THE CULTURAL AND SPIRITUAL FACTORS INFLUENCING HEALTH-SEEKING BEHAVIOUR OF INDIAN HINDU PEOPLE IN LAUDIUM

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ABSTRACT

WHAT ARE THE CULTURAL AND SPIRITUAL FACTORS INFLUENCING HEALTH SEEKING BEHAVIOUR OF INDIAN HINDU PEOPLE IN LAUDIUM

BY

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DEGREE: MSW SOCIAL WORK IN HEALTH CARE

The following research was conducted in order to explore the cultural and spiritual factors influencing health seeking behaviours of the Indian Hindu people in Laudium. In order to achieve the broad objectives of the research, the cultural and spiritual factors influencing health seeking behaviour from a health belief perspective are conceptualised and contextualized. Furthermore, the research makes suggestions to improve social work services in healthcare, taking into consideration the factors influencing health-seeking behaviour of the Indian Hindu people in Laudium.

The research made use of the qualitative approach, which allowed her to explore, and add information to, the cultural and spiritual factors influencing health-seeking behaviour of Indian Hindu people. In addition, the researcher utilised the case study to explore the cultural and spiritual factors influencing health-seeking behaviour of Indian Hindu people. Through the use of instrumental case study, the researcher was able to develop knowledge through the use of the perceptions of Indian Hindu people.

The study population comprised Indian Hindu people from Laudium in Gauteng. Non-probability sampling technique was employed. The data-gathering technique that was relevant for the study was that of semi-structured interviews. One-to-one interviews were utilised in the study to explore the worlds of the participants in their own perceptions and frames of reference. The interviews were audio recorded and all 10 participants

permitted the researcher to record the interviews. To analyse the data, the researcher utilised a thematic analysis

following the six-step process as described by Braun, Clarke and Hayfield (2006:77-101) in their guidelines. Ethical considerations were observed throughout the research process.

The research came up with three key findings, that is, most participants sought to make use of natural options rather than medical solutions in order to maintain good health, second, people try home remedies for sickness before approaching their healthcare provider. The researcher also established that social worker involvement is a bridge between religion and medical care, and participants were dissatisfied with the level of service delivery by healthcare workers. The conclusion of the study shows that spirituality is well understood in the Indian community, sick people are the ones who seek medical care, and dietary habits are important in reducing healthcare bills.

Keywords: Culture, spirituality, factors, influencing, health seeking behaviour, Indian, Hindu

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CHAPTER ONE
GENERAL INTRODUCTION AND STUDY BACKGROUND

1.1 Introduction

Health-seeking behaviour is viewed as the varied response of individuals to the state of ill-health, depending on their knowledge and perceptions of health, socio-economic constraints, adequacy of available health services and the attitude of healthcare providers (Afolabi, Daropale, Irinoye & Adegoke, 2013:817). The health-seeking behaviour of a community determines how health services are used and in turn, the health outcomes of populations (Musoke, Boynton, Butler & Musoke, 2014:1046). Shaikh and Hatcher (2005:50) add that health-seeking behaviours are influenced by various individual and collective factors, including demographic, socio-economic, political, and cultural factors.

Culture is another important factor, which refers to the customs, habits, skills, technology, arts, values, ideology, science, and religious and political behaviour of a group of people in a specific time period (Barker, 2014:103). Nayak, Sharada and George (2012:61) emphasize that every society has its own traditional beliefs and practices related to healthcare. Some practices are effective, whereas others may be harmful or ineffective. These beliefs and practices are linked to culture, environment, and education. Cultural factors, Moleko (2012:166) states, will influence the domains of, among others, social behaviour, personality, emotional and health-seeking behaviour.

Spiritual factors are the aspects directly linked to spirituality. These include the motivation, attitude, belief, judgment, practice of, and behaviour directly linked to spiritual content or religious processes (Schaefer, Blazer & Koenig, 2008:509). There is an increasing recognition within the contemporary Western medicine of the “significant links between spirituality, religion and health” (Rumun, 2014:39). Thus, there is a growing need for health professionals to understand their patients’ spiritual belief practices and this needs to be integrated into the community’s cultural life (Rumun, 2014:39). The study conducted focuses on the cultural and spiritual factors influencing

the health-seeking behavior of the Indian Hindu people in Laudium Pretoria.

1.2 Key Concepts

The key concepts defined in the study are as follows:

1.2.1 Health-seeking

Health-seeking appears to be defined separately, whereby the concept of health is defined as the dynamic state of continuum physical, psychological, social wellbeing of individuals, characterized by optimal function, absence of a disease and abnormality, and responding adaptively to environmental changes. In addition, the term, “seek”, is an attempt to achieve something by means of searching, looking for, discovering, asking for, trying to acquire or gain (Tjomiadi, 2017:380, 381). For the purpose of the study conducted, “health seeking” is regarded as the manner in which individuals strive to discover ways of maintaining and achieving a state of good health with no illness.

