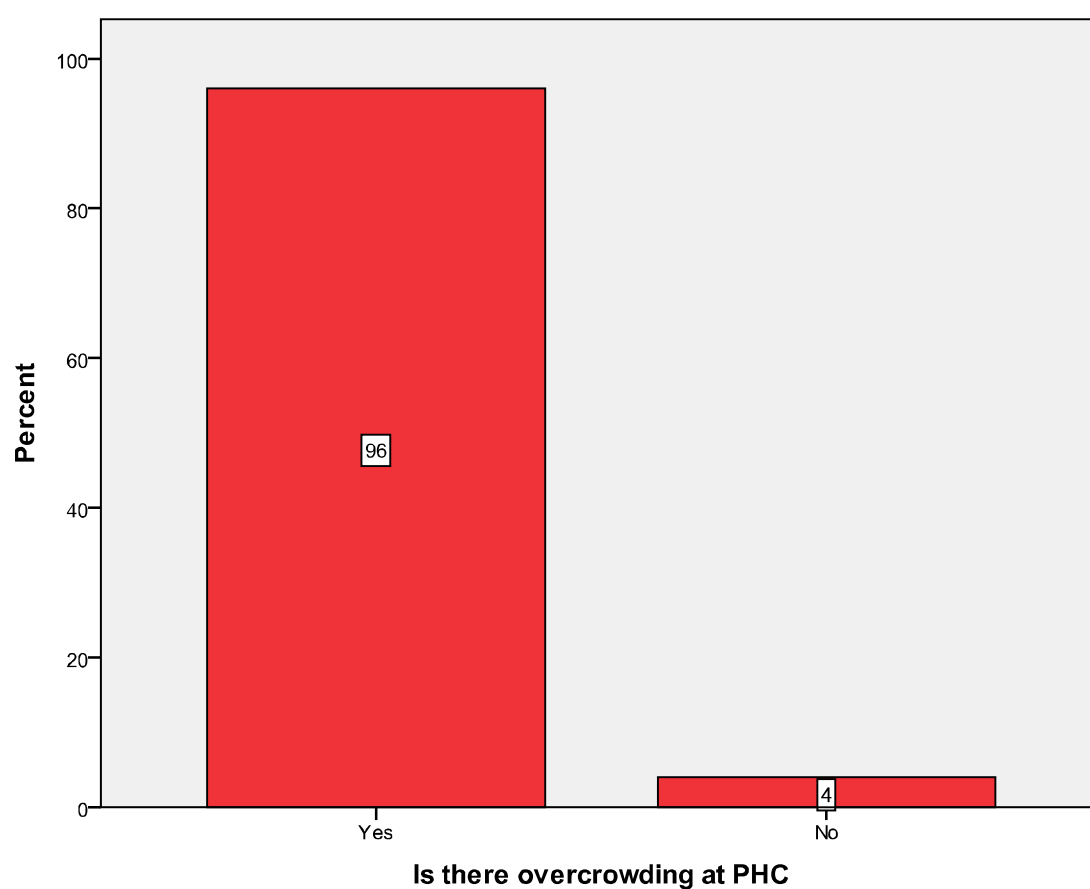


Figure 4.22 In your opinion is there overcrowding in Primary Health Care Clinics

96% of participants thought there was overcrowding at Primary Health Care clinics
only 4% of the participants thought there was not any overcrowding.

4.3.5.7 Question 27: What is the average waiting time for patients to see a doctor/nurse?

Table 4.23 What is the average waiting time for patients to see a doctor/nurse

		Frequency	Percent
Valid	<15 mins	7	7.0
	15 mins	7	7.0
	30 mins	11	11.0
	45 mins	12	12.0
	1 hour	22	22.0
	>1 hour	41	41.0
	Total	100	100.0

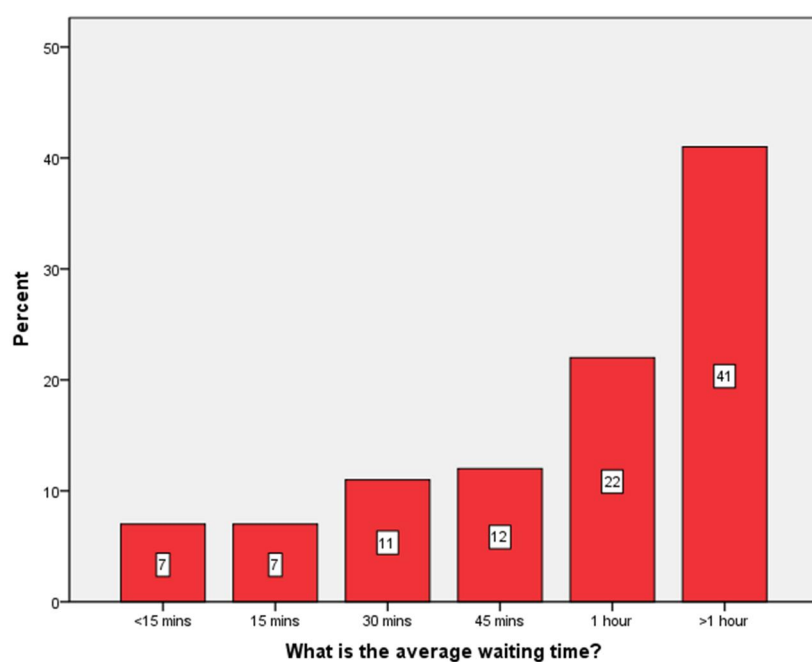


Figure 4.23 What is the average waiting time for patients to see a doctor/nurse

41% of participants responded that the average waiting time was more than one hour followed by 22% of participants responded that the average waiting time was an hour.

4.3.5.8 Question 28: What is the average travelling time for patients to a Primary Health Care clinic?

Table 4.24 What is the average travelling time for patients to a Primary Health Care clinics

		Frequency	Percent
Valid	<15 mins	3	3.0
	15 mins	15	15.0
	30 mins	30	30.0
	45 mins	24	24.0
	1 hour	14	14.0
	>1 hour	14	14.0
	Total	100	100.0

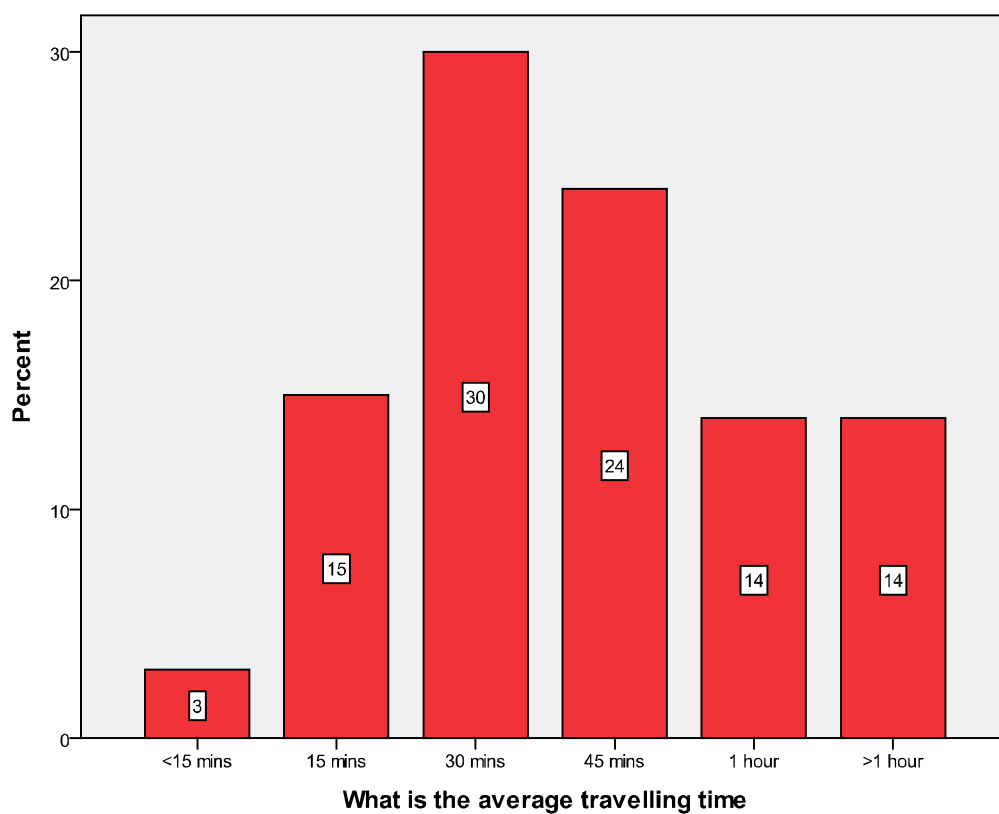


Figure 4.24 What is the average travelling time for patients to a Primary Health Care clinics

The participants thought the average travelling time was mostly around 30 minutes (30%) to 45 minutes (24%).

4.3.5.9 Question 29: What is the current state of Primary Health Care clinics?

Table 4.25 What is the current state of Primary Health Care clinics

		Frequency	Percent
Valid	very good	17	17.0
	good	23	23.0
	fair	30	30.0
	poor	19	19.0
	very poor	11	11.0
	Total	100	100.0

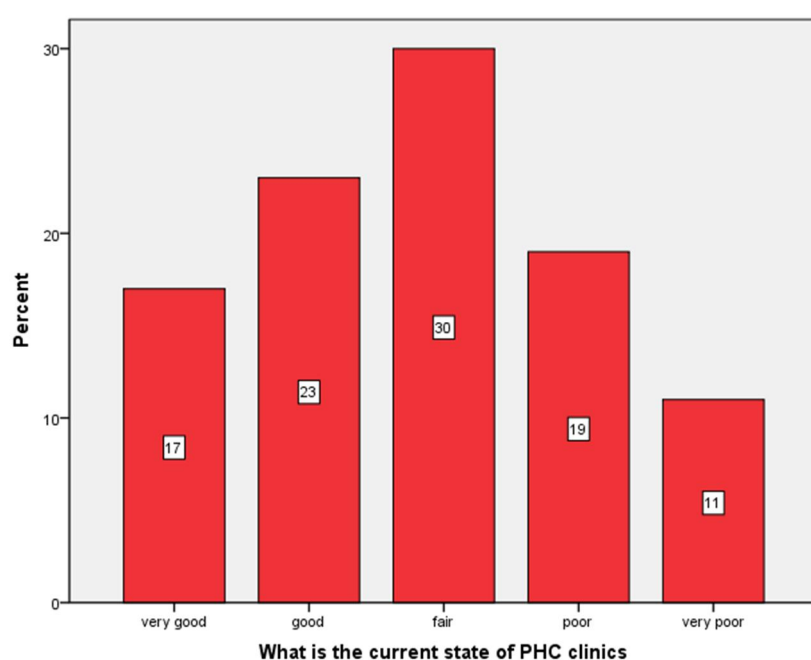


Figure 4.25 What is the current state of Primary Health Care clinics

The participants' opinions were divided about the state of the Primary Health Care clinics a higher proportion (30%) thought it was fair.

4.3.5.10 Question 30: What can a homoeopath do to assist in a Primary Health Care clinic?

Comments made by the participants on Question 30 of the study which will be discussed in Chapter 5.

Little to no knowledge on homoeopathy therefore unsure of what a homoeopath can do to assist

- 18 participants responded Unsure or along the line of unsure
- I am not sure, because are dealing with patients' who have so many rights, who can say they do not want homeopathy treatment. But for me I do buy homeopathy remedies in their shops.
- Don't know. They could work hand in hand to lighten the heavy load of the nurses and Doctors, give patient a choice of medication and treatment.

Homoeopaths to educate the public on health education and/or lifestyle changes and to educate the public and medical professionals on homoeopathy

- 9 participants thought homoeopaths should educate the public on homoeopathy and health and/or lifestyle modification
- Give talks, visual aids, as to know how homeopathy works.
- Assist clients by educating them about alternate healing methods. To adopt healthier lifestyles and using home remedies within reasonable means. To identify serious problem and seek assistance as soon as possible.

- She can assist the PHC by giving information about the service they provide, so that the nurses can identify patients who can benefit from a homeopath and refer patients to them.
- To promote a good home base care treatment. Patient can try to treat themselves first if there is a problem there can come for further investigation.
- Homeopathy should train more staff and allocate them in Primary Health centres.
- Educate the patient on homeopathy has an alternate form of treatment.
- Homoeopath can give health education about treatment, how is working, how it can treat the disease. So patient will know and trust the medicines.
- Educate patients on homeopathy as an alternative form of treatment, and perform trial tests on patients.
- Give talks to patients awaiting treatment. Give them awareness of all treatment.
- Post training- to assist nurses and doctors with co-relation of remedy..
- Teach patients about preventative treatment.

Homoeopaths treating patients

- Bring knowledge and proven practise to the clinical field. Prevent and treat conditions.
- Currently most people have opted for alternative health care instead of taking prescriptions and medication. It probably beneficial to the patients eliminates hepatotoxicity or renal complications.

- Assisting patients during time of their illness and prescribing cheaper medication.
- Can do alternate
- Health education. Consulting, Diagnosis, Treatment.
- 1) Assessing of patient. 2) Treating of condition. 3) Prescribing treatment (homeopathic). 4) Dispensing of medication (homeopathic). 5) Referral out if necessary. 6) Health education.
- It will prevent addiction of medications and dependency.
- 1.) Assessment and diagnosis of patients. 2.) Counselling and issuing of medication to patients.
- Assess clients and prescribe medication according to diagnosing.
- Treatment of minor ailments which do not require medication at all times e.g. headaches, irritability, fatigue, burnout which can be psychosomatic.
- Dispensing homeopathic medicines in Primary Health care clinics.
- Dispensing of homeopathic medicines in Primary Health Care settings.
- Most minor ailments will be dealt with. So the clinic won't be very busy because most patients will know what remedies to use.
- If they are trained enough. They can work with us to avoid this overcrowding.
- Offer alternate treatment options.
- Assessment of various patients and group them in order of importance.
- Help assess patients and prescribe medication if necessary.
- Triage of patients.
- Offer homeopathic services and education to the patients.
- If possibly allowed they should be encouraged to work hand in hand with doctors because many patients do have belief in homeopathic treatment. So

homeopaths will be listened to better by those patients defaulting treatment (eg HIV positive patients and TB treatment defaulting patients).

- To screen patients who need to be seen or treated by PHC nurse or doctor or homeopath specialist.
- Easy to prepare. Cheap. Easy to store.
- (1) Can be used to treat all these ailments that do not need conventional medicine. (2) Or when the treatment given to the patient doesn't have desired effect.
- The rate of the patients depending on drug treatment will be lowered and those who must get the treatment will always get it because the number will be lowered. Patients will be cured without lots of side effects.
- Can provide better cure that can be continued at home.
- Patients will have an opportunity to use natural products that has less allergies and side effects.
- To assist or give options to those patients who would rather be treated traditionally.
- To screen patients who need to be seen or treated by PHC nurse or doctor or homeopath specialist.
- Easy to prepare. Cheap. Easy to store.
- (1) Can be used to treat all these ailments that do not need conventional medicine. (2) Or when the treatment given to the patient doesn't have desired effect.
- 2 participants thought homoeopaths could "Treat patients".

