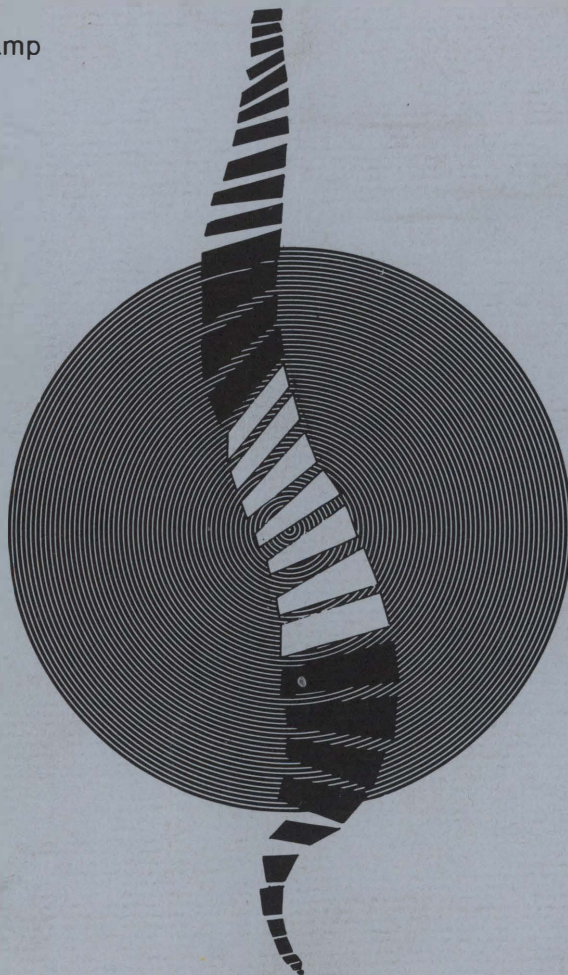


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# South Africans' experience of chiropractic and homeopathy

C.S. Steenekamp



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of chiropractic and  
homeopathy



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C.S. Steenekamp

Machine Readable Data File and relevant documentation conditionally available on request from the Centre for Social Research Data, HSRC. Additional themes in data file include general state of health and health behaviour of respondents, and research on questionnaire construction.

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## ABSTRACT

The Opinion Survey Centre of the HSRC conducted a postal survey among a sample of 2 206 respondents to obtain empirical information on people's knowledge of and attitudes towards health matters, and the extent and results of consultations with chiropractors and homeopaths. Patients of chiropractors and homeopaths are more satisfied with the approach and treatment by their doctors than are the patients of allopaths with theirs. Both chiropractors and homeopaths completely cured a considerable proportion of patients who previously often or repeatedly consulted allopaths.

## 1. INTRODUCTION

### 1.1 BACKGROUND

This research finding, based on data collected in a multipurpose survey which was undertaken during August 1983 by the Opinion Survey Centre (OSC) of the Human Sciences Research Council by means of a postal questionnaire, presents the results concerning certain aspects of the attitudes, knowledge and experience of the public with regard to chiropractic and homeopathy (generally referred to as alternative medical practices).

It is not the aim of this research finding to evaluate the physiological and biochemical principles or claims of alternative medical practices, or to compare them with those of official medical practice. This report merely offers empirical information about the way in which the White South African population experiences the services of the alternative medical practitioners - an issue on which there is at present none or very little information available - and compares the results of consultations with alternative medical practitioners with those of visits to official medical practitioners.

In this research finding the concept "alternative medical practice" is used for the services rendered by chiropractors, homeopaths, osteopaths, naturopaths and herbalists to distinguish them from the service provided by practitioners who are registered with the South African Medical and Dental Council as general practitioners or specialist physicians. To these are referred to as ordinary doctors and specialists.

Since the promulgation of the Associated Health Service Occupations Act in 1983 the term "associated health service practices" has gained wider acceptance

and probably enjoys wider recognition at present than the term "alternative medical practice". On the basis of the historical background and popular usage, it was decided to use the latter term for the purpose of this report.

The status, merit and recognition of alternative medical practices also appears to be a sensitive issue in countries like the United States of America (Wardwell, 1975), Australia (Report of the Committee of Inquiry, 1977), Britain (Breen, 1976), Holland (Ooijendijk et al., 1981) and New Zealand (Kelner et al., 1980).

In the latter country, for example, the public was more inclined than the official medical practice or legislators to recognize chiropractic as a valid form of health care. It was even found that in spite of criticism and claims that chiropractic is dangerous, the general public started to insist on their right to make their own decisions about the type of treatment that they regarded as the best for their particular problems (Ibid.: 243).

In South Africa the debate on the recognition of alternative medical practices has stimulated wide public interest. During 1971 and 1974 the registers of chiropractors and homeopaths, respectively, were closed, posing a threat to the survival of these professions. In 1982 however, an Act was promulgated which provided for the establishment of a South African Associated Health Service Professions Board to control the practice of alternative medical practitioners. An amendment was passed in 1985 whereby, inter alia, the registers of chiropractors and homeopaths were reopened and provision was made for the training in these professions.

For some time alternative medical practices have been recognized by medical aid schemes in the private sector in particular. Medical aid schemes of government-



assisted institutions have however followed a more cautious approach (Abraham, 1982). The medical aid scheme of statutory organizations, for example, has contributed only since 1983 to expenses incurred by members with regard to alternative medical services (SOMS, 1984).

## 1.2 THE SURVEY AND THE REPORT

### 1.2.1 The questionnaire

The questions in the questionnaire on the results of consultations with ordinary doctors, specialists and alternative medical practitioners, and the respondents evaluation of their activities, were either taken over verbally or adapted from a survey by the Netherlands Institute for Preventative Medicine (Ooijendijk et al., 1981).

In order to obtain a better idea of the general state of health of the sample, questions derived from a questionnaire of the Bureau of Health Statistics of the University of Wisconsin were also included in the questionnaire.

Since the prevention of coronary heart diseases enjoys frequent attention in the media, questions about blood pressure, obesity, stress and physical exercise were also included in the questionnaire.

### 1.2.2 The sample

The postal panel of the Opinion Survey Centre (OSC) was used for the collection of the data of this research finding. A description of the way in which the postal panel was set up, appears in Appendix 1.

Out of 2 893 questionnaires that were sent out, 2 206 (76.25 %) were returned. In comparison with the figures for the 1980 population census, the sample was

overrepresented in respect of the higher age and the higher educational level categories. Appropriate statistical techniques, described in Appendix 1, were used to test for the effect that the over and underrepresented variables might have had on the results, and weighted values were used in the calculation of results to ensure optimum reliability.

### 1.2.3 Calculations and presentation of the results

For the identification and analysis of the under and overrepresented sample variables, the log-linear analysis technique was used. In appropriate cases the CHAID analysis technique and an ANOVA programme were applied. A description of the techniques and the procedures that were followed, is included in Appendix 1.

The most important findings are reported under the heading "Findings". The complete results of the reported answers to the questions are supplied in a series of tables following the text.

In most cases percentages in the tables are rounded off to one decimal comma, with the result that the totals do not always add up to 100. With a few exceptions, percentages are also rounded off in the text.

## 2 FINDINGS

### 2.1 THE SAMPLE'S EXPERIENCE OF ALTERNATIVE MEDICAL SERVICES

#### 2.1.1 The extent of the use of alternative medical practices

In comparison with the extent of consultations with ordinary doctors and specialists during the 12 months that preceded the survey (Table 1), Table 2 shows that relatively few people made use of alternative medical

practices: respectively 14,5 % and 12,9 % of the respondents replied affirmatively to the question whether they ever consulted a chiropractor or homeopath. Of these, 49,0 % had paid a visit to an alternative medical practitioner during the 12 months preceding the survey (Table 3).

If generalized to the total White South African population, it means that the number of people who consult chiropractors and/or homeopaths, can be estimated at 600 000.

#### 2.1.2 Comparison of the results of treatment by alternative medical practitioners with the results of treatment by ordinary doctors

A comparison of the results of treatment by alternative medical practitioners with the results of treatment by ordinary doctors and specialists appears in Table 4.

The percentage of respondents who mentioned that they had been completely cured after visits to ordinary doctors and specialists was larger than the percentage who gave the same answer with regard to visits to chiropractors and homeopaths. Respectively 21,6 %, 10,8 % 8,2 % and 6,2 % respondents indicated that visits to homeopaths, chiropractors, ordinary doctors and specialists did not help at all. There were no cases where ailments or diseases became worse after visits to homeopaths; while the same number of cases were reported where ailments became worse after visits to chiropractors and specialists, namely 1,6 %.

