THE PERCEPTIONS OF AFFLUENT WHITE AND INDIAN COMMUNITIES IN THE GREATER DURBAN AREA TOWARDS HOMOEOPATHY

by

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I, Estelle Renée Moys, do declare that this dissertation is representative of my own work.

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DEDICATION

For my parents,

Colin and Pam Moys,

with love and gratitude

for their support.

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ABSTRACT

In South Africa, very little is known about the general public's perception towards homoeopathy. As the homoeopathic profession is facing integration into the National Health System, it needs to determine its role as a health care profession thus raising the question: What need is there in South Africa for homoeopathic services? The purpose of this investigation is to evaluate the perception towards homoeopathy of two communities in the Greater Durban Area, one White and one Indian, in order to determine possible needs for homeopathic services.

The analytical survey method was used. A stratified, random sample of 500 White and 500 Indian residents from Westville and Reservoir Hills respectively was chosen. The sample consisted of people of at least 18 years or older, the male: female ratio was 1 : 1,5. Most were from an affluent background, had tertiary education and were in full time employment.

The respondents completed a questionnaire which was divided into three sections: 1) demographic data; 2) their knowledge and perceptions towards homoeopathy; and 3) their personal experience of homoeopathy.

The statistical package SPSS was used to analyse the data. First, frequencies and percentages for each variable were calculated. Ten key variables regarding knowledge of homoeopathic principles, perceptions towards homoeopathy and personal experience of

homoeopathy, were chosen and analysed using Pearson's chi-square test for the strength of association between two factors. Next, the five most significant variables for each key variable, as determined by Pearson's chi-square test, were analysed using log-linear analysis.

Results showed that although the majority of people in both groups had heard of homoeopathy (Westville 98.8%; Reservoir Hills 90.0%), knowledge of homoeopathic principles was very general. Chronic conditions such as headaches, arthritis, skin problems and blood pressure problems were most commonly perceived by the sample to respond to homoeopathic treatment. Thirty-four percent of Westville and 44% of Reservoir Hills respondents answered "don't know" when asked how effective they thought homoeopathic treatment to be. Of the remainder, the largest proportion perceived homoeopathic treatment to be as effective as orthodox medicine. The Westville group reported more experience of homoeopathy: 39% had previously consulted a homoeopath as opposed to 18.2% of the Reservoir Hills group. In both groups, the majority of this subgroup reported that their treatment had been effective to varying degrees (Westville: 82.6% Reservoir Hills: 61.5%). For both groups, most had first heard about homoeopathy from friends or relatives (Westville 66% Reservoir Hills: 42.8%). In both groups a significant number of those who had never consulted a homoeopath, answered "Yes" when asked if they would consider doing so in the future. Very few people chose a homoeopath as their usual health care provider (Westville: 48; Reservoir Hills: 20), but among the Westville group, it was found that homoeopathic patients gave higher scores to their homoeopath than general practitioner patients gave to their doctor for finding out

what was wrong with them, for the efficacy of the medicine and for listening to what they, the patient, had to say about their illness.

The results show that homoeopathy does play an important role in the health care of a minority of White and Indian people. The results also show that very few people know much about homoeopathy and thus, there is an urgent need to educate people about the benefits of homoeopathic treatment. A similar study should be conducted which would include the perceptions of Black and Coloured groups.

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CHAPTER 1 INTRODUCTION

Homeopathy in South Africa is facing a new challenge in its development.

Following the political changes that occurred in South Africa during the early 1990s, the Health Services are being restructured. The changes that are being brought about by the National Health Plan of the African National Congress are aimed at redressing the inequalities of the past and at providing a comprehensive service to all citizens. (ANC 1994:19). One of the ways in which change is occurring, is the recognition and integration into the National Health System (NHS), of traditional healers and complementary therapies, so that they, too, form part of the public health care services. One of these complementary therapies is homoeopathy.

Homoeopathy has played a role in the health care of South Africans since the nineteenth century (Frazer 1988), but it has never formed part of the public health care system. It has rather played a role as a peripheral medical structure, which, over the years, has gained increasingly in legal recognition. It became a registered profession in 1974, then in 1982, it came under the jurisdiction of the South African Allied Health Service Professions Board, the statutory body formed to regulate both the homoeopathic and chiropractic professions. In 1985, homoeopathy was granted the right to train and register new practitioners. Training began at Technikon Natal in 1989 and at Technikon

Witwatersrand in 1993. (Steenekamp 1987; Bloch et al. 1995). Now, as the twenty-first century approaches, the homoeopathic profession is facing the challenge of becoming part of the public health care system.

In 1983, the Opinion Survey Centre (OSC) of the Human Sciences Research Council (HSRC) conducted a survey regarding the attitude of White South Africans towards the chiropractic and homoeopathic professions. The results of this survey showed that patients of these practitioners held them in high regard and many stated that they had been cured by them. It was concluded that homoeopathy and chiropractic were poised to establish themselves as worthy professions in the field of alternative medicine. (Steenekamp 1985:11).

Ferrucci (1994) compared the Technikon Natal day clinic with private practice in terms of demographic data, clinical conditions, treatment and clinical methods used. Her findings showed that patients tended to consult homoeopaths for a wide range of conditions, the majority of which were of a chronic nature and there was a high incidence of psychological complaints. These findings were consistent with the results of numerous overseas studies (Harrison et al. 1989; Smith 1989; Jacobs and Crothers 1991) which showed that people tended to consult homoeopaths mainly for chronic conditions, especially psychological or genito-urinary complaints, or for ill-defined disorders.

In the HSRC survey, only the attitude of the white population was considered, as the sample was drawn from the voters' roll (Steenekamp 1985:35; 1987). Because other

population groups were not included, the results cannot be said to be representative of the South African population as whole. No other studies have been done to investigate the perceptions of other population groups towards homoeopathy. The HSRC survey is, at present, the only South African study to have assessed general public opinion. In Ferrucci's study (1994), all participants in the sample were consulting a homoeopath, therefore her sample addressed the opinions of a self - selected group and cannot be extrapolated to the general public.

It is also many years since the HSRC study was done and perceptions may have undergone a change in some way. Current literature shows that awareness of complementary medicine, including homoeopathy, has increased the world over during the past twenty years (Fulder and Munro 1985; Eisenberg et al. 1993; Emslie et al. 1996) and one would expect this trend to be reflected in the South African context. It is expected that there will be an awareness of homoeopathy to some degree amongst both the White and Indian communities. It is anticipated that the degree of awareness and utilisation of homoeopathic services will be greater amongst the White community.

Thus, it is evident that there is a need for a current investigation into the perceptions towards homoeopathy of both the white and other population groups in South Africa. One of these groups is the Indian community.

The current study aims to evaluate the perception towards homoeopathy of two affluent communities in the Greater Durban Area, one white community and one Indian

community, in order to determine possible needs for homoeopathic services in those areas. The outcome can then be extrapolated to other areas. The investigation has been conducted amongst the more affluent communities as it has been anticipated that this section of the population is most likely to consult a homoeopath (Alton and Kayne 1992; Vincent et al. 1995).

The study is significant in that it will be the first assessment of the perceptions towards homeopathy of the South African Indian community. It will also study the current perceptions of people living in the Greater Durban Area since the development of the training programme and day clinic at Technikon Natal, which could possibly have influenced awareness and knowledge of homoeopathy.

This investigation aims to answer the question, "What is the need in South Africa for homoeopathic services?"

By knowing the perceptions of the general public possible needs for homeopathic services can be determined. The profession can then use this knowledge to decide what steps to take to meet these needs. Knowing the needs of certain communities for homoeopathic services may help in the process of integrating homoeopathy into the public sector in order to provide a comprehensive service that is acceptable to the community and will provide people with a choice of health care.

CHAPTER 2 REVIEW OF THE RELATED LITERATURE

2.1 Introduction

A search of the relevant literature indicates a growing interest worldwide in complementary medicine over the past two decades. This interest has been well documented in the United Kingdom (Fulder and Munro 1985; Emslie et al. 1996), Europe (Himmel et al. 1993), the United States (Eisenberg et al. 1993) and in South Africa (Steenekamp 1985:1-44).

The term "complementary medicine" covers a broad range of therapies as diverse as homoeopathy, iridology, reflexology and dietetics (Pietroni 1992). In the literature, a variety of synonyms are used as collective terms for all these varied therapies, e.g. "alternative" (Steenekamp 1985:1-44), "non-orthodox" (Thomas et al. 1991) and "unconventional" (Eisenberg et al. 1993). In this review, the term "complementary" will be used as this appears to be in line with current usage (Emslie et al. 1996). The only exceptions will be when discussing particular studies that used one of the other terms.

Pietroni (1988:151; 1992) divides the complementary therapies into four distinct areas:

- complete systems
- diagnostic methods
- therapeutic modalities

- self care approaches.

Homoeopathy he classifies as a complete system, i.e. it has its own theoretical, diagnostic, investigative and therapeutic understanding of disease (Pietroni 1988:151).

Homoeopathy is viewed as one of the more "respected and utilized" complementary therapies (Smith 1989) and, according to Fulder and Munro (1985) and Thomas et al. (1991), homoeopathy may be considered as one of the six main professions amongst the many different complementary therapies available. The other five therapies are acupuncture, chiropractic, herbalism, naturopathy and osteopathy. Both Fulder and Munro (1985) and Thomas et al. (1991) report that many practitioners make use of more than one of these therapies in their practices. This is the case in South Africa, too, as shown by Ferrucci (1994) who found that several homoeopaths also make use of acupuncture. It may be possible that in the mind of the public the differences between homoeopathy and the other therapies could be somewhat indistinct.

The literature documents people's attitudes towards, and awareness of, homoeopathy, their perceived efficacy of the treatment and their experience of homoeopathy. Many of the studies focus specifically on homoeopathy (Harrison et al. 1989; Smith 1989; Swayne 1989; Jacobs and Crothers 1991; Alton and Kayne 1992; Davies and Kayne 1992; Ferrucci 1994; Holson 1995) while others investigate complementary medicine in general, homoeopathy being included as one of the therapies under investigation (Fulder and Munro 1985; Lewith 1985; Steenekamp 1985:1-44; Thomas et al. 1991; Eisenberg et

al. 1993; Downer et al. 1994; Vincent and Furnham 1994; Vincent et al. 1995; Emslie et al. 1996).

2.2 *Homoeopathy in South Africa: a brief perspective*

Homoeopathy has played a role in the health care of South Africans since the nineteenth century (Frazer 1988), albeit only a peripheral one (Steenekamp 1987). Homoeopathy became a registered profession through Act 52 of 1974, being the Homoeopaths, Naturopaths, Osteopaths and Herbalists Act. No provision was made at that stage for the training of new practitioners which placed homoeopathy in a dilemma as to its continued existence as a profession. Act 63 of 1982 allowed for the registration of homoeopaths and chiropractors with the newly formed Associated Health Services Professions Board. This act made allowance for it to be amended if the professions could present sufficient evidence for the survival of these two professions. Data gathered from the 1983 Human Sciences Research Council (HSRC) survey (discussed below) was presented as evidence that there was indeed a need for these professions in South Africa. Thus the professions of homoeopathy and chiropractic in South Africa gained acceptance as legally recognized peripheral medical services through the 1985 amendment of Act 63 of 1982. This amendment granted the above professions the legal right to train and register new practitioners. (Van der Veen 1985; Steenekamp 1987). It now appears that a new challenge faces the South African homoeopathic profession as the new National Health Plan aims to integrate homoeopathy into the National Health System by the year 1999 (ANC 1994:72).

2.2.1 South African surveys

Only two studies have been carried out in South Africa concerning homoeopathy and other complementary therapies to date. A third study, which is relevant for the purposes of this review but which does not mention homoeopathy, will also be discussed.

The first study was undertaken by the Opinion Survey Centre of the Human Sciences Research Council (Steenekamp 1985:1-44) and concluded that homoeopathy and chiropractic were worthy alternate medical services that had a role to play in the health care of this country. This study investigated the South African public's attitudes, knowledge and experience of chiropractic and homoeopathy. A mail survey was used to collect the data. The sample was drawn from approximately 3000 people who had been chosen at random from the voters' roll and who had previously agreed to participate periodically in mail surveys. A return response rate of 76.25% resulted in a sample size of 2206. A poor response rate is the main disadvantage of mail surveys (Oppenheim 1983:34) but in this instance, this was not the case. This good response rate was probably due to the fact that the sample was drawn from a pre-selected panel as described above and participants were given incentives to return the questionnaires in good time. The tendency with postal surveys is that, although interviewer bias is eliminated, a higher response is generally obtained from people with higher educational qualifications (Oppenheim 1983:34) and the Steenekamp study proved to be no exception. In order to counteract over and underrepresentation of respondents affecting the results, the log-

linear model analysis technique was used in which the demographic data of the study was compared with the corresponding census data. The results were used to indicate for which variables the data required to be weighted (Steenekamp 1985:36-37). Log-linear analysis technique, CHAID analysis technique and analysis of variance were used to analyse the data. (Steenekamp 1985:36-44).

Results from the above study indicated that 12.9% of respondents had consulted a homoeopath in the 12 months preceding the survey. Of this group who had consulted a homoeopath, almost half (49.4%) stated that they had been completely cured (21.1%) or helped very much (28.3%) while 21.6% stated that homoeopathic treatment did not help at all. However, no-one reported that their ailment became worse after homoeopathic treatment. While most patients of homoeopaths and chiropractors had also consulted ordinary doctors for their main complaint, nearly a fifth (19.2%) had not. It appeared that patients who regularly consulted a complementary practitioner had a positive attitude towards them. The most common reasons given for consulting an alternative practitioner were because "medical practitioners could no longer help" (27.9%), or because the patient felt "desperate" (30.3%). Of those who had never consulted an alternative practitioner, the most common reason given was that they had "never needed their services" (39.8%). (Steenekamp 1985:5-10).

This study was limited to the White population of South Africa as the sample was drawn from the voters' roll (Steenekamp 1985:35). Thus the results cannot be considered to be representative of the South African public as a whole. No other studies have been

published regarding the perceptions of Indian, Coloured or African communities towards homoeopathy as yet.

Since the HSRC study was published in 1985, no other study of a similar nature has been carried out in this country. The only other survey concerning homoeopathy was done recently by Ferrucci (1994) who assessed the perceptions of homoeopathic patients towards their treatment. This survey was conducted over a period of four months amongst 160 patients of registered private homoeopathic practitioners and 140 patients of senior students at the Technikon Natal day clinic in order to compare demographic data, clinical conditions, treatment and clinical methods used. The questionnaires were distributed by the practitioners' receptionists to the patients and then returned to the researcher in the mail. At the day clinic the students themselves distributed the questionnaires to their patients. The majority of the private patient group were from the Witwatersrand (now Gauteng), while the day clinic sample was drawn from the Greater Durban Area. Convenience sampling was used to determine the sample. (Ferrucci 1994).

A weakness in the above survey is the sample size, which, at 300 patients, is small in comparison to surveys done by Swayne (1989), Jacobs and Crothers (1991), Thomas et al. (1991) and Eisenberg et al. (1993) whose sample sizes were each over 1500; but it is a failing that it has in common with many other studies that have similar (Emslie et al. 1996) or even smaller sample sizes (Lewith 1985; Harrison et al. 1989; Smith 1989; Alton and Kayne 1992; Davies and Kayne 1992; Vincent and Furnham 1994; Holson 1995; Vincent et al. 1995). Statistically, a large sample gives results that are reliable and

accurate (Cochran 1977:75). Another weakness is that one does not know if Ferrucci's sample is a valid representation of South African homoeopathic practice as no figures are supplied regarding the proportion of registered homoeopaths and student homoeopaths whose patients participated in the study.

The results showed that patients presented with a wide range of diverse conditions. Conditions such as arthritis and hypertension were common to both sample groups. Most conditions were of a chronic nature and there was a high incidence of psychological complaints amongst the private patients group. (Ferrucci 1994). These findings support the results of studies done by Harrison et al. (1989) and Smith (1989) in Britain and by Jacobs and Crothers (1991) in Seattle, Washington, USA. More patients of private practitioners (86%) experienced either a "great deal" or a "fair amount" of improvement compared to the day clinic patients (66%). This was probably because the day clinic is a teaching institution where the students, although supervised by qualified practitioners, are still acquiring experience. (Ferrucci 1994).

There is a third South African survey which has relevance to this dissertation by virtue of the absence of any mention of homoeopathy or other associated complementary therapies (Hirschowitz and Orkin 1995:1-160). The Community Agency for Social Enquiry carried out a national household health survey for the Henry J. Kaiser Family Foundation, a private American philanthropic trust which is dedicated to improving the health and life chances of the disadvantaged (Hirschowitz and Orkin 1995:i). The study gathered detailed data about the perceptions of the general South African public towards health

status; access to health care; utilisation of services; quality of care and outcome of care. The survey aimed to establish a baseline from which the impact of the changes that are being made to the South African health care system can be measured by repeating the survey on a regular basis. (Hirschowitz and Orkin 1995:i).

Four thousand households from all four population groups and from metropolitan, urban and rural areas in all nine provinces formed the sample. In urban and metropolitan areas sampling points were chosen after a random start, using an equi-interval procedure, and, at each point, four dwellings were selected. In rural areas map references were used to select the farms and rural dwellings to be visited. In order to be able to make valid comparisons between and within race groups, Indian, Coloured and White households were oversampled and African households undersampled relative to their proportion in the population. The proportions in the sample were as follows: Indian (9%), Coloured (15%), White (19%) and African (57%). This is in contrast to the proportions in the general population which were: Indian (3%), Coloured (9%), White (13%) and African (76%) (Hirschowitz and Orkin 1995:7).

The findings of this survey show that the majority of the African population is much worse off with regards to living conditions and access to health services than the other population groups. Two thirds of the African population live under very poor conditions and have a monthly income which is below the minimum living level of R 900. The cost of health care is a major obstacle preventing access to health care for 73.8% of the African population. (Hirschowitz and Orkin 1995:i,ii).

From the results (Hirschowitz and Orkin 1995:21,24), it can be seen that the majority of White and Indian households rely on private care for health problems. Only 16% of Indian households and 14% of White households depend on public health facilities. A small percentage of White households and an even smaller percentage of Indian households consult a source other than a private doctor or public clinic or hospital as their usual site of care. Unfortunately, the actual percentages are not reported in the study, but have had to be deduced from a bar chart. (Hirschowitz and Orkin 1995:21). About 7% of Whites suffering from hypertension stated that they attend an "other" facility for treatment. Unfortunately, the survey does not specify what therapies are included under "other." (Hirschowitz and Orkin 1995:24, 81). One can only speculate that homoeopathy may have been mentioned by some of the respondents. If this is so, then this finding would appear to be consistent with the HSRC survey (Steenekamp 1985:20) discussed above, which showed that 1.9% of the sample (N = 2195) usually consulted an alternative practitioner, i.e. a homoeopath, osteopath, naturopath, herbalist or chiropractor, for medical advice.

Hirschowitz and Orkin (1995:1-160) do not mention homoeopathy, though they do consider the role played by traditional healers in the health care of African and Indian respondents, amongst whom 31.9% and 20.9% respectively stated that they regularly consult a traditional healer (Hirschowitz and Orkin 1995:xx). Thus, it would seem that there is a need to determine the role that homoeopathic treatment plays in the health care of the South African public and to what extent there is a need for homoeopathic services.

2.3 *Attitudes*

Numerous studies have documented the attitudes of patients undergoing complementary and/or orthodox medical treatment, and the attitudes of the public in general towards complementary medicine and/or homoeopathy.

2.3.1 Attitudes towards complementary medicine

Fulder and Munro (1985) conducted a study in which virtually all non-medical complementary practitioners in Oxfordshire and the Cambridge area were personally interviewed; 60 (95%) and 37 (97%) practitioners respectively from each area. Later, the study was extended by mail to include five other geographical areas. However, compliance in these areas was not as good as in the first part of the study: only 39 practitioners (29.77%) of a total of 131 additional practitioners responded. In total, 136 practitioners representing 12 disciplines took part in the study; four practitioners were homoeopaths (2.9%). It must be remembered that while many therapists practised more than one therapy, only the principal therapy of each therapist was given in the study. Therefore, homoeopathy was probably more widely used than appeared to be the case from this study. The data showed that a substantial subsidiary health care system appeared to be developing in the United Kingdom. The authors propose the length of the consultation (generally six times longer than the average general practitioner

consultation) as one possible explanation for complementary medicine's rising popularity. Rather than showing dissatisfaction with conventional medicine, the study (Fulder and Munro 1985) showed that these complementary therapies seemed to complement rather than compete with conventional medical care, as therapists reported that approximately a third of their patients were seeking conventional medical help at the same time for the same condition. A number of other studies have since confirmed this pattern (Lewith 1985; Thomas et al. 1991; Visser et al. 1992; Eisenberg et al. 1993; Himmel et al. 1993; Vincent and Furnham 1994).

Fulder and Munro (1985) also suggest that, in some respects, the consultations of complementary practitioners can be considered as similar to those of a specialist, as both professionals appear to be sought as a second resort while the general practitioner is seen as the first port of call. This perception was confirmed by Swayne (1989), who analysed 7218 consecutive consultations during a one week period by 73 doctors who made use of homoeopathy in their practices.

In Lewith's study (1985), the 65 new patients who attended the Centre for Alternative Therapies during a four-week period, were interviewed after their consultation. Follow up questionnaires were conducted eight weeks after the first interview amongst 56 of these patients. Two thirds of the patients believed that alternative therapies was effective. Lewith found that if the patients expected to improve, their treatment was more likely to be effective. After eight weeks of treatment, 59% of patients reported feeling much

better. As in Fulder and Munro's survey (1985), most patients stated that they would still consult conventional medical practitioners for future problems.

Thomas et al. (1991) also found that patients seeking complementary health care continued to make use of conventional medicine. They conducted a comprehensive study in order to describe the characteristics of patients using "non - orthodox" health care and their pattern of use of conventional health care with respect to a particular problem. The study focussed specifically on qualified, non - medical complementary therapists and 2152 practitioners (acupuncturists, chiropractors, homoeopaths, medical herbalists, naturopaths and osteopaths) identified from the registers of the respective associations were approached through a postal survey. A group of 146 practitioners, stratified according to profession and length of time each practitioner had been in practice, was then approached to take part in the second stage of the study. The sample of eight medical herbalists withdrew from the study, as a group, after the first stage and so were excluded from the rest of the study. No reason was given for the herbalists' withdrawal. A representative group of 101 practitioners subsequently took part in the rest of the study. The practitioners completed a short questionnaire for each patient attending during the sample period, a total of 3082 patients. The patients themselves were given a questionnaire to complete, 2473 of which were returned to the researchers. The findings of this study suggested that rather than rejecting conventional medical care, as a contemporary report by the British Medical Association had proposed, patients who sought complementary treatment from non - medically qualified practitioners still continued to utilise conventional medical care. However, there was a substantial minority

(36%) who had sought help directly from a complementary therapist without first receiving treatment from a general practitioner or a hospital specialist. Most of this group did not report contact with their general practitioner in the two weeks preceding the survey.