- The rate of the patients depending on drug treatment will be lowered and those who must get the treatment will always get it because the number will be lowered. Patients will be cured without lots of side effects.
- Can provide better cure that can be continued at home.
- Patients will have an opportunity to use natural products that has less allergies and side effects.
- To assist or give options to those patients who would rather be treated traditionally.
- Offer alternative medicines and knowledge of diseases and management from a homeopathic stance. Following would benefit exceptionally: -diet. –Eczema, Allergies, Asthma, Attention Deficit Syndrome, Anxiety disorder, Insomnia, Arthritis, Hormonal imbalance eg. Menopause, menstrual cycle problems, Dislipidaemia, Influenza, Sinusitis.
- Be available in the clinic every working day to serve therapy to clients and to serve support to the nursing staff.
- Assist and treat minor ailments that do not need any scientific intervention.
- 1) Screen and identify patient. 2) Assist with treatment of illness. 3) Used to monitor patient treatment.
- Get training and refer patients accordingly, so that patients be treated in a correct way and in time.
- By using any drug that help to prevent a disease and providing substances with less side effects or no side effects.
- Preventative care, health education + minor ailments.
- Can reduce the number of referrals.
- Offer its services in PHC and the take less the workload.

Participants that felt homoeopaths can not assist in a Primary Health Care

- Nothing. Primary health care must be improved accordingly.
- They can do nothing.
- Since he/she is not trained scientifically. I don't think he/she can assist.
- Patients have not opted for alternative health care because most of them prefer prescribed medication.

9 participants left this question blank.

4.3.5.11 Question 31: Homoeopathy should play an active role in the Primary Health Care system in South Africa

Table 4.26 Homoeopathy should play an active role in the Primary Health Care system in South Africa

Homoeopathy should play an active role in PHC system in SA		Frequency	Percent
Valid	Strongly agree	40	40.0
	Agree	29	29.0
	Undecided	26	26.0
	Disagree	1	1.0
	Strongly disagree	4	4.0
	Total	100	100.0

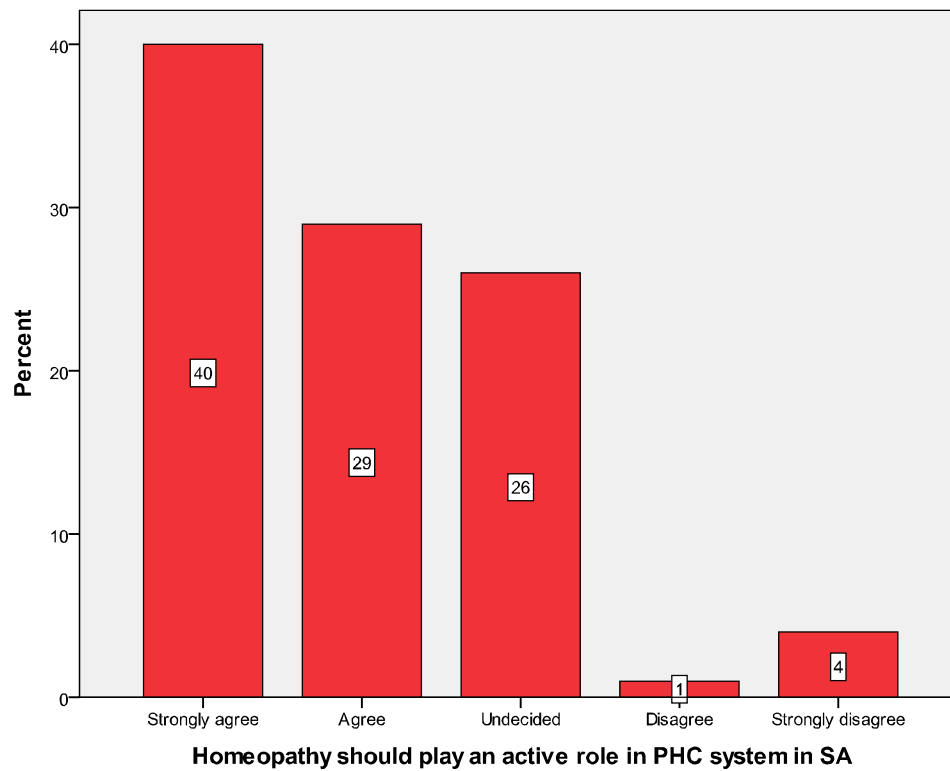


Figure 4.26 Homoeopathy should play an active role in the Primary Health Care system in South Africa

Finally, in most nurses' opinion, there was strong agreement (40%) or in agreement (29%) with homoeopathy playing an active role in PHC in SA. Therefore in total 69% agreed that it should play an active role. There was very little disagreement (5%).

4.4 Correlation Analyses

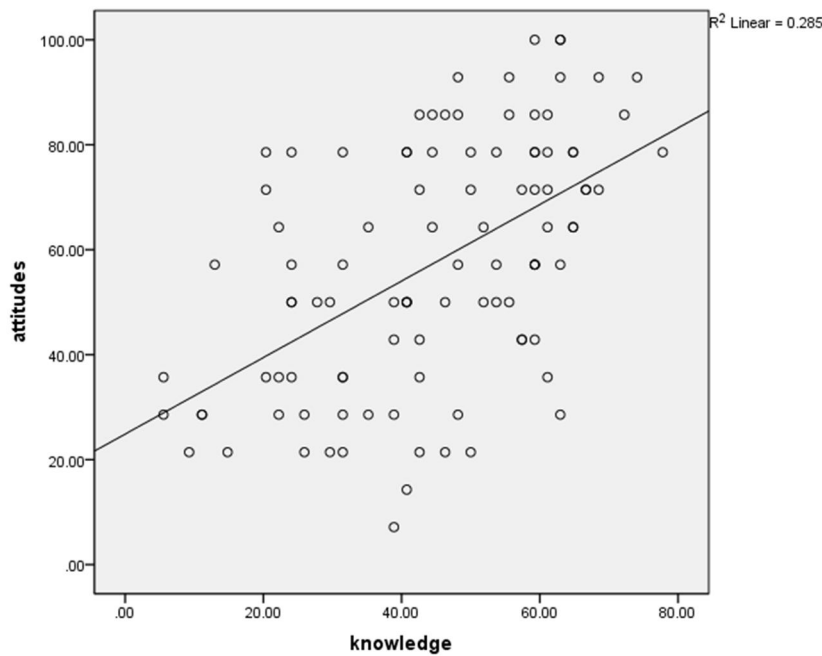
4.4.1 Is there a relationship between knowledge of homoeopathy and attitudes towards homoeopathy playing a role in PHC?

Below are the summary statistics for knowledge and attitudes. The mean knowledge score was only 44.6% while the range was from as low as 5% to 77.8%. Attitudes were generally higher than knowledge, with a mean of 57.4% and a range from 7% to 100%.

Table 4.27 The relationship between knowledge of homoeopathy and attitudes towards homoeopathy

		knowledge	attitudes
N	Valid	100	100
	Missing	0	0
Mean		44.55	57.36
Std. Deviation		17.26	23.587
Minimum		5.56	7.14
Maximum		77.78	100.00

The scatter plot below shows graphically the relationship between knowledge score and attitudes scores. The direction of the relationship is positive but there is a wide scatter of points around the line. However, in general as knowledge improved so did attitudes.



There was a statistically significant and moderate strength positive correlation between knowledge and attitudes ($r=0.534$). Therefore in general as knowledge increased, so did attitudes. However, there are probably other factors that determine attitudes which are not measured in the study. (For example other studies have shown that personal experience may improve attitudes).

Table 4.28 Pearson Correlation

		attitudes
knowledge	Pearson Correlation	0.534**
	Sig. (2-tailed)	<0.001
	N	100

CHAPTER 5

DISCUSSION

5.1 Introduction

The data based on the responses to the questionnaire (Appendix C) from Chapter 4 are further interpreted and analysed in this chapter. Obtaining the target group was not easy, as some community health centres (CHC) and/or Primary Health Care (PHC) clinics were not willing to participate in the study. Although permission was obtained from the Kwa-Natal Health Department, participation was dependent on the CEO of the CHC (which in turn was in charge of the PHC clinics that fell under that specific CHC) or the head nurse of the clinic. The researcher was only given permission by the Ethekewini Municipality Health Department (Appendix H) on a few of the preliminary randomly selected PHC clinics (Appendix I). The results obtained from this the target group (PHC nurses) and currently working in Ethekewini Municipality District, is representative of nursing staff in participating PHC clinics only and is in no way representative of the general PHC nursing community of the Ethekewini Municipality District regarding Homoeopathy and its inclusion in PHC.

5.2 Response rate

A total of 205 questionnaires were distributed to participants that fulfilled the inclusion criteria at Primary Health Care (PHC) clinics. A total of 108 (52.68%) questionnaires were returned, with 8 being discarded due to incomplete consent forms. A total 93 (47.32%) were not returned. One of the main reasons participants gave for not participating was the requirement of the participant's Identity Number on the consent form, which in retrospect was not really essential for the study. The other reason for non-participation arose from hesitancy from some of the PHC clinics to participate in the study.

5.3 Part 1: Information

5.3.1 Question 1: What is your knowledge of homoeopathy?

The common themes that the researcher found from the participants responses were:

- Confusion amongst participants about homoeopathy and Herbalism, but with knowledge that it is an alternative form of medicine to the orthodox treatment available at the clinics.
- Little or no knowledge on homoeopathy.
- Homoeopathy is a form of traditional medicine or home remedies or natural medicine.
- Homoeopathy has little or no side effects.

The majority of the participants (17%) admitted to having little or no knowledge of homoeopathy, whereas (16%) recognised homoeopathy as an alternate form of medicine or was recognised as natural medicine (16%), and only (14%) had some understanding of homoeopathy.

The main misconception amongst the participants was that homoeopathy is in fact Herbalism, with the use of plant extracts with 27% of the participants believing this to be the case. A smaller percentage (8%) believed that homoeopathy was a system that is based on self medication at home.

5.3.2 Question 2: Do you think homoeopathy could fit into Primary Health Care? Please explain your answer.

The common themes the researcher found from the participants responses were:

- Again the major response (69%) from participants found homoeopathy could be useful in Primary health Care as it has less side effects, is cheaper and could help with the nurses workload in the clinic.
- Some of the participants (18%) were of unsure due to the lack of knowledge.
- Other participants (13%) found that homoeopathy could not fit into the Primary Health Care system as it does not have a scientific basis, is toxic with lots of side effects and that homoeopaths are not trained.

As can be seen from the above themes, the majority of participants are in favour of having homoeopathy included into the Public Health Care sector, but there is a definite confusion amongst them on what homoeopathy is and how homoeopathic practitioners are trained, as some participants felt that they are the same as sangomas or herbalists.

The research has shown that, in order for homoeopathy to become more widely accepted into the health sector of the area, there needs to be more education regarding the practices and training of homoeopathy made available to the nurses, and to the public in general. This survey highlights the confusion that is rife over homoeopathy being Herbalism and that is an issue that can be addressed by the homoeopathic profession to grow the profession in the Public Health sector.

5.4 Part 2: Personal Information: Demographics

5.4.1 Question 3: Gender

Out of the 100 respondents that took part in the survey, 92% of the respondents were female and 8% of respondents were male (Table 4.1). The notable gender split of respondents may be due to the fact that the nursing field has been a predominately female dominated field.

5.4.2 Question 4: Race

The majority of the respondents were “African” with 50% followed closely by “Indian” 42% and then by “Coloured” 6%, “White” 1% and “Other” 1% (Table 4.2). This is not representative of the greater Kwa-Zulu Natal or South Africa.

5.4.3 Question 5: Home language

Out all of the respondents, majority were English speaking with 47% which was followed by IsiZulu with 40%. The rest of the respondents were then divided as the following: IsiXhosa 6%, “Other” 3%, Sestswana 2%, Afrikaans and SeSotho with 1% each.

5.5 Part 3: Knowledge of homoeopathy (Questions 6 – 10, 13 – 16)

5.5.1 Question 6: Is homoeopathy recognised by law in South Africa?

The majority of participants (58%) perceived that homoeopathy is recognised by the South African law and only (6%) of participants thought homoeopathy was not a legitimate form of medicine (Figure 4.4). Yet more than a third (36%) of participants were unsure whether homoeopathy is legal. This finding is in keeping with that obtained by Allopi (2008).

5.5.2 Question 7: Indicate below what you think a homoeopath does?

90% of participants thought homoeopaths emphasized a healthy lifestyle (Figure 4.5), which is comparable to other studies done by Paruk (2006) with 97% respondents to her survey and Harripershad (2009) with 84.4%. However 76.7% of participants thought homoeopaths prescribe plant extracts which further shows the trend that participants confuse homoeopathy with herbalism in this study.

89% of participants thought homoeopaths prescribe and dispense homoeopathic medicine. More than three-quarter (77.8%) of participants thought homoeopaths boost the immune system, which shows that the participants were aware of the benefits of homoeopathic medicines have on the immune system, ties into other findings by Harripershad (2009) and 54.9% of participants thought homoeopaths can treat the majority of diseases and can diagnose majority of diseases.

There a definite increase in awareness that homoeopaths do not prescribe antibiotics, as only 14.3% of participants thought that they did. 56% of participants were aware that homoeopaths do not prescribe painkillers.

There is some confusion between Iridology and Ophthalmology. Iridology is a diagnostic tool used by a few select homoeopaths and Ophthalmology is a medical examination of the internal and external parts of the eye for diseases of the eye. As 46.9% of participants were unsure for Iridology and 44% of participants were unsure for the Ophthalmologic examination.

There is also a misunderstanding that homoeopaths stimulate the skin with sharp needles (41.2%) by participants which is untrue. This is in fact acupuncture and thus not part of homoeopathy, and therefore participants need to be made aware of the distinction between the forms these two forms of alternative therapy.

50% of participants were unsure if homoeopaths made use of medicines that can cause the same symptoms in a healthy person. While 40.2% of participants knew that homoeopaths use medicines that are diluted and shaken (36.8% of them been unsure and 23% no). This shows that, although there is an improvement in the knowledge of homoeopathic medicine, the majority of participants are still unaware of what homoeopathic remedies are.

5.5.3 Question 8: Which of the following conditions do you think a homoeopath can treat?

The majority of participants thought that homoeopaths can most commonly treat (figure 4.6) colds and flu (89%) which is followed by: headaches (84.4%), diabetes (82.4%), coughs (81.1%) and skin problems (80.4%), painful periods (79.5%), arthritis (77.4%), blood pressure problems (73.3%), hot flushes (71.3%), unexplained tiredness (70.8%), allergies (64.8%), asthma (62.1), children complaints (54%), mental illness (53.9%).

This outcome is encouraging in that the majority of participants thought that homoeopathy could assist in treating all the major diseases. If they were made more aware of homoeopathy as a whole, this could lead to them perhaps considering advising their patients to use homoeopathy as an alternative source of medicine.

Homoeopathy was not considered to treat the following conditions: appendicitis (11.6%), broken bones (18%), AIDS (21.2%), complaints of pregnancy (32.2%), cancer (36.5%).

In fact the perceptions of the participants are fairly accurate in their assessment of when homoeopathy would not be suitable as in the case of appendicitis and broken bones, which would ordinarily require physical or surgical intervention, and whilst homoeopathy can assist in the healing process, it cannot be used in these instances as a single treatment protocol. However, homoeopathic practitioners may be completely capable of implementing such physical interventions if appropriately

trained bearing in mind their diagnostic background and proposed use of homoeopaths in the Primary Health Care environment. Thus, the nurses show good intuition in their perceptions, and again, given the correct information, they would be able to inform their patients in a well-educated manner on the benefits, and limitations, of homoeopathy in the public health sector. Many participants responded no to appendicitis and broken bones which is true, as homoeopaths we can assist in rapid healing in those cases.