It should be taken into account that the majority of respondents who visited alternative medical practitioners, had previously consulted ordinary doctors or specialists for the same ailment: only 19,2 % of the respondents who consulted alternative medical practitioners, had not previously consulted an ordinary doc-

tor for the same ailment. Most of the patients of alternative medical practitioners mentioned that they repeatedly (26,3 %), or often (23,0 %), consulted an ordinary doctor for the same ailment or disease (Table 5).

### 2.1.3 Relation between visits to ordinary doctors and the results of treatment by alternative practitioners

A comparison between the results of consultations with ordinary doctors and with alternative medical practitioners is not simple. In the first place information about the experience of medical services depends on the opinions of the respondents.

Accepting such self-reported opinions as empirical facts thus implies that the final word on a person's health can be spoken by the person himself. A second problem is that there are probably very few people who consulted only either ordinary doctors or alternative medical practitioners under comparable circumstances (with the same biographical background and with the same ailments at the same stage). This problem was avoided to a certain extent by asking the respondents, directly after the question whether they had consulted a chiropractor or homeopath during the 12 months preceding the survey, if they had also consulted an ordinary doctor for the same ailment. It is assumed that this question identified the respondents who had visited an ordinary doctor without success and subsequently visited an alternative medical practitioner.

Table 6 shows the relation between the results of earlier visits to ordinary doctors and the results of subsequent visits to chiropractors. The table is composed in such a way that the percentages for both the column and row variables are given. For example, it can be seen what percentage of the respondents of the group that repeatedly consulted an ordinary doctor

(as group of 100,0 %) was completely cured, helped very much, etc. by a chiropractor. It is also shown what percentage of those who had been completely cured by a chiropractor (as group of 100,0 %) never, or once, or twice, etc., consulted an ordinary doctor before they visited the chiropractor. It appears, for example, that of the respondents who had been completely cured by a chiropractor, only 31,5 % had never consulted an ordinary doctor on an earlier occasion, and that 19,6 % had consulted such a doctor repeatedly, and 20,7 % often. In the same way, it is noted that of those who had repeatedly consulted an ordinary doctor, respectively 21,1 % and 47,8 % had been completely cured and helped very much by a chiropractor.

In Table 7 the relation between earlier visits to ordinary doctors and the results of subsequent visits to homeopaths is noted. The data are presented in the same way as those in Table 6. It appears, for example, that of those people who had been completely cured by homeopaths, 23,5 % had never, and 35,3 % had repeatedly consulted an ordinary doctor on earlier occasions. Of those who had visited an ordinary doctor repeatedly, and subsequently consulted a homeopath for the same ailment, 28,6 % were completely cured and 35,7 % were helped very much.

## 2.2 OPINIONS ON AND KNOWLEDGE ABOUT ALTERNATIVE MEDICAL PRACTICE

### 2.2.1 Opinions on the approach and treatment by ordinary doctors and that by alternative medical practitioners

From the results in Table 9, it can be gathered that the regular patients of alternative medical practitioners generally thought positively about them.

Although the medicine that alternative medical practitioners prescribed, made the patients feel better to a

to a lesser extent than the medicine of ordinary doctors and specialists, alternative medical practitioners diagnosed most ailments quicker and more often correctly, and to a lesser extent prescribed too much medicine too soon, than ordinary doctors.

On a personal level it appears that the alternative practitioners were more able to put patients at ease, listened more attentively to what patients had to say about ailments, did not let them feel that they were hiding anything, prescribed treatment with which patients agreed, and spent enough time examining them. Specialists were the practitioners who knew to the greatest extent what the best treatment was, and who were most often sympathetic towards their patients' problems.

#### 2.2.2 Knowledge of alternative medical practitioners

In spite of the fact that 17 % of the sample admitted that they had never heard about chiropractic, homeopathy or other alternative medical practices, there was a fairly good understanding of the distinction between the functions of chiropractors and homeopaths.

"Manipulation of the spine", "massage of ligaments" and similar activities related to joints and muscles, were ascribed to chiropractors, while "supplementing the body's chemicals" with "plant extracts" or "curing with the same stuff as that causing the symptoms" were ascribed to homeopaths.

Attention to the importance of diet and a healthy life style were ascribed to both. The quick and correct diagnosis of most ailments, especially by homeopaths, was mentioned by the sample (Table 10).

## 2.3 CHARACTERISTICS OF PEOPLE WHO CONSULT ALTERNATIVE MEDICAL PRACTITIONERS

### 2.3.1 Biographical profile of people who consult alternative medical practitioners

From an analysis of Table 11 and the dendrogram in Figure 1, it can be concluded that the people who consult alternative medical practitioners are preponderantly older people, people with an educational level of Standard 10 or higher, English-speaking people and people living on farms. No substantiation could be found for the theory that the people who rely on alternative medical practitioners are mainly of the restless personality type, if changes in church affiliation are used as an indicator.

### 2.3.2 First information about alternative medical practices

With reference to the respondents who had heard about alternative medical practitioners, it appears that friends, acquaintances, relatives, parents, the media, and "at work", in that order, were where they first heard about them (Table 12).

Because the question was phrased as an open question, a large percentage (29,5 %) of the respondents supplied answers that included individuals, situations, localities and other irrelevant answers.

### 2.3.3 Decision to make use of medical practices

Asked about the reasons why they decided to visit alternative medical practitioners, nearly 28 % answered that an ordinary doctor had no longer been able to help and approximately 30 % provided answers that suggested that they were desperate and at the end of their tether (Table 13).

#### 2.3.4 Reasons why alternative medical practices had not been tried

Answers to the question "If you yourself have never consulted any of these persons (alternative medical practitioners), to what would you ascribe this?" appear in Table 14. With this question the respondents could choose an answer from a given number of possible alternatives. The largest percentage pointed out that they had never required their services (39,8 %) while 23,3 % indicated that their doctors were good enough. The rest of the responses were divided between the remaining alternatives for example "know too little about them" (16,1 %); "medical aid scheme does not recognize them" (6,2 %); and "their training is not up to standard" (4,0 %). Although 3,3 % of the respondents indicated that alternative medical practitioners "are nothing but quacks", only 0,9 % answered that they had heard about their failures, and only 0,1 % had experience of their failures.

A small percentage (0,3 %) of the respondents had been cautioned against alternative medical practitioners by their doctors.

#### 2.4. OPINIONS ON RECOGNITION OF ALTERNATIVE MEDICAL PRACTICES BY MEDICAL AID SCHEMES

A large majority of the respondents were members of a medical aid scheme or were covered by one (Table 15). Although a relatively small proportion (less than 20 %) of the respondents mentioned that they had ever visited a chiropractor or homeopath, Table 16 shows that 53 % of the sample thought that medical aid schemes should recognize the services of registered alternative medical practitioners. Approximately only 11 % said "no" and the remainder answered "it depends" (20 %) "do not know" (13 %) and "it does not matter" (3,0 %).



From Table 17 and the dendrogram which illustrates the relation between the biographical and background variables of the sample, and their views on the recognition of alternative medical practices by medical aid schemes, it appears that language, sex, educational level, and whether they had changed church affiliation, had a bearing on these views.

From the dendrogram (Figure 2) that was compiled from the CHAID-analysis it can be concluded that the typology or "model" of the respondent who favours recognition of the services of alternative medical practitioners by medical aid schemes, is: English speaking, has obtained at least Standard 10, and did not change his religious affiliation during the ten years that preceded the survey (69,5 % of this group said "yes" as against 53,2 % of the total sample.

The "model" of the person who does not favour recognition, is: Afrikaans speaking and male (17,8 %) of this group said "no" as against the average of (12,6 % ); while the "model" of the person who is not sure, is Afrikaans speaking, female and has Standard 9 (50,7 % of this group are not sure as against the average of 34,2 % of the total sample.)

### 3 CONCLUSION

In the light of the recent legislative measures with regard to alternative medical professions (as described briefly in the Introduction), and with the fine record of medical service to the public in mind, it may be concluded that the professions of chiropractor and homeopath are poised to establish themselves as worthy alternative medical services in South Africa.



TABLE 1

NUMBER OF VISITS TO DOCTORS AND SPECIALISTS  
DURING THE 12 MONTHS PRECEDING THE SURVEY

(weighted results in percentages)\*

NUMBER OF VISITS	VISITS TO:	
	Doctors (N=2 202)	Specialists (N=2 197)
Not applicable	21,2	48,1
Once	22,4	24,3
Twice	17,7	14,5
Three times	12,6	4,4
Four times	7,5	2,9
Five times	4,5	1,8
Six times or more	14,1	3,9
TOTAL	100,0	100,0

\* The totals in the tables do not always add up to 100,0 % as a consequence of rounding off.

