A survey of the perception of homoeopathy amongst parents of children aged 3 to 7 years old at pre primary schools in the Pinetown district.

By

Caron Lee von Bardeleben

Dissertation submitted in partial compliance with the requirements of the Master's Degree in Technology: Homoeopathy in the Faculty of Health Sciences at the Durban University of Technology

I, Caron Lee von Bardeleben declare that this dissertation is representative of my own work, both in conception and execution.

Signature of Student **Date of signature**

APPROVED FOR FINAL SUBMISSION

Signature of Supervisor **Date of signature**
Dr. C.M. Hall
B.Sc. (PU for CHE); M.Tech: Hom (T.N)

Signature of Joint-Supervisor **Date of signature**
Dr. I.M.S. Couchman
M.Tech: Hom (T.N)

ACKNOWLEDGEMENTS

To my husband, Carl for your unconditional love and allowing me to follow my dreams. For supporting me financially and emotionally during the course of my studies. I thank you with all my heart.

To my children, Michael, Jason and Emma for all the encouragement and support during my studies, I love you always.

To Dr. Corne Hall, for your guidance and counsel as clinician: for sharing your clinical knowledge and experiences as my lecturer and for the supervision of this research.

To Dr. Ingrid Couchman, for your dedication throughout the course of my studies as well as assistance as clinician and for co-supervision of this research.

To Dr. David Naude for your time and assistance as clinician and research co-ordinator.

To Dr. Richard Steele, Dr. Anton de Waard, and Dr. Deirdre Small for your guidance as clinicians.

Dr. Jabulile Ngobese for the translation of the questionnaire into Zulu, and your guidance and knowledge as a clinician and lecturer.

Tonya Esterhuizen of the University of KZN for your assistance and efficiency with statistical data.

To all parents and staff of participating schools for your support and time in making this research possible.

To all the staff of the Department of Homoeopathy at Durban University of Technology for your contribution towards my new-found knowledge.
I thank you.

ABSTRACT

Introduction

More and more people are becoming concerned about the effects of drugs, particularly in relation to children. There is an alternative in homoeopathy (Speight, 1983).

Families need more options. Homoeopathy is a wonderful option because homoeopathic remedies are safe, cause no side effects or allergic reactions, and are inexpensive. They are easy to use because they taste good and above all, they are curative, not suppressive (Ullman, 1992).

It was therefore necessary to determine the perception or perceptions towards homoeopathy as a treatment method and in terms of a primary health care option. The study population selected for this research is required to attend pre primary school in the Pinetown district. This district was chosen for the diversity in race, religion, and socio-economic factors, as well as the mixture of both rural and urban areas in this district.

Purpose/Aim

The purpose of this survey was to assess the perception, extent of knowledge and general understanding of as well as misconceptions about homoeopathy, including attitudes towards homoeopathy as a primary health care option in order to determine possible needs for homoeopathic services.

The aim of this study is to develop and improve the knowledge and general understanding of homoeopathy and the perception towards the profession of

homoeopathy amongst the general public by means of an information pamphlet (Appendix E).

Methodology

The research instrument used was a quantitative questionnaire (Appendix A), aimed at parents of children aged 3 to 7 years old in pre primary schools in the Pinetown district , as laid out by the KwaZulu-Natal Department of Education – map version 2 October 2007 (Appendix H and I) EduAction (2007). It was introduced to the principals of randomly selected (stratified random sampling method was used) pre primary schools (Appendix J) of the Pinetown district, and arrangements were made with those principals for distribution and collection of the completed questionnaires. The questionnaire was adapted from Moys, (1998) Small, (2005) Paruk, (2006) and Khoosal, (2007). Anonymity was maintained as no names, addresses or other information was required, thereby preventing identification of the respondents.

The data accumulated was evaluated and analyzed statistically using the SPSS® version 15.0 for Windows™ and Excel® XP™. According to statistician Tonya Esterhuizen, a p-value <0.05 was considered as statistically significant. Comparisons between demographics and areas were achieved using Pearson's chi-square tests. Descriptive analysis involved frequency tables showing counts and percentages of categorical variables. Bar or pie charts were used to show responses graphically.

The profession can then use this information to decide what steps can be taken to rectify the misconceptions, improve general knowledge and attitudes towards homoeopathy; through education, media, community talks and the like. This information can also be used to plan for the necessary services required for the children (Khoosal, 2007).

Results

Of the 1400 questionnaires distributed, 508 questionnaires 36.3% from 13 different schools (Appendix J) were completed and considered evaluative. Not every question was answered on every questionnaire giving rise to some results that do not tally.

Respondents answered questions on the extent of knowledge and general understanding (as well as misconceptions) regarding homoeopathy and it was found that more than half 56.1% had heard of homoeopathy.

Of the sample, 22.7% had previously taken their child to a homoeopath for treatment, and the level of satisfaction with homeopathic treatment was 48.6%.

According to the respondents 40.9% of children were in good health, while 33.9% was in excellent health and 24% in reasonable health.

As anticipated a number of the respondents were unsure of the various roles of a homoeopath or did not know enough to comment. While 46% thought homoeopaths emphasize a healthy lifestyle, 45% thought that homoeopaths boost the immune system and 39% thought they prescribe plant extracts.

Over half (51.2%) thought that homoeopathy had a valid scientific basis. And 32.4% agreed that homoeopathy takes longer to work than orthodox medicine although most (42.4%) were unsure about this question. On analyzing the attitudes towards homoeopathy as a primary health care option only 12.8% of respondents would contact a homoeopath if their child were ill. Most would contact a General Practitioner (GP) (61.3%). The majority (65.6%) thought homoeopathic treatment should be available in hospitals and clinics. While 40% saw homoeopathy as preventative medicine, 37.6% saw it as supportive and 35.7% as first choice treatment.

On analyzing the conditions for which respondents would seek homoeopathic treatment, allergies ranked highest (43.5%) for which they would seek treatment, while hay fever was second (38.1%), followed by eczema (37.6%). The condition that was least agreed on was toothache (11.3%).

A small percentage (3%), of respondents had a religious objection to seeking treatment from a homoeopath.

Conclusion

It can be concluded from the study that more than half of the public surveyed (56.1%) were aware of homoeopathy but levels of understanding and knowledge were lower than expected even where there had been partial experience with a practitioner. More detailed education on this modality of medicine is required in order to improve exposure to homoeopathy and to allow more informed decisions. It can also be concluded that a majority of respondents (65.6%) are in

favour of homoeopathy having a place in primary health care. This study actually found that 65.6% of respondents felt that homoeopathy should be available in hospitals and clinic – this may not mean as a primary health service, but perhaps as an available alternative.

LIST OF DEFINITIONS

Allopathic medicine: A therapeutic system in which a disease is treated by producing a second condition that is incompatible with or antagonistic to the first (Stedman's, 2005)

Complementary and Alternative Medicine (CAM): A general term for therapeutic methods, some ancient and widely practiced, to treat non-emergency conditions from a holistic and non-invasive approach. Examples of complementary practices include acupuncture, chiropractic, osteopathy, homoeopathy to name a few (Stedman's, 2005).

Curative: That which heals or cures (Stedman's, 2005).

Homoeopathy: Homoeopathy is a system of therapy developed by Samuel Hahnemann based on the "law of infinitesimal doses" in *similia similibus curantur* (likes are cured by likes), which holds that a medicinal substance that can evoke certain symptoms in healthy people may be effective in the treatment of illnesses having symptoms closely resembling those produced by the substance given to healthy people – derived from the Greek words *homoios*, meaning like or similar and *pathos*, meaning suffering (Stedman's, 2005).

Herbalism: The medicinal use of plants, parts of plants or plant extracts (Swayne, 2000).

Holistic: The principle of regarding organisms and systems as a whole; as more than the sum of their parts (Swayne, 2000).

Immune system: An intricate complex of interrelated cellular, molecular and genetic components, which provides a defense (immune response) against foreign organisms or substances and aberrant native cells (Stedman's, 2005).

Mother tincture: Liquid preparations resulting from the extraction of suitable source material in water-ethanol mixtures, which form the starting point for the production of most homoeopathic medicines (Swayne, 2000).

Minute doses: The smallest dose of a homoeopathic medicine that will produce the desired therapeutic effect (Swayne, 2000).

Orthodox medicine: Also called allopathic medicine, conventional medicine, mainstream medicine, and western medicine. A therapeutic system in which a disease is treated by producing a second condition that is incompatible with or antagonistic to the first (Stedman's, 2005).

Pearson's chi-square tests: Statistical method to test whether two (or more) variables are: (1) independent or (2) homogeneous. The chi-square test for independence examines whether knowing the value of one variable helps to estimate the value of another variable. The chi-square test for homogeneity

examines whether two populations have the same proportion of observations with a common characteristic. Though the formula is the same for both tests, the underlying logic and sampling procedures vary (knowledgerush, 2009).

Potentization: A multi-step process developed by Hahnemann by which the medicinal power (potency) of a homoeopathic medicine is released or increased, involving serial dilution with succussion, or using trituration or fluxion (Swayne, 2000).

Preventative medicine: A branch of medical science concerned with the prevention of disease and with promotion of physical and mental health, through study of the etiology and epidemiology of disease processes (Stedman's, 2005).

Primary health care: Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work. It should form an integral part of the national health services, and the other levels of health care services should be designed to support the primary health care services (W.H.O. 2009).

Remedy: Homoeopathic remedies are prepared from plants, minerals and animal products. Offered as pills, powders, granules, tablets and liquid these remedies are prepared in stages involving repeated dilution and succussion over a period of time. This is to avoid toxicity of the remedies made for human consumption (Shealy, 1998).

Serial dilution: A sequence of separate and equal dilutions from the same stock, each accompanied by succussion or trituration, comprising the separate steps in the potentization of a homoeopathic medicine (Swayne, 2000).

Similia similibus curentur: Latin phrase meaning “Let like be cured by like.” It expresses the fundamental principle of homoeopathy, the “similia” principle, which states that substances may be used to treat disorders whose manifestations are similar to those which they will themselves induce in a healthy subject (Swayne, 2000).

Succussion: Vigorous shaking, with impact or ‘elastic collision,’ carried out at each stage of dilution in the preparation of a homoeopathic potency (Swayne, 2000).

Suppressive: The palliative treatment of a symptom or condition so that it is relieved but not resolved. It may remain dormant, or become manifest in some other, possible more serious or deep-seated disorder (Swayne, 2000).

Vital force: Described by Hahnemann as the spirit-like life force that enlivens the material organism as dynamis, governs without restriction and keeps all parts of the organism in admirable, harmonious, vital operation (Swayne, 2000).

TABLE OF CONTENTS **Page**

LIST OF FIGURES **Page**

LIST OF TABLES **Page**

CHAPTER 1

INTRODUCTION

Prinsloo, (2005) reported that Homoeopathy is one of the most widespread and most controversial forms of complementary and alternative medicine (CAM). In spite of this growing interest much confusion still exists as to its true origins; as well as the scientific validity, applicability and efficacy of Homoeopathy.

Homoeopathy in South Africa (SA) is relatively unknown, although it has been taught as a profession since 1989 at the Durban University of Technology, former Durban Institute of Technology, Techikon, Natal as well as the University of Johannesburg, former Wits Technikon.

Homoeopathy is an increasingly popular alternative system of medicine whose basic philosophy has attracted much scepticism from orthodox medical profession because it has been difficult to prove 'scientifically' (Castro, 1997). It works by treating a person as a whole, or holistically. Therefore, although presenting symptoms will be considered, the individual person - his or her mental, physical, emotional and spiritual health - will be taken into account, too (Shealy,1998).

Homoeopathy is based on the principle that *"like cures like"* (from the Latin *similia similibus curentur*), meaning that any substance that can produce symptoms in a healthy person can cure those same symptoms in a sick person. Although it has

roots that go back many centuries, it began in its present form a mere two hundred years ago and today is popular as a safe and effective treatment (Shealy, 1998).

Homoeopathy works on the principle of stimulating the body's defense mechanism by treating it with minute doses of a substance that that is able in a healthy person to produce symptoms similar to those of the illness. Made known by a German physician Samuel Hahnemann, (1755 - 1843), who first experimented with quinine. He went on to prove the efficacy of around 100 homoeopathic remedies. There are now more than 2000 available, with new ones continually being added. The remedies are made from animal, vegetable, and mineral sources. But the amounts used are so minute that no substance can be tasted or toxic effects experienced, however poisonous or toxic the original substance might be. Hahnemann diluted each remedy and then "succussed" or shook it. He believed that doing this released the energy of the substance. He called this method "potentization" (Shealy, 1998).

De Schepper, (1999) stated that allopathic medicine never tested remedies on healthy persons to discover their precise chemical and physiological effects before prescribing them for the sick. In homoeopathy however, provings or experimentation with remedies on healthy individuals is one of the principles and laws of homoeopathy.

According to an article presented by the World Health Organization (WHO), monitoring the safety of medicine use in children is of paramount importance since, during the clinical development of medicines, only limited data on this aspect are generated through clinical trials (WHO, 2007). Therefore, according to Ullman, (1992) the safety and effectiveness of giving drugs to children have not been established.

Ullman, (1992) further emphasized that families need more options. Pointing out that homoeopathy is a wonderful option to allopathic medicine because homoeopathic remedies are safe, cause no side effects or allergic reactions, and inexpensive. Above all, they are curative, not suppressive. Rather than hinder the body's response to illness, homoeopathy boosts the immunological system of the body.

According to Prinsloo, (2005) Homoeopathy is one of the fastest growing medical modalities in the world today. But in spite of this growing interest much confusion still exists regarding the true origins, scientific validity, applicability and efficacy of Homoeopathy. However, even in this day and age of effective mass communication, the internet and journals; misconceptions about the basic fundamental principles and philosophy of homoeopathy exist which tend to equate homoeopathy with eastern philosophy, "natural" and traditional medicine such as herbalism and the likes.

This survey evaluated the perception of Homoeopathy amongst parents of children aged 3 to 7 years old at pre primary schools in the Pinetown district. The motivation for a survey aimed at this age group came about after consulting with mothers in ante-natal groups, who expressed their concern about using chemical forms of medication/treatment on their new born babies and young children, as they reported the babies and children relapsing even after taking these forms of medication/treatment and this caused them to be concerned. They were prepared to try alternative treatment on their babies and children especially those who attended crèche or pre schools to help boost their immune systems or prevent recurrent illnesses.

Research on various computer data bases, journals and text books highlighted that no survey assessing the perception of Homoeopathy of parents of pre primary school children in the Pinetown district had been done. It was necessary to provide clear and reliable information rather than speculation or hearsay on the current perception of Homoeopathy in this area. This was necessary to form the basis for a focused marketing drive towards increasing public awareness and acceptance of Homoeopathy (Small, 2005). The potential value of a survey of this nature is to point out an alternative that is safe, non-toxic and effective, and according to Pinto and Feldman, (1996) enthusiasm for Homoeopathy is now undergoing a tremendous resurgence throughout the world.

The survey took the form of a self administered questionnaire (Appendix A) as a method of data collection. The questionnaire was adapted from Moys, (1998)

Small, (2005) Paruk, (2006) and Khoosal, (2007). The questionnaire was divided into three sections: Part A – 'Demographic data'; Part B – 'Opinions and awareness of Homoeopathy as a primary health care option'; Part C – 'Your experience of Homoeopathy'. A focus group was conducted prior to distribution of questionnaires to determine the face validity of the questionnaire, suggestions were noted and appropriate changes were made (Khoosal, 2007). A meeting was held with the principal of each participating school (Appendix J), where the questionnaire was introduced, and an explanation for the need for such a survey was discussed. The questionnaires were left with each school and distributed to respondents via that school's in-house distribution system for notices addressed to parents. All completed questionnaires were collected by each school and returned to the researcher to avoid contact with the respondents and so to preserve anonymity of the respondents.

1.1 Objectives

1.1.1 The first objective

To assess the extent of knowledge and general understanding, as well as any misconceptions regarding homoeopathy by the parents.

1.1.2 The second objective

To assess parents' attitudes towards homoeopathy as a primary health care option.

1.1.3 The third objective

To determine/assess the need for an educational document or programme on homoeopathy aimed at parents of pre primary school children.

CHAPTER 2

LITERATURE REVIEW

Introduction

Literature has shown, in studies carried out by Maharajh, 2005; Paruk, 2006; Khoosal, 2007 that there is support for complementary medicine such as Homoeopathy, but there is very little literature found in South Africa (SA), pertaining to complementary and alternative medicine (CAM) usage in paediatric patients.

2.1 Homoeopathy

Homoeopathy, a medical modality developed by Samuel Hahnemann in 1790, is based on the theory that "like cures like," meaning that small, highly diluted quantities of medicinal substances are given to cure symptoms, when the same substances given at higher or more concentrated doses would actually cause those symptoms (National Institute of Health, 2004). In research highlighted by Jacobs, Jimènrz, Gloyd, Gale and Crothers, (1994) it stated that unlike classic pharmacology, homoeopathy follows the theory that the greater the dilution, the greater the potency of the product. In the United States, an estimated 3000 clinicians, including physicians, nurses, chiropractors, naturopaths, and dentists, use homoeopathy in their practices. In further research done by Pitetti, Singh, Hornak, Garcia and Herr, (2001) and Sawni-Sikand Schubiner and Thomas,

(2002) a range of 2 to 10% of children use homoeopathic remedies, most often for respiratory problems, teething, otitis media, and other conditions related to the ears, neck, and throat.

2.2.1 Legislation

In 1953 complementary medicine was declared illegal and unscientific in SA. The Allied Health Professions Council, established in terms of Act 63 of 1982, later stated that a registered homoeopathic practitioner may diagnose, and treat or prevent, physical and mental disease, illness or deficiencies in humans; administer, prescribe, dispense or compound medicine; or provide or prescribe treatment for such disease, illness or deficiencies in humans (HSA, 2003). However, the turning point of complementary medicine came in 1985 when legislation was passed by the Medical, Dental and Supplementary Health Care Service Professions Act, (Act 101 of 1965) which governs the manufacture, distribution, sale and marketing of medicines. All medicines for human use are subject to this law including complementary and complementary biological medicines this facilitated training in certain complementary therapies, particularly homoeopathy and chiropractic. In this regard, South Africa set an example in respect of the process of legitimization of complementary medicine (MCC, Act 101 of 1965).