Visser et al. (1992) sent a questionnaire regarding attitude towards alternative medicine and contact with alternative practitioners to all practising rheumatologists in the Netherlands, 101 practitioners in all. The 71 respondents (70%) were allocated into two groups: one, "accepting" rheumatologists who had indicated a positive attitude towards the alternative therapies and two, "rejecting" rheumatologists who held negative views towards alternative therapies. It is the second part of the study which is pertinent to the current investigation. In this part, ten "accepting" and seven "rejecting" rheumatologists each agreed to hand out questionnaires to 100 consecutive patients. A total of 1466 questionnaires were distributed and 675 patients (80%) of the former group and 504 patients (81%) of the latter completed their questionnaires and returned them to the researchers, resulting in a large sample of 1179. A large minority (43%) had consulted an alternative practitioner at least once for their rheumatic condition. Almost two thirds of these patients (63%) gave "not being helped by regular care" or "seeing alternative therapy as a last resort" as their reason for seeking alternative care. When asked to grade their satisfaction with the treatment received, patients who visited alternative practitioners gave high scores to both their alternative practitioner and rheumatologist. Patients appeared to be slightly more satisfied with the care received from their rheumatologist than from the alternative practitioner. Efficacy of treatment was least

highly valued. On a scale of 1 to 10, alternative practitioners received 5.8 and rheumatologists 7.3. The authors suggest high expectations as a possible explanation for the lower score given to alternative practitioners.

A study in Kassel, central Germany, assessed the patients of 10 medical doctors who made use of complementary therapies in their practices (Himmel et al. 1993). Of the 310 patients who took part, 122 (39.4%) had had complementary treatment; fifteen of these patients having had homoeopathic treatment. Much interest in complementary medicine was shown by the patients: 68.4% expressed a wish to receive complementary treatment more often and 57.7% said that they preferred complementary medicine to conventional treatment. Only three patients rejected and eleven were sceptical about complementary therapies. Of the 47 patients who had requested complementary treatment from their doctor, seven (14.9%) had asked for homoeopathy, thus making it the second most requested therapy after herbal medicine (68.1%). Himmel et al. (1993) found that positive attitudes towards complementary medicine was not necessarily associated with critical attitudes towards medical doctors. (cf Vincent and Furnham 1994).

Eisenberg et al. (1993) carried out a national telephone survey of 1539 English-speaking adults in the USA in 1990 in order to determine the prevalence, costs and pattern of use of unconventional, or complementary, medicine. Their results support those of the studies discussed above (Fulder and Munro 1985; Lewith 1985; Thomas et al. 1991; Visser et al. 1992; Himmel et al. 1993) as they found that complementary medicine seemed to be used to supplement conventional treatment. One in three people had made use of

unconventional therapists. Eighty-three percent of people in the study reported one or more principal medical conditions; of these people, 7% consulted both a medical practitioner and an unconventional therapist and 3% consulted only an unconventional therapist for their principal medical condition; 58% saw a medical practitioner only and 33% consulted neither in 1990. According to the study, people were thus far more likely to consult a medical doctor (65%).

Eisenberg et al. (1993) infer that much use is made of unconventional therapies for chronic, rather than life threatening medical conditions, health promotion or disease prevention as one third of those who reported using unconventional medicine in 1990 did not use it for any of their principal medical conditions. These findings support and are supported by other research (Jacobs and Crothers 1991; Vincent and Furnham, 1994; Vincent et al. 1995).

Although the 1994 study by Downer et al. focussed specifically on cancer patients and not the general public, the results appear to be consistent with the findings of numerous other surveys that complementary therapies are used to supplement orthodox or conventional medical care (Fulder and Munro 1985; Lewith 1985; Thomas et al. 1991; Eisenberg et al. 1993; Himmel et al. 1993; Vincent and Furnham 1994). Four hundred and fifteen cancer patients receiving conventional treatment took part in the Downer et al. study (1994), 65 (16%) of whom had used, or were using, complementary therapies. Forty-eight of these patients were subsequently interviewed about their experience of complementary therapy. Thirty-nine (82%) of this complementary group expressed being

satisfied or very satisfied with the therapies they had chosen. Benefits were reported as being mostly psychological. There was a higher incidence of dissatisfaction with certain areas of conventional treatment amongst the patients in the complementary group than amongst those using conventional treatment only. This result was as the researchers had expected as those interviewed were from a self selected group of patients who had chosen to use complementary therapies. Most patients who had used complementary medicine, however, did report satisfaction with conventional treatment received.

Vincent and Furnham (1994) studied the perceived efficacy of complementary and orthodox medicine in the treatment of a number of illnesses and problems. The survey attempted to determine how people assess the efficacy of complementary medicine, and to discover where they obtain the information needed to assess efficacy. Questionnaires were distributed to members of the general public in various public places in Central London and 135 fully completed questionnaires were returned. Seventeen (12%) of the sample had had some experience of complementary medicine; 13 (9.6%) reported having consulted a homoeopath. Despite the limitations imposed by such a small, unstructured sample, the findings tend to confirm the results of other studies as to the perceived efficacy of complementary therapies (Jacobs and Crothers 1991; Eisenberg et al. 1993; Downer et al. 1994) as well as shedding light on how highly people regard the source of their information on complementary therapies. The questionnaire contained a list of 25 illnesses and respondents were asked to rate, on a scale of 1 (not at all effective) to 5 (very effective), how effective they considered each complementary therapy and orthodox medicine to be in curing each condition. Results showed that the

complementary therapies (namely, hypnosis, acupuncture, herbalism, homoeopathy and osteopathy) were perceived to be more effective in treating minor and chronic conditions than in treating major or psychological conditions. Overall, however, conventional medicine still scored the highest for perceived efficacy (mean = 3.18). The overall means for the complementary therapies were as follows: hypnosis: 2.03; acupuncture: 1.97; herbalism: 2.10; homoeopathy: 1.99; osteopathy: 1.53. For specific problems, such as back pain and fatigue, certain complementary therapies were perceived as more effective than orthodox medicine. This shows that people seem to be aware of the range of treatment of each of the various complementary therapies.

The results of the above study also suggested that some people who support complementary therapies tend to be those who are dissatisfied with, or sceptical, of orthodox medicine, but even amongst people who showed a strong belief in complementary therapies, ratings were not outstandingly high. These findings (Vincent and Furnham 1994) support those of Downer et al. (1994) but are different to the findings of Himmel et al. (1993).

Vincent et al. (1995) continued the work begun by Vincent and Furnham (1994), this time investigating the perceptions of patients attending either a general practice clinic or a homoeopathic, an osteopathic or an acupuncture clinic. The study took place in London and 216 patients participated. The study examined the perceived efficacy of complementary and orthodox medicine in the treatment of a number of illnesses and problems of different types and severity. The questionnaire was in three sections: (1)

demographic data and experience of complementary medicine; (2) 38 attitude statements (to be rated on a seven-point scale) which included Lau and Ware's Health Locus of Control scale, belief in the importance of a scientific base to orthodox medicine, the importance of psychological factors in illness, and the possible harmful effects of modern medicine; and (3) the perceived efficacy (on a scale of 1 - 5) of each therapy in the treatment of 16 illnesses which had been classified as major, minor, chronic or psychological. Patients were approached to complete a questionnaire while waiting for treatment at one of the above mentioned clinics, the questionnaire being returned when the appointment was due. This method resulted in the first two sections being well answered, while there was a substantial amount of incomplete data in the third section. The main reason for this outcome was that many people did not have enough time before their appointment was due in which to complete the questionnaire. Only fully completed questionnaires were used for the analysis of the third section. However, on comparison of demographic details between those who had completed the questionnaire and those who had not, no major differences were found.

The results of the above study indicated that the significant differences between the complementary and orthodox groups were in their beliefs regarding the importance of a scientific base to medicine and the potential harmful effects of medicine. A belief in the importance of psychological factors in illness was also associated with a stronger belief in homoeopathy and acupuncture, and was overall the most powerful factor predicting a relative preference for complementary medicine. These results differ from earlier studies such as Harrison et al. (1989) and Smith (1989), where it was found that patients seeking

complementary treatment, in each study specifically homoeopathy, showed a greater sense of responsibility for, and control over, the cause, course and outcome of their condition and had significantly higher internal locus of control scores than those seeking orthodox treatment. Vincent et al. (1995) initially found similar differences between the complementary and orthodox groups in their study, but once these results had been subjected to analysis of covariance, the significance of these differences diminished. The results of the Vincent et al. (1995) study, despite the flaw in data collection, are interesting and have value in that they point to new avenues of approach in assessing the various complementary therapies.

2.3.2 Attitudes towards homoeopathy

As homoeopathy is included in many of the studies discussed in 2.3.1 above (Fulder and Munro 1985; Lewith 1985; Thomas et al. 1991; Visser et al. 1992 ; Himmel et al. 1993; Eisenberg et al. 1993; Vincent and Furnham 1994; Vincent et al. 1995), one may assume that the attitudes which have been identified in these studies towards complementary medicine in general, may also be indicative of the public's attitude towards homoeopathy in particular. However, one must bear in mind that the above studies investigated many different complementary therapies and therefore people's attitudes towards certain therapies may not necessarily be the same as their attitudes towards others. Only a few, small studies have specifically attempted to document the general public's attitude towards homoeopathy. This indicates a gap in the literature which the present study aims to address. The relevant studies are discussed below.

Smith (1989) compared the health beliefs of patients attending a general practitioner's surgery and those attending a homoeopathic surgery in two small market towns in Somerset, England. Eighty-seven of 147 questionnaires were returned; 45 from the general practitioner group and 42 from the homoeopathic group. No significant differences were found between the two groups for any of the demographic variables studied, which allowed Smith to assume that any subsequent differences found would be important in their own right and not dependent on demographic variation. The homoeopathic group seemed to place less importance on the advice of "professionals" than did the general practitioner group. The homoeopathic group also put a greater emphasis on exercise as an important factor in staying healthy than did the general practitioner group. The homoeopathic group's beliefs that they could improve their resistance to illness and that their body could help heal itself was significantly stronger in comparison to the other group. The homoeopathic group was much more sceptical about their treatment, displaying a mistrust towards doctors taking control of their health. Most significantly, the homoeopathic group indicated that, on average, they had been very dissatisfied with the treatment received from their last consultation with their general practitioner. On the other hand, the general practitioner group indicated that they had been highly satisfied with the treatment they had received at their last visit. It appeared very likely that the degree of satisfaction with the previous visit to a general practitioner influenced the respondents' attitude towards their current practitioner and treatment, even if the current practitioner were a homoeopath.

Alton and Kayne (1992) conducted a pilot study to determine public awareness of, and attitudes towards, homoeopathy. Questionnaires were distributed to randomly chosen pharmacy customers while they were waiting for prescriptions to be dispensed. Three pharmacies in different areas of Manchester were selected. Eighty-four people participated in the study and they were classified into social groups according to the locality of the pharmacy they attended. The first two pharmacies were considered to serve people with a higher level of education and of higher social class and the third pharmacy was considered to serve predominantly working class people. A scoring system was devised for the answers to the questions on reasons for using, or considering the use of, homoeopathic medicines. An unspecified significance test was carried out but no significant differences could be determined in the attitudes between those who had tried homoeopathic treatment and those who had not. These results are similar to those of Smith (1989), above. The majority of respondents in the Alton and Kayne (1992) study associated homoeopathy with the treatment of anxiety (77%) and colds (76%). The most favoured perception of the sample was that homoeopathy was seen as equally effective as conventional medicine in treating acute illness, but few regarded it as more effective as conventional medicine in treating either acute or chronic illnesses. The use of a larger, better controlled sample would most likely give more reliable results that could then be extrapolated to the general public.

Davies and Kayne (1992) subsequently carried out a similar study to the one by Alton and Kayne (1992) amongst pharmacy staff. Seventeen pharmacists, 20 pharmacy technicians and 38 unqualified assistants working in 16 pharmacies in the Stoke-on-Trent

area, a total of 75, completed the questionnaire. The survey occurred over two days, the pharmacies being visited without prior warning and without knowledge of staff rosters, in order to exclude bias. All 75 questionnaires were returned completed. It was found that the majority of the respondents (72 or 96%) had heard of homoeopathy. The questionnaires of the three unqualified assistants who had not heard of homoeopathy were excluded from the rest of the study. Of the remaining respondents, 34 (47%) replied that they thought homoeopathy was effective, six (8%) thought it was not effective and 32 (45%) were not prepared to express an opinion. When asked if they had taken homoeopathic medicine, only 20 (28%) had done so. Of this group of 20, 13 (65%) thought the medicine to have been effective. The finding that those who have had experience of homoeopathy were more likely to express a favourable opinion is in contrast to a number of other studies which found no significant difference in attitude between people who have experienced homoeopathy and those who have not (Harrison et al. 1989; Smith 1989; Alton and Kayne 1992).

In the previously discussed study by Visser et al. (1992), homoeopathy was seen to be the second most commonly used complementary therapy by Dutch rheumatology patients (15%). Seven percent of the 1179 patients reported that they had consulted a homoeopath in the three years preceding the study.

In the general public survey by Vincent and Furnham (1994) discussed earlier, the researchers found the perception that homoeopathy was regarded as valuable in treating minor conditions, such as the common cold, hayfever, insomnia, menstrual problems and

migraine, and chronic conditions such as allergies, arthritis, asthma, blood pressure and skin problems. Acupuncture and herbalism were similarly regarded.

The above result of the Vincent and Furnham (1994) study served to confirm the outcome of an earlier American study by Jacobs and Crothers (1991) who had collected data on approximately 2500 patients seen over a five - year period (January 1984 - December 1988) in a homoeopathic family practice in Seattle, Washington, USA, and had compared these data with those of the National Ambulatory Medical Care Survey (NAMCS) of general and family practitioners for the two years from January 1980 until December 1981. The results show that homoeopathic treatment is seen to play a role in the treatment of chronic and ill-defined disorders not easily managed by conventional medical treatment, while the general practitioner is consulted for routine examinations and acute illnesses. Unlike the Vincent and Furnham (1994) study, Jacobs and Crothers (1991) found that homoeopathic treatment was also regarded as having a role to play in treating psychological conditions. Ferrucci (1994) had similar findings in the South African situation which confirmed the results of the Jacobs and Crothers (1991) study. The data in the Jacobs and Crothers (1991) study suggest that homoeopaths tend to be consulted for cases not responding to conventional medical treatment and tend not to be regarded as primary care providers. Fulder and Munro (1985) and Swayne (1989), as discussed earlier, came to a similar conclusion about complementary medicine being regarded as a second option.

Holson (1995) gives the results of audits done three months and six months after a homoeopathic service was started in a general practice in central Wales. They surveyed 100 patients (98% response) who said that they were 100% satisfied with the service offered. Although the sample size is small in comparison to other surveys, it can be considered representative of the total patient population as it consisted of 59% of the patients receiving homoeopathic treatment. However, this population is a self-selected group who have sought homeopathic treatment themselves and is therefore more likely to be satisfied with the service.

In South Africa, Steenekamp (1985:7,8) found that the homoeopathic profession was held in high regard by the patients who consulted them. Over a third of the total sample (n = 2206) considered that homoeopaths were able to "diagnose the majority of diseases" (34.9%) and were able to "treat the majority of diseases" (35.4.%).

2.4 Knowledge of homoeopathy and complementary medicine

The degree of knowledge of homoeopathy and other complementary therapies amongst the general public and patients seems to vary from study to study. In some studies it is impossible to distinguish knowledge of homoeopathy from knowledge of the other therapies under discussion. Studies concerning medical practitioners' knowledge of complementary therapies have not been included in this review.

Himmel et al. (1993), first discussed in section 2.3.1, also assessed the knowledge about complementary medicine of the 310 patients in the sample. The researchers found that patients' knowledge about complementary methods offered by their doctors differed greatly according to the number of modalities available in each practice. It appeared that in practices where more than three different therapies were offered, 56% - 90% of patients gave correct statements about those complementary therapies, while in practices where only one or two therapies were available, far fewer patients (23% - 45%) gave correct statements. Lewith (1985), also discussed previously, had similar findings at the Centre for Alternative Therapies which offered a wide range of complementary therapies. The patients who participated in the study appeared to be well-informed about alternative medicine (Lewith 1985).

Despite many people being fairly knowledgeable about homoeopathy and other complementary therapies as shown by the studies discussed above, it has been shown that there is still a need for education of the public and of people involved in health care professions. In the study discussed above in section 2.3.2, Davies and Kayne (1992) found that though the majority of the pharmacists, technicians and assistants in the sample had heard of homoeopathy, very few showed understanding of its basic principles. Only 25% identified the statement regarding the Law of Similars (like cures like). It was found that the majority of pharmacists felt that homoeopathy worked by "faith." Fifty percent of technicians and 60% of assistants viewed homoeopathy as part of herbal medicine. The pilot study by Alton and Kayne (1992), also discussed in section 2.3.2 above, showed that knowledge of homoeopathy appeared to be confined mainly to

people of a higher educational level and social class: 83% of people in the upper and middle social classes as opposed to 20% of people in the lower social classes. This finding was significant at the 5% confidence level. The authors suggested that this was probably due to a lack of promotion of homoeopathy by health care professionals, rather than due to financial constraints.

The literature shows that people get their information about complementary medicine in general and homoeopathy in particular, from various sources. The majority of studies found personal recommendation to be the most common source of referral (Fulder and Munro 1985; Lewith 1985; Ferrucci 1994; Vincent and Furnham 1994; Emslie et al. 1996). Vincent and Furnham (1994), in particular, noted that most respondents regarded talking to friends or relatives as their most important source of information about complementary medicine, personal accounts of treatment being especially valued. In the study by Alton and Kayne (1992), the media (31%), the local pharmacist (23%) and relatives and friends (22%) were shown to be the main sources of information for those who had heard of homoeopathy. The media was the second most common source of information in the Vincent and Furnham (1994) study. Lewith (1985) also found the media to be an important source of information amongst the patients in his survey.

The study by Vincent and Furnham (1994) is also valuable in that it shows that people appear to be aware that there are differences between the various therapies that fall under the umbrella term of complementary medicine. Certain complementary therapies were

regarded as useful in certain conditions especially when orthodox medicine was seen as less effective in treating those particular disorders.

The respondents in Steenekamp's survey in South Africa (1985:8) showed a fairly good understanding of the differences between the roles of homoeopaths and chiropractors, considering that 17% of the sample (n = 2206) had never previously heard of those two professions. Knowledge about the complementary therapies was limited to a minority of the sample, indicating a need for education about the different therapies. Slightly more than a quarter (27.3%) of the sample correctly ascribed "curing with the same stuff as that causing the symptoms" (i.e. the Law of Similars) to homoeopaths. The most common perception (38.3%) was that iridology, the study of the iris for diagnostic purposes, was regarded as being a function of homoeopaths. Although the two therapies are quite different - iridology is classified as a diagnostic complementary therapy and homoeopathy as a complete therapy (Pietroni 1992) - many homoeopaths use iridology for diagnostic purposes. This is the most possible explanation for the perception that iridology is a function of homoeopaths.

The study by Vincent et al. (1995) confirmed the findings of the Vincent and Furnham (1994) study that people show an awareness of the differences between the various complementary therapies. Complementary medicine was perceived as relatively more effective for minor and chronic conditions by general practitioner patients, while homoeopathic and acupuncture patients viewed complementary medicine as superior to

orthodox medicine for minor and chronic conditions. All groups, however, agreed that orthodox medicine was most effective for treatment of life threatening conditions.

Emslie et al. (1996), in the United Kingdom, conducted a mail survey amongst a random, stratified sample of 500 individuals aged 18 and over which yielded a return rate of 70%. Respondents were questioned on their awareness of, level of use of, and reasons for using eight complementary therapies, one of which was homoeopathy. The length of time practitioners spend with the patients, the expectation that the need for medication may be reduced and the offer of more gentle, less stressful forms of treatment seem to be important considerations from the patients' viewpoint. The most common reasons for considering using complementary therapy were "to help a persistent or chronic problem" (70%) and "to help relieve stress" (55%). Two hundred and sixteen people (63% of the sample) expressed an awareness of homoeopathy

2.5 Patient profile

Many of the relevant studies have attempted to identify the type of patient who seeks complementary medical treatment and homoeopathic treatment in particular. The studies compare characteristics of complementary patients with those of patients attending conventional medical treatment.

Patients attending homoeopathic and other complementary health practitioners tend to be young, female, married, of a higher social class and to have had tertiary education (Fulder

and Munro 1985; Lewith 1985; Harrison et al. 1989; Smith 1989; Jacobs and Crothers 1991; Thomas et al. 1991; Eisenberg et al. 1993; Himmel et al. 1993; Downer et al. 1994; Ferrucci 1994). Steenekamp (1985:9) and Himmel (1993) both found that people in rural areas were more likely to use complementary therapies. Eisenberg et al. (1993) found that in the United States, the use of unconventional therapies was significantly less common amongst the blacks than amongst the other population groups. Swayne (1989) found that amongst children aged 14 years and under who were treated with homoeopathy, there were more boys than girls, while amongst the older age groups, women tended to outnumber men.

Harrison et al. (1989) compared the health beliefs, expectations and behaviour of patients attending dermatological or rheumatological outpatient clinics which offered either homoeopathic or conventional treatment. One hundred and seven consecutive patients attending four outpatient clinics at three different London National Health System (NHS) hospitals were approached to take part in the study: 92 of the patients completed the questionnaire (47 homoeopathic and 45 conventional patients). There were no significant demographic differences between the two groups, except that significantly more females than males were seeking homoeopathic treatment. The researchers point out that the nature of the sample - patients with chronic dermatological and rheumatic problems - may preclude the results of the study from being generalized to all people seeking homoeopathic or conventional treatment. Their findings suggest that although some dissatisfaction with conventional medical approaches was noted, patients were not necessarily dissatisfied with conventional medicine in general. This finding is in

agreement with Fulder and Munro 1985; Lewith 1985; Visser et al. 1992 and Himmel et al. 1993. Harrison et al. (1989) found that more patients attended the homoeopathic clinic because they were unhappy with the treatment (51%) or the approach (23%) offered by their previous doctor or therapist. Sixty-two percent reported that it was their own decision to seek homoeopathic treatment. These results support Lewith's conclusion (1985) that people seeking complementary treatment are well informed and actively seeking solutions to unresolved problems.

Many studies have found that people seeking help from homoeopathy and other complementary therapies tend to be suffering from chronic and ill-defined conditions for which conventional treatment has no satisfactory answers (Fulder and Munro 1985; Lewith 1985; Jacobs and Crothers 1991). These problems include psychological (Smith 1989; Swayne 1989; Jacobs and Crothers 1991; Eisenberg et al. 1993; Holson 1995); gynaecological and urinary disorders (Jacobs and Crothers 1991; Holson 1995); pain (Lewith 1985; Eisenberg et al. 1993) respiratory tract infections (Swayne 1989) and musculoskeletal problems (Swayne 1989; Thomas et al. 1991; Visser et al. 1992; Eisenberg et al. 1993).

2.6 Summary

From the literature discussed above, it appears that a large minority of people the world over make use of various complementary therapies, mainly to supplement rather than to replace conventional treatment. Homeopathy seems to be one of the more popular and

respected of these therapies and seems to be regarded as effective in treating many chronic and minor conditions.