5.5.4 Question 9: What kind of procedures would you expect a homoeopath to perform on his/her patients?

The majority of the participants perceived that the most commonly performed procedure conducted by homoeopaths was stimulating pressure points (74%) (figure 4.7). Such therapeutic measures are not inherent to the scope of practice of a homoeopathic practitioners but it may be found that individual practitioners include such in their practices as a result of additional registrations, training or common law practice. The participants (69%) thought that a homoeopath checks the vital signs (Blood pressure, height, pulse, temperature, weight), followed by examines the stomach (59%), listens to heart and breath sounds (58%) examines the chest (57%), tests muscle function (55%) and to tests nerves (49%) which are true, these findings are in line from other studies findings example Harripeshad's (2009) study. These results show that the majority of the participants are aware that homoeopaths in South Africa have had medical training, but there is doubt on how much medical training there is. This study shows that the public need to be made aware of the training that a registered homoeopath has to have in order to practice in South Africa.

Only 8% of participants thought that homoeopaths perform surgery, as 92% participants are aware that homoeopaths do not perform surgery. The low positive response of participants to "laboratory tests"(33%) and "special investigations"(24%) indicated a low level of awareness that homoeopaths are appropriately trained to diagnose any human condition and in order to do such, may be required to make use of any special investigation as permitted by their scope of practice.

5.5.5 Question 10: Do you agree with each of the following statements regarding homoeopathy.

As stated before 74% of participants' perceived homoeopathic medicines are made from plant extracts (Table 4.8) there is a misconception amongst the participants that homoeopathy is some form of herbalism.

The results showed that 58% of participants were aware of homoeopathy having a scientific basis. The findings correlate to the findings by Maharajh (2005) which showed 51.5% of General Practitioners and 42.8% of pharmacists together with Von Bardeleben (2009) study showed 51.2% of respondents thought homoeopathy did have a scientific basis. 33% of participants were unsure if homoeopathy has a scientific basis which ties in with the finding of Allopi (2009) which showed 50% of nurses were unsure if homoeopathy had a scientific basis.

In relation to the knowledge of homoeopathic medicine, 68% of participants thought there were no chemical/drug substances and 46.5% thought that one must believe in the medicine for it to work. Although 49% of participants thought that homoeopathic medicines have undergone clinical trials, 54% thought that the medicines were tested mainly through trial and error. In order for this misconception to be addressed, the results of more Homoeopathic clinical trials need to be made public and not restricted to just the profession, so the public is aware of ongoing trials.

Homoeopathy can be safely used in pregnancy if given by a trained homoeopath, but this study showed that only 24% of the participants are aware of this as well as the fact that homoeopathy can be used for paediatrics, however only 24% of participants thought this to be the case. One of the great benefits homoeopathy could have in the Primary health setting is for the treatment of side effects for vaccines, but in order for this to occur the perception of homoeopathy needs to be changed at a grass roots level.

The perception should change to the view that homoeopathy can work synergistically with allopathic medicine in a Primary Health Care environment, and this can be facilitated by the Department of Health, The Allied Health Association and The Medical and Dental Association forming a combined committee to discuss the evolution of this multi-disciplinary plan for the future Primary Health Care availability.

5.5.6 Question 13: The average homoeopathic consultation last approximately

The majority of participants thought the average homoeopathic consultation lasted approximately (Table 4.9) 30 minutes (34.44%) followed closely by participants thought the average homoeopathic consultation lasted 1 hour (30%). This is not a bad reflection as the nurses perceive that homoeopaths spend longer with their patients. This is in accordance with homoeopathic practice as consultations are generally longer than in orthodox medicine.

5.5.7 Question 14: Do you think that Medical Aids in South Africa fund homoeopathy?

The majority of participants were unsure (40%) if Medical Aids in South Africa fund homoeopathy. Only 28% of participants were aware that homoeopathy is funded by Medical Aids in South Africa. Most medical aids in South Africa do cover homoeopaths and this study shows that perhaps the medical aid schemes need to make their members more aware of what alternative therapies they do cover.

5.5.8 Question 15: Do you know if there are any training courses available to become a homoeopath?

Most of the participants (54%) were aware that there are training courses available to become a homoeopath (Table 4.11), which correlates with the finding from Harripershad's (2009) study, where 53.57% of respondents knew of facilities that offered homoeopathic training. 27% of participants were unsure and 19% did not know of any training courses to become a homoeopath. There are course available to become a homoeopath at the Durban University of Technology or at the University of Johannesburg.

5.5.9 Question 16: How long do you think it takes to qualify as a homoeopathic doctor in South Africa?

The majority of the participants (56%) were unsure of how long it takes to qualify to become a homoeopathic doctor (Figure 4.12). 12% of participants perceived that it took 4 years, followed by 10% of participants who thought it took more than 5 years. The average time it takes to qualify as a homoeopathic doctor in South Africa is between 5 to 6 years to complete with the addition of an average of 2 years to complete a dissertation. Allopi (2008) results from her study were that respondents from the private sector thought it took 4 years (68%) and the respondents from the public sector thought it took 1 to 2 years (55.6%).

If the participants were aware of the intensity and duration of the training courses their perception may change about the qualification of homoeopaths to treat patients. This un-surety again leads to the misconception that homoeopathy is not a recognised form of treatment that could be viewed as trustworthy.

5.6 Part 4: Attitudes and perceptions towards homoeopathy (Questions 11 – 12, 17 – 20)

5.6.1 Question 11: Do you think that homoeopathic medicines would be effective in the treatment of acute (short acting) conditions?

Most of the participants (46%) did not know if homoeopathic medicines would have been effective in treating acute conditions (Table 4.13) and 22% of participants perceived that homoeopathy is just as effective as conventional medicine in treating acute conditions, with 14% perceived homoeopathy more effective than conventional medicine. In acute conditions the response to a correct prescription is always rapid (Swayne, 1998:49).

5.6.2 Question 12: Do you think that homoeopathic medicines would be effective in the treatment of chronic (long lasting) conditions?

Just as the question above, 45% of the participants did not know if homoeopathic medicines would be effective in treating chronic conditions (Table 4.13) and there was also an exact correlation with the previous question that 22% of participants perceived that homoeopathy is just as effective as conventional medicine in treating acute conditions, and almost the same with 18% perceived homoeopathy more effective than conventional medicine.

5.6.3 Question 17: Would you use homoeopathy as a source of Primary Health Care?

With a positive result, 58% of the participants said they would use homoeopathy as a source of Primary Health Care (Figure 4.14), while 21% of participants would not use homoeopathy or were unsure if they would use homoeopathy as a source of Primary Health Care (as many of them had very little or no knowledge on homoeopathy).

5.6.4 Question 18: In your opinion do you see homoeopathy as:

Majority of participants (61%) saw homoeopathy as supportive therapy. Preventative health care (32%) which actually falls under Primary Health Care (27%), so when combined a total 59% perceived homoeopathy can be used a Primary Health care. The data demonstrates that there is a possibility of homoeopathy having a role to play in Primary Health Care, which may need to be defined further. Only a minority of participants (7%) saw that homoeopathy is of no value. There is a positive attitude towards homoeopathy by the participants.

5.6.5 Question 19: In your opinion, should homoeopathic treatment be as a treatment for most medical conditions?

With a very positive 71% (Table 4.16), most participants felt that homoeopathy should be available for most conditions, which correlates with Harripershad's (2009) findings. 28% of participants against homoeopathy been a possible treatment for most medical conditions. This study received a positive attitude to homoeopathy and the hope of homoeopathy being integrated into Primary Health Care.

5.6.7 Question 20: In your opinion, should homoeopathic treatment be available at hospitals and clinics?

Nearly three-quarter (74%) of all participants agreed that homoeopathy should be made available in hospitals and clinics (Table 4.16). In Allopi's 2008 study there were 70.06% of respondents believed homoeopathy does have a role to play in a hospital setting (Allopi, 2008). This is a very positive attitude from the participants towards homoeopathy, the insight that the have participants in homoeopathy as a possible choice of Primary Health Care.

5.7 Part 5: Experience in Primary Health Care (Questions 21 – 31)

(Below each discussion are the participants' comments from the questionnaire)

5.7.1 Question 21: Who is in charge of the Primary Health Care clinic?

Majority of participants (90%) said that nurses are in charge of Primary Health Care (PHC) clinics, with just 9% of participants that said doctors are in charge of clinics.

A summary of the comments made by the participants for question 21 (Appendix J)

The majority of Primary Health Care clinics are run by nurses, more often nurses with several years of Primary Health Care training. As nurses have to consult and diagnose patients on a daily basis as doctors only have a visiting role at most clinics, and those doctors whom are present at community health centres, nurses do the majority of the work.

5.7.2 Question 22: How many doctors are on duty per day?

The majority of participants (37%) said that there was 1 doctor on duty per day, but many had made an appendix saying that doctors came in only once a week for a few hours, and most of doctors mostly saw patients who had appointments with the doctor and a few emergency/difficult cases. 17% of participants said that there was no doctor on per day, also going back to the fact most clinics have only visiting doctors and no doctors permanently stationed at each clinic. With only 3% of participants said that they have more than 5 doctors on duty per day, and those apply to the community health centres which are a bigger scale Primary Health Care facility which have an overnight department/ward, but most departments in community health centres do not have a doctor in most departments/wards.

A summary of the comments made by the participants for Question 22 (Appendix J)

The majority of comments were on the fact that doctors paid the clinics weekly visits to the Primary Health Care clinics, and were not available on a permanent basis. Most of the visits by the doctors are for half a day, and the doctor only sees the patients that have an appointment with him/her and those cases that are referred to the doctor by the nurses.

5.7.3 Question 23: How many patients does a doctor on duty see per day?

The majority of participants (62.5%) said that doctors see more than 30 patients a day, but this could be attributed to the fact that most doctors are only available at most clinics for just 1 day a week. With only 14.6% said that doctors saw 20 patients a day.

A summary of the comments made by the participants for Question 23 (Appendix J)

The trend from the previous question (question 22) continues in 23. Doctors visit the clinic only once a week, depending on the clinic and the number of referred patients and those with appointments and the doctor, some doctors can see up to 120 patients but on average most doctors see about 30 patients in one visit.

5.7.4 Question 24: Is there a shortage of doctors in Primary Health Care clinics?

Most of the participants (87%) felt that there is a definite shortage of doctors in Primary Health Care clinics, with just 13% said that there was not a shortage. With such a big shortage of doctors, Homoeopaths are medically trained as diagnosticians and can fill this gap.

A summary of the comments made by the participants for Question 24 (Appendix J)

Again, the trend from the previous two questions continues. The trend of there is only one doctor that visits the clinic once a week. There is a definite shortage of doctors which has the nurses taking over the doctors responsibilities for the rest of the week when the doctor isn't available. Even the very few clinics that are open 7 days a week and do have doctors available on most day, those doctors are only available 5 of the 7 days of the week that the clinic is open. Some nurses felt that the municipalities do not have enough funds to hire more doctors.

5.7.5 Question 25: How many patients do you see in a day?

78% of the participants said that they saw more than 30 patients per day, with 11% said that saw on average 20 patients per day. There is both a shortage of nurses (as many nurses prefer to work in hospitals or more urban areas) and doctors at Primary Health Care clinics, thus the nurses that are currently working at clinics have bigger workloads than what they are supposed to have.

A summary of the comments made by the participants for Question 25

(Appendix J)

Depending on the day, the number of patients and the number of nurses present, a nurse can see anywhere between 30 to 80 patients, some even see have seen up 170 patients in a day. Nurse to patient ratios are very high due to the overcrowding experienced at Primary Health Care clinics. Many nurses consider this as quantity rather than quality care that the patient deserves, if not then there is a back up of patients leading to overcrowding at the clinics.

5.7.6 Question 26: In your opinion is there overcrowding in Primary Health Care clinics?

Almost all the participants (96%) agreed that there is a definite overcrowding of patients at Primary Health Care clinics, and only 4% disagreed. This overcrowding is due to the shortage of nurses and doctors and other staff.

A summary of the comments made by the participants for Question 26 (Appendix J)

Overcrowding is due to the lack of staff, which in turn leads to burnout for the nurses that are available. A negative impact because the burnout leads to a greater shortage of nurse and thus further overcrowding. Overcrowding is worse on the days doctors are available as every patient wants to see a doctor so they come on the day that they know the doctor will be at the Primary Health Care clinic.

5.7.7 Question 27: What is the average waiting time for patients to see a doctor/nurse?

The majority of participants (41%) said the average waiting time for patients to see a doctor or nurses is more than an hour, with 22% said the waiting period is a hour. Patients would find this difficult especially when they are sick.

A summary of the comments made by the participants for Question 27 (Appendix J)

On some days the wait for a patient to see a doctor or a nurse can be around 5 hours this depends again on the number of doctors and nurses that are available to see patients. The long waiting periods are due to overcrowding of patients and the shortage of staff /medical professional at Primary Health Care clinics. Hence the patients do not receive quality care instead the clinics are more like a “one stop shop”.

5.7.8 Question 28: What is the average travelling time for patients to a Primary Health Care clinic?

30% of participants thought the average travelling time for patients is 30 minutes, followed by 24% of participants said that patients travelled for 45 minutes. The average travelling time should not be as bad as the waiting time because “technically” there should be a Primary Health Care clinic in every district, but in reality this is not so, so depending on the location the patient lives and the mode of transport used (most use public transport) travelling time varies.

A summary of the comments made by the participants for Question 28 (Appendix J)

The travel time for a patient to a clinic should not be longer than the average waiting period. Travel time depends on the how far from the clinic the patient lives and the mode of transport used more often than not patients use public transport. Some patients walk to their closest clinics. In rural areas the travel time is greater because the clinics are far out.

5.7.9 Question 29: What is the current state of Primary Health Care clinics?

The perceptions on the current state of Public Health Care clinics were split amongst the participants. This ranged from very good (17%), to good (23%), to fair (30%), to poor (17%) and very poor (11%). As can be seen from this, the nurses still have a more positive than negative outlook on the clinics, which could only be bolstered if more health care professionals were utilised in this sector.

A summary of the comments made by the participants for Question 29

(Appendix J)

On average most participants agreed the condition of Primary Health Care clinics are fair, even those that said that the condition of the clinics are good agreed that there is always room for growth of state of Primary Health Care from the shortage of doctors, nurses and medication, overcrowding to better medical equipment and infrastructure.

5.7.10 Question 30: What can a homoeopath do to assist in a Primary Health Care clinic?

The common themes found in Question 30 were:

- Little to no knowledge on Homoeopathy, therefore unsure of what a homoeopath can do to assist in a Primary Health Care clinic.
- Homoeopaths can educate patients or health professionals on homoeopathy and health education and/or lifestyle changes.
- To assess, diagnose and treat patients, and dispense homoeopathic medication (which has less side effects).
- Homoeopaths can practice in Primary Health Care clinics which will reduce the workload for nurses and doctors and prevent overcrowding.

Again a large portion of the participants (21%) did not know what homoeopathy is and what a homoeopath can do, so were unsure of what a homoeopath could do to assist. 20% of participants were confused about the training of homoeopaths and believed that homoeopaths could only educate the public together with nurses and doctors on homoeopathy and health education and/or lifestyle changes (this trend follows the trend that was found in Question 7). Only 4% felt outright that homoeopaths could not assist. 7% thought that with the employment of homoeopaths in Primary Health Care clinics would decrease the workload for health professional, which in turn would reduce overcrowding in clinics. The majority of participants (38%) felt that homoeopaths can treat patients in Primary Health Care clinics. There was mostly positive feedback from the participants, indicating that there is place for homoeopathy in Primary Health Care.

5.7.11 Question 31: Homoeopathy should play an active role in the Primary Health Care system in South Africa

The majority of the participants strongly agreed (40%) that homoeopathy should have an active role in Primary Health Care system in South Africa, and a further 29% of participants agreed that homoeopathy should play an active role. Together 69% of participants had a very positive view on homoeopathy having a role to play in Primary Health Care.

Only 4% of participants strongly disagreed, and just 1% disagreed, with a total of 5% having a negative view of homoeopathy having an active role in the Primary Health Care system, which is minor to those that agree.