2.2.2 The profession

According to the legislation that was passed (Act 101 of 1965) homoeopathic registration in South Africa allows practitioners privileges and rights similar to those of medical practitioners. Homoeopathic practitioners are recognized as a primary contact profession, which is the same as medical practitioners. As stated by the Homoeopathic Association of South Africa only full-time training at the level of a Master's Degree in Technology: Homoeopathy (M.Tech: Hom) is recognized (HSA, 2003).

2.2.3 The qualification

Homoeopathic training in South Africa involves a five year full-time course leading to a Master's Degree in Technology: Homoeopathy (M.Tech: Hom). Registration with the Allied Health Professions Council of SA (AHPCSA) is a statutory requirement. Correspondence courses are not permitted for purposes of registration in South Africa (HSA, 2003).

The only training recognized for registration in South Africa is the Master's Degree in Technology: Homoeopathy (M.Tech: Hom) offered at the Durban University of Technology and University of Johannesburg, or SA Qualifications Standards Authority (SAQA) and AHPCSA approved equivalent. The M.Tech: Hom consists of a five year full-time medico-scientific course in classical, clinical, modern and conventional homoeopathy as well as homoeopharmaceutics, which is a legal requirement for registration. Medical practitioners registered with the

Health Professions Council of SA (HPCSA) may also opt for the course offered by the SA Faculty of Homoeopathy (HSA, 2003).

The SA Faculty of Homoeopathy offers a four year part-time course in homoeopathy totaling 500 hours of classroom lecturing, plus further clinical work and home study. Graduates will be awarded the DFHom(SA). The course is only available to registered medical and homoeopathic practitioners and registered homoeopathic students. In the case of registered medical practitioners, the course may lead to registration as a homoeopathic practitioner provided that the applicant has met all council and legal requirements (HSA, 2003).

It should be noted that, whereas the vast majority of international homoeopathic schools offer skills-oriented homoeopathic training, while South Africa offers professional training at a level required for the practicing of homoeopathy as a primary contact health profession in accordance with the scope of practice of such a profession (HSA, 2003).

It should be noted that in terms of the Allied Health Professions Act 1982 (Act 63 of 1982) any person wishing to prescribe homoeopathic medicine or practice homoeopathy in South Africa must be registered as a homoeopathic practitioner with the Allied Health Professions Council of South Africa. This includes medical practitioners and it is for this reason that dual registration is allowed for medical practitioners with both the Health Professions Council (HPCSA) and the Allied Health Professions Council (AHPCSA).

The popularity of complementary medicine has increased in the United States (US) and Europe. In 1997, Americans made a staggering 629 million visits to complementary and alternative practitioners, far exceeding the 386 million visits made to primary care physicians during the same year. The therapies increasing the most, included herbal medicine, massage, megavitamins, self-help groups, folk remedies, energy healing, and homoeopathy, Eisenberg, Davies, Ettner, Appel, Wilkey, Van Rompay and Kessler, (1998).

2.3 Paediatric use of complementary and alternative medicine (CAM) – United States of America.

A national survey carried out in 2004 by the American Academy of Paediatrics (AAP) concluded that pediatricians recognized that many patients are interested in using CAM therapies, but do not feel comfortable discussing or recommending CAM therapies. However, studies have shown that paediatricians are very interested in learning more about CAM (Kemper and O'Connor, 2004).

Complementary and alternative medicine (CAM) is used by some patients to supplement their health care, but the information on the use of CAM in children who are not chronically ill is sparse. However it was concluded that the most common CAM therapies used regularly were: Homoeopathy (20%), prayer/spiritual approaches (19.7%), massage therapy (16.7%), play/art/music therapy (16.7%), special diets (11.3%), herbal extracts (9.9%), chiropractic (9.2%), and high-dose vitamins (8.3%). Of the respondents who used CAM for their child, the most common reasons for use were: that CAM was more holistic

(66.7%), more natural (64.7%), fit with their personal beliefs about health/life (60.9%), and that they had more control in personal health decisions (45.5%) (Losier, Taylor and Fernandez, 2005).

Loman, (2003) carried out a study and reported on the use of complementary and alternative medicine (CAM) practices for children as stated by their parents. The results showed that 30% of parents reported using CAM for their child within that year, most commonly citing infant massage, massage therapy, vitamin therapy, and botanical products. Analysis revealed that 24% parents who used CAM for themselves and had school-age and older children were significantly more likely to provide CAM for their child.

Homoeopathy is particularly popular in France, Germany, England, Greece, India, Pakistan, Brazil, Argentina, Mexico and South Africa. Surveys show that 40% of the French public had used homoeopathic medicines and 39% of French physicians had prescribed homoeopathic medicines. The study also reflected that homoeopathy is growing very rapidly in the United States Ullman, (2003). Results from a new government survey, shows that 36% of the people surveyed used some form of complementary and alternative medicine (National Institute of Health, 2004).

2.4 Reasons parents may seek CAM therapies for their children

The American Academy of Paediatrics, (2001) states that the following reasons may cause parents to seek CAM therapies for their children:

- Emphasis placed on pathological and technical outcomes has re-enforced the perception of families that medical doctors undervalue the importance of relationship with their patients.
- The failure of the biomedical model to recognize individual differences among patients and to respond accordingly.
- As a natural part of the adjustment process, parents question their child's diagnosis, treatment and prognosis, and thus may seek CAM in the desire to ensure the best possible outcome for their child.
- The internet has allowed parents to be actively involved in seeking therapies for their children. Media, condition-specific publications and parent to parent contact also allow parents to learn more about CAM and then seek it as an alternative treatment.
- Parents are often attracted to claims that CAM is a more 'natural' choice of therapy with fewer side effects, leading parents to believe that an intervention which claims to do no harm is worth a try.

Therefore the American Academy of Paediatrics, (2001) believes that in order to achieve optimal care and health for paediatric patients, an interdisciplinary approach must be utilized with co-ordination by a physician, preferably a paediatrician. The paediatrician is able to oversee the entire spectrum of paediatric care, from diagnosis through to all stages of treatment.

As emphasized by Brussee, Assendelft and Alan, (2001) good communication between health care professionals has demonstrated to be an important aspect in ensuring high standards of patient care.

2.5 Reasons for choosing the Pinetown district as a study area

It was necessary to provide clear and reliable information rather than speculation or hearsay on the current perception of Homoeopathy in the Pinetown district as this had not been done in the past. This area was chosen for its diversity in the population and religious belief, along with the cross cultural, cross socio-economics of the area as well as the combination of rural and urban settings.

CHAPTER 3

MATERIALS AND METHODS

3.1 Study Design

This survey took the form of a self-administered, descriptive, quantitative study to determine the perceptions of parents' of children aged 3 to 7 years in pre primary schools in the Pinetown district, as laid out by the KwaZulu-Natal Department of Education – per map version 2: October 2007 (Appendix H).

A research instrument in the form of a questionnaire available in English and isiZulu (Appendix A) was formulated and adapted from Moys, (1998) Small, (2005) Paruk, (2006) and Khoosal, (2007). Generalizations were based on representation of a sample group. A focus group was conducted prior to distribution of the questionnaires.

The first 10 completed questionnaires received back were used for the pilot study. These questionnaires were marked P1 to P10 and not included in the study.

3.2 Study population

A stratified random sampling method was used. Stratified sampling is a method used to divide the population into subsets based on various variables which are important to the study e.g. age. A stratum is a subset of the population that

share at least one common characteristic e.g. male or female, so that each member belongs to one subset only. Within each subset random sampling is used e.g. selection of pre schools based on size of the school (Statpac, 1997-2009).

The population (the number of learners registered at the pre schools) were divided into subsets based on various variables which were important to the study E.g. age, size of school in terms of pupil number, as well as whether the school was in an urban or rural setting, so that each member belongs to one subset only.

Within each subset simple random sampling was used. Of the 26 schools in the area of Pinetown Districts, 13 names were drawn from a hat, n=13 list of participating school (Appendix J).

Table 3.1: Sampling size and number of study population

Size of school	Number of schools	Proportional sample (50%)
>200 pupils	**6**	**3**
100-199 pupils	**12**	**6**
50-99 pupils	**8**	**4**
0-49 pupils	**0**	**0**
n	**26**	**13**

3.2.1 Inclusion criteria

a) All children had to be current learners aged 3 to 7 years old registered at the selected pre primary schools.

3.2.2 Exclusion criteria

a) Any children aged 3 to 7 years old not currently registered as learners at the selected pre primary schools or children younger than 3 or older than 7 years old.

3.3 Study Sample

Participating schools equaled 13. A total of 1 400 questionnaires were distributed, according to Esterhuizen (2008), a minimum of 35% response rate is required for data analysis which would be representative of the population surveyed. If 35% could not be achieved the data could be analyzed as is, according to statistical practice when dealing with surveys per instructions from statistician via email. This study got a response rate of 36.3%.

3.4 Ethics

Anonymity was maintained in the following way:

a) Respondents were asked not to supply their names, addresses or other information that may have allowed for identification.
b) Parents were requested to send the completed questionnaires to the participating schools via class teachers or delivered directly to the school

secretary's office for storage in the box set aside for this purpose. This way respondents' remained anonymous and possible influence by the researcher was avoided. The researcher then collected returned questionnaires directly from the school secretary's office.

3.5 Methodology

3.5.1 Research design

A self-administered, descriptive, quantitative study, in the form of a questionnaire (Appendix A) was used in this survey.

3.5.2 Administration of and distribution and collection of questionnaires

After contacting each school, and making the relevant arrangements, the questionnaire was submitted to each principal with a letter from the researcher explaining the need for the survey (Appendix C). The questionnaires were distributed to the parents along with a letter to the participants introducing the survey (Appendix B). This was sent out via the school message book system, along with a letter of approval signed by the principal of participating schools confirming that the survey may take place (Appendix D). The completed questionnaires were returned to the school via the class teachers or handed to the school secretary and placed in a box for collection by the researcher 2 weeks after distribution.

3.5.3 Focus group

A focus group was conducted prior to the distribution of questionnaires, to determine the validity of the questions. According to Morgan, (1998) focus groups have been recommended as a means to construct questionnaires. Focus groups are basically interviews between a researcher and the respondent. The reliance is on interaction within the group, based on topics that are supplied by the researcher who typically takes the role of a moderator. The hallmark of focus groups is their explicit use of group interaction to produce data and the insights that would be less accessible without the interaction found in a group.

The focus group consisted of 8 respondents. The questionnaire was tested on 3 parents and 5 senior students of DUT, namely 3 M-Tech homoeopathic students and 2 second year somatology students.

The purpose of the focus group was to answer the following questions:

1) Are questions clearly understood?
2) Are instructions clear?
3) Is the order of questions appropriate?
4) Are the questions relevant to the topic being researched.

The final questionnaire was modified as a result of discussions from the focus group. As stated by Khoosal, (2007) the participants of the focus group were excluded from the main study.

3.5.4 Data capture and analysis

Data was captured using Excel® XP™, and took place once 508 (36.28%) questionnaires were received. This was more than the minimum of 35% required for such survey to have statistical relevance (Esterhuizen, 2008).

Statistical analysis was analyzed using SPSS® for Windows™ version 15.0.

3.5.5 Statistical tests used

Descriptive analysis involving frequency tables showing counts and percentages of categorical variables were used. Bar or pie charts were used to show graphical responses.

Comparisons between demographics and areas were achieved using Pearson's chi-square tests. A p-value <0.05 was considered statistically significant.

The Pearson's chi-square test is a statistical test of significance which tests a null hypothesis that the relative frequencies of occurrence of observed events follow a specified frequency distribution (Knowledgerush.com, 2009)

CHAPTER 4

RESULTS

Introduction

The survey took place in the Pinetown district of KwaZulu-Natal as laid out by the Department of Education of KwaZulu-Natal. The Pinetown district consists of the following municipal areas namely, Hammarsdale (3220), Kwamashu (4440), Phoenix (3180) and Umhlathuze (3530) (appendix H and I). Of the 1 400 questionnaires distributed in this area, 508 questionnaires (36.3%) from 13 different schools were completed and considered evaluative.

The analysis of the data was completed using SPSS® for Windows™ version 15.0. A p-value <0.05 was considered as statistically significant (5% level of significance). Comparisons between demographics and areas were achieved using Pearson's chi-square tests. Descriptive analysis involved frequency tables showing counts and percentages of categorical variables. Bar or pie charts were used to show responses graphically.

4.1 Results

4.1.1 Part A: Demographics data

Question1.1 – How many children do you have aged between 3 and 7 years old at specific schools?

Table 4.2: Respondent's number of children aged between 3 and 7 years old enrolled at specific schools

		How many children do you have aged between 3 and 7 years?									
		1		2		3		4		5	
		Count	%	Count	%	Count	%	Count	%	Count	%
school	Cowies Hill	59	72.0%	17	20.7%	5	6.1%	1	1.2%	0	.0%
	Crawford	26	86.7%	4	13.3%	0	.0%	0	.0%	0	.0%
	Hillcrest	26	70.3%	11	29.7%	0	.0%	0	.0%	0	.0%
	Kloof	21	72.4%	8	27.6%	0	.0%	0	.0%	0	.0%
	New Germany	14	70.0%	4	20.0%	1	5.0%	1	5.0%	0	.0%
	Rainbow	12	60.0%	8	40.0%	0	.0%	0	.0%	0	.0%
	Reservoir Hills	4	57.1%	1	14.3%	2	28.6%	0	.0%	0	.0%
	Saturn	25	62.5%	13	32.5%	2	5.0%	0	.0%	0	.0%
	Stepping stones	7	63.6%	0	.0%	2	18.2%	2	18.2%	0	.0%
	Thandi sizwe	6	4.7%	66	51.2%	38	29.5%	17	13.2%	2	1.6%
	Umhlanga	36	73.5%	11	22.4%	2	4.1%	0	.0%	0	.0%
	Waterfall	21	80.8%	5	19.2%	0	.0%	0	.0%	0	.0%
	Westville	17	60.7%	11	39.3%	0	.0%	0	.0%	0	.0%

There were 508 respondents from 13 different schools. The schools were divided into rural (Rainbow, Stepping Stones and Thandisizwe, n=160) and urban (all others, n=348). Each demographic variable is shown by the school and then compared between urban and rural schools using Pearson's chi-square test.

4.1.2 Part A: Demographic data

Question 1.1 How many children do you have aged between 3 and 7 years old in a specific area of the Pinetown district?

Table 4.3: Respondent's number of children aged between 3 and 7 years old by area of school

			How many children do you have aged between 3 and 7 years?					Total
			1	2	3	4	5	
area	Urban	Count	249	85	12	2	0	348
		% within area	71.6%	24.4%	3.4%	.6%	.0%	100.0%
	Rural	Count	25	74	40	19	2	160
		% within area	15.6%	46.3%	25.0%	11.9%	1.3%	100.0%
Total		Count	274	159	52	21	2	508
		% within area	53.9%	31.3%	10.2%	4.1%	.4%	100.0%

Pearson's chi-square = 168.2, $p<0.001$

There was a highly significant difference between the areas in terms of number of children ($p<0.001$). Table 4.3 shows that the parents with children in urban schools were most likely to have only 1 child while parents from rural schools had predominantly 2 children and there was also a higher percentage of rural participants with 3, 4 and 5 children than urban participants.

4.1.3 Part A: Demographic data

Question 1.2 Are you the Mother, Father, Legal guardian or Other of the children enrolled at the specific schools?

Table 4.4: Respondent by school

		Respondent							
		Mother		Father		Legal guardian		Other	
		Count	%	Count	%	Count	%	Count	%
school	Cowies Hill	57	69.5%	15	18.3%	9	11.0%	1	1.2%
	Crawford	26	86.7%	2	6.7%	1	3.3%	1	3.3%
	Hillcrest	36	97.3%	1	2.7%	0	.0%	0	.0%
	Kloof	27	93.1%	1	3.4%	1	3.4%	0	.0%
	New Germany	13	65.0%	6	30.0%	1	5.0%	0	.0%
	Rainbow	14	70.0%	3	15.0%	2	10.0%	1	5.0%
	Reservoir Hills	4	57.1%	1	14.3%	0	.0%	2	28.6%
	Saturn	38	95.0%	2	5.0%	0	.0%	0	.0%
	Stepping stones	11	100.0%	0	.0%	0	.0%	0	.0%
	Thandisizwe	35	27.6%	34	26.8%	56	44.1%	2	1.6%
	Umhlanga	43	87.8%	5	10.2%	0	.0%	1	2.0%
	Waterfall	22	84.6%	2	7.7%	0	.0%	2	7.7%
	Westville	28	100.0%	0	.0%	0	.0%	0	.0%

Table 4.4 shows that in Thandisizwe school the respondent was predominantly the legal guardian while in the other schools mothers were predominantly the respondents.

4.1.4 Part A: Demographic data

Question 1.2 Are you the Mother, Father, Legal guardian or Other, of the children enrolled at schools in a specific area?

Table 4.5: Respondent by area of school

			Respondent				Total
			Mother	Father	Legal guardian	Other	
area	Urban	Count	294	35	12	7	348
		% within area	84.5%	10.1%	3.4%	2.0%	100.0%
	Rural	Count	60	37	58	3	158
		% within area	38.0%	23.4%	36.7%	1.9%	100.0%
Total		Count	354	72	70	10	506
		% within area	70.0%	14.2%	13.8%	2.0%	100.0%

Pearson's chi-square = 134.1, $p<0.001$

Table 4.5 shows that there was a highly significant association between area and who the respondent was ($p<0.001$). In urban areas the respondent was mainly the mother. In rural areas there was a higher likelihood than in urban areas of the respondent being the father or legal guardian.