In South Africa, the last general public survey regarding homoeopathy took place a number of years ago (Steenekamp 1985:1). As the literature shows that attitudes towards homoeopathy have changed somewhat over the years (Vincent and Furnham 1994; Vincent et al. 1995) and that interest in complementary therapies, including homoeopathy, has increased (Fulder and Munro 1985; Jacobs and Crothers 1991; Thomas et al. 1991; Alton and Kayne 1992; Davies and Kayne 1992; Pietroni 1992; Visser et al. 1992; Eisenberg et al. 1993; Himmel et al. 1993; Vincent and Furnham 1994; Vincent et al. 1995; Emslie et al. 1996), it would be valuable to assess the public's current perception towards homoeopathy. It would also be important to include the attitude of another population group as the perceptions of Indians, Coloureds and Africans have not yet been assessed.

With the establishment of the homoeopathic training centres in Durban and Johannesburg, and considering that homoeopathy is to be incorporated into the National Health System in the near future, it is necessary to investigate public perception towards homoeopathy in order to determine what needs there are for homoeopathic services.

CHAPTER 3 MATERIALS AND METHODS

3.1 Study design

The analytical survey method was used to investigate the perceptions towards homoeopathy of two communities in the Greater Durban Area in order to determine possible needs for homoeopathic services.

A questionnaire (see Appendix) was used to obtain the data. It was adapted from two South African questionnaires, namely, the one used in the Human Sciences Research Council 1983 survey (Steenekamp 1985: Appendix 2) and the one developed by Ferrucci (1994). Additional questions were adapted from two pilot studies on people's awareness of, and attitude towards, homoeopathy that were carried out in pharmacies in Britain (Alton and Kayne 1992; Davies and Kayne 1992). The questionnaire was divided into three sections. Section 1 dealt with demographic details; Section 2 contained questions designed to determine the respondent's knowledge and perceptions about homoeopathy and Section 3 investigated the respondent's personal experience of homoeopathy.

Residents of Westville, a mainly White area, and residents of Reservoir Hills, a mostly Indian area, were canvassed to take part in the study. Both males and females of at least eighteen years of age or older were approached to take part in the study. Anonymity and confidentiality were assured as no names were requested.

The questionnaire was pretested by administering it to twenty-four people, 12 people from each community. Feedback from the pretest group resulted in minor changes being made to the questionnaire.

The sample was drawn as follows:

Two independent random samples of 500 people each were drawn from the Westville and Reservoir Hills areas respectively using systematic random sampling techniques. Thus, the total sample population was 1000 people. The sampling interval was k = N/n, where k is the sampling interval, N is the total number of households at the area of study, and n is the sample size. According to the 1991 census figures, there were 14 004 White residents in Westville over the age of 20 years. In Reservoir Hills there were 11 110 Indian people over the age of 20 years. In order to simplify calculations, the population figures were rounded off to N = 14 000 for Westville and N = 11 000 for Reservoir Hills. The average number of inhabitants per household in both areas is four. (Sawyer, 1996).

For the Westville area:

n = 500 people / 4 = 125 households

N = 14 000 people / 4 = 3 500 households

In terms of households,

k = N/n = 3 500 / 125 = 28 households

Therefore, in the Westville area, every 28th household was included into the sample. If the 28th household was unable to answer the questions, either because they refused to participate in the survey or because they were not at home, the 29th household was approached. If they, too, were not at home, the researcher returned once more at another time to approach either household. If there was still no response, the researcher went on to the next sampling point. Whether or not the 29th household participated in the study, the 27th household after number 29 was taken as the next sampling point (i.e. the 28th household after number 28).

For the Reservoir Hills area:

n = 500 people / 4 = 125 households

N = 11 000 people / 4 = 2 750 households

In terms of households,

k = N/n = 2 750 / 125 = 22 households

Therefore, at the Reservoir Hills area, every 22nd household was included into the sample. If the 22nd household was unable to answer the questions, either because they refused to participate in the survey or because they were not at home, the 23rd household was approached. If they, too, were not at home, the researcher returned once more at another time to approach either household. If there was still no response, the researcher went on to the next sampling point. Whether or not the 23rd household participated in the study, the 21st household after number 23 was approached as the next sampling point (i.e. the 22nd household after number 22).

The questionnaires were self administered, i.e. the respondent completed the questionnaire himself. The researcher was present to answer any queries. In the case of elderly people or those who were not well-educated, the researcher asked the respondents the questions and filled in their answers on their behalf. In some cases, it was not convenient for the respondent to answer the questionnaire at that moment and it was arranged that the questionnaires be left at that household for completion and the researcher would then collect the completed forms later at a mutually suitable time. A few respondents requested to return their completed forms by post.

3.2 Statistical analysis

This sample size (n = 1000) is large enough to warrant the use of parametric tests such as Pearson's chi-square tests and the log-linear analysis (Cochran 1977:75). The statistical package used to conduct these tests was SPSS.

First, frequencies and percentages for all variables in the study were calculated for Westville and for Reservoir Hills.

Secondly, the Pearson chi-square test for the strength of association between two factors (Walpole 1983:311) was carried out for the ten variables which the researcher had selected as being the most important. These variables were:

- x20: Cures by using medicines that can cause the same symptoms;
- x46: Homoeopathy has a scientific base;
- x49: For the medicine to work, one must believe in it
- x50: Perceived efficacy of homoeopathy in acute conditions
- x51: Perceived efficacy of homoeopathy in chronic conditions
- x52: Personal experience of homoeopathy
- x56: Perceived outcome of homoeopathic treatment
- x58: Source of information about homoeopathy
- x71: Likelihood of consulting a homoeopath in the future
- x73: Usual health care provider

Thirdly, the five most significant variables were selected for each of the above ten key variables and log-linear analysis was performed. (Norusis 1990:B-161). These analyses were done for both Westville and Reservoir Hills.

3.2.1 The Pearson chisquare test for the strength of association between two factors

Suppose that a random sample of size n is obtained. The observations in the random sample may be classified according to two criteria. Using the first criterion, each observation is associated with one of the r rows. Using the second, each observation is associated with one of the c columns.

Let O_{ij} be the number of observations in row i and column j in an r by c contingency table. For each of the tests involving the dichotomous explanatory variables, the number of rows, r, is equal to two. Also, the number of columns, c, is two.

The following two assumptions are made:

1. The sample of n observations is a random sample. Each observation has the same probability as every other observation of being classified in row i and column j, independently of the other observation.

2. Each observation may be classified into exactly one of r different categories according to one criterion, and into exactly one of c different categories according to a second criterion.

Any two factors that are strongly associated with each other are interdependent. On the one hand, if they are not associated with one another, they are said to be independent.

The test for the independence of two factors A and B can be established by the null hypothesis H_0 as follows:

H_0: Factors A and B are independent or not strongly associated with each other.

The alternative hypothesis H_1 states the contrary of what the null hypothesis states:

H_1: Factors A and B are significantly associated with each other.

In the process of testing the null hypothesis, one of two types of errors can be made. Type 1 error is rejecting a true null hypothesis. Type 2 error is accepting a false null hypothesis. The probability of Type 1 error is denoted by α. The probability of Type 2 error is denoted by β. The level of significance of the test is equal to α, and in this study, the value of α is fixed at the 5% level for all tests.

Decision rule:

At the α level of significance,

Reject H_0 if the calculated (observed) Pearson chisquare value exceeds the tabulated chisquare value.

Accept H_0 if the calculated (observed) Pearson chisquare value is less than or equal to the tabulated chisquare value.

The calculated chisquare value is given as follows:

$$x^2_{cal} = \sum_{i=1}^{r} \sum_{j=1}^{c} \frac{(O_{ij} - E_{ij})^2}{E_{ij}} \qquad (1)$$

where

$$E_{ij} = \frac{n_i . n_j}{n} \qquad (2)$$

In (1) and (2),

O_{ij} is the observed frequency in cell i,j

E_{ij} is the expected frequency in cell i,j

n_i is the sum of observed frequencies in row i

n_j is the sum of observed frequencies in column j

n is the sum of all observed cell frequencies

$i = 1, ..., r$ and $j = 1, ..., c$

r is the number of rows

c is the number of columns.

Tabulated chisquare values are read from the chisquare table using values of α and degrees of freedom, df.

$x^2_{tab} = x^2_{\alpha}$ (df) where

df = (r-1) (c-1) = the degrees of freedom of the chisquare statistic (3)

Alternative decision rule:

1. Reject H_0 is $P < \alpha$
2. Accept H_0 if $P >$ or $= \alpha$

where

P is the Probability value (observed significance level)

alpha is the level of significance of test

H_0: Factors A and B are independent of each other

H_1: Factors A and B are strongly associated with each other

Two-by-two contingency tables:

A special case arises when there are only 2 rows and 2 columns. In this case, df = (r-1)(c-1) = (2-1)(2-1) = 1. If alpha = 0.05, then the tabulated chisquare value becomes 3.841. Thus, the null hypothesis is rejected if the observed chisquare value exceeds 3.841. The null hypothesis is accepted if the observed chisquare value is less than or equal to 3.841.

Limitations of two-by-two chisquare tests:

In cases when there are several factors in the model, simple two-by-two chisquare tests will not be good enough to analyze the complex interactions that arise among the various levels of the factors. Considering only two factors at a time simplifies the analysis, but also avoids the effect of all other external factors, some of which could in fact be influential. This may lead to conflicting findings whereby an interaction effect between two factors could be both significant and insignificant, depending on the presence or absence of a third factor.

This limitation could be avoided by the use of the hierarchical log-linear model. This model gives all effects an equal chance to appear in the model at each stage. The process of testing effects for significance begins with the interaction of the highest order, and

goes on to the next highest order, and so on until the main effects themselves are tested for significance.

3.2.2 The hierarchical log-linear model

Introduction

An interaction effect between two factors A and B is said to be significant if A and B are strongly associated with each other at a fixed level of significance denoted by α. If the interaction between A and B is significant, then an increase or decrease in A results in an increase or decrease in B. Let the correlation coefficient between A and B be denoted by r. $-r <= r >= +1$ always. If A and B are negatively correlated, then $r < 0$. If there is no correlation between A and B, then $r = 0$.

Suppose that the interaction effect between factors A and B is significant. Suppose also that the levels of A and B are coded similarly. The significance of the interaction effect between A and B indicates that an observation that randomly falls into category i of factor A is also likely to fall into category i of factor B at random.

Example

A: Income

1. Poor

2. Fair

B: Type of job

1. Part-time

2. Full-time

Suppose that factors A and B are significantly associated. Then, a randomly identified poor person is likely to be a part-time worker.

Testing effects for significance

A hierarchical log-linear model of order k contains all interactions of order less than or equal to k. Once the interaction of the highest order (k) is included in the model, then all interactions of order $\leq$ k will be included in the same model automatically.

At stage 1 the interaction effect of order k is tested for significance.

At stage 2 the interaction effects of order k-1 are tested for significance.

At stage 3 the interaction effects of order k-2 are tested for significance.

All interaction effects of order 3 are tested for significance.

All interaction effects of order 2 are tested for significance.

At last, all main effects are tested for significance.

The process stops after the main effects have been tested for significance.

Definition

In the hierarchical log-linear model, an interaction effect between any number of factors is said to be significant at the α = 5% level of significance if the associated Z-value lies outside the interval (-1.96, +1.96). If the Z-value lies within (-1.96, +1.96), then the interaction effect becomes insignificant at the alpha = 5% level of significance.

A*B*C	(Interaction of order 3)
A*B, A*C, B*C	(Interaction of order 2)
A, B, C	(Main effects)

At stage 1, A*B*C will be tested for significance.

At stage 2, A*B, A*C, B*C will be tested for significance.

At stage 3, the main effects will be tested for significance.

Decision rule

Suppose that the sample size is fairly large. At the $\alpha = 0.05$ level of significance, an interaction effect becomes significant if the calculated or observed Z-value lies either to the left of -1.96 or to the right of +1.96. If the value of Z lies between -1.96 and +1.96, the effect becomes insignificant at the $\alpha = 0.05$ level.

Interaction effects of high orders are usually insignificant.

CHAPTER 4 RESULTS

The sample size used for this study was 1000 drawn from two suburbs in the Greater Durban Area - 500 from Westville and the other 500 from Reservoir Hills. Data gathered from the questionnaires completed by these respondents (see Appendix A for an example of the questionnaire) were used in this study. The sample size is large enough to warrant the use of parametric tests such as Pearson's chi-square tests and the log-linear analysis (Cochran 1977:75).

4.1 ***Frequencies and percentages***

4.1.1 Demographic details

4.1.1.1 *Gender distribution*

Figure 1. Gender Distribution - Westville.

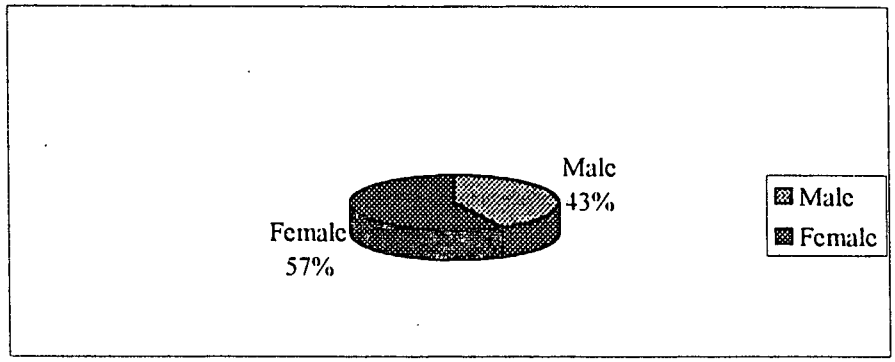
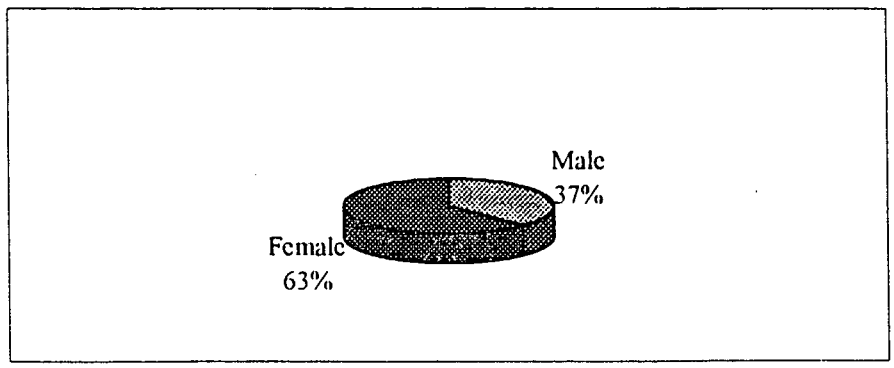


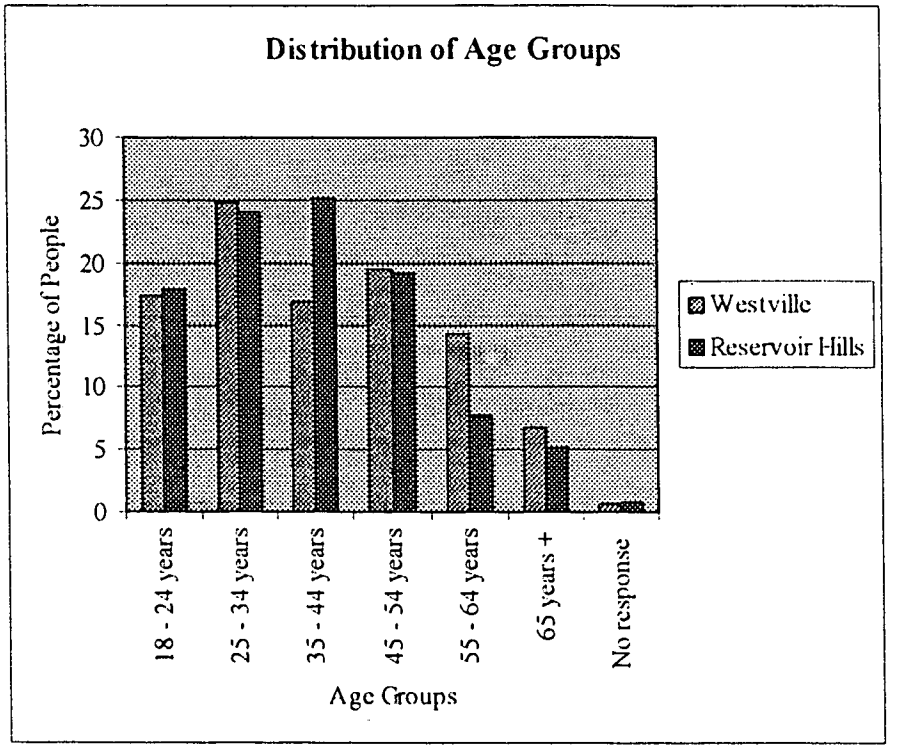
Figure 2. Gender Distribution - Reservoir Hills.



In both areas there were more women who took part in the survey than there were men.

4.1.1.2 *Distribution of Age Groups*

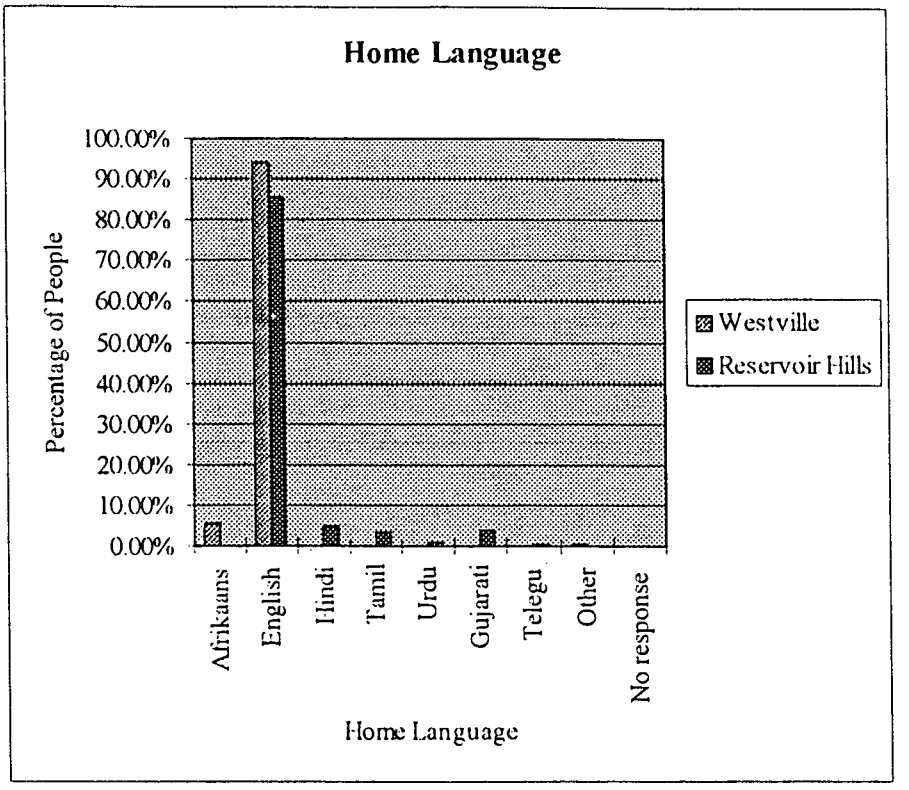
Figure 3. Distribution of Age Groups.



The distribution of age groups was similar for both residential areas. However, there were more Reservoir Hills residents in the age group 35 - 44 years, and more Westville residents in the age group 55 - 64 years.

4.1.1.3 *Home language*

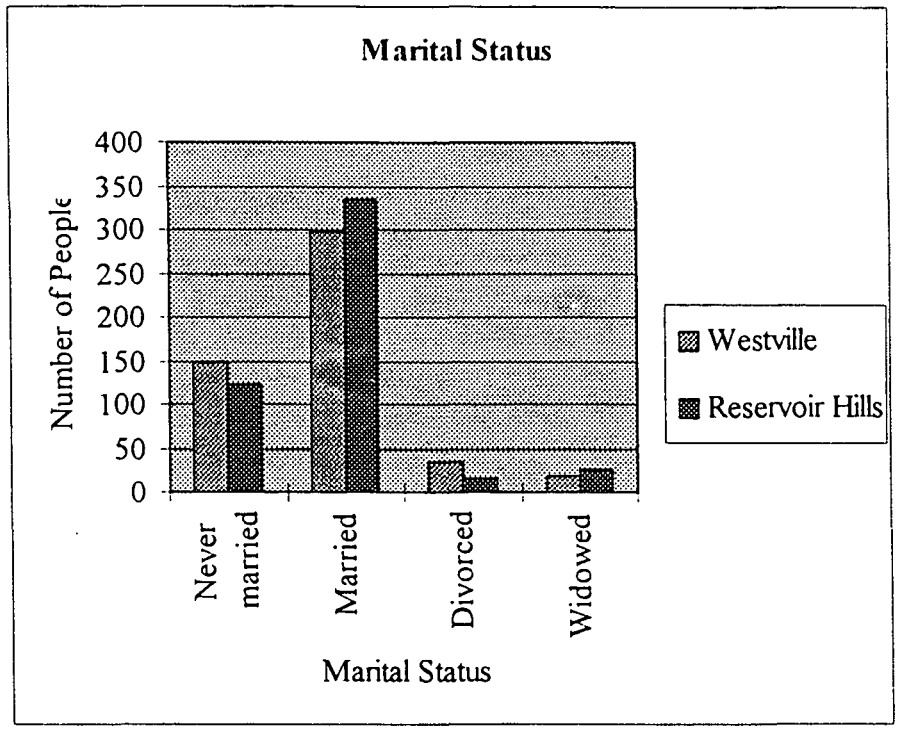
Figure 4. Home Language.



The vast majority of respondents in both areas were English - speaking. Many respondents from Reservoir Hills spoke English in addition to one of the Indian languages. In those instances, for the purposes of the study, English was taken to be the main language spoken.