TABLE 2

"HAVE EITHER YOU OR MEMBERS OF YOUR FAMILY, RELATIVES  
OR FRIENDS EVER CONSULTED AN ALTERNATIVE  
MEDICAL PRACTITIONER?"

(weighted results in percentages)\*

PERSON	VISITS TO:	
	Chiropractor (N = 2 206)	Homeopath (N = 2 206)
Respondent	14,5	12,9
Spouse	11,0	9,8
Children	4,0	7,0
Parents	8,5	9,3
Relatives	9,5	13,9
Friends	11,0	14,8

- \* The totals do not add up to 100,0 % because the visits by the respective persons (categories) are not mutually exclusive.

TABLE 3

VISITS TO ALTERNATIVE MEDICAL PRACTITIONERS  
DURING THE 12 MONTHS THAT PRECEDED THE SURVEY

(weighted results in percentages)

NUMBER OF VISITS	AS PERCENTAGE OF:	
	All visits (N=653)	Past year (N=288)
Visited earlier	51,0	.
Once	23,1	47,0
Twice	9,8	20,1
Three times	5,5	11,1
Four times	1,9	3,8
Five times	2,7	5,5
Six or more times	6,1	12,5
TOTAL	100,0	100,0

TABLE 4

COMPARISON OF THE RESULTS OF VISITS TO ORDINARY  
DOCTORS, SPECIALISTS, CHIROPRACTORS AND HOMEOPATHS

(weighted results in percentages)

RESULTS OF VISITS	MEDICAL PRACTITIONER			
	Ordinary doctors N=1 523	Specia- lists N=953	Chiro- practors N=422	Homeo- paths N=336
Completely cured	33,9	36,2	21,0	21,1
Helped very much	29,0	28,2	42,5	28,3
Helped considerably	20,4	17,8	14,8	15,3
Helped temporarily	10,6	8,1	9,3	13,7
Did not help at all	6,2	8,2	10,8	21,6
Made matters worse	0,5	1,6	1,6	0,0
TOTAL	100,0	100,0	100,0	100,0

TABLE 5

NUMBER OF TIMES THAT PATIENTS OF ALTERNATIVE MEDICAL  
PRACTITIONERS ALSO CONSULTED AN ORDINARY DOCTOR  
FOR THE SAME AILMENT OR DISEASE

(weighted results in percentages)

---

	Percentage
<hr/>	
Not applicable	19,2
Perhaps once	13,6
Sporadically	17,9
Often	23,0
Repeatedly	26,3
 TOTAL (N=651)	 100,0

---

TABLE 6

RELATION BETWEEN EARLIER VISITS TO ORDINARY DOCTORS  
AND RESULTS OF VISITS TO CHIROPRACTORS

Figures in tables:

Cases

Row percentages

Column percentages

RESULTS WITH CHIRO- PRACTORS	EARLIER VISITS TO ORDINARY DOCTOR					TOTAL
	Never	Perhaps once	Sporadi- cally	Often	Repea- tedly	
Cured	29	12	14	18	19	92
complete-ly	31,52	13,04	15,22	19,57	20,65	100,00
	25,89	25,53	15,05	23,08	21,11	21,90
Helped	29	19	30	28	43	149
very	19,46	12,75	20,13	18,79	28,86	100,00
much	25,89	40,43	32,26	35,90	47,78	35,48
Helped	23	5	20	17	13	78
consider-ably	29,49	6,41	25,64	21,79	16,67	100,00
	20,54	10,64	21,51	21,79	14,44	18,57
Helped	17	7	15	8	5	52
tempora-ri-ly	32,69	13,46	28,85	15,38	9,62	100,00
	15,18	14,89	16,13	10,26	5,56	12,38
Nothing/	14	4	14	7	10	49
Became	28,57	8,16	28,57	14,29	20,41	100,00
worse	12,50	8,51	15,06	8,97	11,11	11,66
TOTAL	112	47	93	78	90	420
	26,67	11,19	22,14	18,57	21,43	100,00
	100,00	100,00	100,00	100,00	100,00	100,00



TABLE 7

RELATION BETWEEN EARLIER VISITS TO ORDINARY DOCTORS  
AND RESULTS OF VISITS TO HOMEOPATHS

Figures in tables:

Cases

Row percentages

Column percentages

RESULTS WITH HOMEO- PATHS	EARLIER VISITS TO ORDINARY DOCTOR					TOTAL
	Never	Perhaps once	Sporadi- cally	Often	Repea- tedly	
Cured	16	6	9	13	24	68
complete- ly	23,53 28,57	8,82 14,63	13,24 11,54	19,12 17,33	35,29 28,57	100,00 20,36
Helped very much	8 8,79 14,29	10 10,99 24,39	19 20,88 24,36	24 26,37 32,00	30 32,97 35,71	91 100,00 27,25
Helped consider- ably	10 16,39 17,86	9 14,75 21,95	25 40,98 32,05	8 13,11 10,67	9 14,75 10,71	61 100,00 18,26
Helped tempora- rily	5 11,90 8,93	5 11,90 12,20	11 26,19 14,10	15 35,71 20,00	6 14,29 7,14	42 100,00 12,57
Nothing/ Became worse	17 23,61 30,36	11 15,28 26,83	14 19,44 17,95	15 20,83 20,00	15 20,83 17,86	72 100,00 21,56
TOTAL	56 16,77 100,00	41 12,28 100,00	78 23,35 100,00	75 22,46 100,00	84 25,15 100,00	334 100,00 100,00

TABLE 8

"EVERYTHING CONSIDERED, WHOM DO YOU USUALLY  
GO TO FOR MEDICAL ADVICE .... ?"

(weighted results in percentages)

	Percentage
Ordinary doctor	95,5
Specialist	2,6
Alternative practitioner	1,9
TOTAL (N = 2 195)	100,0

TABLE 9

MEAN VALUES FOR THE STATEMENTS ON THE TREATMENT AND  
APPROACH OF THE PRACTITIONERS TO WHOM THE RESPONDENTS  
USUALLY WENT FOR MEDICAL ADVICE

STATEMENTS	APPLICABLE TO:		
	Ordinary doctor	Special -ist	Alter- native
(Minimum N:	1 884	50	39)
(Maximum N:	2 014	59	46)
Prescribes medicine that makes me feel better immediately	2,148	2,127	2,244
Listens to all that I have to say about my illness or indisposition	1,478	1,439	1,250
*Treats me as his equal	1,620	1,696	1,419
Soon finds out what is wrong with me	1,897	1,719	1,545
Sympathizes with my problems	1,746	1,661	1,674
#Knows of the best treatment	1,913	1,559	1,659
*Uses enough time to examine me	1,726	1,655	1,409
Puts me at ease	1,519	1,554	1,488
#Prescribes medicine too easily	3,307	3,316	3,674
*Prescribes too much medicine	3,511	3,464	3,810
*Agrees with me on the causes of disease	2,622	2,491	2,590
#Prescribes treatment(s) with which I agree	2,111	1,800	1,786
*Makes me feel as if he is hiding something from me	3,847	3,804	3,977
*Examines me thoroughly	1,946	1,776	1,897
*Merely wants to make money	3,610	3,634	3,750
*Discusses with me the treat- ment he has in mind	1,754	1,552	1,750
*Is interested in me as an individual	1,693	1,724	1,372
#Diagnoses the majority of ailments correctly	1,838	1,695	1,609

\* Differences are significant at 5 % level.

# Differences are significant at 1 % level.

Mean values of:

1 (always), 2 (usually), 3 (sometimes) and 4 (never).

The lower the mean value, the more the statement is  
applicable to the particular practitioner.