. **4.1.5 Part A: Demographic data**

Question 1.3 Please indicate your ethnicity (for statistical purposes only)

Table 4.6: Ethnicity by school

		Ethnicity											
		Asian		African		Coloured		Indian		White		Other	
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
school	Cowies Hill	0	.0%	0	.0%	2	2.4%	32	39.0%	48	58.5%	0	.0%
	Crawford	0	.0%	1	3.3%	2	6.7%	5	16.7%	22	73.3%	0	.0%
	Hillcrest	0	.0%	3	8.1%	0	.0%	4	10.8%	30	81.1%	0	.0%
	Kloof	0	.0%	1	3.4%	1	3.4%	5	17.2%	22	75.9%	0	.0%
	New Germany	0	.0%	8	40.0%	0	.0%	5	25.0%	7	35.0%	0	.0%
	Rainbow	0	.0%	7	35.0%	11	55.0%	2	10.0%	0	.0%	0	.0%
	Reservoir Hills	0	.0%	1	14.3%	3	42.9%	3	42.9%	0	.0%	0	.0%
	Saturn	0	.0%	1	2.5%	1	2.5%	13	32.5%	24	60.0%	1	2.5%
	Stepping stones	0	.0%	6	54.5%	0	.0%	4	36.4%	1	9.1%	0	.0%
	Thandisizwe	0	.0%	129	100.0%	0	.0%	0	.0%	0	.0%	0	.0%
	Umhlanga	0	.0%	1	2.0%	2	4.1%	13	26.5%	33	67.3%	0	.0%
	Waterfall	0	.0%	0	.0%	0	.0%	2	7.7%	24	92.3%	0	.0%
	Westville	0	.0%	0	.0%	0	.0%	4	14.3%	24	85.7%	0	.0%

The area where the school was located was highly significantly associated with ethnicity ($p<0.001$) as shown in Table 4.6.

4.1.6 Part A: Demographic data

Question 1.3 Ethnicity of respondent by area of school

Table 4.7: Ethnicity by area of school

			Ethnicity					Total
			African	Coloured	Indian	White	Other	
area	Urban	Count	16	11	86	234	1	348
		% within area	4.6%	3.2%	24.7%	67.2%	.3%	100.0%
	Rural	Count	142	11	6	1	0	160
		% within area	88.8%	6.9%	3.8%	.6%	.0%	100.0%
Total		Count	158	22	92	235	1	508
		% within area	31.1%	4.3%	18.1%	46.3%	.2%	100.0%

Pearson's chi-square = 385.3, $p<0.001$

The urban school's ethnicity was predominantly White, while the rural schools were predominantly African as indicated in Table 4.7.

4.1.7 Part A: Demographic data

Question 1.4 Category of age of respondent by school

Table 4.8: Respondent's age group by school

		Age							
		18-25 years		26-35 years		36-45 years		>=46 years	
		Count	%	Count	%	Count	%	Count	%
school	Cowies Hill	4	4.9%	32	39.0%	30	36.6%	16	19.5%
	Crawford	0	.0%	18	60.0%	11	36.7%	1	3.3%
	Hillcrest	0	.0%	23	62.2%	12	32.4%	2	5.4%
	Kloof	0	.0%	21	72.4%	7	24.1%	1	3.4%
	New Germany	0	.0%	11	55.0%	6	30.0%	3	15.0%
	Rainbow	5	25.0%	7	35.0%	6	30.0%	2	10.0%
	Reservoir Hills	0	.0%	4	57.1%	1	14.3%	2	28.6%
	Saturn	0	.0%	21	52.5%	19	47.5%	0	.0%
	Stepping stones	1	9.1%	6	54.5%	4	36.4%	0	.0%
	Thandisizwe	25	19.7%	39	30.7%	59	46.5%	4	3.1%
	Umhlanga	0	.0%	30	61.2%	13	26.5%	6	12.2%
	Waterfall	1	3.8%	14	53.8%	9	34.6%	2	7.7%
	Westville	0	.0%	15	53.6%	13	46.4%	0	.0%

4.1.8 Part A: Demographic data

Question 1.4 Category of age of respondent by area of school

Table 4.9: Respondent's age group by area of school

			Age				Total
			18-25 years	26-35 years	36-45 years	>=46 years	
area	Urban	Count	5	189	121	33	348
		% within area	1.4%	54.3%	34.8%	9.5%	100.0%
	Rural	Count	31	52	69	6	158
		% within area	19.6%	32.9%	43.7%	3.8%	100.0%
Total		Count	36	241	190	39	506
		% within area	7.1%	47.6%	37.5%	7.7%	100.0%

Pearson's chi-square = 45.4, $p<0.001$

Rural respondents were more likely than urban respondents to be 18-25 years old ($p<0.001$) as shown in Table 4.9. Urban respondents were more likely to be 26-35 years. The proportions in the other age groups were relatively similar.

4.1.9 Part A: Demographic data

Question 1.5 Occupational status of the respondent by school

Table 4.10: Respondent's occupational status by school

		Occupation							
		Employed part time		Employed full time		Self-employed		Unemployed	
		Count	%	Count	%	Count	%	Count	%
school	Cowies Hill	20	24.4%	25	30.5%	16	19.5%	21	25.6%
	Crawford	2	6.7%	14	46.7%	9	30.0%	5	16.7%
	Hillcrest	2	5.4%	18	48.6%	13	35.1%	4	10.8%
	Kloof	5	17.2%	8	27.6%	4	13.8%	12	41.4%
	New Germany	0	.0%	19	95.0%	0	.0%	1	5.0%
	Rainbow	3	15.0%	13	65.0%	2	10.0%	2	10.0%
	Reservoir Hills	0	.0%	3	50.0%	2	33.3%	1	16.7%
	Saturn	6	15.0%	19	47.5%	12	30.0%	3	7.5%
	Stepping stones	1	9.1%	4	36.4%	1	9.1%	5	45.5%
	Thandisizwe	45	35.7%	21	16.7%	52	41.3%	8	6.3%
	Umhlanga	3	6.1%	11	22.4%	21	42.9%	14	28.6%
	Waterfall	5	19.2%	6	23.1%	12	46.2%	3	11.5%
	Westville	5	17.9%	11	39.3%	7	25.0%	5	17.9%

4.1.10 Part A: Demographic data

Question 1.5 Occupational status of respondent by area of school

Table 4.11: Respondent's occupational status by area of school

			Occupation				Total
			Employed part time	Employed full time	Self-employed	Unemployed	
area	Urban	Count	48	134	96	69	347
		% within area	13.8%	38.6%	27.7%	19.9%	100.0%
	Rural	Count	49	38	55	15	157
		% within area	31.2%	24.2%	35.0%	9.6%	100.0%
Total		Count	97	172	151	84	504
		% within area	19.2%	34.1%	30.0%	16.7%	100.0%

Pearson's chi-square = 32.4, $p<0.001$

Table 4.11 shows that there was a significant difference between the areas in terms of Occupation ($p<0.001$).

4.1.11 Part A: Demographic data

Question 1.6 Respondents annual household income by school

Table 4.12: Income by school

		Annual income													
		<=R40 000		R40 001- R100 000		R100 001 - R160 000		R160 001 - R220 000		R220 001 - R300 000		R300 001 - R400 000		>=R400 000	
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
school	Cowies Hill	0	.0%	3	3.7%	1	1.2%	3	3.7%	0	.0%	3	3.7%	72	87.8%
	Crawford	1	3.3%	0	.0%	1	3.3%	1	3.3%	1	3.3%	1	3.3%	25	83.3%
	Hillcrest	4	11.4%	0	.0%	3	8.6%	0	.0%	7	20.0%	5	14.3%	16	45.7%
	Kloof	0	.0%	0	.0%	1	3.4%	1	3.4%	4	13.8%	1	3.4%	22	75.9%
	New Germany	3	15.0%	0	.0%	0	.0%	9	45.0%	6	30.0%	1	5.0%	1	5.0%
	Rainbow	10	50.0%	6	30.0%	2	10.0%	1	5.0%	0	.0%	0	.0%	1	5.0%
	Reservoir Hills	0	.0%	3	60.0%	0	.0%	0	.0%	1	20.0%	1	20.0%	0	.0%
	Saturn	1	2.9%	3	8.8%	1	2.9%	4	11.8%	8	23.5%	10	29.4%	7	20.6%
	Steppingstones	4	36.4%	3	27.3%	2	18.2%	1	9.1%	0	.0%	1	9.1%	0	.0%
	Thandisizwe	117	98.3%	0	.0%	2	1.7%	0	.0%	0	.0%	0	.0%	0	.0%
	Umhlanga	0	.0%	3	6.4%	1	2.1%	1	2.1%	7	14.9%	10	21.3%	25	53.2%
	Waterfall	1	3.8%	0	.0%	2	7.7%	3	11.5%	0	.0%	8	30.8%	12	46.2%
	Westville	0	.0%	1	3.8%	5	19.2%	7	26.9%	4	15.4%	3	11.5%	6	23.1%

4.1.12 Part A: Demographic data

Question 1.6 Respondents annual household income by area of school.

Table 4.13: Income by area of school

			Annual income							Total
			<=R40 000	R40 001- R100 000	R100 001 - R160 000	R160 001 - R220 000	R220 001 - R300 000	R300 001 - R400 000	>=R400 000	
area	Urban	Count	10	13	15	29	38	43	186	334
		% within area	3.0%	3.9%	4.5%	8.7%	11.4%	12.9%	55.7%	100.0%
	Rural	Count	131	9	6	2	0	1	1	150
		% within area	87.3%	6.0%	4.0%	1.3%	.0%	.7%	.7%	100.0%
Total		Count	141	22	21	31	38	44	187	484
		% within area	29.1%	4.5%	4.3%	6.4%	7.9%	9.1%	38.6%	100.0%

Pearson's chi-square = 377.7, $p<0.001$

Table 4.13 shows that there was a significant association and large difference between income and area of school. The urban respondents were most likely to earn over R400 000 annually while the rural respondents were most likely to earn <R40 000.

4.1.13 Part A: Demographic data

Question 1.7 Respondent's home language by school

Table 4.14: Home language by school

		Home Language													
		Afrikaans		English		isiNdebele		isiSwati		isiXhosa		isiZulu		Other	
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
school	Cowies Hill	4	4.9%	77	93.9%	1	1.2%	0	.0%	0	.0%	0	.0%	0	.0%
	Crawford	1	3.3%	28	93.3%	0	.0%	0	.0%	0	.0%	0	.0%	1	3.3%
	Hillcrest	2	5.4%	32	86.5%	0	.0%	0	.0%	0	.0%	3	8.1%	0	.0%
	Kloof	0	.0%	28	96.6%	0	.0%	0	.0%	0	.0%	1	3.4%	0	.0%
	New Germany	1	5.0%	12	60.0%	0	.0%	0	.0%	0	.0%	7	35.0%	0	.0%
	Rainbow	0	.0%	12	60.0%	1	5.0%	0	.0%	1	5.0%	6	30.0%	0	.0%
	Reservoir Hills	0	.0%	7	100.0%	0	.0%	0	.0%	0	.0%	0	.0%	0	.0%
	Saturn	0	.0%	39	97.5%	0	.0%	0	.0%	0	.0%	1	2.5%	0	.0%
	Stepping stones	1	9.1%	5	45.5%	0	.0%	0	.0%	1	9.1%	4	36.4%	0	.0%
	Thandisizwe	1	.8%	0	.0%	126	98.4%	1	.8%	0	.0%	0	.0%	0	.0%
	Umhlanga	1	2.0%	45	91.8%	0	.0%	0	.0%	0	.0%	0	.0%	3	6.1%
	Waterfall	0	.0%	25	96.2%	0	.0%	0	.0%	0	.0%	0	.0%	1	3.8%
	Westville	0	.0%	28	100.0%	0	.0%	0	.0%	0	.0%	0	.0%	0	.0%

4.1.14 Part A: Demographic data

Question 1.7 Respondent's home language by area of school

Table 4.15: Home language by area of school

			Home Language							Total
			Afrikaans	English	isiNdebele	isiSwati	isiXhosa	isiZulu	Other	
area	Urban	Count	9	321	1	0	0	12	5	348
		% within area	2.6%	92.2%	.3%	.0%	.0%	3.4%	1.4%	100.0%
	Rural	Count	2	17	127	1	2	10	0	159
		% within area	1.3%	10.7%	79.9%	.6%	1.3%	6.3%	.0%	100.0%
Total		Count	11	338	128	1	2	22	5	507
		% within area	2.2%	66.7%	25.2%	.2%	.4%	4.3%	1.0%	100.0%

Pearson's chi-square = 394.5, $p<0.001$

Home language was also significantly different between the areas ($p<0.001$).

English was the main language of urban areas, while isiNdebele was the main language of rural areas.

4.2.1 Part B: Opinions and awareness of Homoeopathy as a primary health option

Question 2.1 How would you describe your child/children's general state of health?

Table 4.16: Health status of respondent's children

	Excellent		Good		Reasonable		Poor	
	Count	%	Count	%	Count	%	Count	%
Child 1 health status	171	33.9%	206	40.9%	121	24.0%	6	1.2%
Child 2 health status	48	20.7%	92	39.7%	88	37.9%	4	1.7%
Child 3 health status	8	10.7%	11	14.7%	55	73.3%	1	1.3%
Child 4 health status	1	4.5%	4	18.2%	17	77.3%	0	.0%
Child 5 health status	0	.0%	2	100.0%	0	.0%	0	.0%

4.2.2 Part B: Opinions and awareness of Homoeopathy

Question 2.2 Which of the following health care professionals would you contact if your child/children were ill?

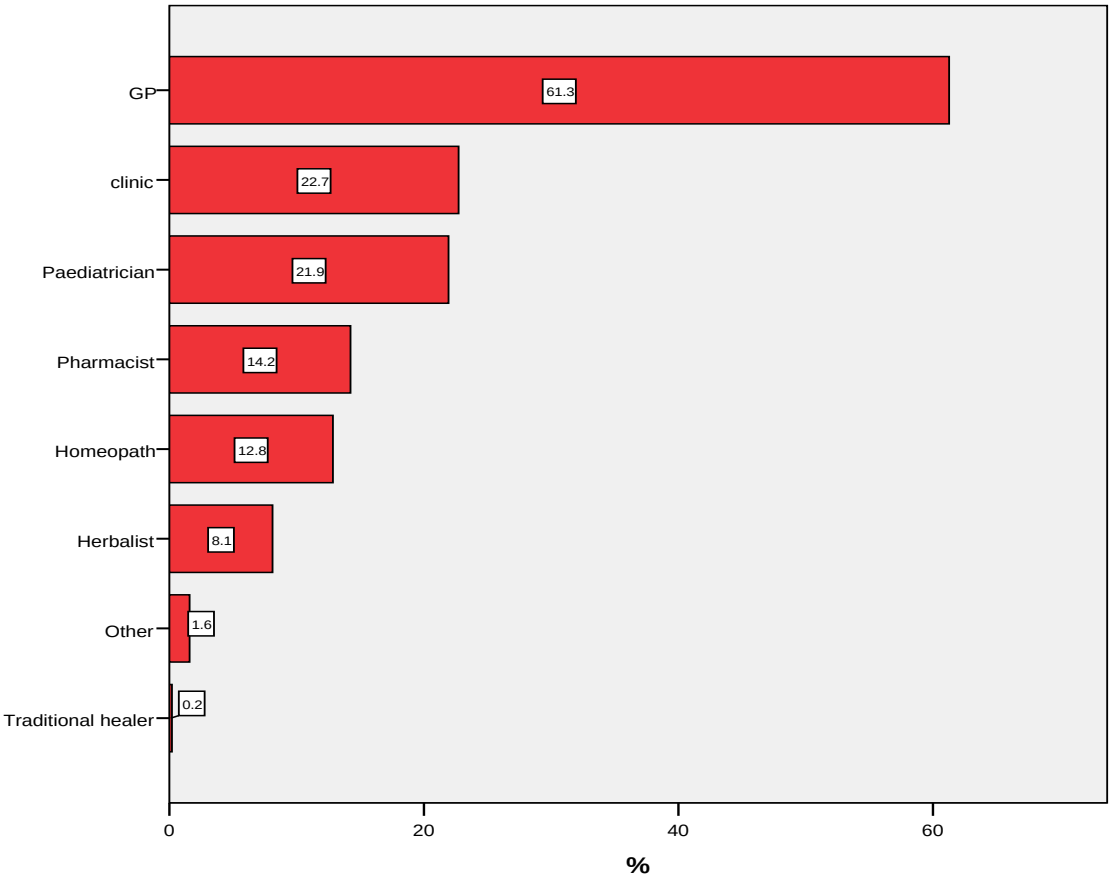


Figure 4.1: Health care professionals respondents would contact if their child was ill

Figure 4.1 shows that only 12.8% of respondents would contact a homoeopath if their child were ill. Most would contact a GP.

4.2.3 Part B: Opinions and awareness of Homoeopathy

Question 2.3 Have you ever heard of Homoeopathy?

Table 4.17: Have you heard of Homoeopathy?

	Frequency	Percent
yes	284	56.1
no	222	43.9
Total	506	100.0

More than half the respondents had heard of Homoeopathy (56.1%) as shown in Table 4.17.

4.2.3.1 Part B: Opinions and awareness of Homoeopathy

Question 2.3.1 If so, where did you hear about it?