4.1.1.4 *Marital status*

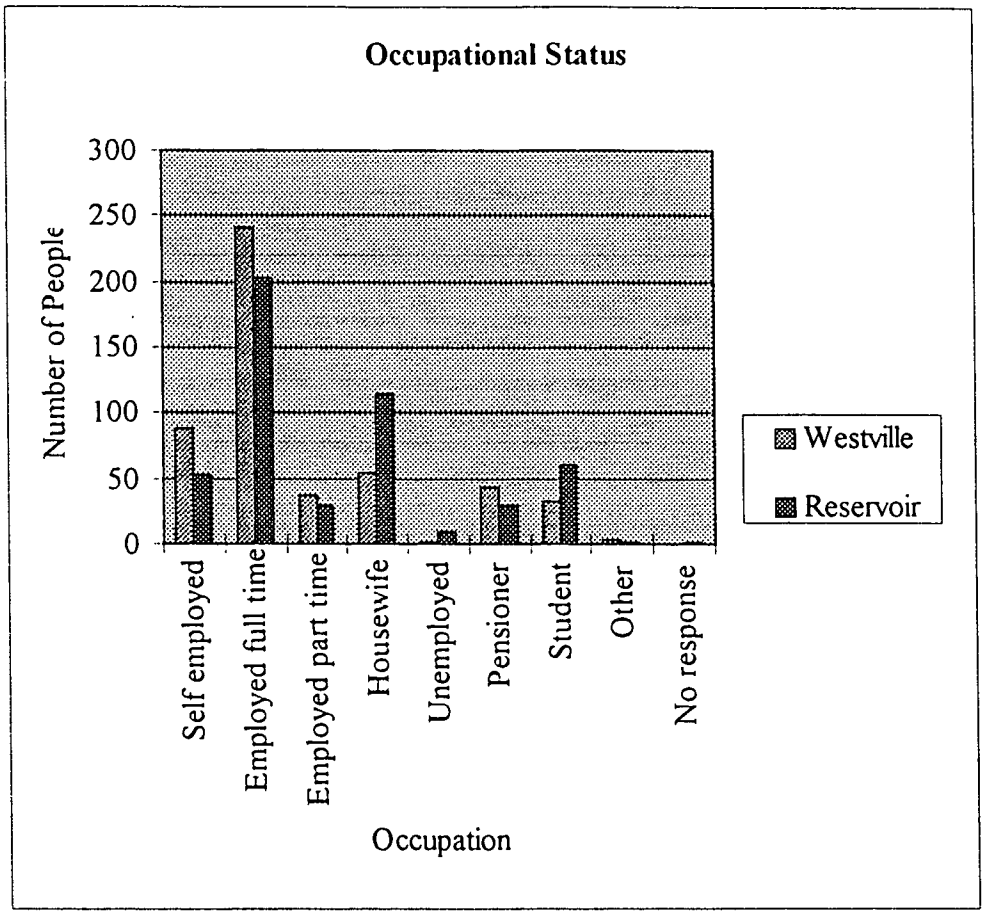
Figure 5. Marital Status.



More than half the respondents in both areas were married. There were more divorced people in the Westville group than in the Reservoir Hills group. In the Reservoir Hills group there were more people who had been widowed.

4.1.1.5 *Occupational status*

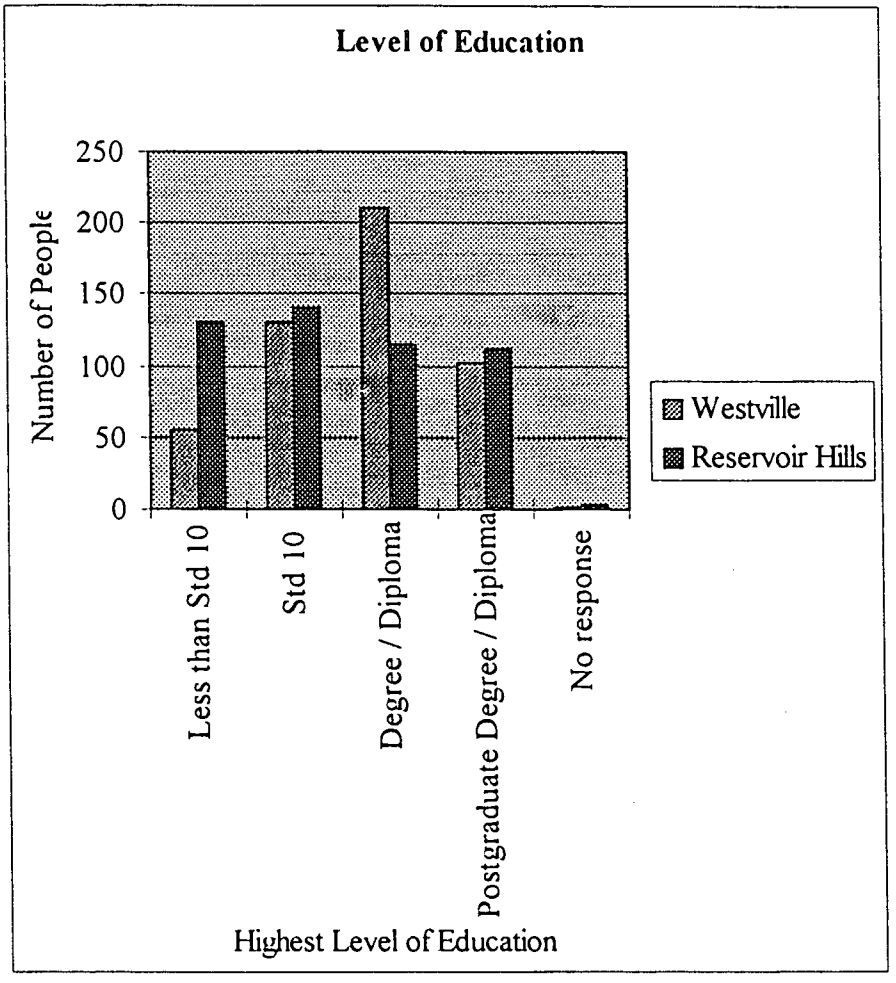
Figure 6. Occupational Status.



Most respondents were in full time employment. There were more than twice as many housewives amongst the Reservoir Hills group than there were amongst the Westville group.

4.1.1.6 *Highest educational level reached*

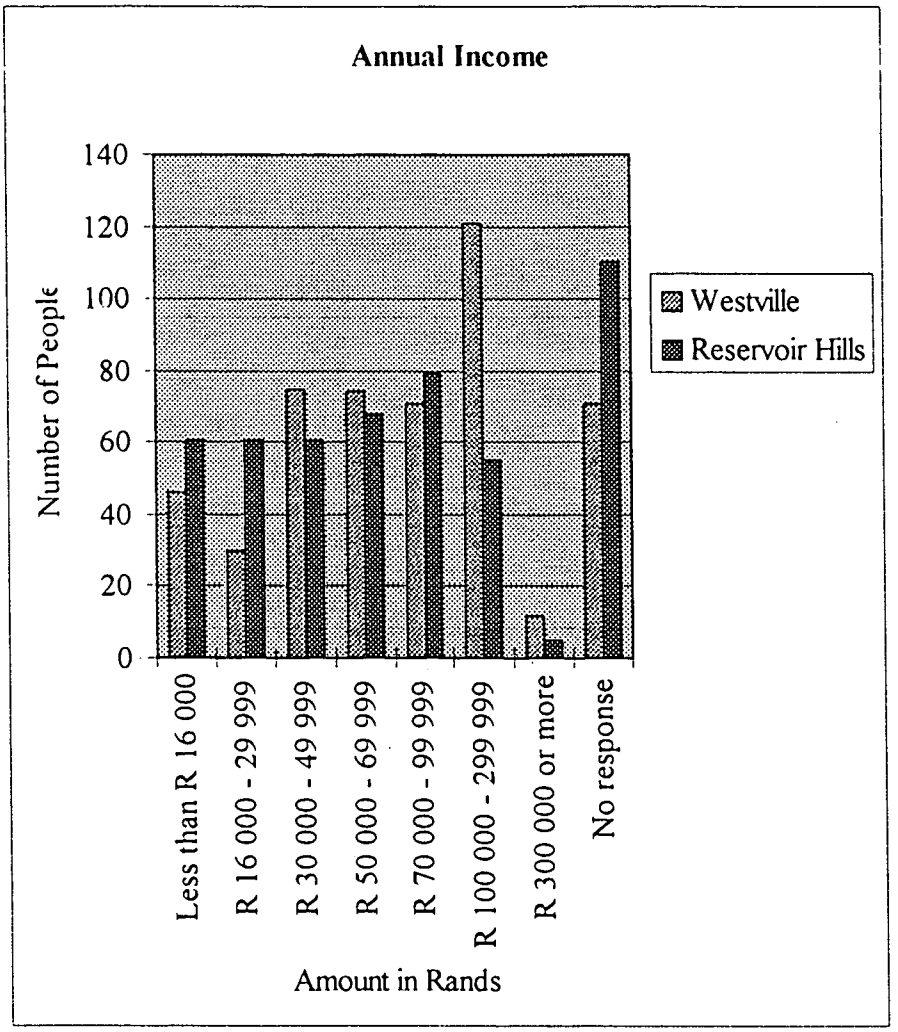
Figure 7. Highest Level of Education Reached.



The majority of respondents from Westville had reached tertiary education. In comparison, in Reservoir Hills, slightly less than half of the sample had reached tertiary education. However, there were more respondents from Reservoir Hills who had gone on to complete post-graduate studies than there were amongst Westville respondents.

4.1.1.7 *Annual income*

Figure 8. Annual Income.



In both Westville and Reservoir Hills, the annual income of the majority of respondents ranged between R30 000 - R99 999. According to the Central Statistical Services, people earning less than R 16 000 per annum are classified as lower-income earners (Sawyer, telephone conversation 21 October 1996). As only 9.2% (Westville) and 12.2% (Reservoir Hills) fall into this category, one can therefore assume that the remainder of the respondents who answered this question, may be classified as middle- to upper-

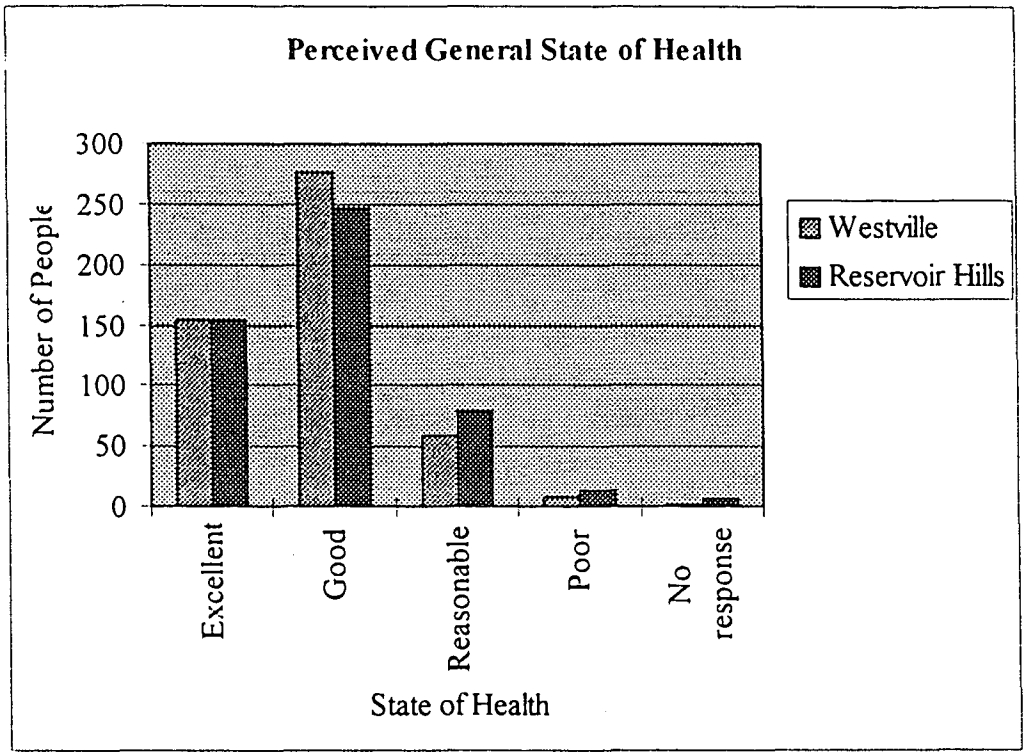
income earners. A number of Reservoir Hills respondents (110) and Westville respondents (70), either were not prepared to disclose their income or did not know their husband's income.

4.1.1.8 *Population group*

The Westville group consisted of 500 White individuals. The Reservoir Hills group consisted of 500 Indian individuals.

4.1.1.9 *General state of health*

Figure 9. Perceived General State of Health.



The greatest proportion of respondents in both areas described their general state of health to be "good."

4.1.2 Knowledge of Homoeopathy

4.1.2.1 What Do You Think A Homoeopath Does?

Table 1. What Do You Think A Homoeopath Does? Results given as number of respondents and (percentages). Westville.

	YES	NO	NOT SURE	NO RESPONSE
Takes blood pressure	229 (45.8)	129 (25.8)	132 (26.4)	10 (2.0)
Stimulates the skin with sharp needles	79 (15.8)	328 (65.6)	79 (15.8)	14 (2.8)
Boosts the immune system	342 (68.4)	49 (9.8)	101 (20.2)	8 (1.6)
Usually prescribes painkillers	8 (1.6)	403 (80.6)	73 (14.6)	16 (3.2)
Provides medicines that are diluted and shaken	56 (31.2)	187 (37.4)	150 (30.0)	7 (1.4)
Can diagnose the majority of diseases	286 (57.2)	67 (13.4)	138 (27.6)	9 (1.8)
Cures by using medicines that can cause the same symptoms	163 (32.6)	142 (28.4)	183 (36.6)	12 (2.4)

Makes use of antibiotic treatment	25 (5.0)	391 (78.2)	69 (13.8)	15 (3.0)
Looks into people's eyes to make a diagnosis	134 (26.8)	225 (45.0)	135 (27.0)	6 (1.2)
Prescribes plant extracts	422 (84.4)	17 (3.4)	56 (11.2)	5 (1.0)
Emphasises a healthy lifestyle	459 (91.8)	5 (1.0)	31 (6.2)	5 (1.0)
Usually prescribes a diet	300 (60.0)	49 (9.8)	143 (28.6)	8 (1.6)
Can treat the majority of diseases	339 (67.8)	37 (7.4)	122 (24.4)	2 (0.4)

The majority of Westville residents agree that homoeopaths "emphasise a healthy lifestyle" (91.8%) and that they "prescribe plant extracts" (84.4%), while 80.6% stated that homoeopaths do not "usually prescribe painkillers" and 78. 2% stated that they do not "make use of antibiotics."

Table 2. What Do You Think A Homoeopath Does? Results given as number of respondents and (percentages). Reservoir Hills.

	YES	NO	NOT SURE	NO RESPONSE
Takes blood pressure	196 (39.2)	136 (27.2)	62 (32.4)	6 (1.2)
Stimulates the skin with sharp needles	90 (18.0)	248 (49.6)	156 (31.2)	6 (1.2)
Boosts the immune system	264 (52.8)	64 (12.8)	166 (33.2)	6 (1.2)
Usually prescribes painkillers	62 (12.4)	320 (64.0)	109 (21.8)	9 (1.8)
Provides medicines that are diluted and shaken	118 (23.6)	177 (35.4)	196 (39.2)	9 (1.8)
Can diagnose the majority of diseases	289 (57.8)	68 (13.6)	137 (27.4)	6 (1.2)
Cures by using medicines that can cause the same symptoms	146 (29.2)	133 (26.6)	214 (42.8)	7 (1.4)
Makes use of antibiotic treatment	93 (18.6)	260 (52.0)	139 (27.8)	8 (1.6)

Looks into people's eyes to make a diagnosis	132 (26.4)	169 (33.8)	192 (38.4)	7 (1.4)
Prescribes plant extracts	395 (79.0)	25 (5.0)	77 (15.4)	3 (0.6)
Emphasises a healthy lifestyle	446 (89.2)	7 (1.4)	43 (8.6)	4 (0.8)
Usually prescribes a diet	375 (75.0)	30 (6.0)	93 (18.6)	2 (0.4)
Can treat the majority of diseases	322 (64.4)	46 (9.2)	130 (26.0)	2 (0.4)

Amongst the Reservoir Hills residents, it appears that most people have views similar to those of the Westville residents. The majority of people were able to identify that homoeopaths emphasize a healthy lifestyle (89.2%), that they prescribe plant extracts (79%) and usually prescribe a diet (75%). Nearly two thirds (64%) were of the opinion that a homoeopath does not prescribe painkillers. In both groups 26% were of the opinion that homoeopaths used iridology. It is noted that more Reservoir Hills residents tended to answer "Not sure" than did the Westville group.

4.1.2.2 *What Conditions Do You Think A Homoeopath Can Treat?*

Table 3. What conditions do you think a homoeopath can treat? Results given as number of respondents and (percentages). Westville.

CONDITION	YES	NO	NOT SURE	NO RESPONSE
Blood pressure problems	405 (81.0)	27 (5.4)	65 (13.0)	3 (0.6)
Diabetes	275 (55.0)	90 (18.0)	126 (25.2)	9 (1.8)
Colds and 'flu	407 (81.4)	45 (9.0)	46 (9.2)	2 (0.4)
Cancer	131 (26.2)	192 (38.4)	170 (34.0)	7 (1.4)
AIDS	72 (14.4)	272 (54.4)	149 (29.8)	7 (1.4)
Arthritis	409 (81.1)	26 (5.2)	63 (12.6)	2 (0.4)
Headaches	450 (90.0)	14 (2.8)	33 (6.6)	3 (0.6)
Painful periods	384 (76.8)	19 (3.8)	94 (18.8)	3 (0.6)

Skin problems	423 (84.6)	14 (2.8)	56 (11.2)	7 (1.4)
Mental illness e.g. anxiety, depression	275 (55.0)	74 (14.8)	146 (29.2)	5 (1.0)
Complaints of pregnancy	219 (43.8)	76 (15.2)	197 (39.4)	8 (1.6)
Broken bones	65 (13.0)	324 (64.8)	104 (20.8)	7 (1.4)
Allergies	447 (89.4)	12 (2.4)	38 (7.6)	3 (0.6)
Unexplained tiredness	381 (76.2)	20 (4.0)	96 (19.2)	3 (0.6)
Appendicitis	51 (10.2)	314 (62.8)	126 (25.2)	9 (1.8)
Asthma	371 (74.2)	42 (8.4)	84 (16.8)	3 (0.6)
Hot flushes	324 (64.8)	42 (8.4)	129 (25.8)	5 (1.0)
Children's complaints e.g. otitis, measles	182 (36.4)	156 (31.2)	155 (31.0)	7 (1.4)
Coughs	377 (75.4)	42 (8.4)	78 (15.6)	3 (0.6)

Table 4. What conditions do you think a homoeopath can treat? Results given as number of respondents and (percentages). Reservoir Hills.

CONDITION	YES	NO	NOT SURE	NO RESPONSE
Blood pressure problems	371 (74.2)	32 (6.4)	91 (18.2)	6 (1.2)
Diabetes	359 (71.8)	40 (8.0)	97 (19.4)	4 (0.8)
Colds and 'flu	339 (67.8)	70 (14.0)	86 (17.2)	25 (5.0)
Cancer	123 (24.6)	169 (33.8)	204 (40.8)	4 (0.8)
AIDS	82 (16.4)	217 (43.4)	197 (39.4)	4 (0.8)
Arthritis	406 (81.2)	27 (5.4)	62 (12.4)	5 (1.0)
Headaches	416 (83.2)	25 (5.0)	55 (11.0)	4 (0.8)
Painful periods	320 (64.0)	27 (5.4)	149 (29.8)	4 (0.8)

Skin problems	371 (74.2)	31 (6.2)	93 (18.6)	5 (1.0)
Mental illness e.g. anxiety, depression	291 (58.2)	68 (13.6)	135 (27.0)	6 (1.2)
Complaints of pregnancy	198 (39.6)	74 (14.8)	222 (44.4)	6 (1.2)
Broken bones	116 (23.2)	227 (45.4)	151 (30.2)	6 (1.2)
Allergies	388 (77.6)	30 (6.0)	77 (15.4)	5 (1.0)
Unexplained tiredness	361 (72.2)	24 (4.8)	110 (22.0)	5 (1.0)
Appendicitis	94 (18.8)	233 (46.6)	168 (33.6)	5 (1.0)
Asthma	330 (66.0)	49 (9.8)	115 (23.0)	6 (1.2)
Hot flushes	279 (55.8)	49 (9.8)	168 (33.9)	4 (0.8)
Children's complaints e.g. otitis, measles	222 (44.4)	109 (21.8)	164 (32.8)	5 (1.0)
Coughs	325 (65.0)	50 (10.0)	122 (24.4)	3 (0.6)

Headaches, allergies, skin problems, arthritis, colds and 'flu, and blood pressure problems were the conditions most commonly perceived by Westville residents to be treated homoeopathically. Very few stated that homoeopathic treatment could be used to treat appendicitis, broken bones and AIDS.

Headaches, arthritis, allergies, skin problems, blood pressure problems, unexplained tiredness and diabetes were the conditions most commonly perceived by Reservoir Hills residents to be treated homoeopathically.

4.1.2.3 *Perceptions Towards Homoeopathy*

Table 5. Perceptions Towards Homoeopathy. Results given as number of respondents and (percentages). Westville.

	YES	NO	NOT SURE	NO RESPONSE
Homoeopathy has a scientific base	318 (63.6)	37 (7.4)	132 (26.4)	13 (2.6)
The medicines don't contain chemical substances	276 (55.2)	94 (18.8)	121 (24.2)	9 (1.8)
The medicines are made from plants only	210 (42.0)	125 (25.0)	158 (31.6)	7 (1.4)
For the medicine to work, one must believe in it	205 (41.0)	211 (42.2)	79 (15.8)	5 (1.0)

Table 6. Perceptions Towards Homoeopathy. Results given as number of respondents and (percentages). Reservoir Hills.

	YES	NO	NOT SURE	NO RESPONSE
Homoeopathy has a scientific base	309 (61.8)	56 (11.2)	129 (25.8)	6 (1.2)
The medicines don't contain chemical substances	289 (57.8)	82 (18.4)	125 (25.0)	4 (0.8)
The medicines are made from plants only	328 (65.6)	59 (11.8)	108 (21.6)	5 (1.0)
For the medicine to work, one must believe in it	299 (59.8)	108 (21.6)	87 (17.4)	6 (1.2)

In both areas most people agreed with the statements that "homoeopathy has a scientific base" and that "the medicines don't contain chemical substances." Many, especially amongst the Reservoir Hills group, perceived that homoeopathic medicines are made from plants only while a quarter of the Westville respondents and only 11.8% of the Reservoir Hills respondents were aware of the fact that many homoeopathic medicines are derived from non-plant sources. The majority of Reservoir Hills respondents (59.8%) indicated that one must believe in the medicine for it to work. In the Westville group, however, opinion was more or less evenly divided between agreement and disagreement regarding the importance of belief in the medicine. Only six more people disagreed with

the statement "for the medicine to work, one must believe in it" than agreed with it. In both groups, for each of the four statements, a substantial minority were "not sure."

4.1.2.4 Perceived Efficacy Of Homoeopathic Treatment In Acute And Chronic Conditions

Table 7. Perceived Efficacy Of Homoeopathic Treatment In Acute And Chronic Conditions. Westville.

	Acute conditions		Chronic conditions	
	Frequency	%	Frequency	%
Not effective	21	4.2	11	2.2
More effective than orthodox medicine	58	11.6	140	28.0
Less effective than orthodox medicine	94	18.8	38	7.6
As effective as orthodox medicine	152	30.4	135	27.0
Don't know	170	34.0	171	34.2
No response	5	1.0	5	1.0

Table 8. Perceived Efficacy Of Homoeopathic Treatment In Acute And Chronic Conditions. Reservoir Hills.

	Acute conditions		Chronic conditions	
	Frequency	%	Frequency	%
Not effective	13	2.6	13	2.6
More effective than orthodox medicine	87	17.4	120	24.0
Less effective than orthodox medicine	49	9.8	34	6.8
As effective as orthodox medicine	128	25.6	111	22.2
Don't know	222	44.4	219	43.8
No response	1	0.2	3	0.