TABLE 10

APPROVING ANSWERS TO STATEMENTS ON THE ACTIVITIES  
OF CHIROPRACTORS AND HOMEOPATHS

(weighted results in percentages)

STATEMENTS:	APPLICABLE TO:	
	Chiro- practars	Homeo- paths
Treats fat people	4,5	19,3
Specializes in blood pressure	6,1	11,1
Manipulates the spine in particular	68,9	3,9
Does skin transplants	5,7	1,2
Stimulates the skin with sharp needles	6,5	5,0
Treats patients with antidote	2,6	16,4
Diagnoses according to the reaction of herbs	4,2	22,9
Supplements the body's chemicals	4,9	23,9
Usually prescribes pain killers	8,0	7,1
Provides only medicine	4,0	23,9
Can diagnose the majority of diseases	10,6	34,9
Uses the laying on of hands to cure patients	5,4	2,9
Cures by using the same stuff as that causing the symptoms	2,8	27,3
Sticks different types of plaster on affected areas	4,1	5,6
Uses hypnosis to relieve pain	3,5	5,7
Presses needles under one's skin	8,0	3,5
Massages ligaments	40,7	5,5
Has refined the use of antibiotics	4,2	7,7
Looks into people's eyes to make a diagnosis	4,7	38,3
Prescribes plant extracts	5,3	31,4
Emphasizes a healthy way of life	18,5	28,7
Usually prescribes a diet	7,7	23,3
Only takes blood samples	2,7	3,4
Treats foot problems only	10,8	1,7
Can treat the majority of diseases	9,8	35,4

\* Because approval of the respective statements is not mutually exclusive, the percentages were calculated for each statement separately (N = 2 206) and do not add up to 100,0 %

TABLE 11

VISITS TO CHIROPRACTORS ANALYZED ACCORDING TO  
BIOGRAPHICAL AND QUESTIONNAIRE VARIABLES

(percentages)

## EDUCATIONAL LEVEL

---

	Std 9	Std 10	Std 10+	Total
Consulted them	10,7	21,0	20,2	18,4
Have not visited them	89,3	79,0	79,8	81,6
TOTAL (100 %)	382	548	802	1 732
# Level of significance: 0,007 %				

## AGE

	18-34	35-44	45+	Total
Consulted them	12,5	22,4	20,1	18,4
Have not visited them	87,5	77,6	79,9	81,6
TOTAL (100 %)	550	510	672	1 732
# Level of significance: 0,007 %				

## LANGUAGE

	Afr.	Eng.	Total
Consulted them	14,4	24,5	18,4
Have not visited them	85,6	74,5	81,6
TOTAL (100 %)	1 050	682	1 732
# Level of significance: 1,111E-05 %			

## SEX

	Men	Women	Total
Consulted them	18,9	17,8	18,4
Have not visited them	81,1	82,2	81,6
TOTAL (100 %)	885	847	1 732
Level of significance: 57,538 %			

TABLE 11 (continued)

## RESIDENCE

	Cities and towns	Farms	Total
Consulted them	17,6	23,7	18,4
Have not visited them	82,4	76,3	81,6
TOTAL (100 %)	1 513	219	1 732
* Level of significance: 2,767 %			

## RESPONDENT'S STATE OF HEALTH

	Excellent and good	Reasonable and poor	Total
Consulted them	18,2	19,2	18,4
Have not visited them	81,8	80,8	81,6
TOTAL (100 %)	1 456	276	1 732
Level of significance: 69,332 %			

## WHETHER RESPONDENT CHANGED CHURCH AFFILIATION

	Did not	Did	Total
Consulted them	18,2	20,4	18,4
Have not visited them	81,8	79,6	81,6
TOTAL (100 %)	1 570	162	1 732
Level of significance: 48,763 %			

## RECOGNITION BY MEDICAL AID SCHEMES

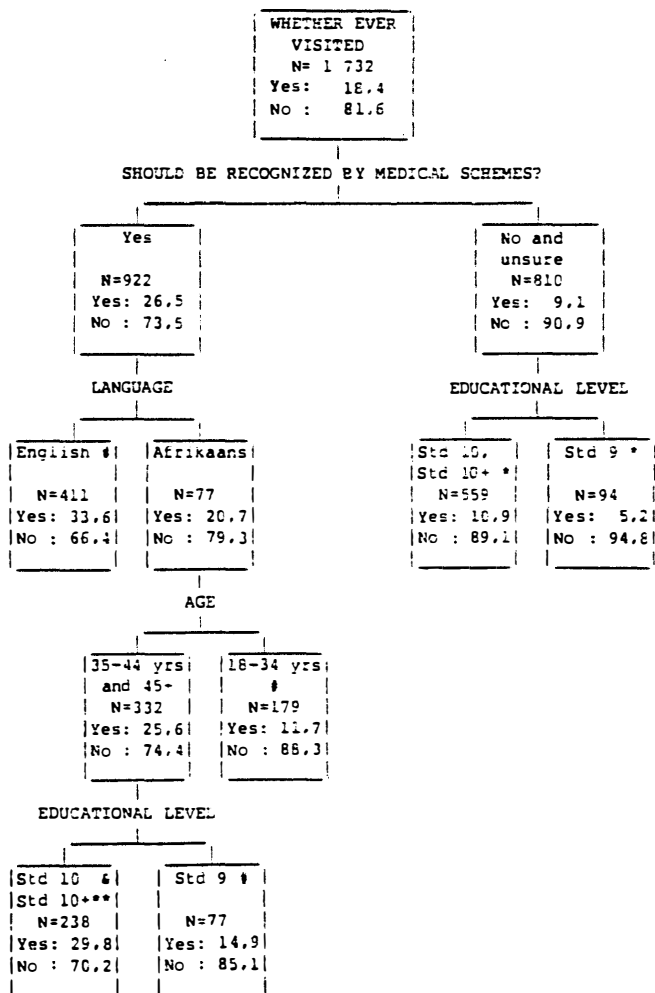
	Yes	No and unsure	Total
Consulted them	26,5	9,1	18,4
Have not visited them	73,5	90,9	81,6
TOTAL (100 %)	922	810	1 732
# Level of significance: 1,486E-18%			

## TYPE OF QUESTIONNAIRE

	Type 1	Type 2	Total
Consulted them	19,1	17,5	18,4
Have not visited them	80,9	82,5	81,6
TOTAL (100 %)	927	805	1 732
Level of significance: 39,744 %			

FIGURE 1

## DENDROGRAM FOR VISITS TO CHIROPRACTORS



‡ No further prediction possible.

\* Variable age not significant.

\*\* Variable residence not significant.

TABLE 12

"WHERE DID YOU HEAR ABOUT CHIROPRACTORS  
AND HOMEOPATHS FOR THE FIRST TIME?"  
(weighted results)

---

	Percentage
<hr/>	
Parents	7,1
Other relatives	10,0
Friends	26,6
Acquaintances	12,8
At work	3,7
Doctors and paramedical people (chemists, et al.)	0,9
Media (newspapers, radio, television, magazines)	9,3
Other (don't know, as child, common knowledge, etc.)	29,5
TOTAL   (N = 1 829)	100,0

---



TABLE 13

"WHAT MADE YOU DECIDE TO CONSULT A CHIROPRACTOR  
OR HOMEOPATH?"

(weighted results)

---

	Percentages
<hr/>	
REASONS DEPENDING ON RECOMMENDATIONS	
On recommendation of friends	13,5
On recommendation of relatives	0,6
On recommendation of doctor	1,1
Mentioned only "recommendation"	9,5
Subtotal	24,6
REASONS DEPENDING ON ORDINARY DOCTORS	
Unwillingness to help	0,8
Couldn't help any more	27,9
Beyond despair, desperate	30,3
Subtotal	59,0
REASONS ASCRIBED TO ALTERNATIVE MEDICINE	
Don't use "drugs"	7,8
Know what they're doing/specialize	0,7
Subtotal	8,5
OTHER REASONS	
Parents decided	2,5
Curious	0,7
Medical costs too high	0,7
Other	3,8
Subtotal	7,8
TOTAL (N = 630)	100,0

---

TABLE 14

REASONS WHY RESPONDENTS DID NOT CONSULT  
ALTERNATIVE MEDICAL PRACTITIONERS

(weighted results)

---

	Percentages
Never heard of them	4,2
Never needed their services	39,8
Know too little about them	16,1
Too expensive	0,9
Medical aid does not recognize them	6,2
Inaccessible (live too far)	0,5
My doctor is good enough	23,3
Doctor cautioned me against them	0,3
Heard about their failures	0,9
Have experience of their failures	0,1
They are nothing but quacks	3,3
Their training is not up to standard	4,0
Other	0,3
TOTAL (N = 1 549)	100,0

---

TABLE 15

"DO YOU BELONG TO A MEDICAL AID SCHEME OR  
ARE YOU COVERED BY ONE?"

(weighted results)

	Percentage
Yes	86,6
No	13,2
Don't know	0,2
TOTAL (N = 2 221)	100,0

TABLE 16

"SHOULD MEDICAL AID SCHEMES RECOGNIZE THE SERVICES  
OF REGISTERED CHIROPRACTORS AND HOMEOPATHS?"\*

(weighted results)

	Percentage
Yes	53,2
No	11,3
It depends	19,5
It does not matter	2,6
Really don't know	13,4
TOTAL (N = 2 189)	100,0

\* Osteopaths, naturopaths and herbalists  
were included in the question.