1.2.2 Behaviour

Globler and Schenck (2009:24) explain that behaviour is made up of deliberate efforts by individuals to satisfy the needs that they personally experience. These needs may not be obvious to an outsider, but the individual’s behaviour mostly makes sense to him or her in its context. Behaviour can be defined as the way in which an individual behaves or acts. It is the way in which an individual conducts herself/himself. Moreover, behaviour is described as an attempt of an individual to make a change from one state of affairs to another or to maintain a current state of affairs (Tjomiadi, 2017:381). In the context of the study conducted, behaviour means actions which people undertake when they encounter different sickness in their lives to better and maintain a healthy wellbeing.

1.2.3 Cultural

Culture can be defined as a group of people who share the same characteristics and interaction among significant others. This group consists of values and norms which are shared and practiced by the members. The uniqueness within the group identifies it from other groups, which have

different ways of living (Brett, 2000:99). In the context of the study conducted, cultural refers to the practices, customs, perceptions, and values that are created by a society as their way of living. These aspects are used to explain life circumstances.

1.2.4 Spiritual

Spirituality is defined as an animating life force that is inclusive of religion and speaks to the thoughts, feelings, and behaviours related to a transcendent state. It is reflected that spirituality can be pursued outside a specific religion as it is transpersonal and includes one's capacity for creativity, growth, and love (Sue, Wing Sue, Sue & Sue, 2013:18). In the study conducted, spiritual Hinduism means to discover the real self, by nature being loving, compassionate, honest, merciful, and forgiving.

1.2.5 Hinduism

Hinduism is one of the oldest and largest, living natural religions in the world. Hinduism functions in a patriarchal system, where the father has the final say (Vangarajaloo, 2011:58). In the context of the study conducted, Hinduism is regarded as a religion of Indians who are not associated with Christianity or Muslims.

1.3. Theoretical Framework

The study was guided by the Health Belief Model as it derives from Social Learning Theory. In the discussion to follow, a brief summary of the theoretical framework to the understanding of health seeking-behaviour is presented.

1.3.1 Social learning theory

Muro and Jeffrey (2008:325) highlighted that social learning theory is increasingly referred to as the "essential component of sustainable natural resource management and the promotion of desirable change". The theory is based on the idea that people learn from their interactions with others through observing, assimilating, and imitating behaviour, particularly if their observational experiences are positive ones (Nabavi, 2012:5). Social learning

theory was established by Albert Bandura who conducted his famous experiment known as the Bobo doll experiment to study patterns of behaviour, and similar behaviours were learned by individuals shaping their own behaviour after the actions of models (Nabavi, 2012:8).

The theory is classified under behaviourist learning theories and cognitive learning theories as it encompasses attention, memory, and motivation (Muro & Jeffrey, 2008:327). However, Nabavi (2012:5) reflects that Bandura believed direct reinforcement might not have had an effect on learning, and he therefore added a social element, reasoning that people can learn new information or behaviour by observing significant others.

Reinforcement is regarded as external or internal and it can be positive or negative. Positive or negative reinforcement would only have a slight impact if the reinforcement offered externally is not suited to an individual's needs. A negative or positive reinforcement will usually lead to a change in person's behaviour (McLead, 2016:2).

The theory stipulates three principles of learning from each other, through observation, imitation, and modelling. Based on the three principles, learning can transpire without a change. In other words, the behaviourists explain that learning has to be portrayed by a stable change in behaviour, while the social learning theorists distinguish that people can learn through observation only (Nabavi, 2012:6).

The use of social learning theory in the study can be used to influence and encourage good health practices through learning and behaviour changes. The theory will enable participants to become aware of appropriate and inappropriate health-seeking behaviours, which they have learned through interaction with significant others. Adopting social learning theory assisted the researcher in exploring the cultural and spiritual behaviours that the participants were likely to associate with diseases, and the influence of these factors on their health seeking.

1.3.2 The Health Belief Model

The Health Belief Model (HBM) is said to have developed initially in the 1950s by a group of social psychologists in the U.S. Public Health Service to explain the widespread failure of people to participate in programmes aimed at preventing and detecting disease (Champion & Skinner, 2008:46). The social scientists were attempting to establish why there were no ways of preventing disease or at least coming up with methods that could detect disease early.

HBM attempts to explain changes to and maintenance of health-related behaviours and serves as a guiding framework for health behaviour intervention. HBM is said to be the most widely used social cognitive theory in health psychology; it basically predicts and explains health behaviours, indicating that change is based on the balance of the barriers and benefits of actions (Chironda, Bhengu & Manwere, 2019:55).