In both groups the most common response was one of ignorance. The next most common perception was that homoeopathic treatment is as effective as orthodox medicine in treating both acute and chronic conditions. A similar number amongst both groups perceived homeopathic treatment to be more effective than orthodox medicine in treating chronic conditions.

4.1.3 Experience of Homoeopathy

4.1.3.1 Have You Ever Consulted A Homoeopath?

Figure 10. Personal Experience of Homoeopathy - Westville.

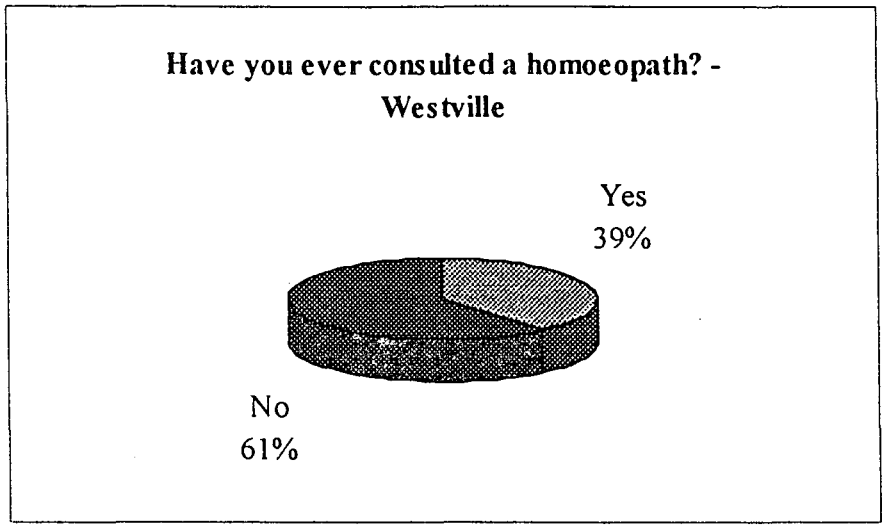
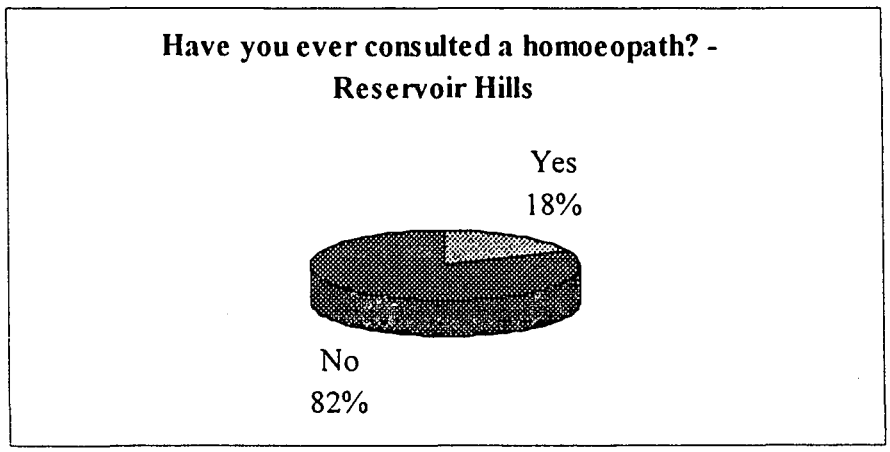


Figure 11. Personal Experience of Homoeopathy - Reservoir Hills.



More than twice the number of Westville respondents in comparison to the number of Reservoir Hills respondents reported that they had consulted a homoeopath before.

4.1.3.2 *Type Of Practitioner Consulted*

Table 9. Type Of Practitioner Consulted.Westville.

Type of practitioner	Frequency	% n = 195	% n = 500
Private practitioner	157	80.51	31.4
Technikon Natal Day Clinic	19	9.74	3.8
Divine Life Society	0	0.00	0.0
Other (Total)	19	9.74	3.8
- Soham Clinic	0	0.00	0.0
- Private and Tech. Day Clinic	4	2.05	0.8
- Private and Divine Life Society	0	0.00	0.0
- Health Shop	1	0.51	0.2
- A Relative	3	1.54	0.6
- Unspecified	11	5.64	2.2

The majority of people who have consulted a homoeopath saw a private practitioner (81%) while 11.79% had attended the Day Clinic at Natal Technikon (this percentage includes those who have attended both the Day Clinic and a private practitioner).

Table 10. Type Of Practitioner Consulted. Reservoir Hills.

Type of practitioner	Frequency	% n = 91	% n = 500
Private practitioner	37	40.66	7.4
Technikon Natal Day Clinic	4	4.40	0.8
Divine Life Society	28	30.77	5.6
Other (Total)	16	17.58	3.2
- Soham Clinic	7	7.69	1.4
- Private and Tech. Day Clinic	0	0.00	0.0
- Private and Divine Life Society	2	2.20	0.4
- Health Shop	0	0.00	0.0
- A Relative	0	0.00	0.0
- Unspecified	7	7.69	1.4
No response	6	6.59	1.2

In contrast to the Westville results, of the Reservoir Hills respondents who consult a homoeopath, only 41% reported consulting a private practitioner, while nearly 33% reported attending the clinic at the Divine Life Society.

4.1.3.3 *Number Of Homoeopathic Consultations In The Previous 12 Months*

Table 11. Number Of Homoeopathic Consultations In The Previous 12 Months. Westville.

Number of visits	Frequency	% n = 195	% n = 500
Not yet	88	45.13	17.6
Once	42	21.54	8.4
2 - 4 times	42	21.54	8.4
5 - 9 times	13	6.67	2.6
10 or more times	10	5.13	2.0

Table 12. Number Of Homoeopathic Consultations In The Previous 12 Months. Reservoir Hills.

Number of visits	Frequency	% n = 91	% n = 500
Not yet	45	49.45	9.0
Once	9	9.89	1.8
2 - 4 times	24	23.37	4.8
5 - 9 times	5	5.49	1.0
10 or more times	2	2.20	0.4
No response	6	6.59	1.2

Of the Westville subgroup who have consulted homoeopaths, 107 (54.87% n=195) had done so at least once in the 12 months preceding the survey while the corresponding result for the Reservoir Hills subgroup was only 40 (44.0% n=91).

4.1.3.4 Frequency Of Visits Made To An Ordinary Doctor About The Same Condition Prior To Consulting A Homoeopath

Table 13. Frequency Of Visits Made To An Ordinary Doctor About The Same Condition Prior To Consulting A Homoeopath. Westville.

Number of visits	Frequency	% n = 195	% n = 500
Not applicable	31	15.90	6.2
Repeatedly	54	27.96	10.8
Occasionally	46	23.59	9.2
Perhaps once	28	14.36	5.6
Not at all	36	18.46	7.2

Table 14. Frequency Of Visits Made To An Ordinary Doctor About The Same Condition Prior To Consulting A Homoeopath. Reservoir Hills.

Number of visits	Frequency	% n = 91	% n = 500
Not applicable	8	8.79	1.6
Repeatedly	36	39.56	7.2
Occasionally	16	17.58	3.2
Perhaps once	10	10.99	2.0
Not at all	15	16.48	3.0

Approximately two-thirds of both subgroups indicated that they had consulted an ordinary doctor prior to consulting a homoeopath about their condition: Westville - 128 (65.6%; n=195) and Reservoir Hills - 62 (68.13%; n=91).

4.1.3.5 *Perceived Outcome Of Homoeopathic Treatment*

Table 15. Perceived Outcome Of Homoeopathic Treatment. Westville.

Outcome of treatment	Frequency	% n = 195	% n = 500
Completely cured	28	14.36	5.6
Helped considerably	104	53.33	20.8
Helped only while receiving treatment	35	17.95	7.0
Did not help at all	22	11.28	4.4
Made matters worse	2	1.03	0.2
No response	4	2.05	0.8

Table 16. Perceived Outcome Of Homoeopathic Treatment. Reservoir Hills.

Outcome of treatment	Frequency	% n = 91	% n = 500
Completely cured	13	14.29	2.6
Helped considerably	38	41.76	7.6
Helped only while receiving treatment	15	16.48	3.0
Did not help at all	15	16.48	3.0
Made matters worse	1	1.10	0.2
No response	2	.20	0.4

More than two-thirds (132 or 67.69%; n=195) of the Westville subgroup and just over half of the Reservoir Hills subgroup (51 or 56.04%; n=91) indicated that they considered the treatment to have either completely cured or to have helped considerably.

4.1.3.6 *Reasons For Consulting A Homoeopath*

Table 17. Reasons For Consulting A Homoeopath. Westville.

Reason	Frequency	% n = 195	% n = 500
Conventional medicine failed	35	17.95	7.0
Homoeopathy is "natural medicine"	58	29.74	11.6
Personal recommendation	75	38.46	15.0
Other (Total)	27	13.85	5.4
- Doctor's recommendation	2	1.03	0.4
- More than one reason given	8	4.10	1.6
- For a second opinion	1	0.51	0.2
- Desperation	2	1.03	0.4
- Unspecified reasons	14	7.18	2.8

Table 18. Reasons For Consulting A Homoeopath. Reservoir Hills.

Reason	Frequency	% n = 91	% n = 500
Conventional medicine failed	12	13.17	2.4
Homoeopathy is "natural medicine"	17	18.68	3.4
Personal recommendation	49	53.85	9.8
Other (Total)	7	7.69	1.4
- Doctor's recommendation	1	1.10	0.2
- More than one reason given	1	1.10	0.2
- For a second opinion	1	1.10	0.2
- Desperation	0	0.00	0.0
- Unspecified reasons	4	4.40	0.8

The most common reason that both subgroups gave for consulting a homoeopath was personal recommendation.

4.1.3.7 *Primary Source Of Information About Homoeopathy*

Table 19. Primary Source Of Information About Homoeopathy. Westville.

Source of information	Frequency	% n = 500
Relative	127	25.4
Friend or acquaintance	203	40.6
Media (newspaper, TV, radio, leaflets etc.)	73	14.6
Doctor or paramedical services (e.g. pharmacist, physiotherapist)	17	3.4
At work	22	4.4
Other (Total)	43	8.6
- Divine Life Society	0	0.0
- General knowledge	11	2.2
- Interviewer	5	1.0
- Patients	0	0.0
- School or University	2	0.4
- Unspecified	25	5.0
No response	15	3.0

Table 20. Primary Source Of Information About Homoeopathy. Reservoir Hills.

Source of information	Frequency	% n = 500
Relative	101	20.2
Friend or acquaintance	113	22.6
Media (newspaper, TV, radio, leaflets etc.)	142	28.4
Doctor or paramedical services (e.g. pharmacist, physiotherapist)	23	4.6
At work	27	5.4
Other (Total)	68	13.6
- Divine Life Society	13	2.6
- General knowledge	3	0.6
- Interviewer	28	5.6
- Patients	2	0.4
- School or University	3	0.6
- Unspecified	19	3.8
No response	26	5.2

The most common primary source of information about homoeopathy was through friends and acquaintances for people living in Westville while the media was given as the most common source of information about homoeopathy for Reservoir Hills.

4.1.3.8 *Reasons For Not Having Consulted A Homoeopath*

Table 21. Westville. It was possible that more than one reason could be applicable, therefore the sum of percentages may be more than 100.

Reason	Frequency	% n = 195	% n = 500
Not applicable, do consult a homoeopath	171	87.69	34.2
		n = 305	
Have never heard of homoeopathy	6	1.97	1.2
Have never needed their services	127	41.64	25.4
Know too little about them	126	41.31	25.2
Too expensive	9	2.95	1.8
My medical aid scheme does not recognize them	35	11.48	7.0
They are too far away / are inaccessible	14	4.29	2.8
My doctor is good enough	63	20.66	12.6
My doctor cautioned me against them	3	0.98	0.6
I have heard of their failures	2	0.66	0.4
They are nothing but quacks	4	1.31	0.8
Their training is not up to standard	6	1.97	1.2

Table 22. Reservoir Hills. It was possible that more than one reasons could be applicable, therefore the sum of percetages may be greater than 100.

Reason	Frequency	% n = 91	% n = 500
Not applicable, do consult a homoeopath	76	83.52	15.2
		n = 409	
Have never heard of homoeopathy	50	12.22	10.0
Have never needed their services	165	40.34	33.0
Know too little about them	128	31.30	25.6
Too expensive	15	3.67	3.0
My medical aid scheme does not recognize them	28	6.85	5.6
They are too far away / are inaccessible	18	4.40	3.6
My doctor is good enough	59	14.43	11.8
My doctor cautioned me against them	0	0.00	0.0
I have heard of their failures	2	0.49	0.4
They are nothing but quacks	2	0.49	0.4
Their training is not up to standard	4	0.98	0.8

"Never needed their services" and "Know too little about them" are given as the two most common reasons for not consulting a homoeopath by respondents in both areas.

4.1.3.9 *Likelihood Of Consulting A Homoeopath In The Future*

Table 23. Likelihood Of Consulting A Homoeopath In The Future. Westville.

	Frequency	% n = 305	% n = 500
Yes, I may consider consulting a homoeopath in the future	223	73.11	44.6
No, I am unlikely to do so	91	29.84	18.2

Table 24. Likelihood Of Consulting A Homoeopath In The Future. Reservoir Hills.

	Frequency	% n = 409	% n = 500
Yes, I may consider consulting a homoeopath in the future	311	76.04	62.2
No, I am unlikely to do so	95	23.23	19.0

Of those from both groups who have not yet consulted a homoeopath, approximately three-quarters indicated that they would be prepared to consider doing so.

4.1.3.10 *Reasons For Considering To Consult A Homoeopath*

Table 25. Reasons For Considering To Consult A Homoeopath. Westville.

Reason	Frequency	% n = 223	% n = 500
Conventional medicine failed	43	19.28	8.6
Homoeopathy is "natural" medicine	95	42.60	19.0
Personal recommendation	47	21.08	9.4
Other (Total)	33	14.80	6.6
- Doctor's recommendation	1	0.45	0.2
- More than one reason given	15	6.73	3.0
- For a second opinion	1	0.45	0.
- As an adjunct to orthodox treatment	2	0.90	0.4
- If I knew more about homoeopathy	4	1.49	0.8
- If I had access to a homoeopath	0	0.00	0.0
- If medical aid covered homoeopathy	1	0.45	0.
- Unspecified reasons	13	5.83	2.6
No response	1	0.45	0.

Table 26. Reasons For Considering To Consult A Homoeopath. Reservoir Hills.

Reason	Frequency	% n = 311	% n = 500
Conventional medicine failed	71	22.83	14.2
Homoeopathy is "natural" medicine	160	51.45	32.0
Personal recommendation	48	15.43	9.
Other (Total)	30	9.65	6.0
- Doctor's recommendation	0	0.00	0.0
- More than one reason given	1	0.23	0.2
- For a second opinion	4	1.29	0.8
- As an adjunct to orthodox treatment	1	0.32	0.2
- If I knew more about homoeopathy	10	3.22	2.0
- If I had access to a homoeopath	4	1.29	0.8
- If medical aid covered homoeopathy	0	0.00	0.0
- Unspecified reasons	10	3.22	2.0
No response	2	0.64	0.4

The largest proportion of people who indicated that they would consider consulting a homoeopath stated that they would do so because homoeopathy is "natural" medicine: 42.6% of the Westville subgroup and 51% of the Reservoir Hills subgroup.

4.1.3.11 *Choice Of Usual Health Care Provider*

Table 27. Choice Of Usual Health Care Provider. Westville.

Health care provider	Frequency	% (n=500)
General practitioner	411	82.2
Homoeopath	48	9.6
Other (Total)	40	8.0
- Hospital or Clinic	4	0.8
- GP and Homoeopath	8	1.6
- Specialist	5	1.0
- Pharmacist	6	1.2
- Nurse	0	0.0
- Complementary therapist (aromatherapist, iridologist, kinesiologist or reflexologist)	5	1.0
- Chiropractor	2	0.4
- Health Shop	2	0.4
- Dentist	1	0.2
- Self	2	0.4
- No-one	2	0.4
- Books	1	0.2
- Unspecified	2	0.4
No response	1	0.2

Table 28. Choice Of Usual Health Care Provider. Reservoir Hills.

Health care provider	Frequency	% n = 500
General practitioner	424	84.8
Homoeopath	20	4.0
Other (Total)	54	10.8
- Hospital or Clinic	25	5.0
- GP and Homoeopath	0	0.0
- Specialist	10	2.0
- Pharmacist	6	1.2
- Nurse	1	0.2
- Complementary therapist (aromatherapist, iridologist, kinesiologist or reflexologist)	1	0.2
- Chiropractor	0	0.0
- Health Shop	0	0.0
- Dentist	0	0.0
- Self	3	0.6
- No-one	3	0.6
- Books	0	0.0
- Unspecified	7	1.4
No response	0	0.0

Although the great majority of people in the Westville group (Table 27) indicated that they usually consult a general practitioner; of those who did not, more than half (48/88) indicated that they consult a homoeopath. While amongst the Reservoir Hills group (Table 28), by far the majority of people (84.8%) indicated that they usually consult a general practitioner.

4.1.3.12 *Perceptions About Health Care Provider*

Table 29. Westville. Figures given are percentages rounded to the first decimal place. The totals for each perception may not always equal 100 as those who did not respond are not included.

A = Always B = Usually C = Sometimes D = Never

	GENERAL PRACTITIONER N = 411				HOMOEOPATH N = 48			
	A	B	C	D	A	B	C	D
Prescribes medicine that makes me feel better	23.1	60.3	14.8	0.5	45.8	41.7	10.4	2.1
Listens to all that I have to say about my illness or indisposition	59.6	28.5	10.5	0.5	81.3	12.5	6.3	0
Treats me as his/her equal	57.7	25.1	12.9	3.2	87.5	10.4	2.1	0
Soon finds out what is wrong with me	36.0	47.2	15.8	0	45.8	47.9	6.3	0
Sympathizes with my problems	42.6	32.3	18.7	4.6	72.9	22.9	4.2	0

	A	B	C	D	A	B	C	D
Knows of the best treatment for my illness or indisposition	30.2	52.1	16.1	0.2	37.5	56.3	6.3	0
Puts me at ease	52.1	31.6	14.4	1.0	79.2	18.8	2.1	0
Prescribes medicine too easily	12.4	11.2	32.4	43.3	2.1	6.3	8.3	83.3
Prescribes too much medicine	6.8	6.3	24.6	60.1	0	2.1	29.2	68.8
Makes me feel as if he is hiding something from me	1.9	2.4	8.3	86.1	4.2	2.1	4.2	89.6
Examines me thoroughly	44.0	34.8	16.3	2.7	47.9	27.1	18.8	4.2
Merely wants to make money	3.2	5.4	15.8	71.0	0	6.3	8.3	81.3
Discusses with me the treatment he/she has in mind	56.9	26.8	12.9	2.2	58.3	25	12.5	4.2
Is interested in me as an individual	54.5	24.1	16.8	3.6	83.3	14.6	2.1	0
Diagnoses the majority of ailments correctly	39.9	48.4	9.7	0.5	54.2	39.6	6.3	0

Table 30. Reservoir Hills. Figures given are percentages rounded to the first decimal place. The totals for each perception may not always equal 100 as those who did not respond are not included.

A = Always B = Usually C = Sometimes D = Never

	GENERAL PRACTITIONER N = 424				HOMOEOPATH N = 20			
	A	B	C	D	A	B	C	D
Prescribes medicine that makes me feel better	45.0	38.9	13.7	1.0	80	0.2	0	0
Listens to all that I have to say about my illness or indisposition	68.9	20.8	8.7	0.5	75	25	0	0
Treats me as his/her equal	68.9	15.3	10.4	2.6	90	5	5	0
Soon finds out what is wrong with me	54.5	30.9	12.3	0.5	80	15	5	0
Sympathizes with my problems	54.2	18.6	17.7	7.3	85	10	5	0
Knows of the best treatment for my illness or indisposition	45.0	38.4	14.9	0.5	70	25	5	0

	A	B	C	D	A	B	C	D
Puts me at ease	63.7	23.6	9.9	0.5	90	5	0	5
Prescribes medicine too easily	25.5	18.4	21.2	32.5	35	15	5	45
Prescribes too much medicine	6.1	9.9	23.3	58.7	5	5	5	85
Makes me feel as if he is hiding something from me	1.7	1.4	8.5	87.3	10	0	5	85
Examines me thoroughly	64.9	21.7	9.9	1.9	60	15	5	20
Merely wants to make money	5.0	6.8	17.7	67.5	0	15	0	85
Discusses with me the treatment he/she has in mind	64.2	18.9	10.6	4.7	80	20	0	0
Is interested in me as an individual	63.4	17.2	11.6	5.4	80	15	0	5
Diagnoses the majority of ailments correctly	52.8	34.7	10.6	0.5	65	25	5	5

4.1.3.13 *Do You Think Homoeopathic Treatment Should Be Available In Hospitals And Clinics?*

Table 31.Should Homoeopathic Treatment Be Available in Hospitals and Clinics? Westville.

	Frequency	% n = 500
Yes	388	77.6
No	18	3.6
No opinion	90	18.0
They should have separate facilities	2	0.4
No response	2	0.4

Table 32. Should Homoeopathic Treatment Be Available in Hospitals and Clinics? Reservoir Hills.

	Frequency	% n = 500
Yes	412	82.4
No	14	2.8
No opinion	73	14.6
They should have separate facilities	0	0.0
No response	1	0.2

The majority of people agree that homoeopathic treatment should be available in hospitals and clinics.

4.2 *Statistical Analysis*

The following statistical techniques were used:

1. Pearson's chi-square tests of independence
2. Log-linear analysis.

For each group, i.e. Westville and Reservoir Hills, ten key variables were selected (Table 33) and Pearson's chi-square tests for the strength of association between the selected key variables and the remaining variables were done to perform screening of influential factors for subsequent log-linear analysis.

For all Pearson chi-square tests the following decision rule was applied:

Decision rule for the Pearson chi-square test

At the $\alpha = 0.05$ level of significance,

1. Reject the null hypothesis if the P-value is less than $\alpha = 0.05$

2. Accept the null hypothesis if the P-value is greater than or equal to 0.05

Table 33. The ten selected key variables.

KEY VARIABLES		
Block 1	X 20	Knowledge of homoeopathic principles - "Cures by using medicines that can cause the same symptoms"
Block 2	X 46	Attitude - "Homoeopathy has a scientific base"
Block 3	X 49	Attitude - "For the medicine to work, one must believe in it"
Block 4	X 50	Perceived efficacy of homoeopathy in acute conditions
Block 5	X 51	Perceived efficacy of homoeopathy in chronic conditions
Block 6	X 52	Personal experience of homoeopathy
Block 7	X 56	Perceived outcome of homoeopathic treatment
Block 8	X 58	Source of information about homoeopathy
Block 9	X 71	Likelihood of consulting a homoeopath in the future
Block 10	X 73	Usual health care provider

4.2.1 Knowledge of basic homoeopathic principles - "Cures by using medicines that can cause the same symptoms."

4.2.1.1 Pearson's chi-square tests of independence

Table 34. Knowledge of basic homoeopathic principles. Chi-square tests. Westville.