26% of participants were undecided this could have been due to the fact that there is a lack of knowledge on homoeopathy amongst the target group. This needs to seriously be looked into as nurses are normally the first contact most patients have for medical care, and can advise patients on health care and alternative forms of medicine.

To conclude this chapter, the results show that there is a definite lack of knowledge on homoeopathy and its principles, which can be easily remedied by introducing an educational programme on homoeopathy to Primary Health Care nurses and other medical professionals. On a very positive note, participants' had shown a favourable attitude towards homoeopathy as a source of Primary Health Care.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

The results of the survey provided data on registered nurses employed in Primary Health Care clinics/centres in the Ethekewini Municipality District. Their general knowledge of homoeopathy, attitudes and perceptions of homoeopathy and their experience in Primary Health Care were assessed. The study indicated that the target group had a lack of knowledge on homoeopathy however the participants had a positive attitude towards homoeopathy and its inclusion in Primary Health Care system in South Africa. The results are representative of the participating individuals and not the entire Primary Health Care nursing population in the Ethekewini Municipality District. Generalisation of results and conclusions regarding the perceptions of Primary Health Care nurses regarding homoeopathy can be extremely tentative.

The main aim of this study was to determine the knowledge, attitudes and perceptions of Primary Health Care nurses in the Ethekewini Municipality District regarding the inclusion of homoeopathy in Primary Health Care.

On a very positive note, 74% of participants thought homoeopathy should be available in hospitals and clinics and 71% of participants thought homoeopathy

should be offered as a treatment for most medical conditions. This is an indication for growth of homoeopathy outside the private sector of the South African health care system.

As many participants had thought of homoeopathy as a form of herbalism that uses plant extracts as their medicine. They were concerned of interaction of these herbs with other medicines. Homoeopathy is a form of natural medicine.

The main misconceptions that arose from the study, that were homoeopaths stimulate pressure points, prescribe plant extracts and stimulates the skin with sharp needles. Homoeopathic philosophy emphasizes a healthy lifestyle. It was also noted that nurses believed that there was a placebo effect. The nurses appeared to be unaware that clinical trials are often undertaken for homoeopathic medicines although not on a wide scale. This perception is accurate as homoeopathic medicines are not strictly regulated before being commercially available.

Attitudes were very positive overall as many participants said that they would homoeopathy as a source of Primary Health care. A total of 69% of participants agreed on some level that homoeopathy should play an active role in Primary Health Care system in South Africa. The results show that participants are open and are keen to use homoeopathy as an alternate form of medicine to conventional medicine.

In conclusion the researcher suggests that homoeopathic courses/seminars be developed for the education of Primary Health Care nurses as, if they are educated

on homoeopathy, they can in turn educate their patients. The researcher distributed pamphlets on homoeopathy in both English and Isi-Zulu at the Primary Health Care clinics that participated in the study. The pamphlet on homoeopathy informed the Primary Health Care nurses on the training of homoeopathic practitioners and the scope of homoeopathy, many of the nurses showed a keen interest in homoeopathy. In addition to providing more accurate information to their own patients when queries surrounding homoeopathy arises this may also lead to the personal use of homoeopathy by the nurses themselves.

6.2 Recommendations

The following recommendations are made:

- This study was limited to the Ethekewini Municipality District. A larger study would be appropriate in order to obtain a wider perspective and a broader understanding of Primary Health Care nurses. It is recommended that surveys be conducted in other areas of South Africa.
- This study was limited to registered and professional Primary Health Care nurses. Further studies should include all registered/professional nurses together with the enrolled/staff and auxiliary nurses in the Ethekewini Municipality District including the private Primary Health Care clinics, medical centres, private practices and retirement homes.
- A survey should be conducted in the future using both private and public Primary Health Care clinics with a comparison between the perceptions of public and private Primary Health Care nurses should be done.
- Clinic managers and other staff (eg pharmacists) working at Primary Health Care clinics especially at the larger community health centres should also be surveyed.

- Survey nursing students to assess their knowledge, attitudes and perceptions toward Homoeopathy.
- Use other methods of data collection – for example, in-depth interviews with Primary Health Care nurse or head nurse as their experience in Primary Health Care is vast compared to information gained via a self-administered questionnaire.
- For future use of the current questionnaire, Section 1: Information should be amended. Questions 1 and 2 should be included under Section 3: What do you know about Homoeopathy.
- Conducting the survey in the other official languages of South Africa.
- There is a definite need for an education programme to be developed for nurses especially those working in Primary Health Care to clear up any misconceptions regarding Homoeopathy. Seminars and lectures by Homoeopathic practitioners and the Homoeopathic Association of South Africa (HSA) to further educate the nurses working in Primary Health Care should be established.
- As most Primary Health Care nurses are the first and sometimes the only medical care patients receive, it is imperative that nurses are educated in

homoeopathy. It is also very important that homoeopathic practitioners and HSA provide the public with basic homoeopathic education as a possible alternative to conventional medicine together with its scope of treatment and its benefits.

- Homoeopathy needs to increase its advertising via media to increase its exposure to the public. It is also recommended that homoeopathic practitioners and HSA distribute pamphlets on homoeopathy (in English and IsiZulu) to patients and nurses alike at Primary Health Care clinics.
- The researcher experienced a problem, where nurses were not willing or on the sceptical side to sign a consent form for a survey as the form had asked them to provide their full names and their identity numbers (especially with increase in crime and identity theft) and that this survey was stated to be anonymous . For future surveys, if a consent form is required the name and signature of the participant should be sufficient as a participant's consent to participate in the survey.
- The researcher found the collection of the questionnaires timeously was difficult due to the busy nature of Primary Health Care clinics. Enlisting the help of the head nurse or one of the nurses to ensure prompt collection in the future and setting up an appointment with the head nurse for the collection is recommended.

- It is the researcher's opinion that multi-disciplinary clinics would be beneficial to the general public health care system, in that it will lead to more practitioners available to care for the population. This should be done at government level as at present, the laws do not allow integration of different disciplines. In the view of this, the Department of Health and the relevant parties to be more open in this matter.

REFERENCES

- Alternative Medicine – body, cure, chronic, people, physical, health, care. 2012. Faqs.org. Available: <http://www.faqs.org/health/Healthy-Living-V2/Alternative-Medicine.html> [Accessed June 2012].
- Allied Health Professions Council of South Africa. 2012[online]. Homoeopathy. Available: http://www.ahpcsa.co.za/ph_pbhnp_homeopathy.htm [Accessed 6July 2012].
- Allopi, K. 2008. A survey to determine the perceptions of nurses in the Ethekwini region towards Homoeopathy. M.Tech (Hom) mini-dissertation, Durban University of Technology, Durban.
- Amma Resonance healing Foundation Newsletter. 2012[online]. Available: <http://www.arfh.nl/docs/ARFH> Newsletter April 2012.pdf.
- Babaletakis, F. 2006. A Retrospective Survey of Post-Graduate Career Paths of Durban Institute of Technology (DIT- Formerly Technikon Natal) Homoeopathic Graduates from 1994-2004. M.Tech (Hom) dissertation, Durban Institute of Technology, Durban.
- Ben-Arye, E. Frenkel, M. Klein, A. and Scharf, M. 2008. Attitudes toward integration of complementary and alternative medicine in primary care:

perspectives of patients, physicians and complementary practitioners.

Department of Family Medicine, Israel. Vol 70(3) 395-402.

- Bourne, B. 2009. Healing modalities related to natural therapies. Integrative health care: a Guide to meet the needs of Africa. Chapter 7. Cape Town, South Africa: Juta and Co Ltd.
- De Haan, M. Dennill, K. and Vasuthevan, S. 2005. The Health of Southern Africa. 9th edition. Republic of South Africa: Paarl print.
- Department of Health: Republic of South Africa. 2008. Nursing Strategy for South Africa. Available: <http://www.sanc.co.za/pdf/nursing-strategy.pdf>. [Accessed: January 2013].
- De Schepper, L. 2001. Hahnemann Revisited. Santa fe, United States: Full of Life Publications.
- Dooley. 2001. Homoeopathy. Beyond Flat Earth Medicine. San Deigo: Timing Publication.
- Esterhuizen, T.M (tonya.esterhuizen7@gmail.com). 16 March 2012. Letter of Confirmation (Statistical Analysis) emailed to S. Pillay (shavaninaiken@yahoo.com).

- Esterhuizen, T.M (tonya.esterhuizen7@gmail.com). 27 August 2012.
Statistical Analysis completed and emailed to S. Pillay
(shavaninaiken@yahoo.com).
- Frenkel, M. Ben-Arye, E. Carlson, C. and Sierpina, V. 2008[online]. Integrating complementary and alternative medicine into conventional primary care: the patient perspective. PubMed. Available:
<http://www.ncbi.nlm.nih.gov/pubmed/18466848/> [Accessed 30 May 2012].
- Gower, N (ntg@netactive.co.za). 2012. Personal communications via email to S. Pillay [March 2012].
- Harripershad, S. 2009. A survey to determine the perceptions of parent in the Central Durban area towards Paediatric Homoeopathy. M.Tech: (Hom), dissertation. Durban University of Technology, Durban.
- Healthcare in South Africa. 2010 [online]. MediaClubSouthAfrica. Available:
http://www.medioclubsouthafrica.com/index.php?option=com_content&view=article&id=article&id=102:healthcare&catid=34 [Accessed 7 July 2010].
- Homoeopathic Association of South Africa, 2011[online]. Homoeopathic Training. Available:
http://www.hsa.org.za/index.php?option=com_content&task=view&idltmid=86
[Accessed 24 June 2011].

- Hsu, C. Cherkin, D.C. Hoffmeyer, S. Sherman, K.J. Philips, and W.R. 2008[online]. Patient and clinician openness of including a broader range of healing options in primary care. The Annals of Family Medicine 2011;9: 477-453. Available: <http://annfammed.org/content9/5/447/suppl/DC2> [Accessed 30 May 2012].
- Innocent, M. 2010 [online]. Why People Are Choosing Homoeopathy As Their Primary Health Care. Available: <http://ezinearticles.com/?Why-More-People-Are-Choosing-Homeopathy-As-Primary-Health-Care.php>. [Accessed 25 May 2010].
- Jha, N and Kannan, A.T. 2006. Utilising Traditional healers in Primary Health Care. World Health Organisation: Regional Health Forum Who South-Asia Region. Vol 5(2).
- Kautzky, K and Tollman, S.M. 2008. A Perspective on Primary Health Care in South Africa. South African Health Review. Chapter 2. Health Systems Trust.
- Khoosal, B. 2007. A survey of perceptions of Homoeopathy by registered Chiropractors in South Africa. M.Tech (Hom) dissertation, Durban University of Technology, Durban.

- Khumalo, G (gugu.khumalo@kznhealth.gov.za). 5 June 2012. Letter of Approval from the KZN Health Department emailed to S.Pillay (shavaninaiken@yahoo.com).
- Khumalo, G (gugu.khumalo@kznhealth.gov.za). 13 June 2012. Lists of Primary Health Care facilities emailed to S.Pillay (shavaninaiken@yahoo.com).
- King, M.O. Pettigrew, A.C. and Reed, F.C. 2000. Complementary, alternative, integrative: have nurses kept pace with their clients. *Dermatology Nursing*. Vol12 (1):41-4.
- Leckridge, B. 1997. *Homoeopathy in Primary Health Care*. Singapore: Longman Singapore Ltd.
- Lehmann, U. 2008. *Strengthening Human Resources for Primary Health Care*. South African Health Review. Chapter 11. Health Systems Trust.
- Macquet, T.2007. The perceptions and awareness of homoeopathy at the homoeopathic day clinic (HDC) amongst students at DUT. M Tech: (Hom) dissertation, Durban University of Technology, Durban.

- Maharajh, D. 2005. A survey to determine the perception of general practitioners and pharmacists in the greater Durban region towards Homoeopathy. M. Tech. Thesis, Durban University of Technology.
- McKay, A.M. 2005 [online]. Nursing & Homoeopathy. Advance for Nurses. Vol 5(26): 39. Available: <http://nursing.advanceweb.com/Article/Nursing--Homeopathy.aspx>. [Accessed: 29 June 2012].
- Medicine Net.com. 2012[online]. Conventional Medicine. Available: <http://www.medterm.com/script/main/art.asp?articlekey=33527> [Accessed 19 August 2012].
- Moys, E.R. 1998. The perceptions of affluent white and Indian people communities in the greater Durban area towards Homoeopathy. M. Tech: (Hom), dissertation, Technikon Natal, Durban.
- Mufamadi, G (grace.mufamadi@durban.gov.za). July 2012. List of clinics that fall under the Ethekewini Municipality via email to Shavani Pillay (shavaninaiken@yahoo.com).
- Mufamadi, G. 27 July 2012. Letter of Approval via fax from Ethekewini Municipality: Health, Safety and Social Services Cluster Health Unit to Shavani Pillay (via Tiny at Devru Construction).

- Naicker, S. 2008. A survey of medical specialists perceptions and interactions with Homoeopathy. M.Tech: (Hom) dissertation, Durban University of Technology, Durban.
- National Centre of Complementary and Alternative Medicine. 2012[online]. Complementary and Alternative Medicine. Available: <http://www.nccam.nih.gov/health/whatiscaam> [Accessed 19 August 2012].
- Ottermann, B. 2010. Homoeopathy- Gift or Con? Available: <http://www.health24.com/natural/General/17-2892,59066.asp> [Accessed 6 July 2012].
- Paruk, F. 2006. A survey to determine the perceptions that exist amongst pregnant adults towards the use of Homoeopathy during pregnancy. M.Tech (Hom) dissertation, Durban University of Technology, Durban.
- Paterson, C. 2000. Primary Health Care transformed: complementary and orthodox medicine complementing each other. Complementary Therapies in Medicine, Vol 8: 47- 49.
- Prinsloo, J.P. 2000 [online]. Homoeopathy in Perspective. Available: <http://www.biocura.co.za/homeopathy.html> [Accessed 2007].

- Riley, D. Fischer, M. Singh, B. Haidvogel, M. and Heger, M. 2001.
Homoeopathy and conventional medicine: an outcomes study comparing effectiveness in a primary setting. The journal of alternative and complementary medicine. Vol 7(2): 149-159.
- SA Faculty of Homoeopathy. 2012[online]. Homoeopathy Education & Training. Available:
http://www.homeopathysouthafrica.co.za/homeopathy_education_training.htm
[Accessed: 06 July 2012].
- Singh, V. Harries, C. and Naidoo, D.M. 2004. The prevalence, patterns of usage and peoples attitudes towards complementary and alternative medicine (CAM) amongst the Indian community in Chatsworth, South Africa. Biomed. Central Complementary and Alternative medicine. Vol 4:3. Available:
<http://www.pubmed.nih.gov/articlerender.fcgi.artid> [Accessed July 2011].
- Small, D. 2004. The perception of Homoeopathy amongst grade 12 learners in Durban, South Africa. M.Tech (Hom) dissertation, Durban University of Technology, Durban.
- Smillie, T. 2010. A clinical audit of the Durban University of Technology Homoeopathic satellite clinic at Ukuba Nesibindi. M.Tech (Hom) dissertation, Durban University of Technology, Durban.