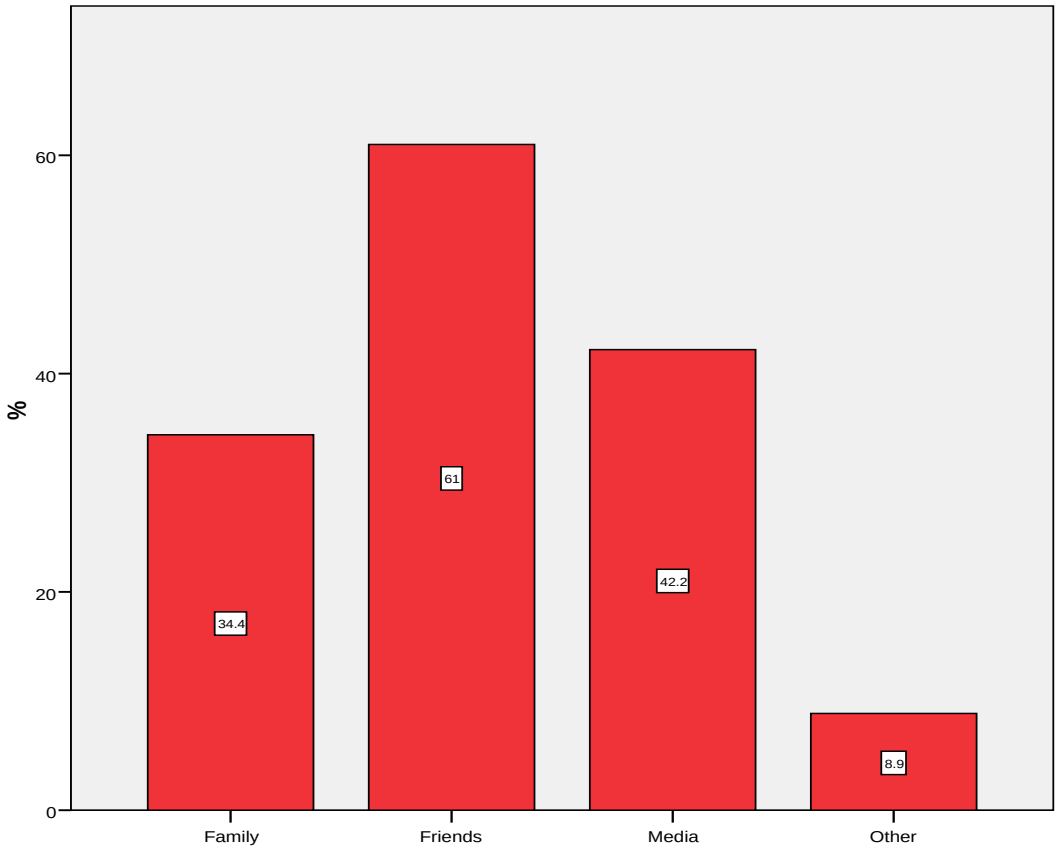


Figure 4.2: Percentage of responses to where they heard about Homoeopathy (n=284)

Of those who had heard of Homoeopathy, most heard about it through friends (61%).

4.2.4 Part B: Opinions and awareness of Homoeopathy

Question 2.4 Are you aware of a registered homoeopath in your area?

Table 4.18: Are you aware of a registered homoeopath in your area?

	Frequency	Percent
yes	128	25.4
no	376	74.6
Total	504	100.0

Only a quarter of respondents were aware of a registered homoeopath in their area.

4.2.5 Part B: Opinions and awareness of Homoeopathy

Question 2.5 Has/have your child/children ever been treated by a homoeopath?

Table 4.19: Has your child ever been treated by a homoeopath?

	Frequency	Percent
yes	114	22.7
no	389	77.3
Total	503	100.0

Of the sample, 22.7% had taken their child to a homoeopath for treatment previously.

4.2.5.1 Part B: Opinions and awareness of Homoeopathy

Question 2.5.1 If so, how satisfied were you with the care your child/children received from the homoeopath the last time you consulted with one?

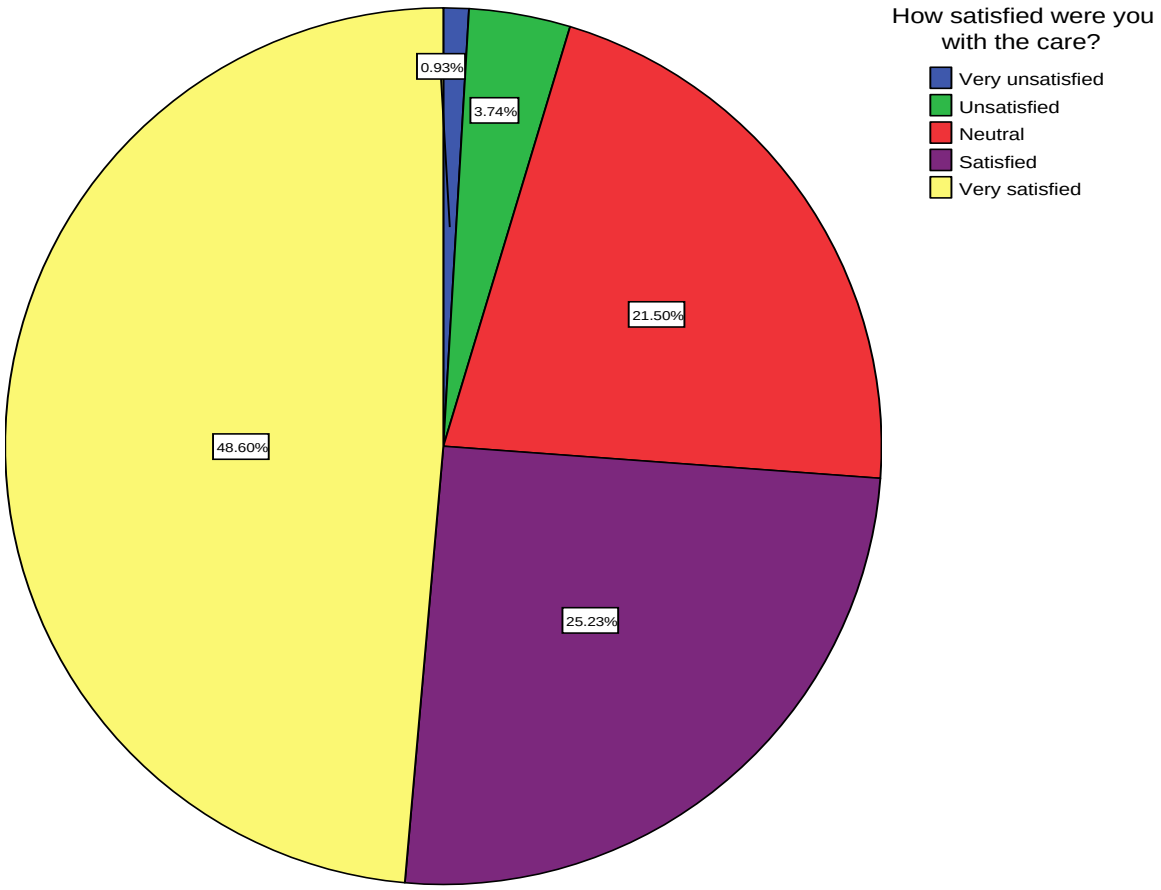


Figure 4.3: Satisfaction with homoeopathic treatment (n=114)

The level of satisfaction with homoeopathic treatment was very high as almost half those who had been treated were very satisfied.

4.2.6 Part B: Opinions and awareness of Homoeopathy

Question 2.6 Do you think homoeopathic treatment should be available in hospitals and clinics?

Table 4.20: Do you think homoeopathic treatment should be available in hospitals and clinics?

	Frequency	Percent
yes	273	65.6
no	10	2.4
Neutral	133	32.0
Total	416	100.0

The more than half of the respondents thought homoeopathic treatment should be available in hospitals and clinics (65.6%) as indicated in Table 4.20.

4.3.1 Part C: Your experience of Homoeopathy

Question 3.1 In your opinion, what degree of formal educational training does a registered homoeopath receive?

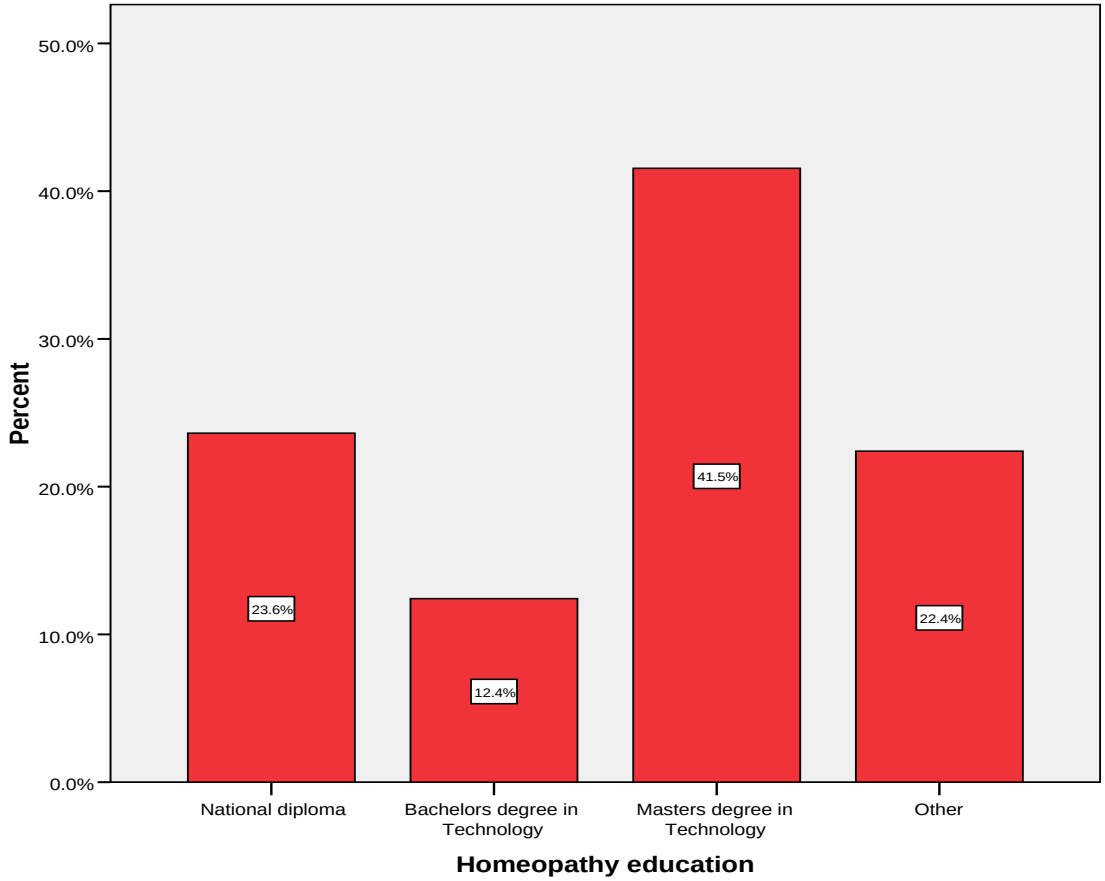


Figure 4.4: Percentage of responses to education of a homoeopath

Most respondents knew that homoeopaths qualify with a Masters degree as indicated in Figure 4.4.

4.3.2 Part C: Your experience of Homoeopathy

Question 3.2 How do you see Homoeopathy in terms of a treatment plan?

Table 4.21: Respondents attitudes towards Homoeopathy

	yes		no	
	Count	%	Count	%
Preventative medicine	195	40.7%	284	59.3%
First choice treatment	171	35.7%	308	64.3%
Supportive treatment	180	37.6%	299	62.4%
Recuperation from illness	83	17.3%	396	82.7%
Chronic disease treatment only	71	14.8%	408	85.2%
Last choice and desperation	94	19.6%	385	80.4%
Of no value	17	3.5%	462	96.5%

Table 4.21 showed that 40% of respondents view Homoeopathy as preventative medicine, 37.6% saw it as supportive, 35.7% as first choice treatment.

4.3.3 Part C: Your experience of Homoeopathy

Question 3.3 Do you believe that Homoeopathy can be used in conjunction with conventional/orthodox medicine? Eg: used with antibiotics

Table 4.22: Can Homoeopathy be used in conjunction with orthodox treatment?

	Frequency	Percent
yes	225	45.2
no	56	11.2
Unsure	217	43.6
Total	498	100.0

Table 4.22 shows that 45.2% of the sample thought that homoeopathic treatment can be used in conjunction with orthodox treatment.

4.3.4 Part C: Your experience of Homoeopathy

Question 3.4 Please indicate your understanding of the ROLE of a homoeopath.

Table 4.23: Understanding of the role of a homoeopath

	Yes		No		Unsure		Don't know	
	Count	%	Count	%	Count	%	Count	%
Takes blood pressure	108	23.0%	57	12.2%	200	42.6%	104	22.2%
Stimulates the skin with sharp needles	30	6.5%	128	27.8%	195	42.4%	107	23.3%
Boosts the immune system	211	44.8%	8	1.7%	167	35.5%	85	18.0%
Usually prescribes painkillers	10	2.2%	165	35.9%	194	42.2%	91	19.8%
Prescribes medicine that is diluted and shaken	58	12.5%	99	21.3%	210	45.3%	97	20.9%
Can diagnose the majority of diseases	111	23.6%	35	7.4%	217	46.2%	107	22.8%
Makes use of remedies that act according to the law of similar	84	18.0%	33	7.1%	230	49.3%	120	25.7%
Makes use of antibiotic treatments	16	3.5%	165	36.0%	186	40.6%	91	19.9%
Looks into peoples eyes to make a diagnosis	41	8.9%	119	25.9%	190	41.3%	110	23.9%
Prescribes plant extracts	191	39.2%	17	3.5%	186	38.2%	93	19.1%
Emphasizes a healthy lifestyle	227	46.3%	8	1.6%	174	35.5%	81	16.5%

Table 4.23 shows that a number of respondents were unsure of the various roles of a homoeopath or did not know enough to comment. 46% thought homoeopaths emphasizes a healthy lifestyle, while 45% thought that a homoeopath boosts the immune system and 39% thought they prescribe plant extracts.

4.3.5 Part C: Your experience of Homoeopathy

Question 3.5 Which of the following conditions would you seek homoeopathic treatment with regards your child's/children's health?

Table 4.24: Conditions for which respondents would seek homoeopathic treatment

	Yes		No		Unsure		Don't know	
	Count	%	Count	%	Count	%	Count	%
Allergies	217	43.5%	14	2.8%	150	30.1%	118	23.6%
Hay fever	185	38.1%	25	5.1%	172	35.4%	104	21.4%
Eczema	184	37.6%	23	4.7%	177	36.2%	105	21.5%
Sinus problems	179	36.8%	27	5.5%	193	39.6%	88	18.1%
Colds and flu	177	36.6%	36	7.4%	167	34.5%	104	21.5%
Skin rashes	175	36.0%	35	7.2%	191	39.3%	85	17.5%
Sleeplessness	172	35.9%	28	5.8%	194	40.5%	85	17.7%
Constipation	163	33.8%	40	8.3%	172	35.7%	107	22.2%
Asthma	162	32.9%	45	9.1%	163	33.1%	122	24.8%
Headaches	157	32.9%	42	8.8%	174	36.5%	104	21.8%
Cough	150	31.6%	53	11.2%	162	34.1%	110	23.2%
Bruises	135	28.5%	61	12.9%	160	33.8%	117	24.7%
Insect bites	130	27.4%	67	14.1%	195	41.1%	83	17.5%
Stomach aches	119	25.0%	74	15.5%	195	41.0%	88	18.5%
Diarrhoea	116	24.6%	72	15.3%	173	36.7%	110	23.4%
Blisters	110	23.2%	76	16.0%	166	35.0%	122	25.7%
Sore throats	110	23.2%	84	17.7%	192	40.4%	89	18.7%
Pain, strain and sprains	109	23.0%	76	16.0%	198	41.8%	91	19.2%
Burns	108	22.8%	76	16.1%	171	36.2%	118	24.9%
Earache	108	22.8%	83	17.5%	171	36.1%	112	23.6%
Nausea and vomitting	103	21.7%	75	15.8%	209	44.0%	88	18.5%
Lice	102	21.5%	81	17.1%	205	43.2%	87	18.3%
Bedwetting	101	21.1%	78	16.3%	177	37.0%	122	25.5%
Gastric flu	94	19.9%	91	19.2%	183	38.7%	105	22.2%
Cuts and grazes	93	19.7%	99	20.9%	173	36.6%	108	22.8%
Fever	91	19.1%	97	20.4%	181	38.0%	107	22.5%
Worms	77	16.3%	94	20.0%	207	43.9%	93	19.7%

Childhood diseases	72	15.3%	102	21.7%	175	37.2%	122	25.9%
Animal bites	70	14.6%	125	26.1%	165	34.4%	119	24.8%
Injury	69	14.5%	110	23.2%	199	41.9%	97	20.4%
Toothache	54	11.3%	134	28.0%	201	42.1%	89	18.6%

Table 4.24 ranks the conditions from those with most agreement to those with least. Allergies were the condition for which most respondents agreed they would visit a homoeopath. Hay fever was second, followed by eczema. The condition that was least agreed on was toothache (11.3%).

4.3.6 Part C: Your experience of Homoeopathy

Question 3.6 Do you believe that Homoeopathy has a scientific basis?

Table 4.25: Does Homoeopathy have scientific basis?

	Frequency	Percent
Yes	256	51.2
No	32	6.4
Unsure	212	42.4
Total	500	100.0

Table 4.25 shows that over half of respondents thought that Homoeopathy has a valid scientific basis.

4.3.7 Part C: Your experience of Homoeopathy

Question 3.7 In your opinion, does Homoeopathy take a little longer to work than conventional/orthodox medicine?

Table 4.26: Does Homoeopathy take longer to work than orthodox medicine?

	Frequency	Percent
Yes	162	32.4
No	53	10.6
Unsure	212	42.4
Depends on situation	73	14.6
Total	500	100.0

Table 4.26 shows that 32.4% thought that Homoeopathy takes longer to work than orthodox medicine. Most were unsure.

4.3.8 Part C: Your experience of Homoeopathy

Question 3.8 Do you have any religious objection with regards to seeking treatment from a homoeopath?

Table 4.27: Do you have religious objection to seeking treatment from a homoeopath?

	Frequency	Percent
Yes	15	3.0
No	485	97.0
Total	500	100.0

Only 3% had a religious objection to seeking treatment from a homoeopath.

CHAPTER 5

DISCUSSION

This chapter includes an evaluation and discussion of the results of the statistical analysis of the questionnaire (Appendix A) from chapter 4.

5.1 Part A: Demographics

5.1.1 Respondent's number of children by school and area

The schools were divided into rural (Rainbow pre primary and crèche, Stepping stones pre primary, and Thandisizwe pre primary, n=160) and urban (all other pre primary schools in the area, n=348). There was a highly significant difference between the areas in terms of number of children ($p<0.001$).

Table 4.3 (p22) showed that the parents with children in urban schools were most likely to have only 1 child while ones from rural schools had predominantly 2 children and there was a higher percentage of rural participants with 3, 4, or 5 children than urban participants.