Interaction effect	P-value	Chi-square value	Order of strength
x 18: Provides medicines that are diluted and shaken	0.00000	310.96425	1
x 21: Makes use of antibiotic treatment	0.00000	185.41663	2
x 17: Usually prescribes painkillers	0.00000	140.49402	3
x 25: Usually prescribes a diet	0.00000	138.84237	4
x 22: Looks into people's eyes to make a diagnosis	0.00000	132.66282	5
x 14: Takes blood pressure	0.00000	123.01917	6
x 15: Stimulates the skin with sharp needles	0.00000	121.29322	7
x 26: Can treat the majority of diseases	0.00000	106.02614	8
x 24: Emphasises a healthy lifestyle	0.00000	82.94824	9
x 73: Choice of health care provider	0.00000	73.24923	10

Table 35. Knowledge of basic homoeopathic principles. Chi-square tests. Reservoir Hills.

Interaction effect	P-value	Chi-square value	Order of strength
x 22: Looks into people's eyes to make a diagnosis	0.00000	308.64288	1
x 15: Stimulates the skin with sharp needles	0.00000	227.24499	2
x 18: Provides medicines that are diluted and shaken	0.00000	213.94156	3
x 24: Emphasises a healthy lifestyle	0.00000	176.79512	4
x 17: Usually prescribes painkillers	0.00000	165.49771	5
x 21: Makes use of antibiotic treatment	0.00000	160.20289	6
x 14: Takes blood pressure	0.00000	120.07805	7
x 50: Perceived efficacy of homoeopathy in acute conditions	0.00000	102.87976	8
x 19: Can diagnose the majority of diseases	0.00000	88.96651	9
x 16: Boosts the immune system	0.00000	88.70264	10

4.2.1.2 *Significant results from log-linear analysis in block 1.*

Significant results from log-linear analysis in block 1 are summarized in the following tables at the $\alpha = 5\%$ level.

Table 36. Knowledge of basic homoeopathic principles. Log-linear analysis. Westville.

Interaction effect	Observed Z-value	Tabulated Z-value
x20 by x18	2.10279	1.96
x21 by x17	5.37812	1.96
x21	-5.24008	1.96
x17	-7.81554	1.96

There is a significant two-way interdependence between knowledge of the Law of Similars (i.e. that homoeopaths cure by using medicine that can cause the same symptoms) (x20) and knowledge about the use of potentized remedies (i.e. homoeopaths provide medicines that are diluted and shaken) (x18).

There is a significant two-way interdependence between perceptions about homoeopaths' use or non-use of antibiotics (x21) and their use or non-use of painkillers (x17).

Variables x21 (homoeopaths' use or non-use of antibiotics) and x17 (homoeopaths' use or non-use of painkillers) are important main effects in explaining the respondent's perception with regards to the practice of homoeopathy.

Table 37. Knowledge of basic homoeopathic principles. Log-linear analysis. Reservoir Hills.

Interaction effect	Observed Z-value	Tabulated Z-value
x18 by x17	2.58619	1.96
x24 by x17	-3.21636	1.96
x22	-2.37654	1.96
x15	-3.27295	1.96
x24	8.30572	1.96
x17	-3.26351	1.96

There is a significant two-way interdependence between knowledge about the use of potentized remedies (i.e. homoeopaths provide medicines that are diluted and shaken) (x18) and perceived prescription of painkillers (x17) by homoeopaths.

There is a significant two-way interdependence between perceptions about emphasis on a healthy lifestyle (x24) and perceived prescription of painkillers (x17) by homoeopaths.

Variables x22 (iridology), x15 (acupuncture), x24 (emphasis on a healthy lifestyle) and x17 (prescriptions of painkillers) are important main effects in explaining the respondent's knowledge of homoeopathic principles.

4.2.2 Attitude towards homoeopathy - "Homoeopathy has a scientific base."

4.2.2.1 *Pearson's chi-square tests of independence*

Table 38. "Homoeopathy has a scientific base." Chi-square tests. Westville.

Interaction effect	P-value	Chi-square value	Order of strength
x 27: Blood pressure problems	0.00000	139.93673	1
x 44: Children's complaints	0.00000	136.72614	2
x 29: Colds and 'flu	0.00000	122.76709	3
x 32: Arthritis	0.00000	121.54069	4
x 45: Coughs	0.00000	115.92699	5
x 40: Unexplained tiredness	0.00000	102.77983	6
x 42: Asthma	0.00000	92.92853	7
x 36: Mental illness	0.00000	92.71438	8
x 51: Perceived efficacy in treating chronic conditions	0.00000	92.48294	9
x 41: Appendicitis	0.00000	92.46208	10

Table 39. "Homoeopathy has a scientific base." Chi-square tests. Reservoir Hills.

Interaction effect	P-value	Chi-square value	Order of strength
x 33: Headaches	0.00000	138.38271	1
x 40: Unexplained tiredness	0.00000	136.10696	2
x 35: Skin problems	0.00000	124.95249	3
x 39:Allergies	0.00000	120.04842	4
x 34: Painful periods	0.00000	115.94303	5
x 51: Perceived efficacy of homoeopathy in chronic conditions	0.00000	111.01358	6
x 44: Children's complaints	0.00000	107.64124	7
x 42: Asthma	0.00000	103.90327	8
x 26: Can treat the majority of diseases	0.00000	103.09053	9
x 48: The medicines are made from plants only	0.00000	102.08045	10

4.2.2.2 *Significant results from log-linear analysis in block 2.*

Significant results from log-linear analysis in block 2 are summarized in the following tables at the $\alpha = 5\%$ level.

Table 40. "Homoeopathy has a scientific base." Log-linear analysis. Westville.

Interaction effect	Observed Z-value	Tabulated Z-value
x27 by x32	2.83277	1.96
x29 by x32	2.02592	1.96
x44 by x45	2.54060	1.96
x29 by x45	3.64755	1.96
x27	3.61132	1.96
x44	-6.54767	1.96
x29	4.26894	1.96
x32	3.75133	1.96
x45	2.18332	1.96

There is a significant two-way interdependence between perceptions that homoeopaths can treat blood pressure problems (x27) and arthritis (x32).

There is a significant two-way interdependence between perceptions that homoeopaths can treat colds and 'flu (x29), and arthritis (x32).

There is a significant two-way interdependence between perceptions that homoeopaths can treat children's complaints (x44) and coughs (x45).

There is a significant two-way interdependence between perceptions that homoeopaths can treat colds and 'flu (x29), and coughs (x45).

Variables x27 (blood pressure problems), x44 (children's complaints), x29 (colds and 'flu), x32 (arthritis) and x45 (coughs) are important main effects in explaining the respondent's perception with regards to the scientific base of homoeopathy.

Table 41. "Homoeopathy has a scientific base." Log-linear analysis. Reservoir Hills.

Interaction effect	Observed Z-value	Tabulated Z-value
x33 by x40	2.66381	1.96
x33 by x35	2.34525	1.96
x40 by x35	2.59199	1.96
x33 by x39	3.60332	1.96
x40 by x39	2.99641	1.96
x35 by x39	2.51180	1.96
x33 by x34	3.30483	1.96
x35 by x34	2.19109	1.96
x39 by x34	2.33491	1.96
x33	6.46532	1.96
x35	2.16619	1.96
x39	3.25821	1.96
x34	-2.08804	1.96

There is a significant two-way interdependence between perceptions that homoeopaths can treat headaches (x33) and unexplained tiredness (x40).

There is a significant two-way interdependence between perceptions that homoeopaths can treat headaches (x33) and skin problems (x35).

There is a significant two-way interdependence between perceptions that homoeopaths can treat unexplained tiredness (x40) and skin problems (x35).

There is a significant two-way interdependence between perceptions that homoeopaths can treat headaches (x33) and allergies (x39).

There is a significant two-way interdependence between perceptions that homoeopaths can treat unexplained tiredness (x40) and allergies (x39).

There is a significant two-way interdependence between perceptions that homoeopaths can treat skin problems (x35) and allergies (x39).

There is a significant two-way interdependence between perceptions that homoeopaths can treat headaches (x33) and painful periods (x34).

There is a significant two-way interdependence between perceptions that homoeopaths can treat skin problems (x35) and painful periods (x34).

There is a significant two-way interdependence between perceptions that homoeopaths can treat allergies (x39) and painful periods (x34).

Variables x33 (headaches), x35 (skin problems), x39 (allergies) and x34 (painful periods) are important main effects in explaining the respondent's perception with regards to the scientific base of homoeopathy.

4.2.3 Attitude towards homoeopathy - "For the medicine to work, one must believe in it."

4.2.3.1 Pearson's chi-square tests of independence

Table 42. "For the medicine to work, one must believe in it." Chi-square tests. Westville.

Interaction effect	P-value	Chi-square value	Order of strength
x 38: Broken bones	0.00000	156.41484	1
x 28: Diabetes	0.00000	135.61676	2
x 36: Mental illness	0.00000	133.87819	3
x 48: The medicines are made from plants only	0.00000	91.74038	4
x 31: AIDS	0.00000	76.57437	5
x 37: Complaints of pregnancy	0.00000	75.02238	6
x 30: Cancer	0.00000	74.78954	7
x 29: Colds and 'flu	0.00000	72.78962	8
x 21: Makes use of antibiotic treatment	0.00000	71.84819	9
x 32: Arthritis	0.00000	71.50205	10

Table 43. "For the medicine to work, one must believe in it." Chi-square tests. Reservoir Hills.

Interaction effect	P-value	Chi-square value	Order of strength
x 36: Mental illness	0.00000	181.18482	1
x 37: Complaints of pregnancy	0.00000	137.16751	2
x 9: Occupational status	0.00000	134.08041	3
x 50: Perceived efficacy of homoeopathy in acute conditions	0.00000	119.78295	4
x 39: Allergies	0.00000	118.03422	5
x 48: The medicines are made from plants only	0.00000	113.86698	6
x 43: Hot flushes	0.00000	110.72886	7
x 35: Skin problems	0.00000	108.45909	8
x 31: AIDS	0.00000	106.69907	9
x 32: Arthritis	0.00000	100.01578	10

4.2.3.2 *Significant results from log-linear analysis in block 3.*

Significant results from log-linear analysis in block 3 are summarized in the following tables at the $\alpha = 5\%$ level.

Table 44. "For the medicine to work, one must believe in it." Log-linear analysis. Westville.

Interaction effect	Observed Z-value	Tabulated Z-value
x28 by x36	3.10910	1.96
x38 by x31	3.46763	1.96
x28	2.94491	1.96
x36	2.97609	1.96
x31	-6.83596	1.96

There is a significant two-way interdependence between perceptions that homoeopaths can treat diabetes (x28) and mental illnesses e.g. anxiety and depression (x36).

There is a significant two-way interdependence between perceptions that homoeopaths do not treat broken bones (x38) and AIDS (x31).

Variables X28 (diabetes), x36 (mental illness e.g. anxiety or depression) and x31 (AIDS) are important main effects in explaining the respondent's perceptions with regards to mode of action of homoeopathic medicine.

Table 45. "For the medicine to work, one must believe in it." Log-linear analysis. Reservoir Hills.

Interaction effect	Observed Z-value	Tabulated Z-value
X50 by x39	-2.14782	1.96
x50	-3.53500	1.96
x39	2.77351	1.96

There is a significant two-way interdependence between perceived effectiveness of homoeopathy in treatment of acute conditions (x50) and allergies (x39).

Variables x50 (effectiveness of homoeopathy in treating acute conditions) and x39 (allergies) are important main effects in explaining the respondent's perceptions with regards to mode of action of homoeopathic medicine.

4.2.4 Perceived efficacy of homoeopathy in acute conditions.

4.2.4.1 Pearson's chi-square tests of independence

Table 46. Perceived efficacy of homoeopathy in acute conditions. Chi-square tests. Westville.

Interaction effect	P-value	Chi-square value	Order of strength
x 51: Perceived efficacy of homoeopathy in chronic conditions.	0.00000	848.88789	1
x 73: Choice of health care provider	0.00000	253.10245	2
x 29: Colds and 'flu	0.00000	131.93391	3
x 32: Arthritis	0.00000	121.18333	4
x 54: Number of visits to a homoeopath in the past 12 months	0.00000	108.21977	5
x 40: Unexplained tiredness	0.00000	107.48787	6
x 34: Painful periods	0.00000	102.39798	7
x 57: Reason for consulting a homoeopath	0.00000	102.23284	8
x 56: Perceived outcome of treatment	0.00000	99.34778	9
x 27: Blood pressure problems	0.00000	98.70623	10

Table 47. Perceived efficacy of homoeopathy in acute conditions. Chi-square tests. Reservoir Hills.

Interaction effect	P-value	Chi-square value	Order of strength
x 51: Perceived efficacy of homoeopathy in chronic conditions	0.00000	694.89829	1
x 35: Skin problems	0.00000	171.27465	2
x 27: Blood pressure problems	0.00000	170.25069	3
x 32: Arthritis	0.00000	140.04592	4
x 37: Complaints of pregnancy	0.00000	138.37926	5
x 36: Mental illness	0.00000	121.41425	6
x 49: For the medicine to work, you must believe in it	0.00000	119.78295	7
x 26: Can treat the majority of diseases	0.00000	107.07867	8
x 20: Cures by using medicines that can cause the same symptoms	0.00000	102.87976	9
x 43: Hot flushes	0.00000	78.91935	10

4.2.4.2 *Significant results from log-linear analysis in block 4.*

Significant results from log-linear analysis in block 4 are summarized in the following tables at the $\alpha = 5\%$ level.

Table 48. Perceived efficacy of homoeopathy in acute conditions. Log-linear analysis. Westville.

Interaction effect	Observed Z-value	Tabulated Z-value
x50 by x51	2.95098	1.96
x51 by x73	-2.99031	1.96
x29 by x32	2.12069	1.96
x73 by x54	2.19867	1.96
x50	-3.18431	1.96
x51	-4.48242	1.96
x73	4.05020	1.96
x29	2.03952	1.96

There is a significant two-way interdependence between perceptions regarding the effectiveness of homoeopathy in treating acute conditions (x50) and chronic conditions (x51).

There is a significant two-way interdependence between perceptions of the effectiveness of homoeopathy in treating chronic conditions (x51) and the respondent's choice of usual health care provider (x73).

There is a significant two-way interdependence between perceptions of homoeopathic treatment for colds and 'flu (x29) and for arthritis (x32).

There is a significant two-way interdependence between choice of usual health care provider (x73) and whether or not the respondent had consulted a homoeopath during the previous 12 months (x54).

Variables x50 (effectiveness of homoeopathy in the treatment of acute conditions), x51 (effectiveness of homoeopathy in the treatment of chronic conditions), x73 (usual health care provider) and x29 (colds and 'flu) are important main effects in explaining the respondent's perception with regards the effectiveness of homoeopathy in treating acute conditions.

Table 49. Perceived efficacy of homoeopathy in acute conditions. Log-linear analysis. Reservoir Hills.

Interaction effect	Observed Z-value	Tabulated Z-value
x50 by x51	4.94705	1.96
x50	-5.37740	1.96
x51	-5.50739	1.96

There is a significant two-way interdependence between perceptions about the effectiveness of homoeopathic treatment of acute conditions (x50) and of chronic conditions (x51).

Variables x50 (effectiveness of homoeopathy in the treatment of acute conditions) and x51 (effectiveness of homoeopathy in the treatment of chronic conditions) are important main effects in explaining the respondent's perception with regards the effectiveness of homoeopathy in treating acute conditions.

4.2.5 Perceived efficacy of homoeopathy in chronic conditions.

4.2.5.1 Pearson's chi-square tests of independence

Table 50. Perceived efficacy of homoeopathy in acute conditions. Chi-square tests. Westville.

Interaction effect	P-value	Chi-square value	Order of strength
x 50: Perceived efficacy of homoeopathy in acute conditions	0.00000	848.88789	1
x 73: Choice of health care provider	0.00000	196.09561	2
x 71: Likelihood of consulting a homoeopath in the future	0.00000	141.35465	3
x 54: Number of visits to a homoeopath in the past 12 months	0.00000	114.36806	4
x 32: Arthritis	0.00000	112.70888	5
x 45: Coughs	0.00000	106.81025	6
x 29: Colds and 'flu	0.00000	104.43228	7
x 53: Choice of homoeopath	0.00000	103.49917	8
x 27: Blood pressure problems	0.00000	101.65613	9
x 33: Headaches	0.00000	101.21407	10

Table 51. Perceived efficacy of homoeopathy in acute conditions. Chi-square tests. Reservoir Hills.

Interaction effect	P-value	Chi-square value	Order of strength
x 50: Perceived efficacy of homoeopathy in acute conditions	0.00000	694.89829	1
x 58: Source of information	0.00000	126.50097	2
x 26: Can treat the majority of diseases	0.00000	123.01221	3
x 35: Skin problems	0.00000	121.96093	4
x 34: Painful periods	0.00000	112.81386	5
x 46: Homoeopathy has a scientific base	0.00000	111.01358	6
x 89: Homoeopathy should be available in hospitals and clinics	0.00000	109.62859	7
x 45: Coughs	0.00000	107.88035	8
x 32: Arthritis	0.00000	90.96380	9
x 37: Complaints of pregnancy	0.00000	88.48193	10

4.2.5.2 *Significant results from log-linear analysis in block 5.*

Significant results from log-linear analysis in block 5 are summarized in the following tables at the $\alpha = 5\%$ level.

Table 52. Perceived efficacy of homoeopathy in chronic conditions. Log-linear analysis. Westville.

Interaction effect	Observed Z-value	Tabulated Z-value
x51 by x50	2.86463	1.96
x51 by x73	-2.74478	1.96
x73 by x54	2.70262	1.96
x51	-4.24437	1.96
x50	-3.13634	1.96

There is a significant two-way interdependence between perceptions regarding the effectiveness of homoeopathy in treating chronic conditions (x51) and acute conditions (x50).

There is a significant two-way interdependence between perceptions of the effectiveness of homoeopathy in treating chronic conditions (x51) and the respondent's choice of usual health care provider (x73).

There is a significant two-way interdependence between choice of usual health care provider (x73) and whether or not the respondent had consulted a homoeopath during the previous 12 months (x54).

Variables x 51 (effectiveness of homoeopathic treatment of chronic conditions) and x50 (effectiveness of homoeopathic treatment of acute conditions) are important main effects in explaining the respondent's perception with regards the effectiveness of homoeopathy in treating chronic conditions.

Table 53. Perceived efficacy of homoeopathy in chronic conditions. Log-linear analysis. Reservoir Hills.

Interaction effect	Observed Z-value	Tabulated Z-value
x51 by x50	5.85326	1.96
x51	-6.10523	1.96
x50	-6.28003	1.96
x35	2.02935	1.96

There is a significant two-way interdependence between perceptions about the effectiveness of homoeopathic treatment of chronic conditions (x51) and of acute conditions (x50).

Variables x51 (effectiveness of homoeopathy in the treatment of chronic conditions), x50 (effectiveness of homoeopathy in the treatment of acute conditions) and x35 (skin

problems) are important main effects in explaining the respondent's perception with regards the effectiveness of homoeopathy in treating chronic conditions.

4.2.6 Personal experience of homoeopathy.

4.2.6.1 Pearson's chi-square tests of independence

Table 54. Personal experience of homoeopathy. Chi-square tests. Westville.

Interaction effect	P-value	Chi-square value	Order of strength
x 55: Previous consultation with medical doctor for same condition	0.00000	495.92453	1
x 57: Reason for consulting a homoeopath	0.00000	495.90902	2
x 54: Number of visits to a homoeopath in the past 12 months	0.00000	495.83654	3
x 53: Choice of homoeopath	0.00000	495.81550	4
x 56: Perceived outcome of treatment	0.00000	479.31192	5
x 71: Likelihood of consulting a homoeopath in the future	0.00000	450.97520	6
x 59: Do consult a homoeopath	0.00000	402.11495	7
x 72: Reason for considering to consult a homoeopath in the future	0.00000	219.38767	8
x 73: Choice of health care provider	0.00000	118.99408	9
x 61: Have never needed their service	0.00000	91.11931	10

Table 55. Personal experience of homoeopathy. Chi-square tests. Reservoir Hills.

Interaction effect	P-value	Chi-square value	Order of strength
x 54: Number of visits to a homoeopath in the past 12 months	0.00000	460.28070	1
x 55: Previous consultation with medical doctor for same condition	0.00000	460.28069	2
x 57: Reason for consulting a homoeopath	0.00000	460.28068	3
x 53: Choice of homoeopath	0.00000	460.28065	4
x 56: Perceived outcome of treatment	0.00000	453.77220	5
x 59: Do consult a homoeopath	0.00000	389.95494	6
x 71: Likelihood of consulting a homoeopath in the future	0.00000	370.57400	7
x 72: Reason for considering to consult a homoeopath in the future	0.00000	144.75632	8
x 72: Choice of health care provider	0.00000	101.63007	9
x 61: Have never needed their service	0.00000	44.39240	10

4.2.6.2 *Significant results from log-linear analysis in block 6.*

Significant results from log-linear analysis in block 6 are summarized in the following tables at the $\alpha = 5\%$ level.

Table 56. Personal experience of homoeopathy. Log-linear analysis. Westville.

Interaction effect	Observed Z-value	Tabulated Z-value
x52 by x53	4.73820	1.96
x52 by x56	2.04750	1.96
x53 by x56	2.26948	1.96
x52	3.44200	1.96
x53	3.66398	1.96

There is a significant two-way interdependence between those who have consulted a homoeopath (x52) and their choice of practitioner (x53).

There is a significant two-way interdependence between those who have consulted a homoeopath (x52) and their perception regarding the outcome of their treatment (x56).

There is a significant two-way interdependence between the respondent's choice of homoeopathic practitioner (x53) and their perception regarding the outcome of their treatment (x56).

Variables x52 (those who have consulted a homoeopath) and x53 (choice of homoeopathic practitioner) are important main effects in explaining the respondent's experience of homoeopathy.

Table 57. Personal experience of homoeopathy. Log-linear analysis. Reservoir Hills.

Interaction effect	Observed Z-value	Tabulated Z-value
x52 by x53	3.56042	1.96
x52	2.73194	1.96
x57	1.97075	1.96
x53	2.21905	1.96

There is a significant two-way interdependence between experience of homoeopathy (x52) and choice of practitioner (x53).

Variables x52 (those who have consulted a homoeopath), x57 (reasons for consulting a homoeopath) and x53 (choice of homoeopathic practitioner) are important main effects in explaining the respondent's experience of homoeopathy.

4.2.7 Perceived outcome of homoeopathic treatment.

4.2.7.1 Pearson's chi-square tests of independence

Table 58. Perceived outcome of homoeopathic treatment. Chi-square tests. Westville.

Interaction effect	P-value	Chi-square value	Order of strength
x 54: Number of visits to a homoeopath in the past 12 months	0.00000	565.01672	1
x 57: Reason for consulting a homoeopath	0.00000	559.37361	2
x 55: Previous consultation with medical doctor for same condition	0.00000	549.29129	3
x 53: Choice of homoeopath	0.00000	522.55057	4
x 52: Experience of homoeopathy	0.00000	479.31192	5
x 71: Likelihood of consulting a homoeopath in the future	0.00000	432.00743	6
x 59: Do consult a homoeopath	0.00000	386.28419	7
x 73: Choice of health care provider	0.00000	226.46689	8
x 72: Reason for considering to consult a homoeopath in the future	0.00000	210.39222	9
x 50: Perceived efficacy of homoeopathy in acute conditions	0.00000	99.34778	10

Table 59. Perceived outcome of homoeopathic treatment. Chi-square tests. Reservoir Hills.