- Sohn, P.M. and Cook, C.A.L. 2002. Nurse practitioners knowledge of complementary alternative health care: foundation of practice. *Journal of Advanced Nursing*. Vol 39(1): 9-16.
- Stanhope, M. and Lancaster, J. 2004. *Community and public health nursing*. 6th edition. United States of America: Mosby Inc.
- Strasser, S. and Gwele, N. 1998. Nurse oriented primary health care- the need of nurses. Health Systems Trust.
- Swayne, J. 1998. *Homeopathic Method: Implication for Clinical Practice and Medical Science*. Edinburgh: Churchill Livingstone.
- Sweidan, M. 2007. A retrospective survey of post-graduate career paths of Technikon Witwaterstrand (TWR) Homoeopathic graduates from 1998-2004. M.Tech (Hom) dissertation, Durban Institute of Technology, Durban.
- Tanser, F. Gijsbertsen, B. and Herbst, K. 2006 [online]. Modelling and understanding Primary Health Care accessibility and utilization in rural South Africa: An exploration using a geographical information system. Available: <http://www.sciencedirect.com/science/article/B6VBF-4JKJT96-1/2/01b23952556a161a4b2bb9326a4a4185> [Accessed 2 March 2011].

- The free dictionary. 2012[online]. Alternative medicine. Available:
http://www.thefreedictionary.com/_dict.aspx?word=alternativemedicine
[Accessed 19 August 2012].
- The National Department of Health: Republic of South Africa. 2011a [online].
National Health Insurance in South Africa: Policy Paper. Available:
<http://www.info.gov.za/> [Accessed March 2012].
- The National Department of Health. 2011b [online]. National Health
Insurance. Available:
<http://www.doh.gov.za/list.php?type=National%20Health%20Insurance>
[Accessed March 2012].
- The Maun Homoeopathy Project Newsletter. 2007 [online]. Available:
<http://www.homeopathyschool.com/downloads/misc/Botswana%20NL%20Feb07.pdf>.
- Thorvaldsen, S. 2007. A survey to determine the perceptions of 3rd year
medical students at the University of Cape Town and the University of
KwaZulu Natal towards Homoeopathy. M. Tech. Thesis, Durban University of
Technology, Durban.
- Timah, N. Herbal medicine in Cameroon and North Caroline. Appalachian
Journal 27(4):354-367.

- Turner, T.L. 2005. A survey to determine the perceptions of veterinarians towards Homoeopathy and the utilization of Homoeopathy by veterinarians in Kwa-Zulu Natal. M.Tech (Hom) dissertation. Durban Institute of Technology, Durban.
- Ullman, R. and Reichenberg-Ullman, J. 1995. The patients guide to Homeopathic Medicine (Updated). Edmonds, Washington: Picnic Point Press.
- Van Haselen, R.A. Reiber, U. Nickel, I. Jakob, A. and Fisher, P.A. 2004. Providing Complementary and Alternative Medicine in primary care: the primary care workers' perspective. Complementary Therapies in Medicine: Vol 12(1): 6-16.
- Van Rensburg, H.C.J. 2004. Health and Health care in South Africa. Van Pretoria, South Africa: Schaik Publishers.
- Van Wyk, N.C. 2009. Integrative healthcare: Principles and descriptions. Integrative Healthcare: A guide to meet the needs of Africa. Chapter 1. Cape Town, South Africa: Juta and Co Ltd.
- Vithoulkas, G. 1998. The Science of Homoeopathy. New Delhi, India: B Jain Publishers.

- Von Bardeleben, C.L. 2009. A survey of the perception of homoeopathy amongst parents of children aged 3 to 7 years old at pre-primary schools in the Pinetown district. M. Tech: (Hom), dissertation. Durban University of Technology, Durban.
- World Health Organisation alma Ata Conference. 1978 [online]. Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Available: http://www.who.int/publications/almaata_declaration_en.pdf [Accessed June 2009].
- Wortmann, L.E. 1997. The perceptions of veterinary surgeons towards acupuncture and Homoeopathy in veterinary medicine. M.Tech (Hom) dissertation. Technikon Natal, Durban.
- Zanini, A. Quattrin, R. Goi, D. Frassinelli, B. Panriti, M. Carpanelli, I. and Brusaferro, S. 2007. Italian oncology nurses knowledge of complementary and alternate therapies: national survey. Journal of Advanced Nursing. Vol62(4): 451-456.

LIST OF APPENDICES

- Appendix A – Letter of Information and consent
- Appendix B – Letter of Permission
- Appendix C – The Questionnaire
- Appendix D – Letter of Confirmation (Statistical analysis)
- Appendix E – The revised list of Primary Health Care clinics supplied by KZN Health Department and the Ethekewini Municipality Health Department
- Appendix F – Letter of Support from the District Manager
- Appendix G – Letter of Approval from KZN Health Department
- Appendix H – Letter of Approval from Ethekewini Municipality Health Department
- Appendix I – List of Preliminary randomly selected Primary Health Care clinics
- Appendix J – Comments from Section 4

APPENDIX A

Letter of Information and Consent

Letter of Information and Consent

Dear Participant

Thank you for taking time out to complete the survey. Your input is greatly appreciated.

The purpose of the study is to assess if Homoeopathy can be introduced in to the Primary Health Care system in South Africa. Homoeopathy is an alternate form of treatment that can be offered in a Primary Health Care environment that can be beneficial to the public. As nurses are often in charge of community clinics, this study aims to get nurses perceptions of integrating homoeopathy into these clinics.

The information we gather will help identify areas of concern so that the homoeopathic profession may address these in the near future.

Title of the Research Study: The knowledge, attitudes and perceptions of Primary Health Care nurses in the Ethekwini Municipality District with regards to the inclusion of homoeopathy in Primary Health Care.

Principle Investigator/s: Shavani Pillay

Co-Investigator/s: Dr I. M.S. Couchman (M:Tech:Hom)

Outline of the Procedures: The researcher will approach you, and ask you if you will be willing to participate in the survey, interested parties will be given a letter of information and consent and once this form is completed, the researcher will hand you a copy of the questionnaire to complete. The researcher will then leave for you to complete the questionnaire in privacy, the researcher will remain in the clinic to answer any queries should they arise. Once you have completed the questionnaire, drop the questionnaire into a sealed box that will be available.

Risks or Discomforts to the Subject: None

Benefits: None

Reason/s why the Subject May Be Withdrawn from the Study: You are free to withdraw at any time of the research.

Remuneration: None

Costs of the Study: There will be no costs for the participant.

Confidentiality: We would like to assure you that the information you offer is strictly confidential, and no personal details are required of you. During the processing of the data the participants will be referred to by numbers.

Research-related Injury: None

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

Shavani Pillay
079 1652 303

Dr I.M.S. Couchman
072 2332 458

Statement of Agreement to Participate in the Research Study:

(I,.....subject's full name, ID
number....., have read this document in its entirety and understand its
contents. Where I have had any questions or queries, these have been explained to me
byto my satisfaction. Furthermore, I fully understand that I may
withdraw from this study at any stage without any adverse consequences and my future Health care will not be
compromised. I, therefore, voluntarily agree to participate in this study.

Subject's name (print)

Subject's signature: Date:

Researcher's name (print):

Researcher's signature:Date:

Witness name (print) signature:

Witness signature:Date:

Supervisor's name (print):Supervisor's signature:

APPENDIX B

Letter of Permission

The District Manger
Ethekewini Health District
Mayville
4000

23 April 2012

Dear Sir/ Madam

Re: Permission to conduct a survey

I am currently registered for a Master's Degree at the Durban University of Technology. In order to obtain my degree I am required to complete my dissertation. My dissertation is a quantitative survey to determine the knowledge, attitudes and perceptions of Primary Health Care nurses with regards to the inclusion of Homoeopathy in Primary Health Care.

In order to complete the survey, I am requesting permission to conduct my research. My research proposal has been attached for your perusal. Anonymity and confidentiality of information is guaranteed. Participants are not required to disclose their personal details. Your support and permission to conduct the study at your facility will be appreciated.

Yours Sincerely

Signature

S Pillay (Mrs)
M Tech Student
Contact number: 0791652303
Email: shavaninaiken@yahoo.com

I Couchman (Dr)
Supervisor
Contact number: 0722332458
Email: ingridc@dut.ac.za

APPENDIX C

Questionnaire

A survey to determine how Primary Health Care Nurses perceive homoeopathy fitting into Primary Health Care

Section1: Information

1.1) What is your knowledge of homoeopathy?

1.2) Do you think homoeopathy could fit into Primary Health Care? Please explain your answer.

Please tick the appropriate box in each of the three Sections

Section 2: Personal Information

2.1) Are you:

Male	
Female	

2.2) Which race group do you belong to? (Please note: Only for statistical purposes)

Black	
Coloured	
Indian	
White	
Other (Please specify)	

2.3) What is your home language?

English		Sesotho	
Afrikaans		Setswana	
IsiZulu		SiSwati	
IsiNdebele		Tshivenda	
IsiXhosa		Xitsonga	
Northern Sotho		Other(Please specify)	

Section 3: What do you know about homoeopathy

Tick appropriate box

3.1) Is homoeopathy recognized by law in South Africa?

Yes	
No	
Unsure	

3.2) Indicate below what you think a homoeopath does (you can include more than one answer)

	Yes	No	Unsure
Take blood pressure			
Stimulate the skin with sharp needles			
Boosts the immune system			
Usually prescribes painkillers			
Prescribes medicines that are diluted and shaken			
Can diagnose the majority of diseases			
Makes use of medicines that can cause the same symptom			
Make use of antibiotic treatments			
Iridology (Study of the iris to make a diagnosis)			
Prescribes plant extracts			
Emphasizes a Healthy lifestyle			
Can treat the majority of diseases			
Prescribes and dispenses their own Homoeopathic medicine			
Ophthalmological examination			

3.3) Which of the following conditions do you think a homoeopath can treat
(Tick more than one option if needed):

	Yes	No	Unsure
Blood pressure problems			
Diabetes			
Colds/Flu			
Cancer			
AIDS			
Arthritis			
Headaches			
Painful periods			
Skin problems			
Mental illness eg Anxiety or Depression			
Complaints of pregnancy			
Broken bones			
Allergies			
Unexplained tiredness			
Appendicitis			
Asthma			
Hot flushes			
Children complaints			
Coughs			

3.4) What kind of procedures would you expect a homoeopath to perform on his/ her patients?
(Tick more than one option if needed)

Checks height, blood pressure, pulse, temperature, weight	
Examines the chest	
Examines the stomach	
Listens to heart and breath sounds	
Request laboratory tests (such as blood tests)	
Request special investigations (such as X-rays)	
Stimulates the pressure points	
Surgery	
Test muscle function	
Tests nerves	
Other (Please specify)	

3.5) Do you agree with each of the following statements regarding homoeopathy
(Please tick each statement)?

	Yes	No	Unsure
Homoeopathy has a scientific basis			
The medicine do not contain chemical/drug substance			
Medicines are made from plant extract only			
For the medicine to work you must believe			
Medicines have been tested through trial and error over many years			
Homoeopathic medicines have undergone clinical trials			
Homoeopathy works only on conditions that are not treatable by conventional medicines			
Homoeopathic medicines are safe to use in newborns and infants			
Homoeopathic medicines are safe to use during pregnancy			

Please tick the appropriate box

3.6) In the treatment of acute (short lasting) conditions, do you think that homoeopathic medicines are:

Not effective	
More effective than conventional medicine	
Less effective than conventional medicine	
As effective as conventional medicine	
Don't know	

3.7) In the treatment of chronic (long lasting) conditions, do you think that homoeopathic medicines are:

Not effective	
More effective than conventional medicine	
Less effective than conventional medicine	
As effective as conventional medicine	
Don't know	

3.8) The average homoeopathic consultation last approximately:

10 minutes	
20 minutes	
30 minutes	
40 minutes	
1 hour	
1 ½ hours	

3.9) Do you think that Medical Aids in South Africa fund homoeopathy?

Yes	
No	
Unsure	

3.10) Do you know if there are any training courses available to become a homoeopath?

Yes	
No	
Unsure	

3.11) How long do you think it takes to qualify as a homoeopathic doctor in South Africa?

1 years	
2 years	
3 years	
4 years	
5 years	
5 years or more	
Unsure	

3.12) Would you use homoeopathy as a source of Primary Health Care

Yes	
No	
Unsure	

3.13) In your opinion do you see homoeopathy as:

Preventive	
Primary Health Care	
Supportive therapy	
Recuperative for illness	
Of no value	

3.14) In your opinion, should homoeopathic treatment be offered as a treatment option for most medical conditions?

Yes	
No	

3.15) In your opinion, should homoeopathic treatment be available at hospitals and clinics?

Yes	
No	

Section 4: Your experience in Primary Health Care
Tick the appropriate box

4.1) Who is in charge of the Primary Health Care clinic?

Nurses	
Doctors	

Comments_____

4.2) How many doctors are on duty per day?

None	
1	
2	
3	
4	
5	
5 or more (Please specify	

Comments_____

4.3) How many patients does the doctor on duty see per day?

Less than 5	
5	
10	
20	
30	
30 or more (Please specify)	

Comments_____

4.4) Is there a shortage of doctors in Primary Health Care clinics?

Yes	
No	

Comments _____

4.5) How many patients do you see in a day?

5	
10	
15	
20	
30	
30 or more (Please specify)	

Comments _____

4.6) In your opinion is there overcrowding in Primary Health Care clinics?

Yes	
No	

Comments _____

4.7) What is the average waiting time for patients to see a doctor/nurse?

Less than 15 minutes	
15 minutes	
30 minutes	
45 minutes	
An hour	
More than an hour	

Comments _____

4.8) What is the average travelling time for patients to a Primary Health Care clinic?

Less than 15 minutes	
15 minutes	
30 minutes	
45 minutes	
An hour	
More than an hour	

Comments _____

4.9) What is the current state of Primary Health Care clinics?

Very good	
Good	
Fair	
Poor	
Very poor	

Comments _____

4.10) What can a homoeopath do to assist in a Primary Health Care Clinic?

4.11) Homoeopathy should play an active role in the Primary Health Care system in South Africa

Strongly agree	
Agree	
Undecided	
Disagree	
Strongly disagree	

APPENDIX D

Letter of Confirmation (for Statistical Analysis)

LETTER OF CONFIRMATION (STATISTICAL ANALYSIS)

16 March 2012

I—Tonya M Esterhuizen- confirm that I have been consulted by Mrs Shavani Pillay regarding the proposed statistical design and analysis for the following research topic:

The knowledge, attitudes and perceptions of Primary Health Care Nurses in the Ethekwini Municipality District with regards to the inclusion of Homoeopathy in Primary Health Care.

I have proposed a sample size of 100 nurses would be sufficient for this study, since the objectives are purely descriptive. The population is defined as all primary health care nurses in eThekweni municipality. The population size is unknown at present, as is the total number of primary health care clinics in eThekweni. Once this is known, that facilities will be randomly sampled and then from within the sampled facilities, the sample of nurses will be systematically selected until the required sample size is reached. Data will be analysed using IBM SPSS version 19. Descriptive statistics such as frequency tables and bar charts will be used for categorical variables, while means, standard deviations and range will be used to summarise quantitative variables.

I have agreed to be the statistician on the project, and have estimated my time will be 7 hours at R450 per hour = R3150.