5.1.2 Respondent by school and area

Table 4.5 (p24) showed there was a higher significant association between area and who the respondent was ($p<0.001$). In the urban areas the respondent was mainly the mother. In rural areas there was a higher likelihood than in urban areas of the respondent being the father or legal guardian. Table 4.4 (p23) showed that in Tandisizwe pre primary school the respondent was predominately

the legal guardian (44.1%). This information could be of relevance in a South African context as many families are affected by AIDS, and unemployment, making the primary care giver of the child/children often legal guardians or a single parent namely, father or mother.

5.1.3 Ethnicity by area and school

The area of school was highly significantly associated with ethnicity ($p<0.001$) as shown in Table 4.7 (p26). The urban school's ethnicity was predominantly White, while the rural schools were predominantly African. According to Loman (2003) white parents who used CAM for themselves and had school-age and older children were significantly more likely to provide CAM for their child. One can therefore deduce that white parents in urban areas will be more likely to offer CAM to their school age and older children as a form of health care.

5.1.4 Age group of respondent by area of school and school

Rural respondents were more likely than urban respondents to be 18-25 years old ($p<0.001$) as shown in Table 4.9 (p28). According to the Department of Health (2002) the 1998 South African Demographic and Health Survey (SADHS) carried out illustrated that 35% of all teenagers in SA had either been pregnant or had a child by the time they turned 19 years old. Teenage pregnancies are more prevalent among coloured and rural black girls, van Rensburg (ed.), (2004). The urban respondents were more likely to be 26-35 years old. The proportions in the other age groups were relatively similar.

5.1.5 Occupational status of respondent by area and school

Table 4.11 (p30) showed that there was a significant difference between the areas in terms of Occupation ($p<0.001$). Surprisingly, the percentage of unemployment was higher in the urban areas, but this may be due to mothers being “housewives”. Rural respondents were more likely to be employed part time, or self employed than urban respondents, while urban respondents were more likely to be employed full time.

5.1.6 Annual income per household by area and school

Table 4.13 (p32) showed that there was a significant association and large difference between income and area of school. The urban respondents were more likely to earn over R400 000 annually while the rural respondents were most likely to earn <R40 000 annually. According to statistics SA (2000) poverty rate for urban geographic locality is 26.1 percent and rural is 64.2 percent. Poverty is defined here as the proportion of people living in households with an income less than the poverty income. Poverty income varies according to the household size – the larger the household, the larger the income required to keep its members above the poverty line. For 2000, the South African Institute of Race Relations reported that poverty income levels ranged from R551 for a one-person household to R2 349 for a household of eight members or more van Rensburg (ed.), (2004).

5.1.7 Home language by area and school

Home language was significantly different between the areas ($p<0.001$) as indicated in table 4.15 (p34). English (92.2%) was the main language of urban areas, while isiNdebele (79.9%) was the main language of rural areas. The Ndebele people were originally an offshoot of the Nguni people of KwaZulu-Natal (SAlanguages.com). This explains the assumption that isiZulu should be a more popular language of KwaZulu-Natal. IsiZulu followed making up only (6.3%) of the rural area.

5.2 Part B: Opinions and awareness of homoeopathy as a primary health care option

5.2.1 General state of health of the respondent's child/children

As indicated in Table 4.16 (p35) the majority (40.9%) of respondent's children were in good health, while 33.9% were in excellent health and only 1.2% in poor health. This could also indicate why homoeopathy is not the choice of treatment, as most children are in good health and do not necessarily need to see a healthcare provider on a regular basis.

5.2.2 Health care professionals respondents would contact if child/children were ill

Figure 4.1 (p36) showed that only 12.8% of respondents would contact a homoeopath if their child was ill. Most (61.3%) would contact a G.P, while 14.2% would contact their pharmacist.

5.2.3 Have you heard of homoeopathy?

Culturally there are many different belief systems, but from the comments made on some of the questionnaires it was evident that some respondents (43.6%) were unsure or had never heard of homoeopathy or did not know the meaning of the term homoeopathy.

More than half the respondents had heard of homoeopathy (56.1%) according to Table 4.17 (p37). There is a need to improve this percentage of awareness in homoeopathy. A post survey information pamphlet (Appendix E) will be submitted to each of the participating school for distribution to the parents of the school, in order to increase the awareness in homoeopathy. Results of Maharajh's, (2005) study showed that 86% of pharmacists and 74% of GPs believed that South African law recognized homoeopathy. Consideration can be given to distribution of the post survey pamphlets via pharmacies and GP outlets in order to enforce the awareness, as these two industries have some knowledge of homoeopathy.

5.2.3.1 Where they heard about homoeopathy

Of those who had heard of homoeopathy, Figure 4.2 (p38) indicated that most had heard about it through friends (61%). This is an indication that awareness is still needed as the percentage through the media was only 42.2% and other amounted to 8.9%. Greater awareness of the Homoeopathic Day Clinic at DUT in the media should attract more attention to homoeopathy as a form of affordable health care.

5.2.4 Awareness of a registered homoeopath in their area?

Only a quarter (25.4%) of respondents as indicated on Table 4.18 (p39) were aware of a registered homoeopath in their area.

A comment made on a questionnaire was that some respondents had to travel to different areas to visit with a homoeopath as they were referred by friends to that homoeopath or did not know of a practicing homoeopath in their area.

5.2.5 Treatment received by a homoeopath

Of the sample 22.7% as indicated on Table 4.19 (p39), had taken their child to a homoeopath for treatment previously. Comments made on some questionnaires related to the seriousness of the illness and that non threatening illnesses were treated by their homoeopath. Respondents stated that they would seek treatment from a paediatrician in the event of a serious illness or even childhood diseases such as chicken pox or mumps because complications could arise.

5.2.6 Satisfaction with homoeopathic treatment

The level of satisfaction with homoeopathic treatment was high as almost half (48.60%) of those who had been treated were very satisfied, while 25.23% were satisfied. This was illustrated in Figure 4.3 (p40). A comment made on a questionnaire referred to the satisfaction of treatment of non threatening illness such as skin rashes, the common cold being successful, but would not attempt treatment with homoeopathy in an emergency or life threatening illness such as cancer. Another comment made referred to the satisfaction with homoeopathic

treatment of a chronic condition (did not mention the condition) as orthodox medication did not provide relief, in fact provided more side effects than relief of the chronic condition.

5.2.7 Homoeopathy as a consideration for Primary health care

It was evident from the study conducted and indicated on Table 4.20 (p41), that the respondents believed homoeopathy should be available in hospitals. The majority (65.6%) considered it a primary health care option. Comments made on questionnaires were that the public would like a choice, so if it was available in hospitals a choice of treatment would be available to them. Other comments remarked on the affordability of homoeopathy in comparison to conventional medicine as most respondents did not belong to a medical aid and relied on public hospital support. Respondents felt that this could alleviate some of the financial burden for the patient. In a study carried out by (Khoosal, 2007), results showed that 54% of respondents perceived that homoeopathic remedies are cheaper than conventional medication, while 30% were unsure.

5.3 Part C: Experience of homoeopathy

5.3.1 Formal educational training of a homoeopath

Figure 4.4 (p42) indicated that a high number of respondents (41.5%) were aware that homoeopaths received full time training in a Master's Degree in Technology: Homoeopathy (M.Tech: Hom), which is offered at the Durban University of Technology (DUT) and University of Johannesburg (UJ), or SA

Qualifications Standard Authority (SAQA) and AHPCSA approved equivalent, while 23.6% indicated only a National diploma is required.

5.3.2 Category of treatment for homoeopathy

Table 4.21(p43) showed that 40.7%, of the respondents saw homoeopathy as preventative medicine, a significant percentage (37.6%), saw it as supportive treatment, while 35.7%, regarded it as a first choice of treatment. Comments made on some questionnaires said it had no value (3.5%), as they did not regard it as a form of medicinal treatment, and one respondent said it was all psychological and that if you did not believe in homoeopathy it would not work.

5.3.3 Use of homoeopathy in conjunction with orthodox medicine

Of the sample that responded, 45.2% as indicated on Table 4.22 (p44) thought that homoeopathic treatment could be used in conjunction with orthodox treatment. It was indicated in this section that 43.6% were unsure. Comments made on certain questionnaires indicated a dire need for education with regard to what homoeopathy is and how it works in order to make a conclusive decision.

5.3.4 Role of a homoeopath

As anticipated, a number of respondents were unsure of the various roles or did not know enough to comment this was evident in Table4.23 (p45). 46% thought homoeopaths emphasized a healthy life style, while 45% thought that

homoeopaths boost the immune system and 39% thought that they prescribed plant extracts. These results highlight the limited knowledge of homoeopathy and that education is needed amongst the general public regarding the role of a homoeopath. According to a survey carried out by Maharajh, (2005) to determine the perceptions of General Practitioners and pharmacists in the greater Durban region towards homoeopathy, most pharmacists and GPs perceived that homoeopaths took detailed histories of their patients (past medical history, family history and social history). Opinions were varied for the procedures that involved physical examinations (cardio-vascular, respiratory, abdominal, neurological, musculo-skeletal and genitor-urinary), suggesting that pharmacists and GPs are unsure if homoeopaths have the relevant training or experience to conduct such procedures. However, most respondents agreed that homoeopaths do check the vital signs of their patients (Maharajh, 2005).

5.3.5 Conditions for which respondents would seek homoeopathic treatment

Interesting that Pinto and Feldman, (1996) stated that homoeopathy has a good track record with bruises, stings, sprains, wounds, fractures, skin abrasions, burns and other such injuries.

According to this study, table 4.24 (p47) ranked the listed conditions from most agreement to those with least agreement. Allergies (43.5%), was the condition for which respondents agreed mostly they would seek homoeopathic treatment,

while hay fever was second (38.1%), followed by eczema (37.6%). The condition that was least agreed on was toothache (11.3%).

According to Maharajh's (2005) study on pharmacists and GPs testing the benefits of homoeopathic treatment, most respondents perceived that homoeopathy was useful in the treatment of headaches, mechanical injuries, inflammatory disease, viral and bacterial disease, autoimmune disease, psychosomatic disease and psychological disease. The only conditions not perceived by the majority of GPs and pharmacists to be suitable for homoeopathic treatment were neurological diseases and cancer, and then only narrowly so. A minority of respondents perceived that homoeopathy was not beneficial for any condition.

5.3.6 Does homoeopathy have a scientific basis?

Over half (51.2%) of respondents as indicated on Table 4.25 (p48), believed that homoeopathy had a valid scientific basis. According to Prinsloo, (2005) homoeopathy is one of the most widespread and most controversial forms of complementary and alternative medicine (CAM). In spite of this growing interest much confusion still exists as to the true origins, scientific validity, applicability and efficacy of homoeopathy.

As emphasized by De Schepper, (1999) homoeopathy is governed by very specific Laws and Principles, namely The Law of Similars which forms the basic

principle of homoeopathy, “similia similibus curentur”, or let “Like cure like”. This means that any substance that can produce symptoms of disease in a healthy person when given in large doses can cure those symptoms in a sick person when given in very small doses. Another law worth mentioning and known for centuries is that of Herring’s Law which describes a set of observations on how true healing occurs. According to Herring’s Laws, the disease heals and the symptoms appear:

a) From above to below

b) From the interior to the exterior

c) In reverse order of their arrival (De Schepper, 1999)

Another law of homoeopathy is the infinitesimal dose (minimum dose). The principle of minimum dose is the same as the Arndt-Schultz Law of bio-chemistry: minimum dose of a drug stimulate cellular activity, medium dose inhibit or depress it and higher doses destroy it. Hahnemann clearly showed that much smaller doses of the drug is needed to bring about a reaction in the diseased body. In fact, he showed that in chronically ill, the diseased part of the body reacts much more intensely to a remedy than the healthy part does (De Schepper, 1999).

5.3.7 Does homoeopathy take longer to work than orthodox medicine?

As shown on Table 4.26 (p49), 32.4% of the respondents thought that homoeopathy takes longer to work than orthodox medicine. A greater number were unsure (42.4%).

Comments on the questionnaires were of the opinion that the two cannot work at the same time, that one could try homoeopathy for non-critical conditions and if it didn't work they would use orthodox medication in order to avoid over use thereof. Another comment made was that homoeopathy worked better for chronic medical conditions and provided respite from side effects of orthodox medication.

5.3.8 Religious objections to seeking homoeopathic treatment

This question was prepared with the intention of investigating what the religious objections are or whether any objection actually exists. Homoeopathy, whilst recognizing the spiritual dimension of human beings, is not a "spiritual" activity in the religious sense of the word. No worship of any being or entity is involved in its practice, nor does it require any rituals which correspond to the definitions of occultism or sorcery. It is based on a scientific law, and the careful observation of cause and effect. The medication which it prescribes has been prepared using a pharmaceutical and biophysical procedure (Cook, 1996).

Only 3% of the respondents as shown on Table 4.27 (p50) had a religious objection to seeking treatment from a homoeopath. Some of the comments made on certain questionnaires were, that the religious community believed homoeopathy had an eastern connection/philosophy, and that crystals were used to instill energy into the medication by dangling the crystal over the medication.

According to the National Institute of Health, (2004) homoeopathy is a complementary and alternative (CAM) whole medical system. A German physician Samuel Hahnemann (1755 – 1843), who first experimented with quinine, made this medical modality known and he went onto prove the efficacy of around 100 homoeopathic remedies (Shealy, 1998). Remedies are based on naturally occurring substances; common plants, insects, metals, and their salts, seeds and snake vemons for example. They are crushed and prepared in alcoholic solution which is called the Mother Tincture. By diluting these solutions Hahnemann was able to get rid of any noted side-effects. In order to maintain a therapeutic action, the dilutions had to be vigorously shaken, a process called potentization (Webb, 1999). Vithoulkas, (1998) pointed out that potentization is a method of preparation of homoeopathic remedies consisting of succussion and serial dilution, to enhance the therapeutic effect while simultaneously nullifying the toxic effect.

CHAPTER 6

CONCLUSION

6.1 Conclusions

From the literature discussed above, it appears that homoeopathy is seen as a very popular choice of complementary and alternative medicine (CAM). It can also be concluded that the qualification received in training for homoeopathy is of a high standard as homoeopathic registration in South Africa allows practitioners' privileges and rights similar to those of medical practitioners. Homoeopathic practitioners are recognized as a primary contact profession, which is the same as medical practitioners. But inter-professional communication is lacking due to the lack of knowledge regarding homoeopathy as a profession and a form of complementary and alternative medicine treatment plan.

Very little statistical data is available in SA regarding the actual understanding and use of homoeopathy in paediatric patients. It was therefore the intention of this study to bring to light evidence in the form of statistical data to clarify the knowledge, understanding and use of homoeopathy as a form of primary health care for paediatric patients aged between 3 and 7 years old in the Pinetown district.

The aim of this study was to identify the perception, extent of knowledge and general understanding as well as misconceptions towards homoeopathy, including attitudes towards homoeopathy as a primary health care option in order to determine possible needs for homoeopathic services.

The results of this study indicated that more than half (56.1%) of the respondents' had heard of homoeopathy, their extent of knowledge and general understanding were limited. This was evident from the results indicating that 43.9% of respondents were unsure or did not know enough to comment.

It can be concluded that the majority (65.6%) are in favour of homoeopathy as a treatment plan and are of the opinion that homoeopathy should be available in hospitals and clinics. This indicates that the participants who took part in this study would like to see homoeopathy as a primary health care option. It also indicates that homoeopathy is growing in popularity in South Africa, and that there is a need for change in the health care systems in South Africa. It can be deduced from other results in this study that education regarding homoeopathy is required in order for the public to make an informed decision of their choice of primary health care. More studies are needed.

To assist in answering questions and educating the public, a post survey information pamphlet will be distributed to the various participating schools in order to provide the public with contact information, knowledge as well as a general understanding of homoeopathy. The potential value of this document is to point out where to contact a registered homoeopath for a consultation and to promote complementary and alternative medicine (CAM), such as homoeopathy as a safe, non-toxic and effective form of medical treatment.

6.2 Recommendations for future studies:

- Surveys of other areas in KwaZulu-Natal as well as other areas in South African need to be conducted to identify if education is needed on the subject of homoeopathy for the purpose of primary health care options for 3 to 7 year olds, as well as other age groups and pre-natal clinics.
- Media exposure, as well as educational talks should be held at venues such as clinics, ante-natal clinics, crèches and pre primary schools.
- Promoting good health and drawing attention to chronic illnesses such as hypertension, diabetes can be carried out by the senior students of DUT as well as qualified homoeopaths at public venues such as shopping centers, and/or sports events to draw attention to homoeopathy as a medical modality that is safe, non-toxic and effective, with a view of promoting it as a primary health care option.

REFERENCES

American Academy of Paediatrics, 2001. Counseling families who choose Complementary and Alternative Medicine for their child with chronic illness or diability. Committee on Children with diabilities. Paediatrics, 107(3): pp. 598-601

Brussee, W.J.; Assendelft, W.J.J. and Alan, C. 2001. Communication between general practitioners and chiropractors. Journal of Manipulative and Physiological Therapeutics, 24(1): pp. 12-16

Castro, M. 1997. Homoeopathic guide to stress: safe and effective natural ways to alleviate physical and emotional stress. United States of America. St. Martin's Press. p25

Cook, A. 1996. A Christian's guide to homoeopathy: Objections to homoeopathy chapter 6 Christian views. London. Winter Press. p. 53

De Schepper, L. 1999. Hahnemannian Textbook of Classical Homeopathy for the Professional. B. Jain, New Dehli, India. pp. 32-33, 40

EduAction. October 2007. LSEN and Full Service Schools in KwaZulu-Natal Map version 2. 1:30 000. KwaZulu-Natal Department of Education: EduAction

Eisenberg, D.M.; Davis, R.B.; Ettner, S.L.; Appel, S.; Wilkey, S.; Van Rompay, M. and Kessler. R.C. 1998. Trends in alternative medicine in the United States. Journal of the American Medical Association, 280(18): pp. 1569-1575

(Esterhuizen, T. (Esterhuizen@ukzn.ac.za), Friday October, 2008. Caron von Bardeleben – M-Tech Homoeopathy. C.L. von Bardeleben (drabnov@absamail.co.za).