Interaction effect	P-value	Chi-square value	Order of strength
x 53: Choice of homoeopath	0.00000	663.44448	1
x 54: Number of visits to a homoeopath in the past 12 months	0.00000	661.02470	2
x57: Reason for consulting a homoeopath	0.00000	659.59586	3
x 55: Previous consultation with medical doctor for same condition	0.00000	618.36186	4
x 52: Experience of homoeopathy	0.00000	453.77220	5
x 59: Do consult a homoeopath	0.00000	423.81292	6
x 71: Likelihood of consulting a homoeopath in the future	0.00000	386.91244	7
x 73: Choice of health care provider	0.00000	191.85689	8
x 58: Source of information	0.00000	140.97888	9
x 72: Reason for considering to consult a homoeopath in the future	0.00000	139.71748	10

4.3.7.2 *Significant results from log-linear analysis in block 7.*

Significant results from log-linear analysis in block 7 are summarized in the following tables at the $\alpha = 5\%$ level.

Table 60. Perceived outcome of homoeopathic treatment. Log-linear analysis. Westville.

Interaction effect	Observed Z-value	Tabulated Z-value
x56 by x53	2.26948	1.96
x56 by x52	2.04750	1.96
x53 by x52	4.73820	1.96
x53	3.66298	1.96
x52	3.44200	1.96

There is a significant two-way interdependence between the perceived outcome of treatment (x56) and the choice of homoeopathic practitioner (x53).

There is a significant two-way interdependence between the perceived outcome of treatment (x56) and experience of homoeopathy (x52).

There is a significant two-way interdependence between the choice of practitioner (x53) and the experience of homoeopathy (x52).

Variables x53 (choice of homoeopathic practitioner) and x52 (those who have consulted a homoeopath) are important main effects in explaining the respondent's perceived outcome of homoeopathic treatment.

Table 61. Perceived outcome of homoeopathic treatment. Log-linear analysis. Reservoir Hills.

Interaction effect	Observed Z-value	Tabulated Z-value
x53 by x52	3.56042	1.96
x53	2.21905	1.96
x57	1.97075	1.96
x52	2.73194	1.96

There is a significant two-way interdependence between choice of practitioner (x53) and experience of homoeopathy (x52).

Variables x53 (choice of homoeopathic practitioner), x57 (reason for consulting a homoeopath) and x52 (those who have consulted a homoeopath) are important main effects in explaining the respondent's perceived outcome of homoeopathic treatment.

4.2.8 Source of information about homoeopathy.

4.2.8.1 Pearson's chi-square tests of independence

Table 62. Source of information about homoeopathy. Chi-square tests. Westville.

Interaction effect	P-value	Chi-square value	Order of strength
x 60: Have never heard of homoeopathy	0.00000	419.02836	1
x 72: Reason for considering to consult a homoeopath in the future	0.00000	219.01008	2
x 54: Number of visits to a homoeopath in the past 12 months	0.00000	104.72564	3
x 71: Likelihood of consulting a homoeopath in the future	0.00000	72.38751	4
x 52: Experience of homoeopathy	0.00000	56.71959	5
x 59: Do consult a homoeopath	0.00000	52.67143	6
x 62: Know too little about them	0.00000	42.91738	7
x 55: Previous consultation with medical doctor for same condition	0.00000	93.93517	8
x 73: Choice of health care provider	0.00000	184.26229	9
x 9: Occupational status	0.00000	103.37356	10

Table 63. Source of information about homoeopathy. Chi-square tests. Reservoir Hills.

Interaction effect	P-value	Chi-square value	Order of strength
x 60: Have never heard of homoeopathy	0.00000	260.19396	1
x 56: Perceived outcome of treatment	0.00000	140.97888	2
x 53: Choice of homoeopath	0.00000	133.38692	3
x 51: Perceived efficacy of homoeopathy in chronic conditions	0.00000	126.50097	4
x 46: Homoeopathy has a scientific base	0.00000	92.60822	5
x 59: Do consult a homoeopath	0.00002	41.86177	6
x 52: Experience of homoeopathy	0.00002	41.80099	7
x 16: Boosts the immune system	0.00003	76.11057	8
x 62: Know too little about them	0.00028	34.72447	9
x 17: Usually prescribes painkillers	0.00090	64.24991	10

4.3.8.2 *Significant results from log-linear analysis in block 8.*

Significant results from log-linear analysis in block 8 are summarized in the following tables at the $\alpha = 5\%$ level.

Table 64. Source of information about homoeopathy. Log-linear analysis. Westville.

Interaction effect	Observed Z-value	Tabulated Z-value
x60 by x72 by x71	2.40065	1.96
x60 by x54 by x52	2.44150	1.96
x60 by 72	-2.54184	1.96
x60 by x54	-2.14477	1.96
x72 by x71	-2.40065	1.96
x54 by x52	-3.32384	1.96
x71 by x52	-2.38819	1.96
x60	-4.44823	1.96
x72	2.98301	1.96
x54	3.02711	1.96

There is a significant three-way interdependence between never having heard of homoeopathy (x60), reasons for considering to consult a homoeopath (x72) and whether or not one would consider consulting a homoeopath (x71).

There is a significant three-way interdependence between never having heard of homoeopathy (x60), the number of visits to a homoeopath in the previous 12 months (x54), and personal experience of homoeopathy (x52).

There is a significant two-way interdependence between never having heard of homoeopathy (x60) and reasons for considering to consult a homoeopath (x72).

There is a significant two-way interdependence between never having heard of homoeopathy (x60) and the number of visits to a homoeopath in the previous 12 months (x54).

There is a significant two-way interdependence between reasons for considering to consult a homoeopath (x72) and whether or not one would consider consulting a homoeopath (x71).

There is a significant two-way interdependence between the number of visits to a homoeopath in the previous 12 months (x54) and personal experience of homoeopathy (x52).

There is a significant two-way interdependence between whether or not one would consider consulting a homoeopath (x71) and personal experience of homoeopathy (x52).

Variables x60 (have never heard of homoeopathy), x72 (reasons for considering to consult a homoeopath) and x54 (number of visits to a homoeopath in the previous 12 months) are important main effects in explaining the respondent's source of information about homoeopathy.

Table 65. Source of information about homoeopathy. Log-linear analysis. Reservoir Hills.

Interaction effect	Observed Z-value	Tabulated Z-value
x60 by x56 by x53	-2.08391	1.96
x60 by x53 by x51	1.98357	1.96
x56 by x53 by x51	-3.03903	1.96
x56 by x53	4.82406	1.96
x60 by x51	2.29406	1.96
x56 by x51	2.28494	1.96
x60	-4.07909	1.96
x56	-3.60316	1.96
x51	-5.03421	1.96

There is a significant three-way interdependence between never having heard of homoeopathy (x60), perceived outcome of treatment (x56)and choice of practitioner (x53).

There is a significant three-way interdependence between never having heard of homoeopathy (x60), choice of practitioner (x53) and perceptions about effectiveness of homoeopathy in treating chronic conditions (x51).

There is a significant three-way interdependence between perceived outcome of treatment (x56), choice of practitioner (x53) and perceptions about effectiveness of homoeopathy in treating chronic conditions (x51).

There is a significant two-way interdependence between perceived outcome of treatment (x56) and choice of practitioner (x53).

There is a significant two-way interdependence between never heaving heard of homoeopathy (x60) and perceptions about effectiveness of homoeopathy in treating chronic conditions (x51).

There is a significant two-way interdependence between perceived outcome of treatment (x56) and perceptions about effectiveness of homoeopathy in treating chronic conditions (x51).

Variables x60 (have never heard of homoeopathy), x56 (perceived outcome of treatment) and x51 (effectiveness of homoeopathy in treating chronic conditions) are important main effects in explaining the respondent's source of information about homoeopathy.

4.2.9 Possibility of consulting a homoeopath in the future

4.2.9.1 Pearson's chi-square tests of independence

Table 66. Possibility of consulting a homoeopath in the future. Chi-square tests. Westville.

Interaction effect	P-value	Chi-square value	Order of strength
x 72: Reason for considering to consult a homoeopath in the future	0.00000	495.96736	1
x 52: Experience of homoeopathy	0.00000	450.97520	2
x 54: Number of visits to a homoeopath in the past 12 months	0.00000	448.37464	3
x 57: Reason for consulting a homoeopath	0.00000	448.32328	4
x 53: Choice of homoeopath	0.00000	448.5055	5
x 55: Previous consultation with medical doctor for same condition	0.00000	448.07822	6
x 56: Perceived outcome of treatment	0.00000	432.00743	7
x 59: Do consult a homoeopath	0.00000	422.54235	8
x 89: Homoeopathy should be available in hospitals and clinics	0.00000	157.74317	9
x 51: Perceived efficacy of homoeopathy in chronic conditions	0.00000	141.35465	10

Table 67. Possibility of consulting a homoeopath in the future. Chi-square tests. Reservoir Hills.

Interaction effect	P-value	Chi-square value	Order of strength
x 72: Reason for considering to consult a homoeopath in the future	0.00000	467.04656	1
x 53: Choice of homoeopath	0.00000	395.78032	2
x 55: Previous consultation with medical doctor for same condition	0.00000	393.91822	3
x 54: Number of visits to a homoeopath in the past 12 months	0.00000	392.99462	4
x 57: Reason for consulting a homoeopath	0.00000	392.87081	5
x 56: Perceived outcome of treatment	0.00000	386.91244	6
x 52: Experience of homoeopathy	0.00000	370.57400	7
x 59: Do consult a homoeopath	0.00000	338.63255	8
x 89: Homoeopathy should be available in hospitals and clinics	0.00000	127.08029	9
x 73: Choice of health care provider	0.00000	100.155238	10

4.2.9.2 *Significant results from log-linear analysis in block 9.*

Significant results from log-linear analysis in block 9 are summarized in the following tables at the α = 5% level.

Table 68. Possibility of consulting a homoeopath in the future. Log-linear analysis. Westville.

Interaction effect	Observed Z-value	Tabulated Z-value
x72 by x52 by x53	2.56905	1.96
x71 by x72	-2.08664	1.96
x54 by x57	1.97874	1.96
x52 by x53	3.67750	1.96
x72	2.35657	1.96

There is a significant three-way interdependence between reasons for considering to consult a homoeopath (x72), personal experience of homoeopathy (x52) and choice of homoeopathic practitioner (x53).

There is a significant two-way interdependence between whether or not one would consider consulting a homoeopath (x71) and reasons for so doing (x72).

There is a significant two-way interdependence between the number of visits to a homoeopath in the previous 12 months (x54) and the decision to consult a homoeopath (x57).

There is a significant two-way interdependence between those who have consulted a homoeopath (x52) and their choice of practitioner (x53).

Variable x72 (reasons for considering to consult a homoeopath) is an important main effect in explaining the respondent's decision whether to consider consulting a homoeopath or not.

Table 69. Possibility of consulting a homoeopath in the future. Log-linear analysis. Reservoir Hills.

Interaction effect	Observed Z-value	Tabulated Z-value
x71by x72 by x53	-1.99165	1.96
x53 by x55 by x57	-2.32166	1.96
x71 by x72	-2.66932	1.96
x71 by x53	-2.20600	1.96
x53 by x55	-2.37157	1.96
x55 by x54	2.01976	1.96
x54 by x57	1.96985	1.96
x72	2.34842	1.96
x54	2.01976	1.96
x57	2.51286	1.96

There is a significant three-way interdependence between considering to consult a homoeopath (x71), reasons for considering to consult a homoeopath (x72) and choice of practitioner (x53).

There is a significant three-way interdependence between choice of practitioner (x53), whether or not one had also consulted an ordinary doctor (x55) and reason for consulting a homoeopath (x57).

There is a significant two-way interdependence between considering to consult a homoeopathy (x71) and reasons for considering to consult a homoeopath (x72).

There is a significant two-way interdependence between considering to consult a homoeopath (x71) and choice of practitioner (x53).

There is a significant two-way interdependence between choice of practitioner (x53) and whether or not one had also consulted an ordinary doctor (x55).

There is a significant interdependence between whether or not one had also consulted an ordinary doctor (x55) and the number of visits paid to a homoeopath in the previous 12 months (x54).

There is a significant interdependence between the number of visits paid to a homoeopath in the previous 12 months (x54) and the reason for consulting a homoeopath (x57).

Variables x72 (reasons for considering to consult a homoeopath), x54 (number of visits paid to a homoeopath in the previous 12 months) and x57 (reason for consulting a homoeopath) are important main effects in explaining the respondent's decision whether to consider consulting a homoeopath or not.

4.2.10 Choice of usual health care provider.

4.2.10.1 Pearson's chi-square tests of independence

Table 70. Choice of usual health care provider. Chi-square tests. Westville.

Interaction effect	P-value	Chi-square value	Order of strength
x 89: Homoeopathy should be available in hospitals and clinics	0.00000	556.03927	1
x 53: Choice of homoeopath	0.00000	494.92103	2
x 77: Soon finds out what is wrong with me	0.00000	332.29768	3
x 74: Prescribes medicine that makes me feel better	0.00000	331.90742	4
x 75: Listens to all I have to say about my illness or indisposition	0.00000	331.47655	5
x 81: Prescribes medicine too easily	0.00000	310.77097	6
x 87: Is interested in me as an individual	0.00000	303.65907	7
x 80: Puts me at ease	0.00000	302.88703	8
x 57: Reason for consulting a homoeopath	0.00000	302.73085	9
x 76: Treats me as his/her equal	0.00000	276.77857	10

Table 71. Choice of usual health care provider. Chi-square tests. Reservoir Hills.

Interaction effect	P-value	Chi-square value	Order of strength
x 83: Makes me feel as if he/she is hiding something from me	0.00000	259.11279	1
x 74: Prescribes medicine that makes me feel better	0.00000	254.47405	2
x 75: Listens to all that I have to say about my illness or indisposition	0.00000	250.48454	3
x 79: Knows of the best treatment for my illness or indisposition	0.00000	245.61925	4
x 88: Diagnoses the majority of ailments correctly	0.00000	233.64072	5
x 84: Examines me thoroughly	0.00000	221.61283	6
x 77: Soon finds out what is wrong with me	0.00000	207.84338	7
x 86: Discusses with me the treatment he/she has in mind	0.00000	206.91962	8
x 6: Age	0.00000	196.11716	9
x 78: Sympathizes with my problems	0.00000	195.18867	10

4.2. 10.2 *Significant results from log-linear analysis in block 10.*

Significant results from log-linear analysis in block 10 are summarized in the following tables at the $\alpha = 5\%$ level.

Table 72. Choice of usual health care provider. Log-linear analysis. Westville.

Interaction effect	Observed Z-value	Tabulated Z-value
x77 by x74	2.01730	1.96
x77 by x75	2.65559	1.96
x74 by x75	2.13113	1.96
x73	1.99475	1.96
x77	3.18005	1.96
x74	2.23006	1.96
x75	2.86836	1.96

There is a significant two-way interdependence between perceptions as to how soon the health care provider found out what was wrong (x77) and perceptions as to whether the prescribed medicine made the respondent feel better (x74).

There is a significant two-way interdependence between perceptions as to how soon the health care provider found out what was wrong (x77) and perceptions as to how well the health care provider listened to the respondent (x75).

There is a significant two-way interdependence between perceptions as to whether the prescribed medicine made the respondent feel better (x74) and perceptions as to how well the health care provider listened to the respondent (x75).

Variables x73 (choice of health care provider), x77 (how soon the health care provider found out what was wrong), x74 (whether or not the prescribed medicine made the respondent feel better) and x75 (how well the health care provider listened to all the respondent had to say about his illness) are important main effects in explaining the respondent's choice of usual health care provider.

Reservoir Hills

No significant results were found after log-linear analysis of block 10 at the $\alpha = 5\%$ level.

Results obtained from log-linear analysis are fairly similar to results obtained from chi-square tests. This similarity is attributable to the large size of the sample.

CHAPTER 5 DISCUSSION

It was hypothesized that there would be an awareness of homoeopathy to some degree amongst the White and Indian communities studied and that this awareness would be greater amongst the White population. The results of this study appear to support these hypotheses. It was anticipated that awareness of homoeopathy would have increased over the years since the HSRC study (Steenekamp 1985:8) and this expectation is supported by the results. The results of the study are discussed in detail below.

5.1 Knowledge Of Homoeopathic Principles

The results indicate that, as hypothesized, there is an awareness of homoeopathy amongst the respondents of both population groups. Amongst the majority of respondents this awareness appears to be limited to a very general understanding of what a homoeopath does: i.e. the majority agreed that homoeopaths "emphasize a healthy lifestyle," that they prescribe diets and that they do not prescribe antibiotics or painkillers (Tables 1 and 2). The law of similars and the use of infinitesimal doses are two fundamental principles underlying homoeopathic practice. They were presented in the questionnaire as variable x20: "Cures by using medicines that can cause the same symptoms;" and variable x18: "Provides medicines that are diluted and shaken." Log-linear analysis showed that it was only amongst the Westville group that a significant proportion of the respondents (95 or 19%) correctly identified both statements as pertaining to homeopathy as opposed to only 58 (11.6%) Reservoir Hills residents (Tables 34,36, 38 and 40). Thus it appears that

knowledge of the principles of homoeopathy is greater amongst Westville residents than it is amongst Reservoir Hills residents which supports the hypothesis that there is greater awareness of homoeopathy amongst the White community than amongst the Indian community.

The above findings are similar to findings in other studies. The HSRC survey (Steenekamp 1985:22) assessed people's knowledge of the law of similars and found that 27.3% gave the correct response. This percentage is slightly less than the percentage of Westville residents who gave a similar response (32.6%). The Davies and Kayne survey (1992) found that very few of the pharmacy staff who participated in the study were familiar with homoeopathic principles even though most had heard of homoeopathy. In their study, 25% of the sample identified "like cures like" as a homoeopathic principle; even fewer, 8%, showed awareness that small doses were used; and no-one understood the importance of succussion in the preparation of the medicine.

In the present study, most respondents did not identify iridology as a function of homoeopaths (Tables 1 and 2). However, in both groups, 26% did state that homoeopaths "look into people's eyes to make a diagnosis." This figure is lower than that reported in the earlier South African study (Steenekamp 1985:22) which found that 38% of the sample identified iridology as a function of homoeopaths. Ferrucci (1994) found that amongst the private patients group, 20 (14%) indicated that they had received iris diagnosis. The finding that most respondents in both the Westville and the Reservoir Hills groups did not identify acupuncture or iridology with homoeopaths, may be

considered to indicate that people are becoming aware of the differences between the various complementary therapies. This conclusion would support the results of studies by Vincent and Furnham (1994) and Vincent et al. (1995) who found that participants in their studies were able to discriminate between the different complementary therapies. On the other hand, this finding could indicate ignorance and lack of experience of homoeopathic practice as many practitioners in this country make use of these two modalities in their practices.

Unlike previous studies such as Alton and Kayne (1992), who found that knowledge of homoeopathy tended to be confined to people with a higher income or level of education, the current study did not find any significant association between income or education, and knowledge of homoeopathy. The reason for this result may be because two affluent residential areas were chosen for the sample and this did not provide a representative cross-section of the total general population (Figure 8).

The present results indicate a considerable amount of ignorance regarding homoeopathy: more than two thirds of each group do not know the basic principles of homoeopathy. These results appear to confirm those of the study by Davies and Kayne (1992) who found that very few of the respondents showed an understanding of homoeopathic principles. However, there is a difference in the samples of the two studies - Davies and Kayne surveyed pharmacy staff and the current study involves the general public.

5.2 *Attitude - "Homoeopathy has a scientific base"*

Perceptions regarding which conditions could be treated by a homoeopath appear to be significant in explaining the respondents' opinion that homoeopathy has a scientific base or not. It is interesting to note that the type of conditions which showed significance were different for each of the two groups. Amongst the Westville group, significantly two thirds or more of people who responded that homoeopathy can treat arthritis, colds and 'flu, blood pressure problems, children's complaints and coughs also stated that they considered homoeopathy to have a scientific base (Tables 3, 5, 38 and 40). Amongst the Reservoir Hills group, it was significant that approximately two thirds of those who responded that homoeopathy can treat conditions such as headaches, skin problems, allergies and painful periods agreed that homoeopathy has a scientific base (Tables 4, 6, 49 and 41). It was these above-mentioned conditions that the majority of the respondents indicated could be treated by a homoeopath (Tables 3 and 4). These conditions respond to homoeopathic treatment and the above results indicate awareness amongst both population groups of the types of conditions for which people consult homoeopaths.

Headaches, arthritis, skin problems and blood pressure problems were the most common conditions that both groups considered could be treated homoeopathically. Hirschowitz and Orkin (1995:xxviii) found that hypertension and arthritis are the two most common chronic ailments amongst the White population, and the first and third most common ailments amongst the Indian population. The four above mentioned conditions fit under the categories of "minor" and "chronic" conditions as defined by Vincent and Furnham

(1994). The above result supports the finding by Vincent and Furnham (1994) that homoeopathy is considered valuable in the treatment of minor and chronic conditions. It also supports similar conclusions by Jacobs and Crothers (1991) and by Ferrucci (1994).

The perception by the Westville group that homoeopathy can be used in the treatment of blood pressure problems supports a result of the American study by Eisenberg et al. (1993). Eisenberg et al. (1993) found that 11% of those who reported high blood pressure as their principal medical condition had sought complementary treatment in the 12 months preceding the study. Homoeopathy was one of the most commonly reported complementary therapies used by this group.

Alton and Kayne (1992) found that anxiety (77%), colds (76%), allergies (61%) and headaches (60%) were the conditions that the pharmacy customers in the study most commonly associated with homoeopathy. In the current study, the sample groups were questioned on a wider range of conditions than were in the Alton and Kayne (1992) study; more South Africans associated headaches (86.6%) and allergies (83.5%) with homoeopathy than did the pharmacy customers in the British study.

5.3 *Attitude - "For the medicine to work, one must believe in it."*

There was a marked difference between the two groups in their answers to this question. The majority of the Reservoir Hills residents agreed that "one must believe in the medicine for it to work" (59.8%), while amongst the Westville group, almost equal numbers either disagreed (42.2%) or agreed (41%) with the statement (Tables 5 and 6). These results, especially for the Westville group, are fairly close to the results of a similar question asked by Davies and Kayne (1992) where half of the sample of pharmacy staff believed that "faith" in the homoeopathic medicines played a role in the effectiveness of the treatment.

In the current study, the perceptions that were found to be significant in explaining the attitude of belief in the medicine, were different for each group. Amongst the Westville group, the respondents' perceptions regarding the ability of homoeopaths to treat diabetes, mental illness and AIDS, were significant (Tables 3, 42 and 44); while amongst the Reservoir Hills group, perceptions regarding the effectiveness of homoeopathy in treating acute conditions and allergies, were significant (Tables 4, 43 and 45).