Signature: Tonya M Esterhuizen

Qualification: ---M.Sc-----

Clinic Name	Authority	Suburb	Phone No.	Clinic Name	Authority	Suburb	Phone No.
-------------	-----------	--------	-----------	-------------	-----------	--------	-----------

APPENDIX E

The Revised list of Primary Health Care clinics supplied by the KZN Health Department and the Ethekewini Municipality Health Department

Addington Gateway Clinic C	Provincial	Durban	031-3272000	Molweni Clinic	Provincial	LINKHILL S	776 3364
Albert Park Satellite Clinic	Local Authority	DURBAN	031-300 3121	Montclair Clinic	Local Authority	DURBAN	031-468 4428/083 459 8567
Amanzimtoti Clinic	Local Authority	Durban	031-3115598	Morningside Clinic	Local Authority	None	None
Amaoti Clinic	Provincial	Mount Edgecombe	031-5195967	Motala Heights Satellite Clinic	Local Authority	PINETOWN	031-700 2741
Amatikwe Clinic	State Aided	New Germany	031-2058060	Mpolo Clinic	Local Authority	Pinetown	031-7032627
Asherville Satellite Clinic	Local Authority	DURBAN	083 459 8565	Mpumalanga Clinic	Provincial	Mpumalanga Township	031-7720078
Athlone Park Clinic	Local Authority	Durban	031-3115880	Msunduze Bridge Clinic	Provincial	Cato Ridge	031-7828251
Austerville Clinic	Local Authority	None	031-4612496	Mzamo Clinic	Local Authority	Pinetown	031-7063629
Bambayi Clinic	Provincial	None	None	Mzomusha Clinic	Provincial	None	None
Barracuda Clinic	Local Authority	KWAMASHU	None	Nagina Clinic	Local Authority	Pinetown	031-7062778
Bayview Clinic	Local Authority	Durban	031-4000086	New Germany Clinic	Local Authority	Pinetown	031-7181052
Beatrice Street Clinic	Provincial	None	031-3096097	Newlands East Clinic	Provincial	None	031-5772913
Bekulwandle Bekimpilo Clinic	State Aided	New Germany	031-2058060	Newlands West Clinic	Local Authority	None	031-5785755/6
Besters Clinic	Local Authority	None	031-5031165	Ngcolosi Clinic	Provincial	Hillcrest	031-7669135
Bluff Clinic	Local Authority	None	031-4661970	Northdene Satellite Clinic	Local Authority	PINETOWN	031-708 6104
Bluff Medical & Dental Centre Clinic	Private	Bluff	031-4665030	Nsimbini Clinic	Provincial	Mobeni	031-9000088
Boyi Simelane Clinic	Local Authority	None	031-9090633	Ntshongweni Clinic	Provincial	Hammerdale	031-7751363
BSN Medical Clinic	Private	Pinetown	031-7108025	Ntuzuma Clinic	Provincial	KwaMashehu	031-5091747
Buffelsdraai Clinic	Local Authority	VERULAM	032-535 0999	Oakford Clinic	Provincial	VERULAM	032-5410097/98
Caneside Clinic	Local Authority	None	031-5051296	Odidini Clinic	Provincial	Mobeni	031-9151502
Cato Manor Clinic	Shared	DURBAN	031-2496 34	Old Fort Place Clinic	Local Authority	DURBAN	031-300 3112
Chesterville Clinic	Shared	None	031-2640090	Osizweni (Umlazi Q) Clinic	Provincial	None	031-9071150

Clairwood Clinic	Local Authority	DURBAN	031-300 3095	Ottawa Clinic	Local Authority	None	032-5376934
Clare Estate Clinic	Local Authority	None	031-2693131	Overport Clinic	Local Authority	Durban	031-209 3746
Clermont Clinic	Provincial	None	031-7075482	Peaceville Clinic	Provincial	Hammer sd ale	031-7720076
Commercial City Clinic	Provincial	DURBAN	031-305 5016	Phoenix Clinic	Provincial	DURBAN	031-502 3582 / 3
Corobrick Clinic	Private	Durban North	031-5603911	Pinetown Clinic	Local Authority	Pinetown	031-7182631
Craigieburn Clinic	Local Authority	Durban	039-9795311	Point Clinic	Local Authority	DURBAN	031-300 3121/ 083 459 8565
Danganya Clinic	Provincial	Umkhom az i	039-9730136	Prime Cure Clinic	Private	Verulam	032-5332164
Dassenhoek Satellite Clinic	Local Authority	PINETO W N	031-706 2778	Qadi Clinic	Provincial	KwaMas hu	031-5102037
Denny Mushroom Farm Clinic	Private	Hillcrest	031-7691030	Queensburg h Clinic	Local Authority	Queensb ur gh	031-4516066
Durban Chest (CDC) Clinic	Local Authority	Dalbridg e	031-3101600	Ramakrishna Clinic of South Africa	Private	Durban	031-5692974
Durban North Satellite Clinic	Local Authority	DURBAN	031-300 3911	Redcliffe Clinic	Local Authority	None	032-5333431
Durban Oncology Centre Clinic	Private	Mayville	031-2618221	Redhill Clinic	Local Authority	None	031-5641211
Durban Std Satellite Clinic	Local Authority	DURBAN	031-305 3347	Reservoir Hills Clinic	Local Authority	None	031-2624912
Ekukhanyeni Clinic	State Aided	Oakford	031-5410530	RK Khan Gateway Clinic C	Provincial	Chatswor th	031-4596000
Ekuphileni (Umlazi L) Clinic	Provincial	None	031-9081212	Rose (Durban) Clinic	Private	Durban	031-3071916
Emandleni Bekimpilo Clinic	State Aided	New Germany	031-2058060	Rydalvale Clinic	Provincial	KwaMas hu	031-5032990
Escoval House Clinic	Provincial	DURBAN	031-304 7411	Sandasonke Bekimpilo Clinic	State Aided	New Germany	031-2058060
Ezimangweni Clinic	Provincial	None	None	Sea Cow Lake Clinic	Local Authority	DURBAN	031-5732993
Folweni Clinic	Provincial	Mobeni	031-9000501	Seaview Clinic	Local Authority	DURBAN	031-468 4428
Frame Textile Corporation Clinic	Private	New Germany	031-7104413	Shallcross Clinic	Local Authority	Pinetown	031-7183215
Fredville Clinic	Provincial	Inchanga	031-7835989	Sitikithemba Clinic	State Aided	Overport	031-2083550
Glen Earle Clinic	Local Authority	None	031-5777503	Sivananda Clinic	Provincial	KwaMas hu	031-5190310
Glenwood (Durban)	Local Authority	DURBAN	083 459 8567	Sparkport Pharmacy Clinic	Private	Greyville	031-2073946

Goodwins Clinic	Provincial	KwaMas hu	031-5032230	Sparks Estate Hall Satellite Clinic	Local Authority	WESTVIL L E	None
Greyville Satellite Clinic	Local Authority	DURBAN	083 459 8566	St. Anne's Clinic	State Aided	None	None
Grove End Clinic	Local Authority	None	031-5023582	St. Wendolins Satellite Clinic	Local Authority	PINETO W N	031-706 3629
Halley Stott Clinic	Provincial	Botha's Hill	031-7771220	Starwood Clinic	Provincial	Mount Edgecom b e	031-5078827
Hambanathi Clinic	Local Authority	None	032-9441155	Stonebridge Clinic	Local Authority	None	031-5391552
Hillary Clinic	Local Authority	DURBAN	083 365 1724	Sydenham Heights Clinic	Local Authority	None	031-2098663
Hillcrest Accident & Emergency Unit Clinic	Private	Westville	031-7657815	Technikon Natal - Durban Clinic	Private	Durban	031-2042267
Hlengimpilo Bekimpilo Clinic	State Aided	New Germany	031-2058060	Thuthukani Satellite Clinic	Local Authority	VERULA M	032-5333161/8
Hlengisizwe Bekimpilo / Folweni Clinic	State Aided	New Germany	031-2058060	Trenance Park Clinic	Local Authority	None	032-5357115
Inanda C Clinic	Provincial	PHOENIX	031-519 0455	Tshelimnya ma Clinic	Local Authority	Pinetown	031-7008618
Inanda Day Bekimpilo Clinic	State Aided	New Germany	031-2058060	Umbilo Satellite Clinic	Local Authority	DURBAN	083 459 8566
Inanda Seminary Clinic	Local Authority	None	031-5101900/0 6	Umbumbulu Clinic	Provincial	Mobeni	031-9150038
Isipingo - New (Under construction) Clinic	Local Authority	None	None	Umdloti Clinic	Local Authority	VERULA M	031-5611101
Isipingo Clinic	Local Authority	Durban	031-3115881	Umhlanga Clinic	Local Authority	Umhlang a Rocks	031-5611101
King Edward Gateway Clinic C	Provincial	CONGELL A	None	Umkomaas Clinic	Local Authority	Durban	032-9730792
Kingsburgh Clinic	Local Authority	None	031-3115857	Umlazi AA Clinic	Local Authority	DURBAN	031-9068137/9 076219
Klaarwater Clinic	Local Authority	Pinetown	031-7061774	Umlazi Clinic	Provincial	4060	None
Kloof Clinic	Local Authority	Kloof	031-7647980	Umlazi D Clinic	Provincial	None	031-9074777
Kuhlekwethu Bekimpilo Clinic	State Aided	New Germany	031-2058060	Umlazi G - Dorothy Nyembe Clinic	Local Authority	None	031-9076219

Kusakusa Bekimpilo Clinic	State Aided	New Germany	031-2058060	Umlazi G Clinic	Local Authority	DURBAN	031-907 6219
KwaMakhutha Clinic	Provincial	Amanzimtoti	031-9051358	Umlazi K Clinic	Provincial	None	031-9085942
KwaMashu B Clinic	Local Authority	None	031-5031342	Umlazi L Clinic	Provincial	4060	None
KwaMashu Chest Clinic	Provincial	KwaMashu	031-5033170	Umlazi N Clinic	Provincial	None	031-9066073
KwaNdengezi Clinic	Local Authority	None	031-7046269	Umlazi Private Clinic	Private	None	None
KwaSimama Clinic	Provincial	KwaMashu	031-5031570	Umlazi U21 Clinic	Provincial	None	031-9091017
Kynoch Clinic	Private	Umbogintwini	031-9042008	Umlazi V Clinic	Provincial	None	031-9072610
La Lucia Clinic	Local Authority	UMHLANGA	031-5611101	Umnini Clinic	Provincial	Mobeni	031-9760077
Lamontville Clinic	Local Authority	None	031-4692367	Umozomuhle Clinic	Provincial	None	031-9081115
Lancers Road Clinic	Local Authority	Durban	031-3047319	University Of Durban-Westville Clinic	Private	Durban	031-2607302
Lindelani Clinic	Provincial	CLERMONT	031-509 3430	University of Kwazulu-Natal Edgewood Campus Clinic	Private	Dalbridge	031-2603252
Lovu Clinic	Local Authority	None	031-3111111	University Of Natal - Durban Clinic	Private	Dalbridge	031-2603285
Luganda Clinic	Local Authority	Durban	031-7067032	Verulam Clinic	Shared	Durban	032-5333161
M.L. Sultan Technikon Clinic	Private	DURBAN	031-308 5131	Waterfall Clinic	Local Authority	Kloof	031-7621510
Magabheni Clinic	Provincial	Umkomass	039-9707309	Waterloo Clinic	Local Authority	Verulam	032-5333861
Malukazi Clinic	Private	Overport	031-9121905	Wentworth Clinic	Local Authority	DURBAN	031-466 1970
Malvern Medical And Dental Centre Clinic	Private	Malvern	031-4632055	Westville Clinic	Local Authority	Pinetown	031-2037060
Maphephetheni Clinic	Provincial	KwaMashu	031-7777707	Woodhurst Clinic	Local Authority	DURBAN	031-403 1565
Mariannridge Clinic	Local Authority	Pinetown	031-7031625	Wyebank Clinic	Local Authority	Pinetown	031-7110626
Maxwell Clinic	Private	Qualbert	031-3143000	Yellow Wood Park Clinic	Local Authority	DURBAN	031-462 9067
Merebank Clinic	Local Authority	None	031-4684428	Zwelibomvu Clinic	Provincial	Mobeni	031-7031697

Community Health Centres

A Community Health Centre (CHC) is the second step in the provision of health care but can also be used for first contact care. A CHC offers similar services to a Provincial Clinic with the addition of a 24 hours maternity service, emergency care and casualty and a short stay ward. The CHC will refer a patient to a District hospital when necessary

Institution	District	Contact Person	Tel/Fax	Postal Address	Physical Address	E-mail address
Bruntville	Umgungundlovu	Mrs NI Hlatshwayo	T: (033) 263 1545 F: (033) 263 1638	P/Bag X514 Mooi River 3300	Bruntville Main Rd Mooi River	ntombintombi.hlatshwayo@kznhealth.gov.za
<u>Cato Manor</u>	eThekwini	Mrs GN Mkhize	T: (031) 261 4260 F: (031) 261 4746	PO Box 2443 Durban 4000	25 Kalenden Road, Mayville	gloria.mkhize@kznhealth.gov.za
Embo	Umgungundlovu	Mrs MS Nxumalo	T: (031) 781 1115 F: (031) 781 1118	PO Box 165 Mid-Illovo 3750	Mid-Illovo rural area	
<u>eDumbe</u>	Zululand	Mrs PD Buthelezi	T:(034) 995 8501 F:(034) 995 8579	P/Bag X322 Paulpietersburg 3180	Stand No.463 Main street Paulpietersburg 3180	dudu.buthelezi@kznhealth.gov.za
<u>East Boom Street</u>	Umgungundlovu	Mrs DL Naidoo	T: (033) 264 4900/3200 F: (033) 342 6024	P O Box 4018 Willowton, Pietermaritzburg 3200	541 Boom Street Pietermaritzburg (Corner of East and Boom streets,)	lily.naidoo@kznhealth.gov.za
<u>Gamalakhe</u>	Ugu	Ms MZ Nxumalo	T: (039) 318 1113 / 1131 / 2853 F: 039 318 2835	P/Bag X709 Gamalakhe 4249	Across TB Molefe Sports Stadium, Off Ray Nkonyeni Rd. corner Michael Ntsimbi & Rev Sithole streets	maureen.nxumalo@kznhealth.gov.za
<u>Hlengisizwe</u>	eThekwini	Dr.OA Okoli (acting)	T: (031) 774 0084 F: (031) 774 0085	PO Box 545 Hammersdale 3700	Sibisi Road, Mpumalanga Hammarisdale, next to Nkomose store at 6 section	onyeka.okoli@kznhealth.gov.za
Imbalenhle	Umgungundlovu	Mrs XNT Mtunzi	T: (033) 398 9100 F:(033) 398 2600	P/Bag X9104 Pietermaritzburg 3200	Twala Road, unit 3 (Just before Edendale hospital)	xolisiwe.mtunzi@kznhealth.gov.za
<u>Inanda</u>	eThekwini	Ms Zandile Gcabashe	T: (031) 519 0455 F: (031) 519 0460	P/Bag X04 Phoenix 4340	C135 Inanda Newtonship	zandile.gcabashe@kznhealth.gov.za
<u>KwaDabeka</u>	eThekwini	Ms BS Mdlalose	T: (031) 707 1355 F: (031) 707 2665	P.O. Box 371 Clernaville 3602	4 Spine Road, KwaDabeka	busisiwe.mdlalose@kznhealth.gov.za
<u>KwaMashu</u>	eThekwini	Mr MR Maphumulo	T: (031) 504 9100 F:(031) 503 1815	P/Bag X013 KwaMashu 4360	P 67 Mkhwane Road, KwaMashu 4360	raphael.maphumulo@kznhealth.gov.za
<u>Ndwedwe</u>	Ilembe	Mrs J Pillay	T:(032) 532 3050 F:(032)	P/Bag X528 Verulam 4340	From Verulam take P100 Canelands	jessica.pillay@kznhealth.gov.za

			533 3628		road, straight up to Ndwdwe, we are near the Police station	
<u>Newtown A</u>	eThekwini	Mrs ZB Khumalo	T: (031) 510 9800 F:(031) 510 1101	P \ Bag X 039 Inanda 4310	A 1345 Corner of King Bhekuzulu Road & Nhlwathi Crescent. Inanda Newtown next to Newtown 'A' Police Station	zandile.khumalo@kznhealth.gov.za
<u>Nseleni</u>	Uthungulu	Mr ME Mhlongo	T: (035) 795 1124/7 F: (035) 795 1923	P/Bag X1031 Richards Bay 3900	UBhejane road, Nseleni Township	muzwenhlahla.mhlongo@kznhealth.gov.za
<u>Phoenix</u>	eThekwini	Mrs TR Zulu	T: (031) 538 0800 F:(031) 500 4290	P/Bag X007 Mt.Edgecombe 4300	30-32 Brookstone Whetstone Unit 10 Phoenix	tholakele.zulu@kznhealth.gov.za
<u>Pholela</u>	Sisonke	Ms TG Sikhakhane (acting)	T: (039) 832 9491 F: (039) 832 9494	Private Bag X502, Bulwer, 3244	Take R617 to Boston / Bulwer, after Boston proceed, pass (ignore) right Impendle turnoff, proceed about 16km, cross Umkomazi river, proceed 2 kms - Road D1213 Hlanganani District (Pholela Clinic) left turn. CHC is about 2km after left-turning.	thembe.sikhakhane@kznhealth.gov.za
St Chad's	Uthukela	Mrs MT Zulu (acting)	T: (036) 637 9600		Corner of Helpmekaar Road and Ezakheni Road	
<u>Sundumbili</u>	Ilembe	Mr NJ Shabane	T: (032) 454 7500 F:(032) 454 7529	P/Bag X6032 Mandini 4490	A 682/3 Sundumbili Township, Mandeni	
<u>Tonga</u>	eThekwini	Mr SG VikiLahle	T: (032) 944 5054 F:(032) 945 1210 / 4058	P/Bag X06 Tongaat 4400	7 Sanele Nxumalo lane, Tongaat (off Gopalal Hurbans Road)	sthembele.vikilahle@kznhealth.gov.za
<u>Turton CHC</u>	Ugu	Mrs NC Mkhize	039 972 6000	P/Bag X07 Hibberdene 4220	Umzumbe Margistrate Court	ntokozi.mkhize@kznhealth.gov.za

The materials on this website may be copied for non-commercial use as long as our copyright notice and website address are included.