The model asserts that health behaviour is determined by personal beliefs and perceptions towards the disease and the strategies used to decrease the occurrence of the disease. The model began with four perceptions as the main constructs that influence health behaviours and these included: Perceived seriousness, perceived susceptibility, perceived benefits, and perceived barriers. Later, two other concepts were added to form part of the constructs, which were: Cues to action and self-efficacy (Jones & Bartlett 2004:31).

The primary concepts of HBM are discussed below and are linked with the proposed study:

- **Perceived susceptibility**

  This concept refers to beliefs about the chances of being infected with a certain disease or condition. Individuals tend to develop their own perceptions of contracting diseases that would affect their life and health. In this manner, people become aware of the risks and consequences of acquiring disease. This perception enables them to change their behaviours with the view of securing a healthy lifestyle (Champion &

Skinner, 2008:47). Tarkang and Zotor (2015:5) state that an individual's perception that a health problem is personally relevant will create an influence them in taking the required action to prevent the health problem.

The perception of susceptibility was beneficial to the participants as it reinforced healthy behaviours. The concept enabled the Indian Hindu people to explore the cultural and spiritual factors which motivated them to take action and seek help when they are susceptible to a particular health problem.

- **Perceived seriousness or severity**

  The perceived seriousness or severity explains the beliefs which individuals develop regarding the impact of being affected by a certain disease (Champion & Skinner, 2008:47). It is when an individual becomes aware of the great measure of the negative consequences of a condition and decides to take required action for their own benefit (Tarkang & Zotor, 2015:5). In regard to the research study, the participants were able to explore the seriousness of the health problems they encountered in their daily lives and the consequences of not treating the conditions. This also included the impact that cultural and spiritual factors had on their health-seeking behaviours.

- **Perceived benefits**

  Perceived benefits involve the person's belief in efficacy of the advised action to reduce risk or seriousness of impact. Within the context of the study, Hindu participants were motivated by perceived beliefs to take action against perceived threats of cultural and spiritual factors of health-seeking behavior (Champion & Skinner, 2008:47).

  Perceived benefits explain a person's perception of the usefulness of a new behaviour in decreasing the risk of acquiring a disease. Therefore, people are likely to adopt healthy behaviours when they believe that the new behaviour will decrease their chances of contracting an illness. With regard to these, participants explored positive behaviours associated with their culture and spirituality (Jones & Bartlett, 2004:32).

- **Perceived barriers**

  Perceived barriers are regarded as negative aspects of a particular health action. Perceived barriers may act as stumbling block to undertaking recommended behaviours. This step is considered to be significant in deciding to take action as the perceived barriers would determine whether change will occur or not, (Morake, 2016:9). The concept enabled the participants in the study to identify their cultural and spiritual barriers in their health-seeking behavior, and it provided them opportunity to explore ways of reducing the barriers they identified. Tarkang and Zotor (2015:5) highlighted that people's decisions could be affected by several barriers to take particular actions. The barriers to health actions may include physical and psychological barriers and accessibility factors. In this study, the participants became aware of, and could identify, their possible barriers to health seeking behaviours and ways of reducing them.

- **Perceived cues to action**

  Cues to action are when an individual feels the desire to take the necessary action after believing that they have the capacity to do so. This concept is explained as the events or experiences, personal, interpersonal, or environmental, that motivate a person to take action (Tarkang & Zotor, 2015:5). In the study, the Indian Hindu participants could be motivated to take action regarding their health-seeking behaviours. Being aware of the cultural and spiritual factors, they were able to evaluate and distinguish between healthy and unhealthy ones, or they were able to take better-informed decisions about their health.

- **Self-efficacy**

  Tarkang and Zotor (2015:5) refer to self-efficacy as "one's ability to successfully take action with confidence." It is regarded as the strength of an individual's belief and the ability to respond to difficult circumstances. The researcher believes that the process would require the participants to evaluate their perceived susceptibility, seriousness, as

well as the benefits of taking action, and their barriers to determine their capabilities to take action.

HBM provided the study with the basis of explanation of behaviours. The model helped the researcher to understand the behaviours of the participants from a health perspective. Since the HBM is based on motivating people to take action, it was applicable to the study of cultural and spiritual factors that influence health-seeking behavior among Hindu people.

1.4. Problem Statement and Rationale

The main purpose of the study was to explore the cultural and spiritual factors influencing health-seeking behaviour among Indian Hindu people. The study intended to explore, closely, the actions involved in maintaining a healthy lifestyle. The researcher was aware that people do not utilise health services as their first option, rather they use their first stops consultations. The problem is that the habits and practices of different cultures in South Africa are unknown.