TABLE 17

RECOGNITION OF ALTERNATIVE MEDICAL SERVICES BY MEDICAL  
AID SCHEMES ACCORDING TO BIOGRAPHICAL VARIABLES  
(percentages)

## EDUCATIONAL LEVEL

	<Std 9	Std 10	>Std 10	Total
Yes	48,4	57,3	52,7	53,2
No	11,0	11,9	13,8	12,6
It depends	40,6	30,8	33,4	34,2
TOTAL (100,0 %)	550	510	672	1 732
* Level of significance: 1,820 %				

## AGE

	18-34	35-44	45 +	Total
Yes	54,4	52,7	52,7	53,2
No	12,9	12,4	12,5	12,6
It depends	32,7	34,9	34,8	34,2
TOTAL (100,0 %)	550	510	672	1 732
Level of significance: 94,110 %				

## LANGUAGE

	Afr.	Eng.	Total
Yes	48,7	60,3	53,2
No	14,5	9,7	12,6
It depends	36,9	30,1	34,2
TOTAL (100,0 %)	1 050	682	1 732
# Level of significance: 0,001 %			

## SEX

	Men	Women	Total
Yes	53,1	53,1	53,2
No	15,0	10,0	12,6
It depends	31,9	36,6	34,2
TOTAL (100,0 %)	885	847	1 732
# Level of significance: 0,332 %			

TABLE 17 (continued)

## RESIDENCE

	City	Town	Farm	Total
Yes	55,3	50,1	53,4	53,2
No	12,1	13,9	11,0	12,6
It depends	32,6	36,0	35,6	34,2
TOTAL (100,0 %)	902	611	219	1 732
Level of significance: 31,169 %				

## RESPONDENT'S STATE OF HEALTH

	Good	Bad	Total
Yes	53,1	52,9	53,2
No	13,0	10,1	12,6
It depends	33,7	37,0	34,2
TOTAL (100,0 %)	1456	276	1 732
Level of significance: 31,625 %			

## WHETHER RESPONDENT CHANGED CHURCH AFFILIATION

	No	Yes	Total
Yes	52,4	61,7	53,2
No	12,5	13,0	12,6
It depends	35,1	25,3	34,2
TOTAL (100,0 %)	1 570	162	1 732
* Level of significance : 3,766 %			

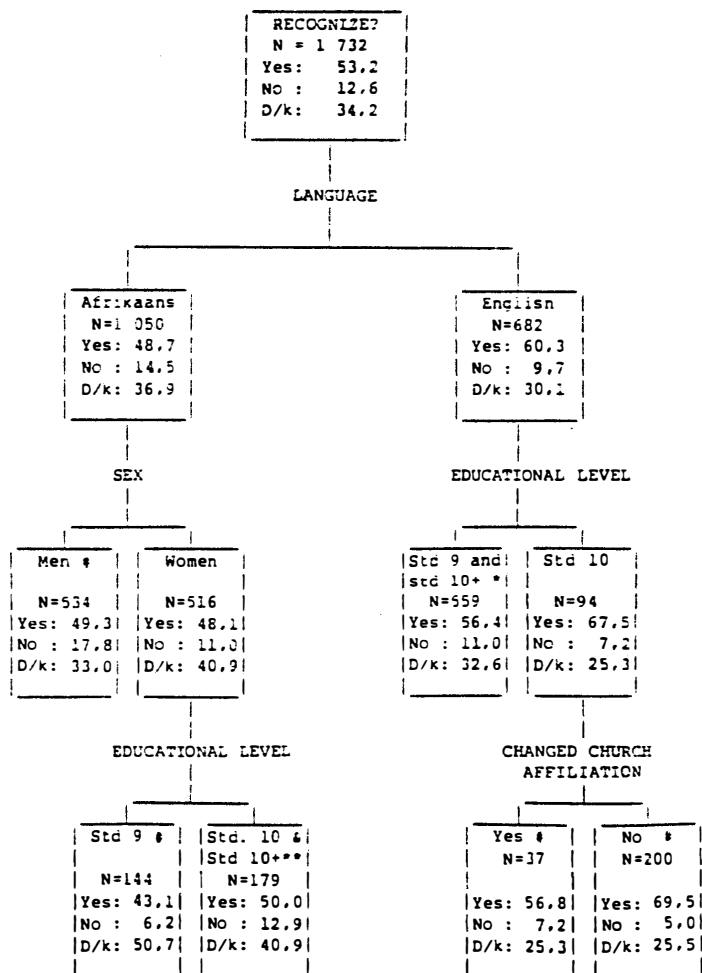
## TYPE OF QUESTIONNAIRE

	Type 1	Type 2	Total
Yes	54,0	52,3	53,2
No	13,2	11,9	12,6
It depends	32,8	35,8	34,2
TOTAL (100,0 %)	927	805	1 732
Level of significance: 38,855 %			

---

FIGURE 2

DENDROGRAM FOR RECOGNITION OF  
ALTERNATIVE MEDICAL SERVICES



# No further prediction possible.

\* Variable residence not significant.

\*\* Variable educational level not significant.

#### ACKNOWLEDGEMENT

The procedure for using the CHAID and the log-linear model analysis techniques for the calculation of sample weights, as demonstrated in Appendix 1, was developed by Prof. D.J. Stoker.



## 1 ESTABLISHMENT AND COMPOSITION OF THE POSTAL PANEL

The postal panel was established in two phases. During 1980 a random sample of 5 000 people from the voters' roll were invited to participate in periodic surveys with postal questionnaires. Approximately 2 000 accepted. During 1982 the procedure was repeated and more or less the same number responded. From these people a panel of about 3 000 members was established. As compensation and as an incentive the members received, according to their own choice, a magazine for which the HSRC paid the subscription, or they could qualify for prizes of bonus bond certificates if their questionnaires were returned to the Opinion Survey Centre before the deadline.

In Table B.1 the biographical composition of the sample is presented in comparison with the population census figures.

TABLE B.1  
COMPOSITION OF THE SAMPLE IN COMPARISON  
WITH THE 1980 CENSUS

BIBLIOGRAPHICAL VARIABLES	SAMPLE		CENSUS
	(N)	(%)	(%)
LANGUAGE			
Afrikaans	1 324	60,0	58,2
English	882	40,0	41,8
SEX			
Men	1 148	52,0	50,6
Women	1 058	48,0	49,4
AGE			
Not indicated	180	-	-
18 - 34 years	638	31,5	47,9
35 - 49 years	816	40,3	30,5
50 - 65 years	572	28,2	21,6

## EDUCATIONAL LEVEL

Not indicated	23	-	-
St 9 or lower	510	23,4	49,5
St. 10	679	31,1	31,2
Higher than Std 10	994	45,5	19,3
TOTAL	2 206	100,0	100,0

It appears that there were fewer people in the age group 18 to 34 years in the sample than was expected. This was probably due to the fact that large numbers of younger people were living in hostels or flats, or were still busy with military training and were consequently subjected to the inconvenience and inaccessibility of temporary addresses. One of the general limitations of postal questionnaires is that there is usually a relatively greater reaction from higher qualified respondents. This survey was no exception. The percentage of respondents who had an educational level of Standard 10 or higher, was more than twice the percentage of the comparable category in the total population.

## 2 STATISTICAL CALCULATIONS

### 2.1 Weighting of the sample: log-linear model analysis technique

Owing to the possibility that the over and underrepresentation of respondents in certain categories of variables could affect the results of the survey, a procedure was followed whereby weights were allocated to the variables during calculation of the data.

Before weighting was done a log-linear model analysis technique was executed on the data during which the composition of the sample and the proportionately correct frequencies in the same categories of the biographical variables according to census data, were used as dependent variables. The purpose of this analysis - in which sex and language were also used as

predictor variables apart from age and educational level - was to ascertain whether there was any interaction between the biographical variables and the dependent variable.

In the analysis the sample frequencies (observed frequencies) and census data frequencies (expected frequencies), as categories of a dependent variable which is given the name "sample", are analyzed in terms of the biographical variables. The input of this analysis is given in Table B.2.