Copyright © KwaZulu-Natal Department of Health, 2001

Health Unit Facilities				
Facility	Address	Operational Manager	Telephone No.	Cell No.
Amanzimtoti	3 Ross Street, Amanzimtoti	G Mzobe	031 3115601	0767375788
Craigieburn	1 Civic Street Umkomaas	C Downey	031 3115871	0836616550
Kingsburgh	31 Mayors Mews Winklespruit	G Shoba	031 3115402	0718684429
Lovu	R603 Eston Road Lovu	T Mthembu	031 3115601	0761054002
Umkomaas	72 Barrow Street, Umkomaas	T P Shoji	031 3115445	0825563376
Adams Mission	D995 Sheleni Road, Adams Mission	N Hlophe	0718535008	0826645501
Luganda	Lot 16310 Luganda	T G Bhengu	0317067032	0828376924
Athlone Park	4 Warner Road Athlone Park	N Hlophe	0826645501	0718535008
Ezimbokwini		N Hlophe	0718535008	0826645501
Malagazi		N Hlophe	0718535008	0826645501
Madundube		N Hlophe	0718535008	0826645501
Tafelkop		N Hlophe	0718535008	0826645501
Intinyane		N Hlophe	0718535008	0826645501
Austerville	3 Clinic Road Austerville Drive	S Ngobese	0314612496	0721018161
Bluff	1302 Bluff Road Bluff	R Miranda	0314661970	0832357388
Isipingo	3 Orient Drive, Isipingo	N Hlophe	0718535008	0826645501
Merebank	Bombay Square Merebank	S Gordan	031 4684428	0722249112
Clairwood	Yuvak Arya Samaj Hall, CNR Cherry and Persad Road	N Hlophe	0718535008	0826645501
Primrose Service Centre	Cnr Gourez Road & Austerville Drive	S Ngobese	031 4612496	0721018161
Seaview	NG Kerk Hall Medway Road Seaview Durban	S Ngobese	031 4612496	0721018161
Cato Manor	25 Kalenden Road Cato Manor	N Luthuli	031 2614260	0833304764
Chesterville	Cnr Of Road 3 And Booth Road Chesterville	N Shangase	031 2640090	0827769966
Clare Estate	Cnr Goldman And Clare Roads Clare Estate	B Lingadou	031 2693131	0832878239
Lancers Road	90 Lancers Road Warwick Triangle	M C Luthuli	031 3077023	0827472942
Overport	472 Ridge Road Overport	N N Mazibuko	031 2093746	0828385649
Sydenham Hts	13 Rippon Road Sydenham Heights Flats Sydenham	T Masuku	031 2098663	0723437714
CDC	University Ave, Warwick Triangle	N Dlamini	031 3224262	0837719154
Umlazi AA	Next To Spar Umlazi Aa Section Umlazi	L Made	031 9090633	0824687431
Umlazi N	Lot 253 N Section Umlazi	N Chonco	031 9066073	0833392427
Umlazi G	G739 G Section Umlazi	P Mhlongo	031 9076219	0826735790
Bayview	Road 224 Turnstone Avenue Bayview Chatsworth	D Ndaba	031 9021328	0718566108
Klaarwater	Cnr Ndwandwe & Nkomazi Street	P Phungula	031 7061774	0833655764
Lamont	Cnr Gwala And Hull Roads Lamontville	F A Tsekiso	031 4692366	0716865305
Kwa Mashu B	Cnr, Isikhindi & Ohino Rd	B Santhee	031 5041480	0837880953
Bester	Vezi Rd, Ntuzuma	L Nhleko	031 5031165	0832696398
Inanda Seminary	Portion 1 of 699 Inanda Glebe	M Ndlovu	031 5101241	0839434870
Township Centre	Opp City Treasury Main Str Chatsworth Circle Arena	J Namchander	031 4013180	0844419033
Shallcross	265 Shallcross Road, Shallcross	R Naidoo	031 3112571	0730089616
Mzamo	St Wendelin Road St Wendelin	I Katz	031 7063629	0828304667
Nagina	1 Soni Way	N Goba	031 7062778	0836552274
Woodhurst	Road 1018 Uranus Road Woodhurst Chatsworth	M V Hartley	031 4031565	0832280494
Savannah Park	Grassland Road	R Naidoo		0730089616
Welbedacht East	C/O Construction Site, Welbedacht East	R Naidoo		0730089616
Welbedacht West	Demat Road, Welbedacht West	R Naidoo		0730089616
Burlington Hts	Siyaka Creche, Turquoise Rd, Burlington	R Naidoo		0730089616
Umdloti	4 Main Rd, Umdloti	J Liebetrau	031 5681746	0837839621
Zwelitsha	Opposite Ottawa, Riet River	J Liebetrau	031 3221722	0837839621
Newlands West	164 Loopwest Cres, Newlands West	N Mkhize	031 5785756	0744332227
Seacow Lake	64 Triumph Rd, Sea Cow Lake	E Xulu	031 5352443	0829487683
Glen Earle	260 John Dory Dr, Newlands East	B Hlongwa	031 5777504	0823344398
Redhill	162 Tweed Rd, Redhill	P Mariemuthu	031 5645384	0718597038
Umhlanga	Lagoon Drive	N Govender		0842055060
La Lucia	1 Library Lane, La Lucia	Z Mashabane	031 5723547	0825250746
Grove End	68 Elfgrove Way, Stanmore, Phoenix	T Tutshana	031 5023582	0726360325
Stonebridge	40 Tower Rd, Stonebridge, Phoenix	M Chetty	031 5391552	0833246774
Caneside	175 Canehaven Dr, Caneside, Phoenix	L Mtshali	031 5051268	0718654436
Quarry Hts	Isilo Rd, Quarry Heights	P Mariemuthu	031 5645384	0718597038
Chopperstown	Between Umdloti and Waterloo	J Liebetrau	032 3221722	0837839621
Ottawa	Kission Rd, Riet River, Ottawa, Verulam	T Sokhela	032 5376934	0832347805
Hambanathi	361 Thandukwazi St, Hambanathi	P Ndlovu	032 9454701	0767821423
Redcliffe	Redcliffe Dr, Redcliffe, Verulam	Z Mhlongo	032 5333431	0824154933
Trenance Park	Cottonwood Dr, Trenance Park, Vlm	A Russool	032 5357115	0718554529
Verulam	8 Wick St, Verulam	J Liebetrau	032 3221722	0837839621
Cottonlands	Cottonlands, Verulam	J Liebetrau	032 3221722	0837839621
Amaoti	PTN 105 of Riet River No 842.	L Mtshali	031 5051268	0718654436
Pinetown	18 Chapel Stree Pinetown	L Ndolu	031 3116838	0718503051
Westville	47 Northfolk Terrace Westville	W Mncube	031 3116696	0825103543
Queensburgh	Cnr Knights Way & Coronation Road Queensburgh	V Budham	031 3116732	0724807314
Reservoir Hills	Cnr Mountbatten Drive R/hills	S Carey Smith	031 2624912	0846074945
Fredville	Fredville Road-Rem of Ptn 12 Inanda 4675	Z Khambule	031 7627510	0832433533
Maphephethweni	Trk 84380	Z Khambule	031 7627510	0832433533
Shongweni Dam	A3853 - Rem of Newhope 16700	L Ndolu	031 3116838	0718503051
Mkhizwana	Trk 83204- Ptn 11 Rem of Inanda Location 4675	Z Khambule	031 7627510	0832433533
Othweba	KwaXimba-Rem 12 Inanda Location 4675	Z Khambule	031 7627510	0832433533
Northdene	Kashmiri Drive, Nirvana Hills	L Ndolu	031 3116838	0718503051
Motala Hts	Motala Road	L Ndolu	031 3116838	0718503051
Mangangeni	Zwelibomvu	L Ndolu	031 3116838	0718503051
Thokoza	Rural Ndengezi-Rem of Newhope 16750	L Ndolu	031 3116838	0718503051
Mtamengayo	Pass Zwelibomvu Clinic	L Ndolu	031 3116838	0718503051
Zibuse	Srt 76199-Erf 873 Mpumalanga 0688	L Ndolu	031 3116838	0718503051
Waterfall	5 Link Road Waterfall	Z Khambule	031 7627510	0832433533
Wyebank	181 Wyebank Road - Wyebank	B Msomi	031 7110989	0718534370
Kloof	No 2 Umzwilili Road - Kloof	S Mohabir	031 7647980	0732171584
New Germany	2 Coventry Avenue - New Germany	R Naidoo	031 3116524	0844433624
Tshelinyama	Umhlutuzana Road -Tshelinyama	F Ndlovu	031 7008618	0718534290
Marianridge	Leo Place - Marianridge	N N Mgobhozi	031 7031625	0782219680
Mpola	Off Milky Way- Mpola	J Mlangeni	031 7032627	0829227961
Anatata	D870 - Rem of Inanda Location 4675	B Msomi	031 7110989	0718534370
Ntshongweni	Trk 74007- Erf 205 Edgeley	L Ndolu	031 3116838	0718503051
Kwa Ngqetho	A3853 - Rem of Inanda Location 4675	Z Khambule	031 7627510	0832433533
Mqeku	Maphephetheni - Rem of Inanda Location 4675	B Msomi	031 7110989	0718534370
Umgababa	Trk 86582 - Rem of Inanda Location 4675	B Msomi	031 7110989	0718534370
Coffee Farm		L Ndolu	031 3116838	0718503051
Nazareth		L Ndolu	031 3116838	0718503051
Ungeni	Trk 74007- Rem of Inanda Location 4675	B Msomi	031 7110989	0718534370
Dassenhoek Rural		L Ndolu	031 3116838	0718503051
Cliffdale		B Msomi	031 7110989	0718534370

APPENDIX F

Letter of Support from the District Manager



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Postal Address: Private Bag X54318 Durban 4000
or: 83 Jan Smuts Highway, Mayville, Durban: 4001
Tel: 031 2405308; Fax: 031 2405500
Email: nan.hoosain@kznhealth.gov.za
www.kznhealth.gov.za

Enquiries: Ms Jabu Hlazo
Tel: 031 240 5303
Date: 29 May 2012

Shavani Naiken: shavani1naiken@yahoo.com

REQUEST TO CONDUCT RESEARCH:

The knowledge, attitude and perception of Primary Health Care Nurses in the eThekweni Municipality District with regards to the inclusion of Homeopathy in primary health care.

Support is hereby granted to conduct research on the above topic.

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regard to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure that this office is informed before you commence your research.
4. The District Office will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to the District Office.

PP

Acting District Manager
eThekweni
Telephone: 031 2405303
Fax : 031 2405500
Email: jabulsiwe.hlazo@kznhealth.gov.za

UMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

APPENDIX G

Letter of Approval from KZN Health Department



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email: hkrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM74//12
Enquiries: Mrs G Khumalo
Telephone: 033 – 395 2805

31 May 2012

Dear Mrs S Pillay

Subject: Approval of a Research Proposal

1. The research proposal titled '**The knowledge, attitudes and perceptions of Primary Health Care Nurses in the eThekweni Municipality District with regards to the inclusion of Homoeopathy in Primary Health Care**' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at selected clinics at eThekweni District.

2. You are requested to take note of the following:
 - a. Make the necessary arrangement with the identified facility before commencing with your research project.
 - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hkrkm@kznhealth.gov.za

For any additional information please contact Mrs G Khumalo on 033-395 3189.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
KwaZulu-Natal Department of Health
Date: 04/06/2012

uMnyango Wezempilo, Departement van Gesondheid
Fighting Disease, Fighting Poverty, Giving Hope

APPENDIX H

Letter of Approval from Ethekewini Municipality Health Department

**HEALTH, SOCIAL SERVICES
Health Unit**

9 Archie Gumede Place
P O Box 2443, Durban, 4000
Durban, 4001
Tel: 031 311 3523, Fax: 031 311 3530
www.durban.gov.za

Date: 25 July 2012

Dear Ms. Shavani Pillay,

**Re: Permission to undertake research study at this randomly selected PHC facilities
Pine Town, Tshelimnyama, Overport, Lancers, Merebank, Marian ridge, Terrance
Park, Verulam.**

Approval has been granted for you to undertake: **A study on the knowledge, attitudes and
perceptions of Primary Health Care Nurses in the EThekwini Municipality District with
regards to the inclusion of Homoeopathy in Primary Health Care** on the following
conditions:

- Submission of the indemnity form obtainable from the EThekwini Health Unit before commencement of the study.
- Prior arrangements to be made with the facility and an assurance that all services will not be disrupted.
- Progress reports to be provided and the final report of the study with an oral presentation to the eThekwini Municipality Unit.
- Obtain permission from the eThekwini municipality health department for press releases and release of results to communities/stakeholders.
- The department has to receive recognition for the assistance given.
- Any amended to the study to be communicated with the Health Unit, and the relevant amendment form obtainable from the unit to be submitted.
- Withdrawal of permission to conduct research will be left to the discretion of the eThekwini Health Unit.

Yours faithfully,

Dr. N. Ngomane,

Date: 27-07-2012

Head/Deputy of Health, EThekwini Municipality.