Research conducted previously shows that we need to understand the drivers of health-seeking behaviour for the population in an increasingly pluralistic healthcare system (Shaikh & Juanita, 2005:52). The study conducted on health-seeking behaviour, conducted among African asylum seekers in South Africa, shows that the process of health-seeking behaviour is continuous, therefore it is important to also explore the health care providers, including trained and non-trained (Ntakobajira, 2011:98).

It is recommended that understanding Hindu beliefs will enable changes and engagement in mental health services (Kang, 2010:7). Juthani (2001:129) adds that understanding Hindu cultural, religious, and spiritual ways of life will enable health professionals to distinguish between healthy and unhealthy religious ways in patients' adaptations to life situations.

The cultural and spiritual factors, influencing health-seeking behaviours differ from one culture to another. Social workers in healthcare need to understand

the cultural and spiritual context of their service users in order to understand their health-seeking behaviours. This might also help them to render appropriate intervention. Health-seeking behaviours have been researched, but a gap exists in the diverse cultural and spiritual factors influencing health-seeking behaviours in South Africa. Therefore, the conducted study aims to fill the gap of the cultural and spiritual factors influencing the health seeking behaviour of Indian Hindu people in Laudium.

1.5. Research Question

The research question for the proposed study is as follows: **What are the cultural and spiritual factors influencing health-seeking behaviours of the Indian Hindu people in Laudium?**

1.6. Goal and Objectives

The goal of the study is to explore the cultural and spiritual factors influencing health-seeking behaviours of the Indian Hindu people in Laudium.

The objectives are as follows:

- To conceptualise and contextualize cultural and spiritual factors influencing health-seeking behaviour from a health belief perspective.
- To explore and describe cultural and spiritual factors influencing health-seeking behaviour of the Indian Hindu people in Laudium.
- To make suggestions to improve social work services in health care, taking into consideration the factors influencing health-seeking behaviour of the Indian Hindu people in Laudium.

1.7. Research Design and Methodology

In this section the researcher provides a brief summary of the research design and methodology used for the study. In Chapter 3, a broad discussion is provided in order to fully motivate and explain the grounds of selecting a qualitative approach for this study. The researcher adopted a qualitative approach for the purpose of this research study because qualitative research as a research methodology is an inquiry process through which a complex understanding is developed with a holistic picture of analyses, reports of the

detailed views of participants and its study is conducted in a natural setting (Creswell, Ebersohn, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pieterson & Plano Clark, 2016:309). An applied type of research was utilized by the researcher to explore and add information in the cultural and spiritual factors influencing health-seeking behaviour of Indian Hindu people. The researcher made use of the case study as the qualitative research design. The case study was suitable and applicable for the study, in the manner, in which it explored the cultural and spiritual factors, influencing health-seeking behaviour of Indian Hindu people. Furthermore, an instrumental case study was adopted for the study, which enabled new knowledge to be developed through the perceptions of Indian Hindu people, (Baxter and Jack 2008 in Yin, 2003 and Stake, 1995). The study population comprised of Indian Hindu people based in the area of Laudium in Gauteng. The population was unknown to the researcher, hence the sampling method of non-probability was found to be most appropriate for the study (Strydom & Delport, 2011:391). The data-gathering technique that was relevant for the study was that of semi-structured interviews. One-to-one interviews were utilised in the study to explore the worlds of the participants in their own perceptions and frames of reference. The interviews were audio recorded and all 10 participants permitted the researcher to record the interviews. To analyse data, the researcher utilized a thematic analysis following the six-step process as described by Braun, Clarke and Hayfield (2006:77-101) in their guidelines. Ethical considerations such as voluntary participation, informed consent, avoidance of harm, confidentiality, pseudonyms, anonymity, deception, publication of the findings, competence of the study and permission to conduct the study were applied throughout the whole study. The researcher provided full overview of the methodology and research methods used in Chapter 3.

1.8. Limitations of the Study

The limitations encountered during the study are:

- Due to the COVID-19 pandemic, most of the participants were reluctant to meet for the arranged interviews for fear of contracting the

virus; the researcher experienced pressure to spend less time in the interviews.

1.9. Summary

This chapter provided a general summary of the current study. Firstly, the chapter introduced the summary of the current study. Furthermore, a theoretical framework was discussed, followed by the rationale and the problem formulation, the goal and objectives of the study and the research design and methodology.

1.10 The Outline of the Research Report

- **Chapter 1: General introduction to the research report**

  In the chapter, the researcher introduces the problem of the study which is the cultural and spiritual factors influencing health-seeking behaviour of Indian Hindu people. The definitions of key terms are discussed, together with the goals and objectives of the research study. The chapter further shows the theoretical framework on which the study is based, the research design and research methodology.