Homoeopathic Association of South Africa. 2003. Homoeopathic Training and Registration Requirements in South Africa. [online] Available at http://www.hsa.org.za [Accessed 11 September 2006]

Jacobs, J.; Jimènrz, L.M.; Gloyd, S.S.; Gale, J.L. and Crothers, D. 1994. Treatment of acute childhood diarrhea with homoeopathic medicine. A randomized clinical trial in Nicaragua. Paediatrics. 93(5): pp. 719-725

Kemper, K.J. O'Connor, K.G. 2004. Paediatricians' recommendation for Complementary and Alternative Medical (CAM) Therapies. Ambulatory Paediatrics 4(6): pp. 482-487.

Khoosal, B.G. 2007. A survey of the perceptions of homoeopathy by registered chiropractors in South Africa. M-Tech. thesis Durban University of Technology, Durban.

Knowledgerush, 2009. Pearson's chi-square test. [online] Available at: http://www.knowledgerush.com/kr/encyclopedia/Pearson's_chi-square_test/ [Accessed on 7 May 2009]

Lorman, D.G. 2003 The use of Complementary and Alternative health care practices among children. Journal of Paediatric Health Care 17(2): pp. 58-63

Losier, A.; Taylor, B.; Fernandez, C.V. 2005 Use of alternative therapies by patients presenting to a paediatric emergency department. Journal of Emergency Medicine 28(3): pp. 267-271

Maharajh, D. 2005. A survey to determine the perception of general practitioners and pharmacists in the greater Durban region towards homoeopathy. M-Tech. thesis. Durban Institute of Technology, Durban.

Medicines Control Council of South Africa (MCC), 1965. Medicines and Related Substances Control Act (Act 101 of 1965). Medicines regulation in South Africa. [online] Available at: http://www.mccza.com/ [Accessed on 1 May 2009]

Morgan, D.L. 1998. The focus group guidebook – Focus Group Kit 1. Sage, United States of America. pp. 2;25

Moys, E.R. 1998. The perception of affluent White and Indian communities in the greater Durban area towards homoeopathy. M-Tech: Homoeopathy dissertation, Technikon Natal, Durban.

National Institute of Health. 2004. More than one-third of United States adults use Complementary medicine, according to a new government survey. [online] Available at: http://www.nccam.nih.gov/new/2004/052704.htm [Accessed 11 September 2006].

Paruk, F. 2006. A survey to determine the perception that exist amongst pregnant adults towards the use of homoeopathy during pregnancy. M-Tech. thesis. Durban Institute of Technology, Durban.

Pinto, G.; Feldman, M. 1996. Homoeopathy for children – A parents guide to the treatment of common childhood illnesses. Thorsons, London. pp. x; 24; 38; 47; 123.

Pitetti, R.; Singh, S.; Hornak, D.; Garcia, S.E.; and Herr, S. 2001. Complementary and Alternative medicine use in children. Paediatric Emergency Care. 17(3): pp. 165-169.

Prinsloo, J.P. 2005. Homoeopathy in perspective. [online] Available at: http://www.biocura.co.za [Accessed on 30 April 2009]

SAlanguages, 2007. IsiNdebele [online] Available at: http://www.cyberserv.co.za/users/~jako/lang/isindebele/index.htm [Accessed 16 March 2009]

Sawni-Sikand Schubiner, H and Thomas, R.L. 2002. Use of Complementary and Alternative Medicine therapies among children in primary paediatrics. Ambulatory Paediatrics 2(2): pp. 99-103.

Shealy, C.N. 1998. The illustrated encyclopedia of Healing Remedies. Element Books Limited, Great Britian. pp. 172-174

Small, D. 2004. The perception of homoeopathy amongst grade 12 learners in Durban, South Africa. M-Tech: Homoeopathy dissertation, Durban Institute of Technology.

Speight, P. 1983. Homoeopathic remedies for children. The C.W. Daniel company limited. Great Britian. p. vi

Statpac, 1997-2009. Sampling methods – stratified sampling. [online] Available at: http://www.statpac.com/surveys/sampling.htm [Accessed 30 March 2008]

Stedman's medical dictionary for the health professions and nursing. 5th editon, 2005. United States of America. Lippincott, Williams and Wilkins. pp. 50; 316; 362; 679; 726; 1050; 1185

Swayne, J. 2000. International Dictionary of homoeopathy. United Kingdom. Churchill Livinstone. pp. 8;98;10;126;138;140;169;182;191;193;201;202;225

Ullman, D. 1992. Homeopathic medicine for children and infants. G.P. Putnam's Sons, New York. p. xiv

Ullman, D. 2003. Ten most frequently asked questions on homoeopathic medicine. [online] Available at: http://www.homeopathic.com/articles/intro/ten_top_questions.php [Accessed 11 September 2006]

van Rensburg, H.C.J. (ed.) 2004. Health and health care in South Africa. 1st edition. Van Schaik, Hatfield Pretoria South Africa. pp. 206-209

Vithoulkas, G. 1998. The Science of Homoeopathy. B.Jain, New Dehli. pp. 102

World Health Organization (WHO) media centre, 2007. [online] Available at: http://www.who.int/hpr.NPH/docs/declaration_almaata.pdf. [Accessed 28 April 2009]

APPENDICES

APPENDICES

APPENDIX A: QUESTIONNAIRE – English version

QUESTIONNAIRE – isiZulu version

A SURVEY OF THE PERCEPTION OF HOMOEOPATHY, AMONGST PARENTS OF CHILDREN AGE 3 – 7 YEARS OLD AT PRE-PRIMARY SCHOOLS IN THE PINETOWN DISTRICT

APPENDIX A

Adapted from Moys, E.R. (1998) Small, D. (2005) Paruk, F. (2006) and Khoosal, B.G. (2007)

INSTRUCTIONS:

- Please **CIRCLE** answers where appropriate, **note** that more than one answer can apply to certain questions.
- When an option is given for “other” please specify in the space provided.
- Feel free to use the “comment” section below each question if needed.
- Please return the completed questionnaire to your child’s/children’s school.

Part A: Demographic data

1.1 How many children do you have aged between 3 and 7 years old?

1	2	3	4	5

1.2 Are you:

The mother of the child/children?	**1**
The father of the child/children?	**2**
The legal guardian of the child/children?	**3**
Other? (specify)	**4**

1.3 Please indicate your ethnicity (for statistical purposes only).

Asian	**1**	African	**2**	Coloured	**3**	Indian	**4**	White	**5**	Other	**6**

1.4 Please indicate your category of age.

18 - 25 years old	**1**
26 – 35 years old	**2**
36 – 45 years old	**3**
46 years or older	**4**

1.5 Please indicate your occupational status.

Employed part time	**1**
Employed full time	**2**
Self Employed	**3**
Unemployed	**4**

1.6 Please indicate the annual household income.

Less than R40 000	**1**
R40 001 – R100 000	**2**
R100 001 – R160 000	**3**
R160 001 – R220 000	**4**
R220 001 – R300 000	**5**
R300 001 – R400 000	**6**
R400 001 or more	**7**

1.7 Please indicate your home Language.

Afrikaans	**1**
English	**2**
IsiNdebele	**3**
IsiSwati	**4**
IsiXhosa	**5**
IsiZulu	**6**
Sepedi	**7**
Sesotho	**8**
Setswana	**9**
Tshivenda	**10**
Xitsonga	**11**
Other (specify)	**12**

Part B: Opinions and awareness of homoeopathy as a primary health care option

2.1 How would you describe your child's/children's general state of health?

	Excellent	Good	Reasonable	Poor
Child 1	**1**	**2**	**3**	**4**
Child 2	**1**	**2**	**3**	**4**
Child 3	**1**	**2**	**3**	**4**
Child 4	**1**	**2**	**3**	**4**
Child 5	**1**	**2**	**3**	**4**

Comment: _____
_____

2.2 Which of the following health care professionals would you contact if your child/children were ill?

Clinic	**1**
G.P. (General Practitioner)	**2**
Herbalist/Health Shop	**3**
Homoeopath	**4**
Paediatrician	**5**
Pharmacist/Chemist	**6**
Traditional healer	**7**
Other (specify)	**8**

Comment: _____
_____

2.3 Have you ever heard of homoeopathy?

Yes	**1**
No	**2**

Comment: _____
_____

2.3.1 If so, where did you hear about it?

Family	**1**
Friends	**2**
Media (magazines, radio, television etc)	**3**
Other (specify)	**4**

Comment: _____
_____

2.4 Are you aware of a registered homoeopath in your area?

Yes	**1**
No	**2**

Comment: _____
_____

2.5 Has/have your child/children ever been treated by a homoeopath?

Yes	**1**
No	**2**

Comment: _____
_____

2.5.1 If so, how satisfied were you with the care your child/children received from the homoeopath the last time you consulted with one?

Very satisfied	**1**
Satisfied	**2**
Neutral	**3**
Unsatisfied	**4**
Very unsatisfied	**5**

Comment: _____
_____

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

Yes	**1**
No	**2**
Neutral	**3**

Comment:_____
_____

Part C: Your experience of homoeopathy

3.1 In your opinion, what degree of formal educational training does a registered homoeopath receive?

National diploma: homoeopathy	**1**
Bachelor's degree in Technology: homoeopathy	**2**
Master's degree in Technology: homoeopathy	**3**
Other (specify)	**4**

Comment: _____
_____

3.2 In your opinion, do you see homoeopathy as:

Preventative medicine	**1**
First choice treatment	**2**
Supportive treatment	**3**
Recuperation from illness	**4**
Chronic disease treatment only	**5**
Last choice and desperation	**6**
Of no value	**7**
All of the above	**8**

Comments: _____
_____

3.3 Do you believe that homoeopathy can be used in conjunction with conventional/orthodox medicine? Eg: used with antibiotics

Yes	**1**
No	**2**
I am not sure	**3**

Comment: _____

3.4 Please indicate your understanding of the ROLE of a homoeopath?

	YES	NO	Unsure	I don't know or am insufficiently informed to comment
3.4.1 Takes blood pressure	1	2	3	4
3.4.2 Stimulates the skin with sharp needles	1	2	3	4
3.4.3 Boosts the immune system	1	2	3	4
3.4.4 Usually prescribes painkillers	1	2	3	4
3.4.5 Prescribes medicine that is diluted and shaken	1	2	3	4
3.4.6 Can diagnose the majority of diseases	1	2	3	4
3.4.7 Makes use of remedies that acts according to the law of similars	1	2	3	4
3.4.8 Makes use of antibiotic treatments	1	2	3	4
3.4.9 Looks into people's eyes to make a diagnosis	1	2	3	4
3.4.10 Prescribes plant extracts	1	2	3	4
3.4.11 Emphasizes a healthy lifestyle	1	2	3	4

Comment: _____
_____

3.5 Which of the following conditions would you seek homoeopathic treatment with regards your child's/children's health?

	YES	NO	UNSURE	I don't know or am insufficiently informed to comment
Allergies	1	2	3	4
Animal bites and puncture wounds	1	2	3	4
Asthma	1	2	3	4
Bedwetting	1	2	3	4
Blisters	1	2	3	4
Bruises	1	2	3	4
Burns (e.g. sunburn)	1	2	3	4
Childhood diseases (e.g. chicken pox, measles etc)	1	2	3	4
Colds and Influenza	1	2	3	4
Constipation	1	2	3	4
Coughs	1	2	3	4
Cuts and grazes	1	2	3	4
Diarrhoea	1	2	3	4
Earache	1	2	3	4
Eczema	1	2	3	4
Fever	1	2	3	4
Gastric Flu	1	2	3	4
Hay fever	1	2	3	4
Headaches and Migraines	1	2	3	4
Injury	1	2	3	4
Insect bites and stings	1	2	3	4

	YES	NO	UNSURE	I don't know or am insufficiently informed to comment
Lice (itchy scalp)	**1**	**2**	**3**	**4**
Nausea and vomiting	**1**	**2**	**3**	**4**
Pains, strains and sprains	**1**	**2**	**3**	**4**
Sinus problems	**1**	**2**	**3**	**4**
Skin rashes	**1**	**2**	**3**	**4**
Sleeplessness/insomnia	**1**	**2**	**3**	**4**
Sore throats (e.g. tonsillitis)	**1**	**2**	**3**	**4**
Stomach aches	**1**	**2**	**3**	**4**
Toothache and dental problems	**1**	**2**	**3**	**4**
Worms	**1**	**2**	**3**	**4**

Comment: _____
_____
_____

3.6 Do you believe that homoeopathy has a scientific basis?

Yes	**1**
No	**2**
I am unsure	**3**

Comment: _____
_____
_____

3.7 In your opinion, does homoeopathy take a little longer to work than conventional/orthodox medicine?

Yes	**1**
No	**2**
I am unsure	**3**
It depends on the situation	**4**

Comment: _____
_____
_____
_____

3.8 Do you have any religious objection with regards to seeking treatment from a homoeopath?

Yes	**1**
No	**2**

Comment:_____
_____

Thank you very much for completing this questionnaire.

I appreciate the time you've taken to make this research possible.

UHLA LWEMIBUZO YOCWANINGO NGEHOMOEOPATHY, KUBAZALI BABANTWANA ABANEMINYAKA ENGU 3 KUYA KWE NGU 7 UBUDALA ASEZINKULISA ZASESIGODINI SASEPHAYINDANE (PINETOWN DISTRICT)

ISELEKO A

Isuselwe kweka: Moys, E.R. 1998, Small, D. 2005, Paruk, F. 2006 and Khoosal, B.G. 2006

IMIYALO YENDLELA YOKUGCWALISA

- Ngicela **UKUOKELEZELE** leyompendulo efanelekile, qhaphela ukuthi ungakwazi ukunikeza izimpendulu ezeqile kweyodwa kuleyo mibuzo enjalo.
- Lapho kudingeka khona ukuba ukhethe “okunye” ngicela ukuba uchaze kabanzi kulesosikhala osinikiwe.
- Khululeka ukuba ungasebenzisa lesosikhala esidinga umbono wakho noma uvo lwakho ngezansi kwemibuzo uma udinga.
- Ngicela ubuyisele ifomu lakho uma usuligcwalisile ngokupheleleyo esikoleni somntwana wakho.

INGXENYE A: Imininingwane yakho

1.1 Bangaki abantwana onabo abaneminyaka engu 3 kuya kwengu 7 ubudala?

1	2	3	4	5

1.2 Ingabe ungu:

Ungumama wengane noma wezingane?	**1**
Ungubaba wengane noma wezingane?	**2**
Ungumbheki wengane noma wezingane osemthethweni?	**3**
Okunye? (chaza kabanzi)	**4**

1.3 Ngicela ukhombe uhlanga (Qaphela lokhu kubuzelwa isibalo kuphela).

unguMEshiya	**1**	uNsundu	**2**	uyiKhalathi	**3**	unguMNdiya	**4**	unguMNgisi	**5**	Okunye	**6**

1.4 Ngicela utshengise isigaba seminyaka yobudala bakho.

18 kuya ku 25 ubudala	1
26 kuya ku 35 ubudala	2
36 kuya ku 45 ubudala	3
46 ubudala noma ngaphezulu	4

1.5 Ngicela utshengise isimo sokusebenza sakho.

Ngisebenza part - time	1
Ngisebenza ngokuphelele (Full – time)	2
Ngiyazisebenza	3
Angisebenzi	4

1.6 Ngicela utshengise isigaba sesamba semali oyiholayo ngonyaka.

Ingaphansi kuka R40 000	1
Kusuka ku R40 001 kuya ku R100 000	2
Kusuka ku R100 001 kuya ku R160 000	3
Kusuka ku R160 001 kuya ku R220 000	4
Kusuka ku R220 001 kuya ku R300 000	5
Kusuka ku R300 001 kuya ku R400 000	6
Kusuka ku R400 001 noma ngaphezulu	7

1.7 Ulimi lwasekhaya.

IsiBhunu	1
IsiNgisi	2
IsiZulu	3
IsiXhosa	4
IsiNdebele	5
Sepedi	6
Sesotho	7
Setswana	8
SiSwati	9
Tshivenda	10
Xitsonga	11
Okunye (chaza)	12

INGXENYE B: ULWAZI NEMIBONO YAKHO NGEHOMOEOPATHY NJENGENDLELA YOKWELAPHA YOKUQALA

2.1 Ungasichaza kanjani isimo sezempilo somntwana/sabantwana bakho?

	Sihle kakhulu impela	Sihle	Siyagculisa	Asisihle neze
Umntwana wokuqala	1	2	3	4
Umntwana wesibili	1	2	3	4
Umntwana wesithathu	1	2	3	4
Umntwana wesine	1	2	3	4
Umntwana wesihlanu	1	2	3	4

Uvo lwakho:

_____
_____
_____

2.2 Kuloluhla lwabahlengi bezempilo abaladelayo ubani oxhumana naye uma umntwana wakho/abantwana bakho begula?

Umtholampilo/ikiliniki	1
iG.P. (uDokotela ojwayelekile-General Practitioner)	2
uSomakhambi/isitolo sezempilo	3
iHomoeopath	4
Udokotela wabantwana	5
iFamasisti/usokhemisi Okunye (chaza)	6
Inyanga noma udokotela wesintu	7
Okunye (chaza)	8

Uvo lwakho:

_____
_____
_____

2.3 Ingabe wake wezwa ngehomoeopathy?

YEBO	1
CHA	2

Uvo lwakho:

_____
_____
_____

2.3.1 Uma uthi kunjalo wezwaphi ngehomoeopathy?

Ngomndeni	1
Ngabangani	2
Ngomsasazo (amabhuku, umsakazo, umabonakude njalo njalo)	3
Okunye (chaza)	4

Uvo lwakho:

_____
_____
_____

2.4 Ingabe unalo yini ulwazi ngehomoeopath ebhaliswe ngokusemthethweni endaweni yangakini?

YEBO	1
CHA	2

Uvo lwakho:

_____
_____
_____

2.5 Ingabe umntwana/abantwana bakho sebekebalashwa yihomoeopath?

YEBO	1
CHA	2

Uvo lwakho:

_____
_____
_____

2.5.1 Ingabe waneliseka/ wagculiseka kangakanani ngokunakekelwa komntwana/kwabantwana bakho yihomoeopath ngesikhathi uhambise umntwana/abantwana bakho ukbanini bathole ukwelashwa?