It is possible that cultural and religious differences between the two groups may play a role in explaining these results as discussed above. Of the Reservoir Hills group who had consulted a homoeopath, nearly one third (32.97%) had attended the homoeopathic clinic at the Divine Life Society. This is in contrast to their Westville counterparts, the majority of whom had consulted homoeopaths in private practice. (Tables 9 and 10). In order to

keep the questionnaire from becoming too long, variables relating to culture and religion were not included in any great detail in the study. It may be pertinent to include questions relating to the respondent's religious beliefs or affiliations in future surveys of a similar nature to the current study.

5.4 Perceived efficacy of homoeopathy in acute and chronic conditions

People's perceptions as to the efficacy of homoeopathic treatment in acute conditions were significantly interdependent on their perceptions on its efficacy in treating chronic conditions and *vice versa*. This was true for both sample groups. (Tables 7, 8, 46, 47, 48, 49, 50, 51, 52 and 53). Whilst the greatest percentage of respondents in both groups expressed no opinion of the efficacy of homoeopathic treatment; amongst those who did express an opinion, homoeopathy was most commonly regarded as being equally effective as conventional medicine in acute and chronic conditions. In both groups, approximately one quarter regarded homoeopathy as being more effective than conventional medicine in treating chronic conditions. (Tables 7 and 8). These results are in contrast to Alton and Kayne (1992) who found that homoeopathy was seen as somewhat less successful in treating chronic conditions than acute conditions but was most commonly regarded as equally effective as conventional medicine in treating both acute and chronic conditions. Very few of their sample regarded homoeopathic treatment as more effective than conventional medicine. Their results might have been influenced

by the fact that the survey was conducted in pharmacies where most over the counter prescribing is aimed at treating acute conditions.

The perception amongst 28% of Westville respondents and 24% of Reservoir Hills respondents that homoeopathy is effective in treating chronic conditions supports the finding by Vincent and Furnham (1994) that homoeopathy is regarded as being valuable in treating chronic conditions and in specific minor conditions such as the common cold, hayfever, menstrual problems and migraine.

The choice of usual health care provider (Table 27) was found to be significant with regard to the perception of efficacy of homoeopathic treatment in acute conditions. Amongst the Westville group it was found to be significant that those who usually consulted a homoeopath and had consulted their homoeopath at least once in the 12 months preceding the survey (Tables 11 and 52), considered homoeopathic treatment to be effective in both acute and chronic conditions. This confirms the conclusion by Vincent et al. (1995) who found that the homoeopathic group regarded homoeopathic treatment as more effective than conventional medicine in the treatment of chronic and minor conditions.

The results of the current study indicate that the number of respondents from Westville who have experience of homoeopathy (195) is more than double that of the Reservoir Hills group (91) (Figures 10 and 11). It is possible that this difference may account for "choice of health care provider" and "recent consultation with a homoeopath" being

significant in explaining the Westville group's perceptions regarding efficacy of homoeopathic treatment, while these two variables were not found to be significant, amongst the Reservoir Hills group.

5.5 *Experience of homoeopathy*

More than twice as many Westville residents (195 or 39%) stated that they had had experience of homoeopathy than did Reservoir Hills residents, of whom 91 (18.2%) stated that they had had experience of homoeopathy (Figures 10 and 11). These results support the hypothesis that there would be greater utilization of homoeopathic services amongst the White community. Both these results are higher than those reported by Steenekamp (1985:5) who found that 12.9% of the respondents in the HSRC survey reported having previously consulted a homoeopath. Thus it appears that over the years since the HSRC survey, increasing numbers of people in the White population have turned to homoeopathy for treatment.

If one considers the worldwide trend of increasing awareness and utilization of complementary therapies, then one may presume that utilization of homoeopathic services has increased amongst the Indian community. However, this conclusion regarding the Indian community cannot be substantiated by the results of the current study, as there is no previous data available to provide comparison. In order for these comparisons to be made, this study will need to be repeated in several years' time. The

results could then be compared to the current study and any changes that occur during that time could then be detected.

However, while interpreting the current results, it should be borne in mind that the sample was drawn from the more affluent section of the population (Figure 8), which is known to be more likely to consult a complementary therapist than are people from lower income groups (Alton and Kayne 1992).

For both groups, choice of practitioner was significant in explaining the respondent's experience of homoeopathy. This is to be expected as only those who had been to a homoeopath answered this question. Amongst the Westville homoeopathy subgroup, the majority (81%; n=195) indicated that they had previously consulted a private practitioner. The remainder of this group was evenly divided between those who attended the Day Clinic at the Technikon Natal's Homoeopathy Department and "other" (Table 9). Amongst the Reservoir Hills homeopathy subgroup (Table 10), the largest proportion of people (40%; n=91) had consulted a private practitioner; the second largest proportion (30%) had attended the homoeopathic clinic held at the Divine Life Society, the ashram located along the busy main road in Reservoir Hills; only 4% had attended the Day Clinic at Technikon Natal. The proximity of the ashram, the fact that many of the respondents were Hindu and that most of those who attended the clinic at the ashram tended to be from the lower to middle income brackets of the sample could explain the popularity of the clinic at the Divine Life Society.

Perceived outcome of treatment was also a significant factor amongst the Westville subgroup (Table 15). One hundred and sixty-one (82.6%; n=195) of homoeopathic patients had found the treatment to have helped to some degree: most (104) stated that it had "helped considerably." Unlike Steenekamp (1985:5), in whose study not one respondent stated that homoeopathic treatment had made matters worse, two people in the Westville group and one person in the Reservoir Hills group did so report.

Consulting a homoeopath for reasons other than "homoeopathy being 'natural' medicine" appeared to be significant amongst the Reservoir Hills group, the most common reason given was personal recommendation (49 or 54%). Only seventeen (19%) stated that they had consulted a homoeopath because homoeopathy is "natural" medicine. (Table 18).

5.6 Perceived outcome of homoeopathic treatment

Amongst those who had consulted a homoeopath in both Westville and Reservoir Hills, it was significant that the majority considered their treatment to have been effective to some degree. Amongst the Westville group (Table 15), 82.6% reported a favourable perception of their treatment. Amongst the Reservoir Hills group (Table 16), 61.5% reported their treatment to have been effective to some degree. The results obtained by Steenekamp (1985:16) are closer to the results of the Westville group. He found that amongst those who had consulted a homoeopath, 78.4% reported that homoeopathic treatment had been effective to varying degrees: 21.2% reported being "completely

cured;" 28.3% - "helped very much;" 15.3% - "helped considerably;" 13.7% - "helped temporarily."

Amongst the Reservoir Hills group, the reason for consulting a homoeopath i.e. homoeopathy is perceived to be "natural" medicine (Table 18), as discussed in the section 5.5 above, appeared to be significantly associated with perceptions regarding the outcome of treatment.

It appears that of those who make use of homoeopathic services, the majority are satisfied with the outcome of their treatment and that, for these people, homoeopathy has a role to play in health care.

5.7 Source of information about homoeopathy

The majority of both Westville and Reservoir Hills residents had heard of homoeopathy. In Westville only six, and in Reservoir Hills, 50 people stated that they had not heard of homoeopathy before. (Tables 21 and 22). These results show that there is considerable awareness of homoeopathy amongst the respondents, especially amongst the White community as was hypothesized.

In both areas, significantly, the majority of residents had first heard of homoeopathy through word of mouth, mostly from friends or relatives, but also from doctors or at

work. The next most common source of information, especially amongst the Reservoir Hills group, was the media (Tables 19 and 20).

The above findings are in line with the results of many other studies, both the earlier surveys and more recent ones. Fulder and Munro (1985), Lewith (1985), Ferrucci (1994), Vincent and Furnham (1994) and Emslie et al. (1996) all found personal recommendation to be the most frequently reported source of information about complementary therapies. Information from friends and relatives were especially valued (Vincent and Furnham 1994). The literature also shows that the media play a role as a primary source of information (Lewith 1985; Alton and Kayne 1992; Vincent and Furnham 1994). And in the current study, it is interesting to note that the media appeared to play a stronger role amongst the Indian group than amongst the White group, though no significant association was found.

Amongst the Reservoir Hills group, it is significant that those who perceive their homoeopathic treatment to be effective (Table 16), and that those who perceive homoeopathy to be effective in treating chronic conditions (Table 8), had first heard of homoeopathy through personal recommendation. The most likely explanation for this significance is that the respondents gained a favourable impression of homoeopathy from a friend or relative who had been helped by homoeopathic treatment.

Amongst the Westville group, it appears to be significant that those who have recently consulted a homoeopath (Table 11), and those who would consider consulting a

homoeopath in the future because "homoeopathy is 'natural' medicine" (Table 25), had first heard of homoeopathy through personal recommendation.

Both these findings, as discussed above, serve to confirm the conclusion reached by Vincent and Furnham (1994) who found that the opinion of friends who had received complementary treatment was the most valued source of information.

5.8 Possibility of considering to consult a homoeopath in the future

The two groups answered this question similarly. A significant number, 223 or 73%, of the Westville residents who had never consulted a homoeopath (n = 305) indicated that they would consider doing so (Table 23). A significant number (95 or 43%) of these 223 people gave "homoeopathy is 'natural' medicine" as their reason (Table 25). A significant number, 311 or 76%, of the Reservoir Hills residents who had never consulted a homoeopath (n = 409) indicated that they would consider doing so (table 24). A significant number (160 or 51%) of these 311 people gave "homoeopathy is 'natural' medicine" as their reason (Table 26). Thus, it would appear that there is some interest in homoeopathy amongst those who have not yet consulted a homoeopath.

5.9 *Choice of usual health care provider*

Log-linear analysis produced significant results only for the Westville group (Table 72 and section 4.3.2.1). Certain perceptions regarding one's health care provider were shown to be significant in explaining the respondent's choice of health care professional (Table 29). Perceptions as to how quickly the health care provider found out what was wrong with the respondent; the efficacy of the prescribed medicine; and the listening skills of the health care provider were all found to be significant variables in the choice of usual health care provider. It was found that patients of homoeopaths ascribed significantly higher scores in these above-mentioned areas to their homoeopath than general practitioner patients ascribed to their doctor. These results correspond in general to those of Steenekamp (1985:7,8) who found that regular patients of homoeopaths and chiropractors generally regarded them in a positive light.

Possibly the low number of Reservoir Hills residents who regularly consult a homoeopath (20 or 4%) accounts for the fact that no significant associations could be computed for this group. Forty-eight or 9.6% of Westville residents indicated that they usually consult a homoeopath. Although in both groups, the vast majority of people stated that they usually consult a general practitioner, amongst the other professional therapists that people indicated that they consult, homoeopaths were the most commonly chosen. (Tables 27 and 28).

5.10 Speculation

The sample used in the current study is representative of affluent White and Indian families in Westville and Reservoir Hills in the Greater Durban Area. However, it cannot be considered to be representative of the South African public as a whole because 1) no Black or Coloured households were included, 2) people of lower income areas were not included, 3) people living in metropolitan or rural areas did not take part and 4) the study was carried out in the province of KwaZulu-Natal. In order to obtain a sample that would be representative of the entire South African population, a much larger survey would need to be undertaken. The survey could be conducted either as a postal survey, similar to the HSRC survey (Steenekamp 1985:35), or could be conducted by a team of fieldworkers conducting interviews in all nine provinces, amongst all population groups and in metropolitan, urban and rural areas. A project of such a size would be beyond the scope of a master's degree but could be carried out by an organization such as the HSRC on the recommendation of the Chiropractors, Homoeopaths and Allied Health Professions Council. Such a study would graphically show the areas where homoeopathy is well used and where knowledge is lacking.

Practical changes could include shortening of the questionnaire and following the sampling method used by Hirschowitz and Orkin (1994:7) where four households were selected at each sampling point instead of only one, as was the case in the current study. Randomization of the population would still be achieved.

CHAPTER 6 CONCLUSIONS AND RECOMMENDATIONS

From the results, it can be concluded that there is a demand for homoeopathic treatment in this country and that those who regularly consult a homoeopath are satisfied with the treatment that they receive and that they have a high regard for their homoeopathic practitioner. This demand appears to be greater amongst the White community than amongst the Indian community but a comparable number of people from both groups indicated positively that they would consider consulting a homoeopath in the future.

The study has shown that there is a general awareness amongst the public of homoeopathy, but that actual knowledge of homoeopathic principles, of range of treatment, and experience of homoeopathy is very limited. This indicates that there is a pressing need for educating the public about homoeopathy and how it can benefit the man in the street. Although more White people had consulted a homoeopath than Indian people, the majority in both groups had very little knowledge about homoeopathy.

From the results, it appears that word of mouth, especially from friends and relatives, is the most common method of hearing about homoeopathy. Homoeopaths need to educate their patients about basic homoeopathic principles and about the range of conditions homoeopathy can treat. Other ways of reaching more people would be to use the media. Television, radio, magazines, leaflets, public talks can all be used. It would also be beneficial if other health care workers e.g. doctors, pharmacists, nurses etc had some knowledge of homoeopathy and when homoeopathic treatment is indicated. They could

then advise people when to consult a homoeopath and also help to educate people about homoeopathy.

It is further recommended that a similar survey be conducted amongst Black and Coloured population groups in order to assess their perceptions towards homoeopathy and to determine their needs for homoeopathic services. The results thus obtained, together with the results of the current study, would present a good overview of the perceptions of the South African public towards the profession. It would be valuable to conduct similar surveys in the years to come in order to assess if awareness, knowledge of, and need for, homoeopathy has increased or changed among the South African population.

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APPENDIX

This questionnaire is part of the research project required for the completion of my Master's Degree in Homoeopathy at Technikon Natal. Your assistance in answering the questionnaire would be greatly appreciated.

The questionnaire deals with people's knowledge and experience of homoeopathy and their attitude towards it.

Homoeopathy is a growing profession amongst the health services available in this country. It is important to find out how you view homoeopathy so that the profession can determine the needs of the public for homoeopathic services. This information will help us to decide what steps need to be taken in order to meet these needs and to make quality homoeopathic services more available to the the people who desire it.

Your replies will also assist us in highlighting ways in which homoeopathy may be integrated into the National Health System.

All information that you give will be treated with the utmost confidentiality.

QUESTIONNAIRE: HOMOEOPATHY

Questionnaire number: __ __ __ [1] [2] [3]
Card number: __ [4]

INSTRUCTIONS

1. You can in no way be identified by completing this questionnaire.

2. It is of utmost importance that the questionnaire be answered honestly.

3. Mark the number of the appropriate option(s) with an X in the block(s) as indicated.
   For example:
   1.1 Gender:

Male	1
Female	X

4. Some questions have specific instructions which have to be followed carefully.

5. Please complete all questions (sections 1 - 3), except those you are specifically asked to leave out.

6. Please don't use the column "For office use only."

THANK YOU FOR YOUR COOPERATION.

INSTRUCTIONS:

Mark the number of the appropriate option(s) with an X in the block(s) as indicated.
For example:

1.1 Gender:

Male	1
Female	X

2.1 Indicate below what you think a homoeopath does. Please answer each statement.

	Yes	No	Not Sure
Takes blood pressure	1	2	X

For office use only

SECTION 1: BACKGROUND INFORMATION

1.1 Gender:

Male	1
Female	2

[5]

1.2 Age:

18 - 24 years	1
25 - 34 years	2
35 - 44 years	3
45 - 54 years	4
55 - 64 years	5
65 years +	6

[6]

1.3 Home language:

Afrikaans	1
English	2
Hindi	3
Tamil	4
Urdu	5
Gujarati	6
Other	7

[7]

.....
.....

1.4 Marital status:

Never married	1
Married	2
Divorced	3
Widowed	4

[8]

1.5 Occupational status:

Self employed	1
Employed full time	2
Employed part time	3
Housewife	4
Unemployed	5
Pensioner	6
Student	7
Other	8

[9]

.....

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1.6 What is the highest educational level you have obtained?

Less than Std 10	1	
Std 10	2	
Diploma/ Degree	3	
Postgraduate Degree or Diploma	4	[10]

1.7 What is your or your spouse's yearly income?

Less than R16 000	1	
R 16 000 - 29 999	2	
R 30 000 - 49 999	3	
R 50 000 - 69 999	4	
R 70 000 - 99 999	5	
R 100 000 - 299 999	6	
R 300 000 or more	7	[11]

1.8 Population group:

Black	1	
Coloured	2	
Indian	3	
White	4	
Chinese	5	[12]

1.9 How would you describe your general state of health?

Excellent	1	
Good	2	
Reasonable	3	
Poor	4	[13]

SECTION 2: WHAT DO YOU KNOW ABOUT HOMOEOPATHY?

2.1 Indicate below what you think a homoeopath does. Please answer each statement.

	Yes	No	Not Sure	
Takes blood pressure	1	2	3	[14]
Stimulates the skin with sharp needles	1	2	3	[15]
Boosts the immune system	1	2	3	[16]
Usually prescribes painkillers	1	2	3	[17]
Provides medicines that are diluted and shaken	1	2	3	[18]
Can diagnose the majority of diseases	1	2	3	[19]
Cures by using medicines that can cause the same symptoms	1	2	3	[20]
Makes use of antibiotic treatment	1	2	3	[21]
Looks into people's eyes to make a diagnosis	1	2	3	[22]
Prescribes plant extracts	1	2	3	[23]
Emphasises a healthy lifestyle	1	2	3	[24]
Usually prescribes a diet	1	2	3	[25]
Can treat the majority of diseases	1	2	3	[26]

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2.2 Indicate below which conditions you think a homoeopath can treat.

	Yes	No	Not Sure	
Blood pressure problems	1	2	3	[27]
Diabetes	1	2	3	[28]
Colds and 'flu	1	2	3	[29]
Cancer	1	2	3	[30]
AIDS	1	2	3	[31]
Arthritis	1	2	3	[32]
Headaches	1	2	3	[33]
Painful periods	1	2	3	[34]
Skin problems	1	2	3	[35]
Mental illness eg anxiety or depression	1	2	3	[36]
Complaints of pregnancy	1	2	3	[37]
Broken bones	1	2	3	[38]
Allergies	1	2	3	[39]
Unexplained tiredness	1	2	3	[40]
Appendicitis	1	2	3	[41]
Asthma	1	2	3	[42]
Hot flushes	1	2	3	[43]
Children's complaints eg otitis, mumps	1	2	3	[44]
Coughs	1	2	3	[45]

2.3 Do you agree with each of the following statements?

	Yes	No	Not Sure	
Homoeopathy has a scientific base.	1	2	3	[46]
The medicines don't contain chemical substances.	1	2	3	[47]
The medicines are made from plants only.	1	2	3	[48]
For the medicine to work, you must believe in it.	1	2	3	[49]

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

Not effective	1	
More effective than orthodox medicine	2	
Less effective than orthodox medicine	3	
As effective as orthodox medicine	4	
Don't know	5	[50]

2.5 In the treatment of chronic (long-standing) conditions, do you think that homoeopathic medicines are:

Not effective	1	
More effective than orthodox medicine	2	
Less effective than orthodox medicine	3	
As effective as orthodox medicine	4	
Don't know	5	[51]

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SECTION 3: YOUR EXPERIENCE OF HOMOEOPATHY

3.1 Have you ever consulted a homoeopath?

Yes	1
No	2

[52]

If your answer is "No", please **skip** questions 3.2 to 3.6 and then answer all questions starting from question 3.7.

If your answer is "Yes", please continue from question 3.2 and answer all questions except 3.9.1 and 3.9.2.

3.2 Did you consult:

A private homoeopathic practitioner	1
The Technikon Natal Day Clinic	2
Clinic at the Divine Life Society	3
Other	4

.....
..... [53]

3.3 How many times during the past 12 months did you consult a homoeopath?

Not yet	1
Once	2
2 - 4 times	3
5 - 9 times	4
10 or more times	5

[54]

3.4 Referring to the ailment or disease about which you recently consulted a homoeopath, have you (prior to your visit) consulted an ordinary doctor about this ailment or disease? (Please mark only one)

Not applicable	1
Repeatedly	2
Occasionally	3
Perhaps once	4
Not at all	5

[55]

3.5 If you have consulted (or still consult) a homoeopath, what was (or is) the result of the treatment?

Completely cured	1
Helped considerably	2
Helped only while I was receiving treatment	3
Did not help at all	4
Made matters worse	5

[56]

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3.6 What made you decide to consult a homoeopath?

Conventional medicine failed	1
Homoeopathy is "natural" medicine	2
Personal recommendation	3
Other	4

..... [57]

3.7 Where did you first hear about Homoeopathy?

Relative	1
Friend or aquaintance	2
Media (newspaper, TV, radio, leaflets etc.)	3
Doctor or paramedical services (eg. pharmacist, physiotherapist)	4
At work	5
Other	6

..... [58]

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

Not applicable, do consult a homoeopath	1	[59]
Have never heard of homoeopathy	2	[60]
Have never needed their service	3	[61]
Know too little about them	4	[62]
Too expensive	5	[63]
My medical aid scheme does not recognize them	6	[64]
They are too far away / are inaccessible	7	[65]
My doctor is good enough	8	[66]
My doctor cautioned me against them	9	[67]
I have heard of their failures	10	[68]
They are nothing but quacks	11	[69]
Their training is not up to standard	12	[70]

3.9.1 If you have NOT consulted a homoeopath, would you be likely to do so?

Yes, I may consider consulting a homoeopath	1
No, I am unlikely to do so	2

[71]

3.9.2 If you answered "Yes" to 3.9.1 above, for which reason might you consider consulting a homoeopath?

If conventional medicine failed	1
Homoeopathy is "natural" medicine	2
Personal recommendation	3
Other	4

..... [72]

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3.10 To whom do you usually go for medical advice, or who do you usually consult when you feel ill or indisposed? (Mark only one)

An general practitioner	1
A homoeopath	2
Other (please specify)	3

.....
.....
..... [73]

3.11 In your opinion, how applicable is EACH of the following statements for your health care provider (ie. the person you indicated in question 3.10 above).

A = Always B = Usually
C = Sometimes D = Never

	A	B	C	D	
Prescribes medicine that makes me feel better	1	2	3	4	[74]
Listens to all that I have to say about my illness or indisposition	1	2	3	4	[75]
Treats me as his/her equal	1	2	3	4	[76]
Soon finds out what is wrong with me	1	2	3	4	[77]
Sympathizes with my problems	1	2	3	4	[78]
Knows of the best treatment for my illness or indisposition	1	2	3	4	[79]
Puts me at ease	1	2	3	4	[80]
Prescribes medicine too easily	1	2	3	4	[81]
Prescribes too much medicine	1	2	3	4	[82]
Makes me feel as if he/she is hiding something from me	1	2	3	4	[83]
Examines me thoroughly	1	2	3	4	[84]
Merely wants to make money	1	2	3	4	[85]
Discusses with me the treatment he/she has in mind	1	2	3	4	[86]
Is interested in me as an individual	1	2	3	4	[87]
Diagnoses the majority of ailments correctly	1	2	3	4	[88]

3.12 Do you think that homoeopathic treatment should be available in hospitals and clinics?

Yes	1	
No	2	
No opinion	3	[89]

THANK YOU VERY MUCH FOR YOUR CO-OPERATION.