- **Chapter 2: Literature review**

  The second chapter focuses on the literature review relating to the cultural and spiritual factors influencing health seeking behavior of Indian Hindu people.

- **Chapter 3: Research methodology, ethical considerations, empirical findings**

  The third chapter provides the detailed process of the research methodology with references to research approach, research purpose, type of research, research design, research methods, and data collection, data analysis, data quality and the ethical considerations. Summary of the findings is also presented using themes and sub-themes generated from the research study.

- **Chapter 4: Conclusions and recommendation**

  The last chapter provides the overall summary of findings that were

obtained from the research process, and the research conclusions and recommendations regarding the research findings and suggestions for future research.

The next chapter focuses on the literature review pertaining to the cultural and spiritual factors influencing health-seeking behaviour of Indian Hindu people in Laudium.

CHAPTER TWO

WHAT ARE THE CULTURAL AND SPIRITUAL FACTORS INFLUENCING THE HEALTH-SEEKING BEHAVIOUR OF INDIAN HINDU PEOPLE IN LAUDIUM?

2.1. Introduction

This chapter provides the findings of literature sources that were consulted relating to the research study, in order to gain a deeper understanding around the concept of health-seeking behaviour and the influence of culture and spirituality among Indian Hindu people. The researcher found that there is scarcity of literature that is based specifically on the research topic. Hence this study seeks to understand and gain knowledge within the specific group.

However, there were research studies that were conducted globally and locally, which focused on health-seeking behaviour. The researcher focused on aspects of health-seeking behaviour within the group of Indian Hindus. The researcher referred to literature which discussed more about how the Hindu families function when they are experiencing health problems and their manner of living according to their culture and spirituality.

A discussion regarding the prevalence of the concept globally, in Africa and in South Africa will follow.

2.2 An Understanding of Health-seeking Behaviour

Zahra, Rashid and Ilyas (2019:2) define health-seeking behaviour as a complex decision-making process that depends on socio-cultural and economic factors. Afolabi, Daropale, Irinoye and Adegoke, (2013:817) went on to view it as a response taken when one is not feeling well and is informed by a variety of factors, chief among them being an awareness and understanding of health, socioeconomic constraints, gender norms, political environment and how accessible available health services are (Abuduxike, Asute, Vaizoglu & Cali, 2020:240). The factors can be categorized as internal and external factors (Jalul, Amed, Hashi, Tekilu, 2019:1). Internal factors comprise values, beliefs, attitudes, feelings, and external factors referring to socio-cultural environment, including the healthcare systems.

Adongo and Mathias (2019:840) define health-seeking behaviour as attempts by individuals or groups to get treatment as well as to stay healthy. They further assert that health-seeking behaviour has a direct bearing on the use of healthcare services. It is also important to note that individuals perceive illnesses differently and this will determine the manner in which they choose to seek healing intervention (Afolabi et al., 2013:817). Common to these definitions is the fact that health-seeking is triggered by the individual's perceived state of health which then becomes interwoven with other variables to determine the end action. It is not a simple, but a complex, phenomenon.

A study conducted in South Africa exploring possible differences in health-seeking behaviour among rural and urban populations reflected the importance of health-seeking in designing healthcare policies and programmes (van der Hoeven, Kruger & Greef, 2012:1). Essentially, the study intended to make a comparison between urban and rural populations in order to make recommendations which would assist in creating health policies and programmes. Even though the researcher finds the study to be more concerned with financial constraints, which participants experienced as a cause of delay for health-seeking behaviour, the study was unable to address methods or ways in which participants might manage illness when they cannot access health care. Hence, the study of cultural and spiritual factors influencing the health-seeking behaviour of Indian Hindu people, will be relevant in addressing actions, which they undertake regarding their health. An understanding of health-seeking behaviours and their causes is instrumental in the government's planning and distribution of the resources at hand (Abuduxike et al., 2019:240).

Individuals may engage in various help seeking methods which may include professional, relational, spiritual, self-reliance and traditional health care methods (Bullard, 2010:4). Hence this qualitative study attempts to fill the gap in knowledge of the diverse cultural and spiritual factors, influencing health-seeking behaviours in South Africa, although the researcher will be focusing on Indian Hindu people.

2.3. The Prevalence of Health-seeking Behaviour Globally, in Africa and in South Africa

2.3.1 Globally

Even though the goal of this research is to understand the effect of culture and spirituality on health-seeking behaviour from the perspective of the local communities, it is necessary to explore and understand how health-seeking is viewed globally as this will portray the effects of the phenomenon around the world.