TABLE B.2  
DISTRIBUTION OF SAMPLE AND CENSUS FREQUENCIES ACCORDING  
TO HOME LANGUAGE, SEX, AGE AND EDUCATIONAL LEVEL

LANG.	SEX	AGE	EDUCATION	DEPENDENT VARIABLE	
				Sample	Census
Afr.	Men	18-34	≤ Std 9	36	132
			Std 10	65	112
			> Std 10	109	53
		35-49	≤ Std 9	46	102
			Std 10	75	42
			> Std 10	137	36
		50-65	≤ Std 9	47	78
			Std 10	49	24
			> Std 10	73	16
	Women	18-34	≤ Std 9	32	126
			Std 10	64	100
			> Std 10	111	52
		35-49	≤ Std 9	73	109
			Std 10	78	36
			> Std 10	90	28
		50-65	≤ Std 9	70	90
			Std 10	39	18
			> Std 10	50	13

Eng.	Men	18-34	≤ Std 9	6	62
			Std 10	41	84
			> Std 10	64	49
		35-49	≤ Std 9	22	53
			Std 10	46	40
			> Std 10	78	39
		50-65	≤ Std 9	33	43
			Std 10	47	27
			> Std 10	54	22
	Women	18-34	≤ Std 9	16	71
			Std 10	34	77
			> Std 10	57	43
		35-49	≤ Std 9	41	66
			Std 10	45	37
			> Std 10	75	23
50-65	≤ Std 9	34	59		
	Std 10	43	29		
	> Std 10	31	13		
TOTAL				2 011	2 004

The log-linear model analysis technique was executed in two steps. Combinations of the variables were first tested iteratively for interaction effects to ascertain which effects should probably be included in the model. Secondly, a model was constructed that fitted the data best. The results of the first step, in which tests for marginal and partial association were performed, are presented in Table B.3.

If the level of significance of a combination of variables is less than 0,05, that effect is regarded as significant and included in the model.

It appears that the combination, sample/educational level/age (which accounts for the interaction effect between sample and educational level, sample and age, and educational level and age) identifies the possible interactions. This combination and also the complete combination of biographical variables, educational level/age/sex/language were analyzed in the second step to ascertain for which variables the data should be weighted.

TABLE B.3  
TESTS FOR PARTIAL AND MARGINAL ASSOCIATION BETWEEN  
SAMPLE AND FREQUENCIES (F), LANGUAGE (L), SEX (S),  
AGE (A) AND EDUCATIONAL LEVEL (E)

	DF	PARTIAL ASSOCIATION		MARGINAL ASSOCIATION	
		Chi- square	Prob.	Chi- square	Prob.
Sample/Educ (FE)	2	500,59	0,000	432,56	0,000
Sample/Age (FA)	2	172,83	0,000	113,03	0,000
Sample/Sex (FS)	1	2,60	0,107	0,10	0,753
Sample/Lang (FL)	1	19,80	0,000	5,49	0,019
Sa/Educ/Age (FEA)	4	10,14	0,038	10,28	0,036
Sa/Educ/Sex (FES)	2	1,38	0,502	2,26	0,323
Sa/Educ/Lang (SEL)	2	2,27	0,320	3,29	0,193
Sa/Age Sex (FAS)	2	2,37	0,305	2,08	0,353
Sa/Age/Lang (FAL)	2	0,22	0,897	0,91	0,633
Sa/Sex/Lang (FSL)	1	0,01	0,923	0,03	0,854
Educ/Age/Sex (EAS)	4	8,49	0,075	11,00	0,026
Educ/Age/Lang (EAL)	4	4,51	0,341	4,05	0,399
Educ/Sex/Lang (ESL)	2	1,08	0,583	1,25	0,536
Age/Sex/Lang (ASL)	2	0,95	0,621	0,72	0,699

Calculation of the probability value in the model:

EASL: Educational level/Age/Sex/Language  
FEA: Sample/Educational level/Age  
FL: Sample/Language

produced, with DF = 26, a chi-square of 19,72 with a probability value of 0,8047.

The value of 0,8047 indicates that this model offers a satisfactory fit to the observed data.

The next step in the analysis of the interaction between sample variables was the calculation of the relation of the log-linear parameters to their standard error. The relevant part of the results is presented in Table B.4.

TABLE B.4  
RELATION OF THE LOG-LINEAR PARAMETER ESTIMATES  
TO THEIR STANDARD ERROR

EDUCATIONAL LEVEL	SAMPLE	CENSUS
Std 9 or lower	-18,629	18,629
Std 10	1,403	-1,403
Higher than Std 10	-16,387	-16,387
AGE		
18 - 34 years	-12,532	12,532
35 - 49 years	4,642	-4,642
50 - 65 years	7,052	-7,052
LANGUAGE		
Afrikaans	4,455	-4,455
English	-4,455	4,455

The general norm for the interpretation of log linear parameters is that if values of higher than approximately 5,00 (or lower than -5,00) appear in the table, weights should be allocated to the response variables. Consequently the proportional distribution of the educational level and age categories according to the census data as shown in Table B.5, was used as weights in calculating the results of the survey data.

## 2.2 Explanation of data: the CHAID analysis technique

When the answers to questions are obtained by simple one-way frequency tables, there can never be certainty about all the factors that could have influenced the particular answers. Neither is the alternative, namely to generate a large amount of information in order

to analyze the data in the format of two-way tables, a satisfactory solution. For this reason the CHAID technique was used in the analysis of the data to identify the predictor variables, i.e. those factors that may possibly have an influence on the issue that is being studied, or the dependent variable. CHAID has the ability to test the effects of various variables simultaneously\*. According to requirements, the variables on which the formulated hypothesis has a bearing can be used as either dependent or predictor variables in the CHAID programme. CHAID is particularly useful in helping to analyze the representativeness of a sample with regard to biographical variables. In the case of this study, for example, the question could be asked whether the results would have been the same if the frequencies of the biographical variables had been proportionally correct to those in the population. By including biographical variables in the CHAID analysis this problem was solved by testing simultaneously for the effect of the separate variables.

The question whether the two alternative types of questionnaires that were used for the methodological experiment, could have influenced the answers to the questions was also regarded as important and included as a predictor variable where applicable.

The results showed that "type of questionnaire" did not affect the results in this report.

It can be assumed that the interdependency of the variables that CHAID identified in certain questions, may also affect other questions where the same

-----

\* For details about the merit, development and application of the CHAID-technique, see Du Toit and Stumpf, 1982; Crowther and Du Toit, 1983; and Shaw, 1984.

TABLE B.5  
PROPORTIONAL DISTRIBUTION OF EDUCATION LEVEL AND AGE  
CATEGORIES ACCORDING TO SMAPLE AND CENSUS FIGURES

AGE	EDUCATION	SAMPLE		CENSUS (%)*
		(N)	(%)	
18-34 years	< Std 9	90	4,5	19,5
	Std 10	204	10,1	18,6
	> Std 10	341	17,0	9,8
35-49 years	< Std 9	182	9,1	16,4
	Std 10	244	12,1	7,7
	> Std 10	380	18,9	6,3
50-65 years	< Std 9	184	9,1	13,5
	Std 10	178	8,9	4,9
	> Std 10	208	10,3	3,2
TOTAL		2011	100,0	100,0

\* These percentages were used for weighting.

variables are at issue. For this reason, and because CHAID does not work with weighted data, the answers to most of the questions are presented in single-column tables in order to provide information on the opinions and behaviour of the total sample.

The CHAID options that were used, were the following:

- \* only percentages, and not frequencies, are presented in the tables;
- \* frequencies in columns add up to 100,0 %;
- \* groups with less than 20 cases are not analyzed;
- \* a group is not divided if its relation to the dependent variable is not significant at the 5 % level;
- \* not more than 30 groups are formed; and the
- \* goodness-of-fit chi-square statistic is used.

All the tables that CHAID generated according to the specified variables, as well as the dendrogram (tree diagram) that summarizes the splits on the significant



variables, are included in the report. It should be noted that CHAID does not work with missing data. If a question response is missing for any predictor variable, the whole record is omitted automatically from the calculations. The totals in the CHAID are consequently seldom equal to the total sample.

In explanation of the levels of significance, which are provided as percentages in the CHAID output, it may be mentioned that if the values are greater than 5 % it can be assumed that the differences in the particular tables are incidental.

### 2.3 Calculation of means: ANOVA

Taking the Netherlands study (Ooijendijk et al., 1981) and the Utah survey (Kane et al., 1974) as examples, the respondents were requested to evaluate medical practitioners on the basis of a number of statements about their approach and attitude towards their patients, and the treatment that they prescribe.

For the purpose of reporting this information, a quality of scaleability was ascribed to the four possible answers ("always", "usually", "sometimes" and "never") in order to compute mean values. The sample was divided according to the type of medical practitioners the respondents usually went to for medical advice, and the mean value for each statement was calculated for the three separate groups. The lower the mean score of a group for a particular statement, the more that statement was "always" applicable to that group; and the higher the score, the nearer to "never" was the particular statement applicable to a particular group.