Ngagculiseka kakhulu impela	1
Ngagculiseka	2
Ngiphakathi nendawo	3
Angigculisekanga	4
Angigculisekanga neze	5

Uvo lwakho:

_____
_____
_____

2.6 Ngokubona kwakho ingabe ucabanga ukuthi kumele yini usizo lokuhlengwa ngeHomoeopathy luvumeleke ukuba lubekhona ezibhedlela nasemitholampilo na?

YEBO	1
CHA	2
NGIPHAKATHI NENDAWO	3

Uvo lwakho:

_____
_____
_____

INGXENYE C Ulwazi lwakho nesipiliyoni sakho ngeHomoeopathy

3.1 Ngokubona kwakho ingabe iziphi iziqu zemfundo ezisemthethweni enazo ihomoeopath ebhaliswe ngokusemthethweni?

INational Diploma : kwi Homoeopathy	1
IBachelors's degree in Technology: kwi Homoeopathy	2
IMaster's degree in Technology: kwi Homoeopathy	3
Okunye (chaza)	4

Uvo lwakho:

_____
_____
_____

3.2 Ngokubona kwakho, ngabe uyibona ihomoeopathy njenge:

Ndlela yokwelapha eyisivikelo nje	1
Ndlela yokwelapha eyikhethelo yokuqala	2
Ndlela yokwelapha ngokusiza nangokubambisana nomzimba	3
Ndlela yokusiza ukuba uphuluke ekuguleni kwakho	4
Ndlela eyelapha izifo esezihlale isikhathi eside ezingamahlala khona	5
Ndlela yethemba lokugcina nokhalela kuyo ekugcineni umausuhluleke kukho konke	6
Ayinalusizo nasizinda	7
Konke lokhu okungenhla	8

Uvo lwakho:

_____
_____
_____

3.3 ingabe uyakholelwa yini ukuthi iHomoeopathy ingasebenzisana nezinye izinhlelo zokwelapha na? Njengama: antibiotics

YEBO	1
CHA	2
AGINASO ISIQINISEKO	3

Uvo lwakho:

_____
_____
_____

3.4 Uyacelwa ukubanini uveze INDIMA edlalwa iHomoeopath kwezokwelapha ngokwazi kwakho.

	YEBO	CHA	Anginaso isiqiniseko	Angazi noma anginalo ulwazi olugcwele ukuba ngingaphawula
3.4.1 Ihlola Ihayihayi (BP)	1	2	3	4
3.4.2 Ikhuthaza isikhumba ngokusitshopa ngezinaliti	1	2	3	4
3.4.3 Ikhuthaza amandla omzimna okuzilwela nezifo	1	2	3	4
3.4.4 Ivamise ukunikeza amaphilisi ezinhlungu	1	2	3	4
3.4.5 Ivamise ukunikeza imithi exutshiwe yaxukuzwa kakhulu	1	2	3	4
3.4.6 Iyakwazi ukuthola izifo eziningi	1	2	3	4
3.4.7 Isebenzisa imithi leyo engaba nezimpawu ezifanayo	1	2	3	4
3.4.8 Isebenzisa ama antibiotics ukwelapha	1	2	3	4
3.4.9 Ibuka emehlweni esiguli ukuthola ukuthi siphethwe yini	1	2	3	4
3.4.10 Ilapha ngamakhambi ezihlahla	1	2	3	4
3.4.11 Ikhuthaza ezempilo nokuziphatha kwempilo	1	2	3	4

3.5

3.6 Ingabe yiziphi kulezimo ezilandelayo ongahle usebenzise uhla lezokwelapha lwehomoeopathy uma kuza empilweni yomntwana wakho?

	YEBO	CHA	Anginaso isiqiniseko	Angazi noma anginalo ulwazi olugcwele ukuba ngingaphawula
Isihlungu	1	2	3	4
Ukulunywa izilwane nokuhlabeka	1	2	3	4
Isifuba/iasthma	1	2	3	4
Ukuchamela umbhede	1	2	3	4
Amaqhuqhuva agcwele amanzi	1	2	3	4
Ukophela ngaphakathi	1	2	3	4
Ukusha (njengokushiswa ilanga)	1	2	3	4
Izifo zobuntwana (uchicken pox, isimungumungwane, uzagiga njalonjalo)	1	2	3	4
Umkhuhlane neflu	1	2	3	4
Ukusongelana	1	2	3	4
Ukukhwehlela	1	2	3	4
Ukusikeka nokuhuzuka	1	2	3	4
Ukukhishwa isisu/ uhudo	1	2	3	4
Ukuphathwa izindlebe	1	2	3	4

	YEBO	CHA	Anginaso isiqiniseko	Angazi noma anginalo ulwazi olugcwele ukuba ngingaphawula
Isifo sesikhumba esilumayo i-eczema	1	2	3	4
Imfiva	1	2	3	4
Imfiva yesisu	1	2	3	4
Ihayfever nenkinga yamakhala nesinus	1	2	3	4
Ukupathwa ikhanda nezinhlobonhlobo zalo	1	2	3	4
Ukulimala	1	2	3	4
Ukulunywa yizinambuzane nokutinyelwa yizilwane	1	2	3	4
Izintwala (nekhanda elilumayo)	1	2	3	4
Ukucefezela kwenhliziyo nokuhlanza	1	2	3	4
Izinhlungu, ukwenyela nokudonseka kwemisipha	1	2	3	4
Inkinga yomuhhume wamakhala amasinus	1	2	3	4
Ukuqubuka kwesikhumba	1	2	3	4
Ukuphelelwa ubuthongo/ ukuqwasha	1	2	3	4
Umphimbo obuhlungu (njengamathansela)	1	2	3	4
Izinhlungu zesisu	1	2	3	4
Ubuhlungu bamazinyo kanye nenkinga yamazinyo	1	2	3	4
Izikelemu				

Uvo lwakho:

_____
_____
_____

3.7 Ingabe ucabanga ukuthi inaso yini isesekelo sezesayensi nobuchwepheshe na?

YEBO	1
CHA	2
AGINASO ISIQINISEKO	3

Uvo lwakho:

_____
_____
_____

3.8 Ngokubona kwakho ingabe ithatha isikhathi eside yini ukusebenza imithi yehomoeopathy kunaleyo ejwayelekile?

YEBO	1
CHA	2
AGINASO ISIQINISEKO	3
Kuyangokuthi simo sini	4

Uvo lwakho:

_____
_____
_____

3.9 Ingabe unayo yini imibandela yezenkolo engavimba ukubanini ungalusebenzisi usizo lwehomoeopath ebhaliswe ngokusemthethweni?

YEBO	1
CHA	2

Uvo lwakho:

_____
_____
_____

Ngiyabonga kakhulu ngokuzibandakanya kanye nokungisiza kulolucwaningo, nokuphendula loluhla lwemibuzo.

Ngiyasibonga isikhathi sakho osithathile ukuze wenze lolucwaningo lubekhona nokuba lubeyimpumelelo.

APPENDIX B: INTRODUCTION LETTER TO PARTICIPANT

Appendix B

Dear Participant

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

This has led me to develop a research survey among parents of pre-school children in the Pinetown district to establish your perception of homoeopathy. This survey will be for the completion of my Master's degree in homoeopathy at Durban University of Technology.

I would appreciate the completion of the attached questionnaire in full. Questions can be answered by circling the answer of your choice, or by filling in the answer in the comments space provided.

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

Your answers will help us greatly to provide more information on homoeopathy and to market homoeopathy in your area.

Yours faithfully

Caron von Bardeleben
5th Year M-Tech Student.

Dr C.M. Hall
M.Tech.(Hom), T.N.
B.Sc. PU for CHE

APPENDIX C: INTRODUCTION LETTER TO PRINCIPAL

Appendix C

Dear Principal

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

This has led me to develop a research survey among parents of pre-school children in the Pinetown district to establish your perception of homoeopathy. This survey will be for the completion of my Master's degree in homoeopathy at Durban University of Technology.

I would like to take this opportunity to thank you most sincerely for your willingness and assistance in allowing for the participation of the survey on the perceptions of homoeopathy among parents of your pre-school children.

I trust that this exercise is of value and assure you that information gleaned from the survey is of great significance.

The published results of the survey will be available to the public in the library of the Durban University of Technology before the end of 2009.

Yours faithfully

_____ _____

Caron von Bardeleben
5th Year M-Tech Student.

Dr C.M. Hall
M.Tech.(Hom), T.N.
B.Sc. PU for CHE

APPENDIX D: LETTER OF APPROVAL BY PRINCIPAL

Appendix D

NAME OF SCHOOL:_____

DATE OF VISIT:_____

NAME OF CONTACT AT SCHOOL:_____

I hereby confirm that I have approved that Mrs. C.L. von Bardeleben of the Department of Homoeopathy of the Durban University of Technology may undertake a survey among the parents of pre-school children at the above mentioned school.

_____
PRINCIPAL

APPENDIX E: POST SURVEY

INFORMATION PAMPHLET

The Laws of Homeopathy

Homeopathy is based on the observation that a substance, when taken by a healthy person, is capable of producing a particular array of symptoms. According to Homeopathic philosophy a substance so tested can be used to treat someone suffering from a disease or condition that presents with symptoms similar to those produced by that substance. This is the Law of Similars also expressed as,

"Let Likes be cured by Likes"

Appendix E

Printed for Master's Degree : Homoeopathy

For Caron von Bardeleben

HOMEOPATHY

HOMEOPATHY IS A COMPLETELY SAFE WAY TO TREAT MOST AILMENTS AND IS PRESCRIBED TO SUIT EACH PATIENT INDIVIDUALLY

Homoeopathy

Homeopathy is a system of medicine, governed by the Laws and principles of Nature.

It works by treating a person in totality or holistically, by stimulating the body's defence mechanism with natural products, produced safely from plant, animal and mineral substances. (Shealy 1998)

More and more people are becoming concerned about the effects of drugs, particularly in relation to children, pregnant women, the elderly and immune compromised patients. There is an alternative in Homeopathy, (Speight, 1993). This form of complementary medicine is a wonderful option because homeopathic remedies are safe, cause no side effects or allergic reactions and are inexpensive and in most incidences are curative and not suppressive. (Ullman. 1992), when prescribed by a qualified Homeopath.

Treatment

Homeopathy treats most conditions, both on a physical and emotional level. The earlier homeopathic treatment is received the faster the illness is relieved.

Consultation

A consultation with a qualified homeopath lasts approximately 1 hour. A detailed history is taken into consideration to determine your individual treatment requirements.

Contact details for a registered Homeopath in your area may be obtained from the Homeopathic Association of South Africa; www.hsa.org.za

Email: info@hsa.org.za

Tel: 086 111 4547

Fax: 086672 8417

Postal Address:

Suite 293,

Private box X11

Craighall 2024

FAQ

How is Homeopathy better than other forms of medicine?

Homeopathy treats the underlying condition/s that lie beneath the presenting symptoms and conditions, with few or no side effects. No therapy is as comprehensive in considering the mental, emotional and physical elements of an individual.

Are Homeopathic practitioners opposed to Allopathic treatment?

Homeopathic practitioners recognize that there are many conditions and illnesses that frequently require other medication and/or surgery, and are trained to recognize when to refer patients to medical practitioners including general practitioners and specialists. This also includes the recognition as to when to refer for special investigations, aiding in achieving a more comprehensive diagnosis.

Does Homeopathy take a long time to work?

Depending on the duration of the illness and severity, it can take anywhere from a few minutes to a few days to feel the effects of the medication. Acute conditions are often quick to respond to treatment but it is important to note that due to the nature of chronic conditions, it may take a longer time to restore health and balance and bring about cure. The homeopathic practitioner should advise you what to expect when taking any medication.

Can Homeopathy be used on Children and Babies?

Homeopathy has proven to work effectively on children and babies, where the medicines are safe and effective enough to be administered by registered Homeopathic Practitioners throughout the various phases of life.

Scott, L editor. The Official HSA Booklet 2007/2008

APPENDIX F: CONFIRMATION OF STATISTICIANS APPOINTMENT

APPENDIX F

52 Klooflands Rd
Kloof
3610

The Research Committee
Health Sciences
DUT
8 September 2008

Re: Research: Caron von Bardeleben, Homeopathic Department

To Whom it May Concern

I have been consulted by Caron von Bardeleben regarding her research design and methodology. She has appointed me as her statistician for analysis of the data.

Yours sincerely

Tonya Esterhuizen (Mrs)
Biostatistician/Senior Lecturer
College of Health Sciences
UKZN

APPENDIX G: CONFIRMATION EMAIL FOR SURVEY STATISTICAL MINIMUM

Appendix G

SUBJECT: RE: Caron von Bardeleben – M-Tech Homoeopathy

Date: Friday 10 October 2008

From: Tonya EsterhuizenEsterhuizent@ukzn.ac.za

To: Caron von Bardelebendrabnov@absamail.co.za

For this type of distribution you need to aim for a minimum of 35% as this is generally the rule of thumb, but in practice I am sure you will not get this. Mail surveys usually only have 5-30% response rate and so are generally not thought of as a good survey technique.
However yours is a bit different to a mail survey. But if your response rate is lower than 35% there may be selection bias in the sample as only a select group will respond, ie maybe only those with greater knowledge and then its difficult to generalize the results to the whole population.
If you are lucky and get 35%, you can stop waiting for replies, and analyze the data. If however, you wait for very long and don't get 35% you need to work with what you have. It's the only practical thing to do. This is a masters and not a PhD. You need to describe your response rate and say what if any kinds of problems it may have introduced and how you would have got around this if you had unlimited resources.
Hope this helps
Tonya

>>>Carl von Bardelebendrabnov@absamail.co.za10/10/2008 11:20>>>

HI
SORRY SHOULD HAVE MENTIONED THERE ARE ABOUT 1500 QUESTIONNAIRS THAT WILL BE DISTRIBUTED AMONGST THE PARTICIPATING SCHOOL, AND WILL BE SENT OUT VIA THEIR NOTICE SYSTEM, EITHER BOOKS OR NEWSLETTERS, BUT THE SYSTEM THEY USE ON A DAY TO DAY BASIS LIKE A BOOK SYSTEM.
IS MIN 35%OVER ZEALOUS TO EXPECT???
CARON

On 2008/10/10 11:05AM, "Tonya Esterhuizen"<Esterhuizent@ukzn.ac.za>wrote:

Hi
How many questionnaires will be distributed in total? Are they getting distributed via the school newsletter? Then you probably can expect a low response rate.
Tonya

>>>Carl von Bardelebendrabnov@absamail.co.za 10/10/2008 09:37>>>
Dear Tonya
I just wanted to know if there was a min % response rate you could work with to produce statistical data from.
Many thanks
Caron