There is a growing interest in literature that focuses on health-seeking behaviour and the factors affecting the utilization of health services in the context of developing countries. A research study was conducted in Pakistan regarding health-seeking behaviour and health service utilization, it showed that the factors determining health behaviours may be seen in a different context of physical, socio- economic, cultural, and political (Shaikh & Juanita, 2005:50). The study further showed that the cultural factors result in delays to seeking treatment, this occurred mostly amongst women and their children. In the conclusion of the study, a need was emphasized to understand the contribution of health-seeking behavior of the population.

Bach, Giang, Huong, Pham, Phan & Ho (2020:3), exploring the health seeking behaviour of developing countries in relation to the Covid-19, discovered that when faced with health problems, communities would consult traditional healers and non-official health providers instead of going to hospitals or testing centres. The reasons for this behaviour in the case of Covid-19 were, among others, fear of stigmatization in the event of testing positive, fear of being quarantined, as well as a reluctance to disclose the people with whom they would have had contact. The researchers used the term gatekeepers, referring to these places of first contact for health consultation. These gatekeepers would undoubtedly impact negatively on the healthcare system's ability to combat Covid-19. Interestingly though, the researchers believe these gate keepers could actually be useful if incorporated into the government plans to combat the disease, that is, in

effect taking advantage of this health-seeking behaviour. This would entail training the staff of these first contact places, establishing strong communication networks, as well as delivering the intervention packages to them.

A failure to seek care from health facilities was also reported on a study done on Acute Respiratory Infections patients in Wuhan (Yang, Gong, Chen, Deny, Qian, Hon, Ajelli, Vibound & Yu, 2020:190). The main reason for not seeking medical attention was because the symptoms were mild. This is the opposite of the severity reason given by participants in many studies (Burton Flannery, Onyango, Larson, Alaii, Zhang, Hamel, Breiman & Feikin, 2011:65; Mapuroma, Cohen, Kuonza, Musekiwa, Tempia, Tshangela, & Mollendorf 2015:2; Nagaraj & Alalageri, 2019:597; Eley, Namey & Mckenna, 2019:110)

Generally speaking, in developing countries, seriousness of illness is considered a major determinant of health seeking behavior (Burton et al., 2011:65; Mapuroma, et al. 2015:2; Nagaraj et al. 2019) If an ailment is mild, like seasonal flu, no medical help will be sought. The timing between the mild and seriousness continuum could pose a serious challenge in terms of mortality since at any given stage the magnitude of the disease will not have been scientifically measured. Around the globe, children die in millions due to mistimed access to biomedical help (World Health organization, 2007). It is tempting to insinuate that this health-seeking behaviour is less likely to be the case in developed countries where families go for regular check-ups as part of their lifestyle.

However, men in America's Durham and North Carolina cities, confessed that they would not seek medical attention on their own if illness did not incapacitate them; as long as they could walk, they would carry on (Eley et al, 2019:110). As they grow up, men are taught to be tough so that they can withstand the pressures of the world, so this could in part explain the observed mentality regarding consulting medical experts without being pushed. Another developed country where health-seeking behaviour is prevalent is Northern Cyprus. Here, in a study on determinants of health-

seeking behaviour, perceived severity of a health condition was considered to be a major reason for visiting health facilities (Abuduxike et al, 2019).

2.3.2 In Africa

In Nigeria, a study was conducted on health-seeking behaviour of University students, their use of health care services and the barriers they encounter when seeking help in their health centre. The findings showed that students experienced significant barriers when seeking medical attention such as cost of care, prolonged waiting time, and poor health information. This has led them to self- treatment. The first choice of care in ill-health was self-medication with medicines purchased over the counter or obtained through friends or neighbours, followed by visits to the health centre, patent medicine dealers, the community pharmacy, and consultation with students in health-related academic programmes and the use of herbal remedies (Afolabi, 2013:817).

In Ghana, a study on health seeking behaviour in the rural area of Bongo area found out that education, income status, cost of treatment and distance to the healthcare facility contributed significantly to the decision to visit medical centres (Adongo & Mathias, 2019:840). This finding resonates with observations made in Pakistan by Zahra et al. (2019) in their study of curative health-seeking behaviour for children under five years of age. Here, parental level of education and occupation significantly influenced health-seeking behaviour. A further distinction is made in Cyprus whereby with better education, income and employment, preference is given more to private medical attention than public (Abuduxike et al., 2019). This demonstrates that, not only in Africa, are education and occupation, determinants, but in developing countries in general.

In Kenya's rural district of Bondo, Burton et al. (2011:70) also observed factors such as distance, severity of symptoms and costs influencing health-seeking behaviour among the dwellers. They further observed that ignorance among caregivers was also a major reason for not taking children to hospitals. Socio-economic status, as opposed to personal choices, seem to play a

bigger role in health-seeking behavior in the three countries. As such, there is a need to understand the determinants of health seeking behaviour by going beyond studying only those who utilize the facilities, as these might not be representative of the general population (Burton et al, 2011). The work by Adongo and Mathias (2019:840) recommends that complete understanding of health seeking behaviour should look at socio-cultural practices in rural communities. This further justifies the need for this current study.