An analysis of variance with the SAS ANOVA programme was done on the data to ascertain the "strength" of the differences between the answers with regard to doctors, specialists and alternative practitioners.

The results of the calculations are indicated in Table 9 by means of symbols to the left of the statements. Differences that are significant at the 5 % level are marked with a \*, and differences at the 1 % level are indicated with #. In simple terms, this means that if the survey were repeated 100 times, there is a possibility that respectively five and one of the surveys would have provided other results. If the results are not significant at the 5 % and 1 % levels, there is a greater possibility that other results could have been obtained by repeating the study so many times. In such cases it is usually stated that the differences between the appropriate categories can be described as incidental.

## APPENDIX 2: THE QUESTIONNAIRE

AD VIR GEESTESWETENSKAPLIKE NAVORSING  
HUMAN SCIENCES RESEARCH COUNCIL



## OPINION SURVEY CENTRE

### POSTAL QUESTIONNAIRE: METHODOLOGICAL RESEARCH (OV/55)

After a rather quiet first half of the year, there appear to be a number of requests for surveys to be undertaken before the end of the year.

The aim of this questionnaire is mainly to compare different methods of data collection. (Beside the postal panel the Opinion Survey Centre also makes use of personal and telephone interviews.)

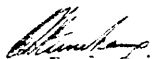
The theme of the questionnaire is the public's attitude toward, as well as experience and knowledge of associated health service occupations, namely chiropractors, homeopaths, osteopaths, naturopaths and herbalists. There are people who hold these services in high esteem while others are of the opinion that they render more harm than they do good. As very little information on these types of health services is available, the information obtained by means of this questionnaire will contribute to the knowledge on health services in South Africa, especially because the questionnaire includes certain questions on your own health and medical history.

There are also a number of questions on religion and religious affiliation. As with all surveys, the information which you furnish, will be treated confidentially.

With the exception of a few "open end" questions, all the questions can be answered by encircling the appropriate figures.

Please return your completed questionnaire as soon as possible.

Your faithfully



P. Head: Opinion Survey Centre

1	1
---	---

1 - 2

3 - 6

1. How would you describe your own general state of health?

Excellent	1
Good	2
Reasonable	3
Weak	4

10

2. Have you been admitted to a hospital during the past 12 months?

Yes	1
No	2

11

3. Has an illness, ailment or injury kept you from work (or from carrying on with normal daily tasks) during the past 12 months?

Yes	1
No	2

12

4. If you answered "Yes" to question 3, for how many work-days?

--	--

13-

5. Here is a list of illnesses and health problems people can suffer from. Please indicate, next to each one, whether you are suffering from it or suffered from it in the past.

	Never suffered from it	Previously suffered from it	Presently suffering from it
Any heart diseases	1	2	3
Arthritis or any other arthrosis	1	2	3
Epilepsy	1	2	3
Cancer	1	2	3
Emphysema or chronic bronchitis	1	2	3
Sinusitis	1	2	3
Glaucoma or another eye disease	1	2	3
Diabetes	1	2	3
High blood pressure	1	2	3
Low blood pressure	1	2	3
A drinking problem	1	2	3
Ailments of the digestive system	1	2	3
Permanent backache	1	2	3
Regular headaches and migraine	1	2	3
Insomnia (sleeplessness)	1	2	3
Others (specify)	1	2	3

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6. How many times during the past 12 months did you consult an ordinary doctor or physician (not specialist)?

Not applicable	0
Once	1
Twice	2
Three times	3
Four times	4
Five times	5
Six times or more	6

32

7. If you consulted a doctor or physician (or are still receiving treatment), what was (or is) the result of the treatment? (Mark only one.)

Not applicable	0
Completely cured	1
Helped very much	2
Helped considerably	3
Helped only while receiving treatment	4
Did not help at all	5
Made things worse	6

33

8. Did you consult some or other specialist during the past 12 months? (If this was the case mark the "1" next to the relevant specialist on the following list.

Cardiologist (heart specialist)	1
Specialist physician	1
Dermatologist (skin specialist)	1
Surgeon	1
Neurosurgeon	1
Neurologist	1
Lung specialist	1
Radiologist (taking X-rays)	1
Urologist	1
Orthopaedic surgeon	1
Ear, Nose and Throat specialist	1
Eye specialist	1
Dentist	1
Psychiatrist	1
Other (specify)	1

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9. If you answered "Yes" to question 9, how many times during the past 12 months did you consult a specialist?

Not applicable	0
Once	1
Twice	2
Three times	3
Four times	4
Five times	5
Six times or more	6

50

10. If you consulted one or more of the above specialists (or if you are still receiving treatment), what was (or is) the result of the treatment?

Not applicable	0
Completely cured	1
Helped very much	2
Helped considerably	3
Helped only while receiving treatment	4
Did not help at all	5
Made things worse	6

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11. Have you had your blood pressure taken during the past three months? 

Yes	1
No	2

 52
12. Would you say that during the last six months you have been living under greater tension and stress than is usually the case? 

Yes	1
No	2

 53
13. Would you say that you are overweight? 

Quit a lot	1
A little bit	2
Not at all	3
Do not know	4

 54
14. Would you say that you get enough exercise? 

Quite enough	1
Just about enough	2
Not really enough	3
Not enough at all	4
Do not know	5

 55
15. Do you belong to a medical aid scheme or are you covered by one? 

Yes	1
No	2
Do not know	3

 56
16. Should medical aid schemes recognize the services of registered homeopaths, chiropractors, osteopaths, naturopaths and herbalists? 

Yes	1
No	2
It depends	3
It does not matter	4
Really do not know	5

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17. Are you or any of your relatives or friends a physician or a specialist (registered with the Medical Board)? (Mark each one.) 

No-one	1
A member of my family	2
Another relative	3
A close friend	4
I myself	5

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18. Are you or any of your relatives or friends a chiropractor, a homeopath, an osteopath, a herbalist or a naturopath? 

No-one	1
A member of my family	2
Another relative	3
A close friend	4
I myself	5

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## SECTION C: ASSOCIATED HEALTH SERVICES

19. Indicate below what you think the following persons do by encircling the figure "1" opposite each statement if you consider that statement to be true regarding the persons referred to at the top of the columns.

A statement may be true for more than one person or for no-one. We should like to gauge your present knowledge; therefore please do not consult others and do not change your answers later on.

	CHIROPRACTORS	HOMOPATHS	OSTEOPATHS	NATUROPATHS	HERBALISTS
Treats fat people	1 11	1 36	1 11	1 36	1 11
Specializes in blood pressure	1 12	1 37	1 12	1 37	1 12
Manipulates the spine in particular	1 13	1 38	1 13	1 38	1 13
Does skin transplants	1 14	1 39	1 14	1 39	1 14
Stimulates the skin with sharp needles	1 15	1 40	1 15	1 40	1 15
Treats patients with antidote	1 16	1 41	1 16	1 41	1 16
Diagnoses according to the reaction of herbs	1 17	1 42	1 17	1 42	1 17
Supplements the body's chemicals	1 18	1 43	1 18	1 43	1 18
Usually prescribes pain-killers	1 19	1 44	1 19	1 44	1 19
Provides only medicines	1 20	1 45	1 20	1 45	1 20
Can diagnose the majority of diseases	1 21	1 46	1 21	1 46	1 21
Uses the laying on of hands to cure patients	1 22	1 47	1 22	1 47	1 22
Cures by using the same stuff as those causing the symptoms	1 23	1 48	1 23	1 48	1 23
Sticks different types of plaster on affected areas	1 24	1 49	1 24	1 49	1 24
Uses hypnosis to relieve pain	1 25	1 50	1 25	1 50	1 25
Presses in needles under one's skin	1 26	1 51	1 26	1 51	1 26
Massage ligaments	1 27	1 52	1 27	1 52	1 27
Has refined the use of antibiotics	1 28	1 53	1 28	1 53	1 28
Looks into people's eyes to make a diagnosis	1 29	1 54	1 29	1 54	1 29
Prescribes plant extracts	1 30	1 55	1 30	1 55	1 30
Emphasizes a healthy manner of life	1 31	1 56	1 31	1 56	1 31
Usually prescribes a diet	1 32	1 57	1 32	1 57	1 32
Only takes blood samples	1 33	1 58	1 33	1 58	1 33
Treats foot problems only	1 34	1 59	1 34	1 59	1 34
Can treat the majority of diseases	1 35	1 60	1 35	1 60	1 35

20. Have either you or members of your family, relatives or friends ever consulted any of the above persons?

If no-one, mark here ☐ and proceed to question 27.