APPENDIX I

The list of preliminary randomly selected clinics

The preliminary list of randomly selected clinics

1. The Beatrice street clinic
2. The Phoenix Community Health Centre (originally it was the morning side clinic but it could not be located and the The Phoenix CHC was randomly selected in its place)
3. The Amaoti clinic
4. The Verulam clinic
5. University of Kwa-zulu Natal, Durba clinic (which is private and was decided not to include private clinics) randomly selected was the Hlengisizwe Community Health Centre.
6. La Lucia clinic
7. Hlengisiwe Bikimpilo/Folweni clinic
8. Umdloti Clinic
9. Tshelimnyama clinic
10. Hamabanathi Clinic
11. Glenwood clinic
12. Maphephetheni Clinic
13. King Edward Gateway Clinic
14. Pinetown clinic
15. Thuthukani clinic
16. Overport clinic
17. Sivanada clinic
18. Kwasimama clinic (which is inco-operated into the Kwa-Mashu Community Health Centre which was used instead)
19. Merebank clinic
20. Inanda c clinic (aka Inanda Community Health Centre)
21. Mariannridge Clinic
22. Lancer's Road clinic
23. Starwood clinic
24. Rose (Durban) clinic (which is private and was decided not to include private clinics) so it was replaced with the Commercial City clinic
25. Trenance park clinic

APPENDIX J

Comments from Section 4

Comments for Question 21: Who is in charge of the Primary Health Care clinic?

- Operational manager and primary health care nurses.
- Primary Health Care clinics are administered by nurses.
- Both we have a medical superintendent + nursing manager.
- Nurses work under direct supervision of the doctors.
- Operational managers and Primary health care nurses.
- Nurses work within their scope of practice and refer patient to the doctor if the condition is beyond their scope of practice.
- Clinics are managed by primary health care nurses only. Community health centre have a CEO in charge with nursing manager in charge of the nursing services and medical managers in charge of the doctors.
- The operational manager which is a nurse is over all in charge of the clinic.
- Nurse oriented clinic. Concentrating on preventative health care – even before disease sets in.
- PHC is mainly preventive and promotive health rather than curative health.
- Because they had undergone training, the training for Primary health care.
- Doctors also work in some Primary Health Care clinic.
- They diagnose, treat and refer when necessary. Skilled to do so.
- Nurse driven clinics
- Nurses are the ones who consult patients there is a need for a doctor they are then refer the patient to a doctor.
- Nurse driven clinics.
- Doctors perform a visiting function in our clinic.
- Nurse have too see patients and be in charge at the same time.
- Nurses and doctors.
- Nurses will always attend to patients since no doctors are available to come to the clinic more so in the rural areas.
- Other clinics do not have accessibility of doctors.
- Most clinics employ nurses qualified in PHC they even diagnose a patient, prescribe medications and make referrals where need be.
- Nurses are the ones who screen the patients most of the time, the doctors are not available and sometimes we treat patients without the help of the doctor and the patient better without seeing him.
- PHC nurses work as independent as possible, screening, examining and executing treatment.
- It is a Primary health care not a community health centre where comprehensive health team should be available.
- Both fall on the top management.
- Nurses consult patient and transfer if there is a need.
- Nurses who are trained in Primary Health care.
- Most often it is the nurse. The doctor is only in the clinic for a short period of time.
- Patients are first seen by nurses and if there is a need for further treatment – referred to doctors, but PHC are run by nurses only!!
- There are more nurses in PHC.
- Nurses are there for the whole day.
- In some clinic doctors visit maybe once a week.
- Nurses refer cases to doctors which they cannot manage.
- Because PHC is
- Not sure.
- There are no doctors in many of Primary Health Care clinics. When they do they come on certain days.
- Because at most times, doctors come at certain times consults and leaves. Nurses are there full time.

Comments for Question 22: How many doctors are on duty per day?

- There are 5 Drs +2 sessional Drs. Have 24hours services.
- Primary health care- nurses manage. Doctors' consults once a week for +/- 1hour.
- No. of doctors depends if it's a CHC or PHC. PHC normally have visiting doctors. No. of days depends on need.
- There is a doctor who comes once a week.
- Depending on the size of the PHC facility with +/-600 pts.
- Nurses assess and prescribe in a PHC but at our clinic psychiatrist see patients.
- The facility sees more chronic than PHC patients/ minor ailments.
- In the antenatal clinic the doctor comes only once a week.
- This is for the clinic I work in.
- Only see chronics.
- Not health centre with 24hours.
- In our primary health care clinic only one doctor that is available for chronic patients.
- Not a health centre which is 24hrs, service.
- Half a day.
- Not enough rooms for many doctors.
- One doctor who works half day.
- Once a week doctor attends.
- One doctor once a week.
- Depends on the availability of doctors allocated for that area and numbers of patients waiting to be seen attending that clinic.
- Usually only 1 doctor becomes available at Primary health clinic or no doctor shows up at all in some clinic PHC trained sisters examine, diagnose and prescribe medication for patients.
- Depends on the clinic.
- Sometimes we function without any doctors and we have to make our decisions if the doctor is not available.
- Doctors are overloaded with work our community spends time in institution for minor ailments.
- Every Friday.
- The doctor only comes on a Friday for chronic patients only.
- Doctors visit the clinic weekly.
- If there is no doctor the PHC nurse then make a referral letter to the next level of management.
- Weekly visits.
- They come maybe once or twice per week for certain hours.
- There is only one doctor on duty in the clinic that I work.
- At primary health care clinics doctors visit the clinics certain days.
- In the department.
- No doctors- only PHC nurses. Doctors only come weekly.

Comments on Question 23: How many patients does a doctor on duty see per day?

- Depending on No. of Drs on duty some clinics Drs see +/- 120 patients per day.
- +/- 75.
- Unsure.
- There is no specific number the doctor see all patients that are due to see him.
- Nil, clinic managed by nurses.
- Those chronic patients that require medications from pharmacy. Patients that need to be assessed if PHC nurse is unsure of the diagnosis.
- Doctors only see those patients which nurses can't manage.
- At this clinic we see chronic patients where doctors are required to order certain medicines that the nurses are not in the nurses' scope to order.
- Only chronics, other minor ailments we refer.
- Chronic patient, with stable conditions.
- Depending on the number that he/she has booked patient for appointment.
- Chronics with stable conditions eg hypertension.
- More than I do.
- She leaves at 11H00.
- Depends on referrals from primary health care sister.
- Depends on how busy the clinic is and how far it is from the civilization.
- Usually rural areas- scarcity of doctors.

- Sees those referred by the primary health care sister.
- In townships doctor see more then 30 patients in a day, in the bhundoes more than 100 patients.
- Depends on the busyness of the clinic.
- +/- 30 per visit.
- Only what we cannot remedy like complicated cases.
- I'm not too sure since there is no doctor in our department.
- Depending on how many patients kept aside for the doctor but not more than 30 on one visit.
- We don't have doctors.
- Only patient that need to be referred to the doctor are seen by the doctors otherwise PHC trained nurses treat and manage patients.
- Depending on the patients' condition and management.
- I don't know to other institutions mine is busy even more then this.
- The statistic in our community is high.
- Only patients that needs special treatment.
- He/she mostly sees, patient that are referred by a primary health care nurse.
- Doctor sees patients that are booked for that day.
- Most of PHC patients are seen by PHC nurses.
- Not certain.
- Normally nurses 500 patients and if complicated cases- it's referred to a district hospital.
- 3 cases a day cause mainly takes 2 to 3 hours for cases.

Comments on Question 24: Is there a shortage of doctors in Primary Health Care clinics?

- Certain medication is out of scope of nurses' practice, therefore there is a need for Drs at CHC or Primary Health Care Clinics.
- Some clinics have a doctor only 1 day a week.
- If nurses have their dispensing licence, some chronic patients can have treatment unified by nurses all having medication dispensed to them.
- No funds to employ more doctors.
- In some clinics there are is shortage of doctors and also there are no doctors in most of the clinics.
- We need nurses for ARV rollout.
- Refer all problems patients to hospital.
- Not in our Primary Health Care Clinic because she consulted all the patients that has appointments.
- Refer all the problem patients to hospital.
- Yes, municipality is not employing enough doctors.
- Most times patients who wait for a doctor can sit nearly the whole day.
- Sometimes we make use of 1 doctor for our complicated cases and uncontrolled D/M and HPT cases those are Doctors cases and he/she has to manage Kwa Mashu and satellite patients who return to her/him by nurses working in the Kwa Mashu satellites.
- Patient-doctor ratio doesn't apply as there is shortage of doctors. They attend to the emergency cases as well.
- Only one doctor comes once per week for a short period and only for chronic patients.
- PHC mostly is being done by nurses.
- Nurses work hand in hand with doctors, if doctors are unavailable nurses continue doing their.
- There should be a doctor in the clinic 7 days a week that rather than only 5 days a week, no doctor on the weekend.
- Clinic doctors have to come for all clinic visits even if he/she is not specialised at that eg. Obstetrical nursing (patient).
- Too many patients need to be seen by doctors but there is work overload.
- Most patients find out if the doctor comes for that specific time and ones offer, tell if he/she is rushing to work at hospital.

Comments on Question 25: How many patients do you see in a day?

- On a busy day (+50).
- +/- 60 on an average busy day.
- Depending on the shift we work that day either 8 hours or 12 hour shift.
- +/- 80.
- During staff shortages more patients are seen.
- Each patient needs to be consulted, examined and diagnosed. Medication dispensed if required and health education to be done. The consult lasts more than 10 minutes per patient.
- At times up to 170 per day. Which is quantity work rather than quality
- Depends on days.
- Depending on the number and time and shortage of staff.
- Depends on the department and how busy the clinic is.
- About 40-50.
- Too much overcrowding.
- Nurse patient ratios high.
- we do not go to tea or lunch if ever one comes available< uses experience to make fast moves.
- 50 and more.
- Due to AIDS pandemic, there is increased no. of patients.
- About 50 – 60 patients per day.
- Nurse-patient ratio 1:30 or as one to 30 patients daily.
- Quantity instead of quality care.
- May be 70+.
- It is so busy.
- There are a lot more patients coming to our clinics a day and nurses are not many.
- It depends on the department you are working in that day.
- Because we see many patients with different conditions.
- Increase patient turnover verses decrease human resources.
- It is in the hundreds.

Comments on Question 26: In your opinion is there overcrowding in Primary Health Care clinics?

- Yes, because some are from out of the catchment area.
- This clinic attends to +/- 450 to 500 patients a day.
- Yes, especially PCHC because patient do not utilise clinics in their own areas.
- Patients from outlying areas refuse to use their clinics, prefer to come to PCHC or they are happy with treatment and care.
- Due to shortages.
- Most are due to minor complaints.
- There are staffing issues rather than overcrowding.
- People come from far and wide use our clinic. They do not go to their closest clinic.
- There is shortage of staff.
- Due to short staff and increased work loads.
- Maybe more mobile clinics to relieve pressure on this one + because it is central.
- Patient use this has central point.
- All patients are seen by nurses' everyday except for weekends.
- All patients come to our clinic because its' convenient for them to come to verulam central.
- More facilities needed.
- I think it is due to HIV/AIDS related disease.
- Load made worse by patients who do not attend the nearest clinic.
- Some patients stay all day long and could even be sent back without being seen or until they die.
- Patients chose not to make use of their nearest clinic they want to come to Kwa Mashu because they know that the doctors are available and they only come to us because they want to see the doctor and not a primary health care nurse. All what they want is the doctor's consultation not a nurse consult.
- There is overcrowding and less personnel, leading to burnout of nurses. There is no quality care.
- Overcrowding because of shortage of staff and very few nurses that are PHC trained.
- More staff and materials resources to be allocated in PHC as proposed.
- Some patients' leave their nearby clinic come here.
- There is a high volume of clients in PHC setting.
- Due to shortages of staff.
- Because they are allowed to attend any clinic. They like our clinic.

- Increase numbers of clients and small space, decrease Human resources.
- Infrastructure, mostly too small accommodate patients and services to be rendered.
- It is overcrowded, too many patients and the staff is less.
- Because of insufficient clinics in the rural areas.
- Patients leave their nearest clinic to the hospital for better care.

Comments on Question 27: What is the average waiting time for patients to see a doctor/nurse?

- That depends on the number of primary h/c clinicians and doctors.
- Depends on the no. of staff eg. Clinicians and Drs available for the day.
- Due to many patients anxiously waiting to be seen. We have to work fast to clear the crowd.
- Poor staffing can delay any service point.
- Due to staff shortage (doctors).
- Because of shortage.
- As per no. 4-6.
- At times more than that if too much busy due to one stop shop.
- Depending on the illness of the patients and treatment.
- Depending on the skilfulness and experience doctor or nurses has.
- Depends on how many nurses are on duty that day.
- There are so many patients waiting to see a doctor like our referral, out-patients referrals (satellites) hospital referrals, unstable patients and patients who need social grants.
- Due to overcrowding and free services, patients misuse services.
- Sometimes more than 2 hours.
- Due to the overcrowding of the clinics the waiting period becomes extended.
- Depends to the needs of referrals to other areas in the institution.
- 5 hours.
- Due to the huge queues.
- Long queues.
- It depends on the condition sometimes you have to put a drip or to refer the patients, it takes a long.
- Due to overcrowding.
- It depends on different patient problems, if I see very sick patients other patients will have to wait a bit longer.
- There is a staff shortage.
- +- 4hours.
- Long waiting hours.
- Overcrowding.

Comments on Question 28: What is the average travelling time for patients to a Primary Health Care clinic?

- Depends on the location.
- Unknown because of where are coming from.
- Only one CHC available in phoenix which caters for phoenix and surrounding suburbs.
- Depends on location, patients shop for treatment or visit different clinic for medications. No standard procedure in place to treat patients for abuse or services.
- It depends where the patients is coming from and what mode of transport they are using to come to the clinic.
- Depending on private or public transport. Public transport more than an hour.
- May be more depending if patients walk back home or take a taxi. Most of them walk due to financial constraints.
- Clinic should be within waiting time.
- Most of the patients are in the surrounding areas.
- As I said they live all over.
- Because other patient leaves their clinics which are next to their area and come to this clinic.
- At this clinic patients travel sometimes from another drainage.
- Some leave their clinic to come here for personal reason so. They are from far taking longer to reach here.
- Others lived the nearest clinic to them for other clinic, so that take time for them, and the transport is other issue.
- It depends how far from the clinic the patient stays. It also depends on the model of transport.
- Taxis take their own time and busses are scarce.

- But sometimes it also depends where about the patient is coming from.
- And depends on where the patients stay.
- It differs according to where patients live. We cater for Kwa Mashu as a whole, Inanda, Bester Khulula, N/east and west, Ntuzuma, Duffs road, Q heights etc, all squatter camps that are interrupting.
- I don't have an idea about time.
- +/- less then 1 hour because there are many clinics around.
- It depends on the area where the patient resides. Others travel more than an hour.
- Others arrive from other districts, in search of doctors and x-rays.
- Due to the requirement of government who states that there must be one stop shop.
- They are coming from various destinations, leaving their town clinics.
- Depends on the area where the patient resides.
- We also see patients from other areas, other than the area where the clinic is built and they take about 02 taxis to reach the clinic.
- Depend how far they are to the clinic. Most clinics are within the community.
- Long queues.
- Because they leave their nearest clinics to look for other (better sides).
- In rural areas – more than an hour.

Comments on Question 29: What is the current state of Primary Health Care clinics?

- Lack of equipment. Shortage of staff. Shortage of medication. Lack of privacy for patients.
- There is room for improvement to prevent infection and disease within the clinic, due to overcrowding.
- Infrastructure upgrade is in progress.
- Trained staff is available to assist the patients.
- We perform outstandingly as far as I'm concerned.
- Overcrowding shortage of nurses, sometimes shortage of doctors.
- More doctors and more nurses are needed.
- We are trying but our problem is equipment resources.
- Poor structure and the lack of equipment are contributing factors to poor services rendered.
- There are primary health care trained nurses. One stop shop. Alternate treatment. Good referral patients.
- Running short of resources due to high volume of patients attending.
- It is where patients are screened and treated minor ailments.
- One stop shop- receives best medication.
- Still room for improvement.
- Because even though there is a shortage of staff but the healthcare disciplinary members work very hard to give their best.
- Understaffed- lack of resources.