2.3.3 In South Africa

The study of morbidity and mortality patterns among the youth of South Africa addressed the issue of health-seeking behaviour in South Africa and elaborated to other countries such as Nigeria. It is highlighted that in South Africa, a number of studies regarding health seeking behaviour concentrated on gender differences in health-seeking behaviour (Lehohla, 2013:2). In another study that was conducted in South Africa, regarding health-seeking behaviour amongst African male refugees and asylum seekers, the researcher mentioned the fact that recent studies had been done on women and children, therefore his study was to fill the gap not yet covered (Ntakobajira, 2011:11). The presented information shows the relevance of the study conducted because it appears that most of the previous studies were focusing on gender differences and women and children. Therefore, in order to understand the contribution of health-seeking behaviour, the study conducted will fulfil this by exploring the cultural and spiritual factors influencing health-seeking behaviour.

2.4. Socio-cultural Factors Influencing Health-Seeking Behaviour

Cultural beliefs and practices are in part responsible for delayed access to medication for children in most developing countries (Mwangome, 2010:167). If parents perceive the child's illness to be caused by non-medical causes, then they won't seek healthcare attention or will only do so at a later stage (Abubakar et al, 2013:22). Illnesses that were said to be caused by supernatural forces, and mental health problems were addressed through seeking help from traditional healers. Further, even in cases where

medical attention had been sought but there was no improvement, traditional healers were then consulted. Interestingly, taking preventative measures was a common practice taken by visiting traditional healers so that the children could receive protection against unknown illnesses or bad luck. The traditional healers were more trusted than clinics therefore parents were willing to spend on the service of a traditional healer only opting to go to the clinic if treatment would be for free.

The Nilgiris tribal group of Nigeria also showed intense preference for traditional healing even when it was evident that the healing process was not working (Ganghi, 2017:75). In Ethiopia, pregnant women prefer to be helped to deliver by midwives or Traditional Birth attendants (Jalu et al, 2019:12). They only go to the clinic if there has been a complication in the delivery process which sometimes results in the baby getting seriously harmed.

There were also isolated segments of the population which opposed the use of traditional forms of healing, depicting them as old fashioned or less effective. Rahman et al (2012:354), in their study on the tribal people of Bangladesh, concluded that the use of traditional means of treating diseases was still significantly prevalent.

Religion was found to play a major role in healing women, suffering from perinatal psychiatric disorders (Goyal et al., 2020:52). The study reported that it was not uncommon for pregnant women to consult faith healers. Alternatively, they would seek social support from significant others which was an important part of their culture. It can be seen here that socio-cultural factors have a major a say in the health-seeking behaviour of these communities.

Reliance on religion was also expressed by breast cancer victims in Nigeria Ogunkorode et al (2021:56). Here, a considerable number of women who were suffering from breast cancer expressed hope of recovery because they were believers in God. Their faith gave them the conviction that they would recover. This motivated them to go seek help in the form of prayers from their pastors, then they would go to medical professions. It is

interesting to note this complementary aspect of the health-seeking behaviours were unlike elsewhere, where they downplay each other.

In the same study, even in cases where women believed breast cancer was a spiritual attack, they would often use both traditional and western methods. Again, here, the two are not conflictual but complementary which is a unique finding that should prompt further research (Ogunkorode et al, 2021:56).

Social relationships were found to be influential in African-Americans' health-seeking behaviour in Durham and North Carolina (Eley et al, 2019:110). Usually, it was the female partner, child, mother, community influence or upbringing that would prompt men to consult even in the absence of any symptom of ill-health. The stronger the social capital the higher the chances of going for medical checkups (Bernardo & Toletino, 2019:155). Here elderly men who participated in community activities, among others, such as festivals, elections and religious events, on top of having familial ties and functional networks, were likely to seek medical advice without giving it much thought.

Among the Nigerian women who had breast cancer, there was a lot of social support from family members, friends, and church members, not only encouraging them to seek medical help but at times accompanying them to the hospital and even being closer during medical procedures like operations (Ogunkorode et al, 2021:56).

Patriarchy in Somalia has been seen to also determine health-seeking behaviour (Jalu et al, 2019:24). The husband is the head of the home and makes key decisions. The welfare of the wife is also in the hands of the husband. Taking contraceptives for example has to be permitted by the husband. Should the wife not obey the husband's instructions, then she risks being divorced which would result in being excluded and stigmatized by society. Stigmatization was also noted as a barrier to medical seeking by Nigerian women, who reported that they were afraid of being seen as incomplete by their husbands and society at large if they had one of their breasts cut off (Ogunkorode et al, 2021:56).