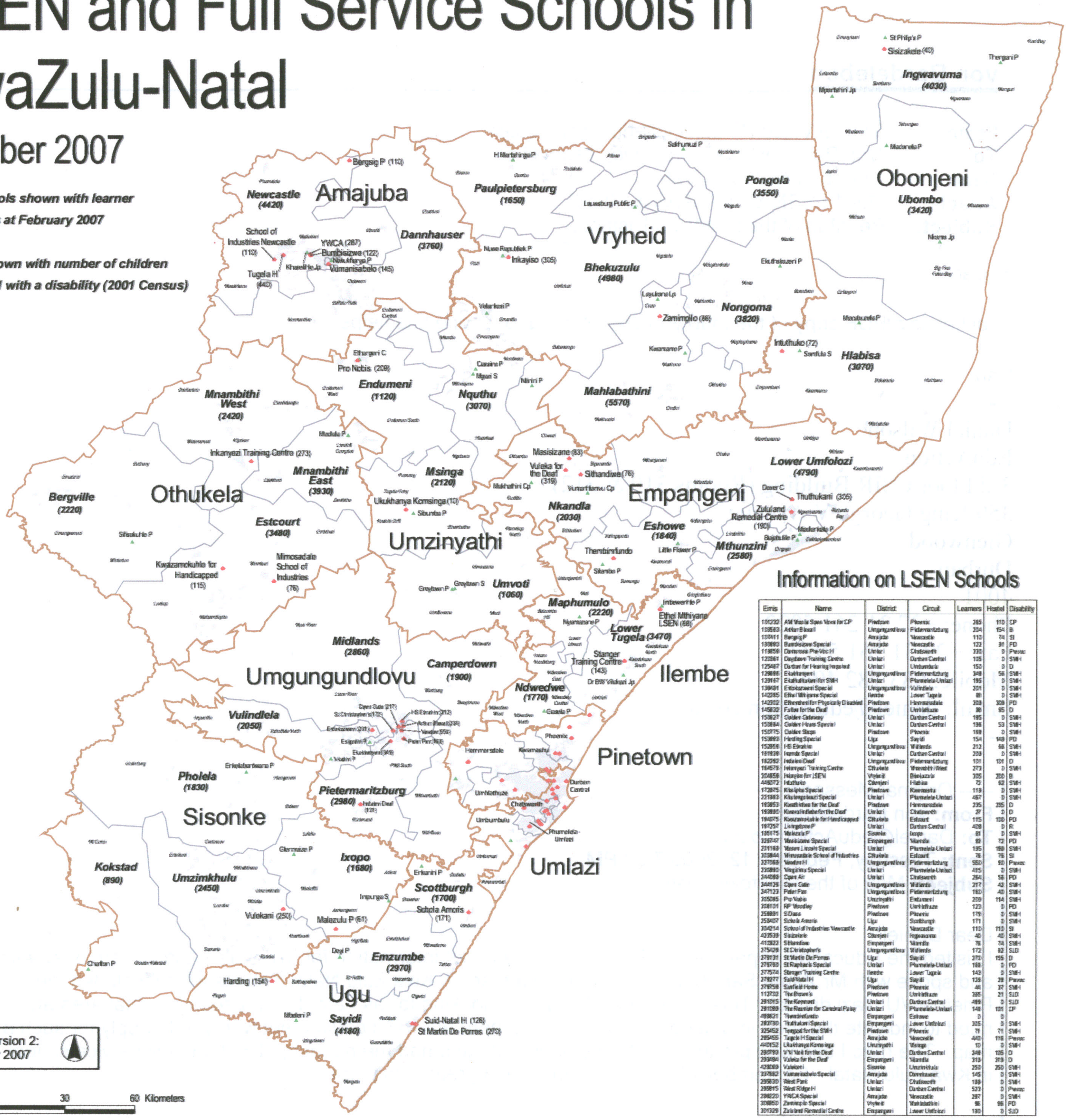
APPENDIX H: MAP - LSEN AND FULL SERVICE SCHOOLS IN KWAZULU NATAL

LSEN and Full Service Schools in KwaZulu-Natal

October 2007

** LSEN schools shown with learner numbers as at February 2007*

** Circuits shown with number of children aged 3 to 21 with a disability (2001 Census)*



Information on LSEN Schools

Emis	Name	District	Circuit	Learners	Hostel	Disability
131232	AM Moolla Spes Nova for CP	Pinetown	Phoenix	285	113	CP
133583	Arthur Blaxall	Umgungundlovu	Pietermaritzburg	204	154	B
137411	Bergsig P	Amajuba	Newcastle	110	74	SI
139893	Bumbisizwe Special	Amajuba	Newcastle	122	31	PD
119858	Dominican Pre-Voc H	Umlazi	Chatsworth	330	0	Prevoc
123861	Daybreak Training Centre	Umlazi	Durban Central	135	0	SMH
125487	Durban for Hearing Impaired	Umlazi	Umbumbulu	152	0	D
129886	Ekukhanyeni	Umgungundlovu	Pietermaritzburg	349	56	SMH
129187	Ekuthuthukeni for SMH	Umlazi	Phumelela-Umlazi	195	0	SMH
138491	Elikhulwazi Special	Umgungundlovu	Vulindlela	231	0	SMH
142285	Ethel Mthiyane Special	Ilembe	Lower Tugela	88	0	SMH
142332	Ethembeni for Physically Disabled	Pinetown	Hammarsdale	309	309	PD
145832	Fulton for the Deaf	Pinetown	Umhlathuze	98	95	D
150627	Golden Gateway	Umlazi	Durban Central	195	0	SMH
150864	Golden Hours Special	Umlazi	Durban Central	198	53	SMH
150775	Golden Steps	Pinetown	Phoenix	168	0	SMH
153893	Harding Special	Ugu	Sayidi	154	149	PD
152858	HS Ebrahim	Umgungundlovu	Midlands	212	88	SMH
181939	Ironside Special	Umlazi	Durban Central	228	0	SMH
182292	Indaleni Deaf	Umgungundlovu	Pietermaritzburg	131	131	D
164578	Inkanyezi Training Centre	Othukela	Mnambithi West	273	0	SMH
354858	Inkanyiso for LSEN	Vryheid	Bhekuzulu	305	200	B
448272	Intuthuko	Obonjeni	Hlabisa	72	62	SMH
172975	Khalipha Special	Pinetown	Kwamashu	119	0	SMH
221983	Khulangolwazi Special	Umlazi	Phumelela-Umlazi	467	0	SMH
193853	Kwathintwa for the Deaf	Pinetown	Hammarsdale	235	235	D
193898	Kwavulindlebe for the Deaf	Umlazi	Chatsworth	27	0	D
194875	Kwazamokuhle for Handicapped	Othukela	Estcourt	115	100	PD
197257	Livingstone P	Umlazi	Durban Central	428	0	R
195175	Malezulu P	Sisonke	Ixopo	61	0	SMH
328747	Masisizane Special	Empangeni	Nkandla	93	72	PD
231183	Mason Lincoln Special	Umlazi	Phumelela-Umlazi	195	189	SMH
320844	Mimosadale School of Industries	Othukela	Estcourt	76	76	SI
227363	Newton H	Umgungundlovu	Pietermaritzburg	550	90	Prevoc
230893	Ningizimu Special	Umlazi	Phumelela-Umlazi	415	0	SMH
244289	Open Air	Umlazi	Chatsworth	264	56	PD
244126	Open Gate	Umgungundlovu	Midlands	217	42	SMH
247123	Peter Pan	Umgungundlovu	Pietermaritzburg	160	40	SMH
335285	Pro Nobis	Umzinyathi	Endumeni	209	114	SMH
308131	RP Moodley	Pinetown	Umhlathuze	123	0	PD
258891	S Dass	Pinetown	Phoenix	179	0	SMH
258407	Schola Amoris	Ugu	Scottburgh	171	0	SMH
304214	School of Industries Newcastle	Amajuba	Newcastle	110	110	SI
423539	Sisizakele	Obonjeni	Ingwavuma	40	40	SMH
413822	Sithandiwe	Empangeni	Nkandla	76	74	SMH
275428	St Christopher's	Umgungundlovu	Midlands	172	82	SID
278131	St Martin De Porres	Ugu	Sayidi	270	155	D
278780	St Raphael's Special	Umlazi	Phumelela-Umlazi	166	0	PD
277574	Stanger Training Centre	Ilembe	Lower Tugela	143	0	SMH
279277	Suid-Natal H	Ugu	Sayidi	126	29	Prevoc
279758	Sunfield Home	Pinetown	Phoenix	44	37	SMH
112732	The Browns	Pinetown	Umhlathuze	395	21	SID
291315	The Kenmont	Umlazi	Durban Central	489	0	SID
291399	The Reunion for Cerebral Palsy	Umlazi	Phumelela-Umlazi	148	101	CP
499621	Thembinfundo	Empangeni	Eshowe	0	0	
280730	Thuthukani Special	Empangeni	Lower Umfolozi	305	0	SMH
325452	Tongaat for the SMH	Pinetown	Phoenix	71	71	SMH
295455	Tugela H Special	Amajuba	Newcastle	440	115	Prevoc
440152	Ukukhanya Komsinga	Umzinyathi	Msinga	13	0	SMH
290793	VN Naik for the Deaf	Umlazi	Durban Central	248	125	D
293494	Vuleka for the Deaf	Empangeni	Nkandla	319	319	D
429089	Vulekani	Sisonke	Umzimkhulu	250	250	SMH
337882	Vumanisabelo Special	Amajuba	Dannhauser	145	0	SMH
295830	West Park	Umlazi	Chatsworth	189	0	SMH
295815	West Ridge H	Umlazi	Durban Central	523	0	Prevoc
298223	YWCA Special	Amajuba	Newcastle	287	0	SMH
308953	Zamimpilo Special	Vryheid	Mahlabathini	96	96	PD
301329	Zululand Remedial Centre	Empangeni	Lower Umfolozi	190	0	SID

Legend

- Special Schools (learner numbers Feb 2007)
- Full Service Schools currently identified
- Education Districts
- Circuits
- Education Wards
- Urban areas

Pinetown / Umlazi detail:

Information on Full Service Schools

Emis	School	District	Circuit	Wardname	Schooltype
322501	B.W. Vilakazi	Ilembe	Lower Tugela	Umhlali	Primary
134784	Bajabulile Primary	Empangeni	Mthunzini	Esikhalenisenkosi	Primary
114737	Cassino Primary	Umzinyathi	Nquthu	Nondweni	Primary
118106	Charlton Primary	Sisonke	Kokstad	Greater Kokstad	Primary
123815	Deyi Primary	Port Shepstone	Emzumbe	Highflats	Primary
123898	Dover Combined	Empangeni	Lower Umfolozi	Ngwelezane	Combined
129093	Ekuthokozeni Primary	Vryheid	Nongoma	Mbabe	Primary
137492	Enkanini Primary	Port Shepstone	Scottburgh	Braemar	Primary
140079	Esigodini Primary	Umgungundlovu	Midlands	Midlands East	Primary
311313	Ethangeni Combined	Umzinyathi	Endumeni	Endumeni Central	Combined
147186	Gazela	Ilembe	Ndwedwe	Ndwedwe Central	Primary
149259	Georgedale Primary	Pinetown	Hammarsdale	Mpumalanga	Primary
149829	Glenmaize Primary	Sisonke	Ixopo	Lufafa	Primary
151358	Greytown Primary	Umzinyathi	Umvoti	Umvozana	Primary
152333	Greytown Secondary	Umzinyathi	Umvoti	Umvozana	Combined
271358	H. Mantshinga	Vryheid	Paulpietersburg	Dumbe	Primary
183626	Indawenhle	Ilembe	Lower Tugela	Mandeni	Primary
181357	Impunga High School	Sisonke	Ixopo	Jolivet	Secondary
137588	Inkelabantwana	Sisonke	Pholela	Hlanganani	Primary
173826	Khaselihle Primary	Amajuba	Newcastle	Masakhane	Primary
193443	Kwamame	Vryheid	Mahlabathini	Mashona	Primary
197146	Little Flower Primary	Empangeni	Eshowe	Kwamondi	Primary
187949	Louwsburg Public Primary	Vryheid	Bhekuzulu	Ngotshe	Primary
190085	Macabuzela	Obonjeni	Hlabisa	Ezibayeni	Primary
191179	Madiela Primary	Othukela	Mnambithi East	Limehill Complex	Primary
313926	Madlankala Primary	Empangeni	Mthunzini	Esikhalenisenkosi	Primary
191364	Madonela	Obonjeni	Ubombo	Tshongwe	Primary
194472	Makhathini Prim	Empangeni	Nkandla	Ekhombe	Primary
234186	Mbeleni Primary	Port Shepstone	Sayidi	Pisgah	Primary
208272	Mgazi High School	Umzinyathi	Nquthu	Mkhonjane	Secondary
301238	Mpontshini	Obonjeni	Ingwavuma	Lebombo	Primary
231381	Nkabini Primary	Umgungundlovu	Vulindlela	Vulindlela South	Primary
327738	Nkomo	Obonjeni	Ubombo	Big Five False Bay	Primary
234173	Nokukhanya Primary	Amajuba	Dannhauser	Dalmeni	Primary
239802	Nhlinini Primary	Vryheid	Bhekuzulu	Babanango	Primary
241240	Nuwe Republiek School	Vryheid	Bhekuzulu	Filiti	Primary
241489	Nyamazane	Ilembe	Maphumulo	Lower Umvoti	Primary
195733	Prince Lapakana	Vryheid	Nongoma	Nhlophenkulu	Primary
343064	Sakhamuzi Primary	Vryheid	Pongola	Ncotshane	Primary
258820	Saphumelela Primary	Umlazi	Umbumbulu	Folweni	Primary
263589	Sibambe Primary	Umzinyathi	Msinga	Keate's Drift	Primary
264281	Sifisokuhle Primary	Othukela	Bergville	Winterton	Combined
265327	Silado Primary	Empangeni	Eshowe	Vulingqondo	Primary
273083	Somfula	Obonjeni	Hlabisa	Empembeni	Secondary
288723	St Philips	Obonjeni	Ingwavuma	Sandane	Primary
302142	Thengani	Obonjeni	Ingwavuma	Manguzi	Primary
291338	Velankosi Primary	Vryheid	Bhekuzulu	Emondlo	Primary
293917	Vumanhlamvu Primary	Empangeni	Nkandla	Sigananda	Primary

Special and Full Service Schools

Within the 2008/09 to 2010/11 MTEF Cycle, Programme 4, which has been extended to include Full Service schools, will experience significant growth as it seeks to provide adequate facilities for learners with disabilities as well as other learners experiencing barriers to learning.

The guiding principles for the provision of special education needs have undergone a major change with the implementation of White Paper 6. There has been a shift from a placement model to a support model that embraces the principles of inclusion.

To ensure a fair distribution of support programmes for learners with barriers to learning and development across the province, there are plans to strengthen 48 mainstream schools to become Full Service Schools in2008/2009. In order to provide adequate facilities for learners with barriers to learning the following model of provisioning is proposed: one Special School per circuit and 1 Full Service School per ward. This means that, taking into account existing facilities, 11 new Special Schools will need to be established and 181 ordinary schools will need to be converted to Full Service Schools during the 2008/09 to 2010/11 MTEF cycle.

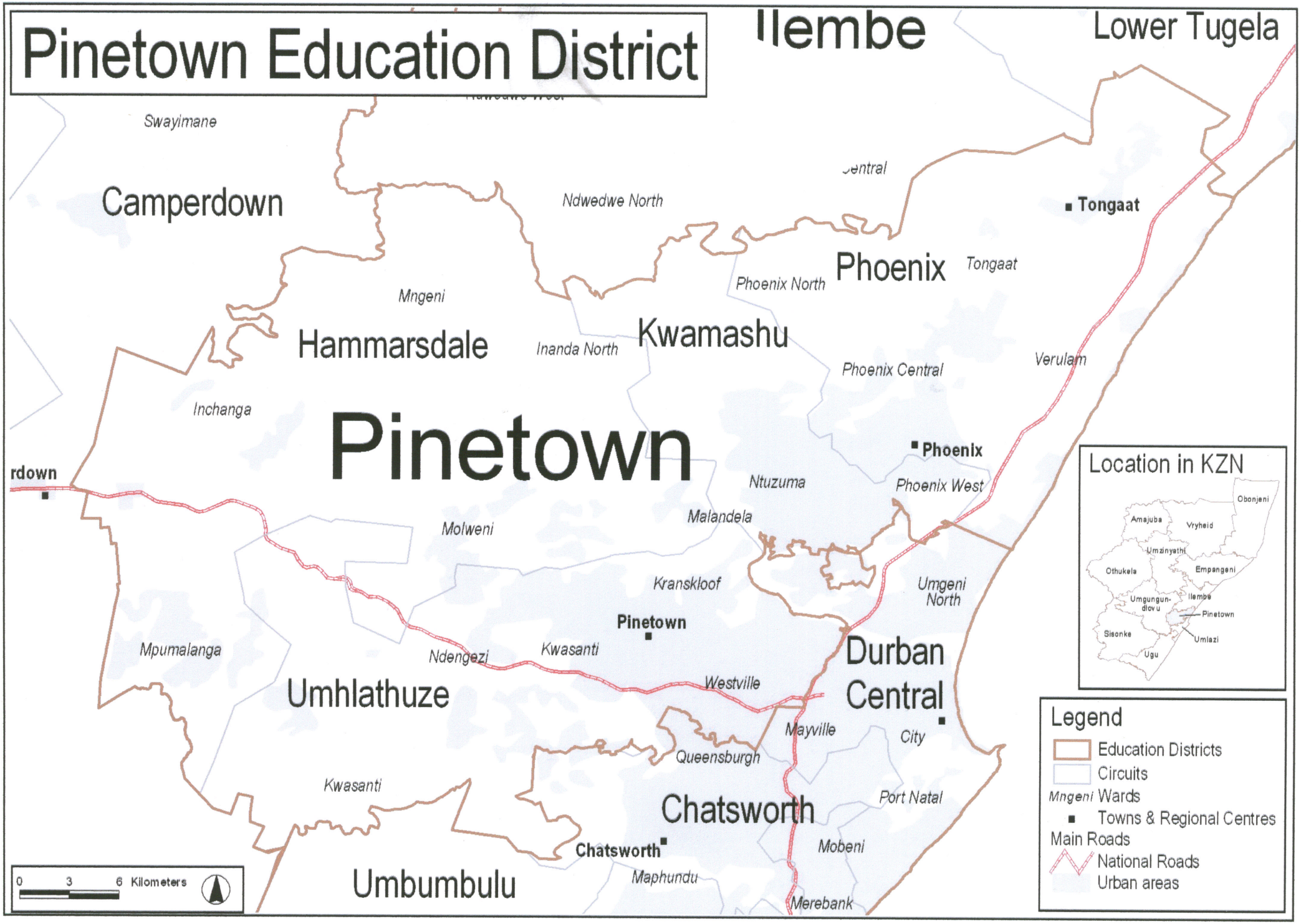
KwaZulu-Natal Department of Education

EduAction

031 261 5922

© 2007

APPENDIX I: MAP – PINETOWN EDUCATION DISTRICT – KWAZULU-NATAL


Pinetown Education District
Ilembe
Lower Tugela
Swayimane
Camperdown
Ndwedwe North
Central
Tongaat
Phoenix
Tongaat
Phoenix North
Mngeni
Hammarsdale
Inanda North
Kwamashu
Phoenix Central
Verulam
Inchanga
Pinetown
Phoenix
rdown
Ntuzuma
Phoenix West
Malandela
Molweni
Kranskloof
Umgeni North
Pinetown
Mpumalanga
Ndengezi
Kwasanti
Durban Central
Westville
Umhlathuze
Mayville
City
Queensburgh
Kwasanti
Port Natal
Chatsworth
Chatsworth
Mobeni
Maphundu
Umbumbulu
Merebank
0 3 6 Kilometers
Location in KZN
Obonjeni
Amajuba
Vryheid
Umzinyathi
Othukela
Empangeni
Umgungun-dlovu
Ilembe
Pinetown
Sisonke
Umlazi
Ugu
Legend
Education Districts
Circuits
Mngeni Wards
Towns & Regional Centres
Main Roads
National Roads
Urban areas

APPENDIX J: LIST OF PARTICIPATING SCHOOLS

Appendix J

LIST OF PARTICIPATING SCHOOLS IN THE PINETOWN DISTRICT

WARD	CIRCUIT	EMIS	OWNERSHIP	SCHOOL NAME	SUBURB
Molweni	Hammarsdale (3220)	155437	Public	Hillcrest p.p	Hillcrest
Molweni	Hammarsdale (3220)	280349	Public	Thandisizwe p.p	Botha's hill
Molweni	Hammarsdale (3220)	406445	Independent	Waterfall pp	Waterfall
Verulam	Phoenix (3180)	408073	Independent	Crawford La Lucia p.p	La Lucia
Verulam	Phoenix (3180)	287712	Independent	Umhlanga p.p	Umhlanga rocks
Kranskloof	Umhlathuze (3530)	305842	Public	New Germany Lutheran p.p	New Germany
Kranskloof	Umhlathuze (3530)	407296	Independent	Reservoir Hills p.p	Reservoir Hills
Kwasanti	Umhlathuze (3530)	407407	Independent	Rainbow p.p & crèche	Mariannridge
Kwasanti	Umhlathuze (3530)	277944	Public	Stepping Stones p.p	Pinetown
Ndengezi	Umhlathuze (3530)	176638	Public	Kloof p.p	Kloof
Westville	Umhlathuze (3530)	118400	Independent	Cowies Hill p.p	Cowies Hill
Westville	Umhlathuze (3530)	258963	Public	Saturn p.p	Westville
Westville	Umhlathuze (3530)	295963	Public	Westville p.p	Westville