If you answered "Yes", encircle the "1" in the relevant square below.

	CHIROPRACTORS	HOMEOPATHS	OSTEOPATHS	NATUROPATHS	HERBALISTS
Yourself	1 36	1 42	1 48	1 54	1 60
Your spouse	1 37	1 43	1 49	1 55	1 61
Children	1 38	1 44	1 50	1 56	1 62
Parents	1 39	1 45	1 51	1 57	1 63
Relatives	1 40	1 46	1 52	1 58	1 64
Friends	1 41	1 47	1 53	1 59	1 65

If you have never consulted any of these persons, but members of your family have, mark here ☐ and go on with question 25.

21. How many times during the past 12 months did you consult any of these persons?

Not applicable	0
Once	1
Twice	2
Three times	3
Four times	4
Five times	5
Six times or more	6

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22. Referring to the ailment or disease about which you recently consulted one of the persons mentioned, have you (prior to your visit to one of them) consulted an ordinary doctor about this ailment or disease? (Mark only one)

Not applicable	0
Repeatedly	1
Often	2
Sporadically	3
Perhaps once	4
Not at all	5

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23. If you yourself have consulted (or still consult) one or more of these persons, what was (or is) the result of the treatment? Indicate your answer by encircling the "1" next to the possible result in the relevant column.

	CHIROPRACTORS	HOMEOPATHS	OSTEOPATHS	NATUROPATHS	HERBALISTS
Completely cured	1	1	1	1	1
Helped very much	2	2	2	2	2
Helped considerably	3	3	3	3	3
Helped only while I was receiving treatment	4	4	4	4	4
Did not help at all	5	5	5	5	5
Made matters worse	6	6	6	6	6

68 69 70 71 72

24. What made you decide to consult a chiropractor, homeopath, osteopath, herbalist or naturopath?

.....  
 .....

73-

25. If any of the members of your family have visited (or are visiting) any of these persons, please indicate who they are. If this is true for more than one of them, answer with regard to the most recent case.

Who was the member of your family?

Father	1
Mother	2
Spouse	3
Son	4
Daughter	5
Not applicable	6

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26. What are/were the consequences? (Mark only one).

	CHIROPRACTORS	HOMEOPATHS	OSTEOPATHS	NATUROPATHS	HERBALISTS
Completely cured	1	1	1	1	1
Helped very much	2	2	2	2	2
Helped considerably	3	3	3	3	3
Helped only while he/she was receiving treatment	4	4	4	4	4
Did not help at all	5	5	5	5	5
Made matters worse	6	6	6	6	6

8 9 10 11 12

27. Can you remember where you first heard about a homeopath, chiropractor, osteopath, herbalist or naturopath?

If "Yes", please mention briefly:

.....  
 .....

13-14

28. If you yourself have never consulted any of these persons, to what would you ascribe this?

Not applicable - have already consulted any of them	01
Have never heard of them	02
Have never needed the service of any of them	03
Know too little of them	04
They are too expensive	05
My medical aid scheme does not recognize them	06
They live too far from me/are inaccessible	07
My doctor is good enough	08
My doctor cautioned me against them	09
I have heard about their failures	10
I have experience of their failures	11
They are nothing but quacks	12
Their training is not up to standard	13
Other. (specify)	14

15-

29. When everything is taken into consideration, whom do you usually go to for medical advice or whom do you usually consult when you feel ill or indisposed? (Mark only one)

An ordinary doctor or physician	1
A specialist	2
A chiropractor, homeopath, osteopath, herbalist or naturopath	3

30. Here are a number of statements on persons rendering medical or health services. We want to know whether you consider them to be always, usually, sometimes or never applicable to the person you indicated above, that is, the person whom you usually consult when you feel ill or indisposed or whom you usually go to for medical advice (even if you have not been there recently). (Encircle the figure in the relevant column.)

The person to whom I go  
for medical advice .....

	Always	Usual-ly	Some-times	Never
Prescribes medicine that makes me feel better immediately	1	2	3	4
Listens to all that I have to say about my illness or indisposition	1	2	3	4
Treats me as his equal	1	2	3	4
Soon finds out what is wrong with me	1	2	3	4
Sympathizes with my problems	1	2	3	4
Knows of the best treatment	1	2	3	4
Always uses enough time to examine me	1	2	3	4
Puts me at ease	1	2	3	4
Prescribes medicine too easily	1	2	3	4
Prescribes too much medicine	1	2	3	4
Agrees with me on the causes of disease	1	2	3	4
Prescribes treatment(s) with which I agree	1	2	3	4
Makes me feel as if he is hiding something from me	1	2	3	4
Examines me thoroughly	1	2	3	4
Merely wants to make money	1	2	3	4
Discusses with me the treatment he has in mind	1	2	3	4
Is interested in me as an individual	1	2	3	4
Diagnoses the majority of ailments correctly	1	2	3	4

## SECTION C: BIOGRAPHICAL AND BACKGROUND INFORMATION

31. Do you live in a town,
- 
- city or on a farm?

City	1
Town	2
Farm	3

36

32. Date of birth?

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	19 <input type="text"/>

37-

33. Sex?

Male	1
Female	2

43

34. Home language?

Afrikaans	1
English	2
Afrikaans and English	3
Other	4

44

35. Marital state?

Never married	1
Married	2
Divorced	3
Widowed	4

45

36. Your occupation (please state type of work and employer
- 
- e.g. Counter assistant - Post Office; Manager - Life
- 
- Insurance; Technician - CSSIR; Director - Own business)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

46-

37. What is the highest educational level you obtained?
- 
- (E.g. Std 8, Std 9, Std 10, Diploma, B.A., D. Phil. etc.)

<input type="text"/>
----------------------

48

38. What is your and your spouse's combined yearly income?

Less than R10 000	1
R10 000 - 14 999	2
R15 000 - 19 999	3
R20 000 - 24 999	4
R25 000 - 29 999	5
R30 000 or more	6

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SECTION D: SOME QUESTIONS ON CHURCH AFFILIATION AND RELIGION

39. To which church, denomination or faith do you belong?

--	--

50-5

40. Do you belong to the same church as the one of your parents?

Yes	1
No	2
N.a.	3

52

41. Did you change your religious affiliation during the past 10 years for a reason other than marriage?

No, still belong to the same church	1
Yes, joined another church	2

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42. How often do you attend religious services or worship?

Once a year or less	1
Occasionally during a year	2
About once a month	3
Several times a month	4
One or more times a week	5
Don't know	6

54

43. Did you or a member of your family ever visit a faith healer for treatment?

Never	1
Yes, I myself	2
Yes, somebody else	3

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43. Did you or a member of your family ever visit a person who practises acupuncture to obtain treatment?

Never	1
Yes, I myself	2
Yes, somebody else	3

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# COMMENTS ON THE QUESTIONNAIRE

## 1. What do you think of this questionnaire?

It was particularly interesting .....	1
It was worthwhile .....	2
It was about average .....	3
It was somewhat boring .....	4
I feel that I wasted my time completing it .....	5

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## 2. What do you think of the theme or subject of the questions?

This type of information should have been made available long ago .....	1
The findings will probably be useful .....	2
If somebody wants to know more on this subject - why not? .....	3
I do not actually see how the findings could be important .....	4
This survey is useless and a waste of time .....	5

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## 3. What do you think of the instructions with the questions?

The instructions were altogether unclear .....	1
The instructions were rather unclear .....	2
The instructions were just right .....	3
The instructions included too much detail .....	4

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## 4. What about the wording of the questions?

I immediately understood the meaning of every question ...	1
Most of the questions were clear enough .....	2
There were almost the same number of clear and unclear questions .....	3
Most questions were not very clear .....	4
Nearly every question was difficult to understand .....	5

60

If applicable, write down the numbers of the questions which gave you problems:

.....

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## 5. Question 19 was slightly different from ordinary questions; comment by encircling the "1" or "2" (for "yes" or "no").

	Yes	No
Could answer it easily .....	1	2
It was rather monotonous .....	1	2
Understood with difficulty what was expected from me .....	1	2
I lost interest after a while .....	1	2
Neither better nor worse than other questions ....	1	2

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## 6. What is your attitude towards the completion of questionnaires in general?

I hate completing questionnaires .....	1
I do not actually enjoy completing questionnaires .....	2
It is immaterial to me: sometimes I enjoy it, sometimes I do not .....	3
I usually enjoy completing questionnaires .....	4
I really enjoy completing questionnaires .....	5

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THANK YOU FOR YOUR CO-OPERATION



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