Among the Nilgiris, a tribal community in Nigeria, the decision to seek health does not rest in the hands of the bearer of illness but the community (Gandhi, et al, 2017:75). A dice would be thrown and the outcome would pave the way for the health-seeking route to be followed.

Societal expectations and perceptions also influence health-seeking behaviour (Jalu et al, 2019). Among the Ethiopian pregnant women, it is not generally acceptable to be helped by a male person to deliver, preferring the process to be handled by females. Should they be attended by males there was a big chance of them not visiting the facility again.

These observations give this research grounds to explore the impact of cultural and spiritual factors among the Indian Hindu people. It was in their best interests to investigate the study conducted as views are changing as a result of modernization.

2.5. Health-seeking Behavior of Indian Hindu People

2.5.1 Hinduism

Hinduism refers to a religion that is approximately 400 years old and is practiced by about a quarter of the world's population with the majority being of Indian descent (Lipner, 2012:101). Central to the Hindu practices is the belief that death is not an end, there is an afterlife through reincarnation whereby the dead come back to live in another form of life (Sharma, 2019:242). If death is merely a period of transition, we ask how this affects the health-seeking behaviour of Hindu people.

2.5.2 Mental illness from the Hindu perspective

It is important for this study to look deeply on commonalities of health-seeking behavior among Indian Hindu people. Kang (2010:1) engaged British Hindus in regard to the teachings of Hinduism and how they may influence Hindus suffering from mental health. The author reflects on the importance of understanding that service users' symptoms in the context of their cultural background can be of great assistance in diagnosing and managing their illness and engaging them.

However, Hindus frequently view mental illness differently, in a manner that when one family member is diagnosed with mental health there may be a reluctance to take help from the public health service and have a preference for private healthcare. This is being done to protect the future prospects of the individual concerned and to reduce stigma (Kang, 2010:5).

The issue of reducing stigma is seen by the researcher as a concern because of the affordability of private healthcare for the families, making it difficult to access. Fear of stigma will impact on the health-seeking behaviour of the families and create barriers to utilizing health services. Furthermore, consulting a private healthcare may not provide assurance that one will not experience stigma.

In a previous study of exploring South African Hindu psychologists' perceptions of mental illness, it was evident that religion plays a significant role in the understanding and treatment of mental health. The study revealed that the fear of stigma prevented Hindu clients from receiving the benefits of seeking help from culturally competent psychologists (Padayache and Laher, 2012:424). The findings stipulate that religion and spirituality can be integrated into treatment in a way that combines patients' values and enhances treatment gains. Spirituality is a resource when it comes to coping with life-threatening illness (Kay & Raghavan 2003:233). Indian Hindus are reported to be rarely self-referred. Appointments or consultations are usually made by family members of the patient after the initial attempts to get better, using alternative therapy, priest or healer. If the attempts have failed, the patient will then be referred to a medical doctor (Juthani, 2001:128).

Mental health is perceived as a weakness of character and an inability to cope with life's stressors (Juthani, 2001:127). A family member identified with a mental disorder can ruin the honour of the whole family. The study of psychiatric treatment of Hindus shows that Hindus believe that physical and mental illness develop due to imbalances between natural forces and internal human forces which can be balanced by ingesting natural products (Juthani, 2001:127). Padayache and Laher (2012:425) aver that mental illness is primarily thought to be caused by spiritual illnesses such as spirit

possession, the evil eye and witchcraft.

The fact that there is reluctance of self-referral among Hindus in the above study, and there were initial attempts to seek help from priests and healers may limit their health-seeking behaviours, by consulting only when the disease has already progressed. However, the study conducted explored more of the initial attempts mentioned which might be cultural and spiritual influencing their health-seeking behavior.

2.5.3 Disability

Gupta (2011:72) reviewed an article about how the belief in the law of karma helps Hindus cope with disability. Coping with a disabling condition, is said to involve searching for its cause and attempting to cure it, and when it is not curable, coming to accept it. Hence people are said to consult religiously to seek assistance. Hinduism as a religion provides answers in the law of karma. It is highlighted in the article that more than 80% of Hindus acknowledge belief in karma in South Africa. The belief of karma might cause people to be reluctant to consult medically because the law of karma does not favour them. Gupta (2011:75) mentioned that Hindus do not broadcast their pain and suffering publicly, instead they bear it privately either as the will of God or as a consequence for their past.

Accepting of pain and suffering might lead Indian Hindu people to make risky decisions in regard to their health and delay consulting healthcare providers. Hence, the researcher regards this study to be relevant as it will explore the cultural and spiritual factors influencing health seeking behavior of the Indian Hindu people. In this manner people will become aware and be able to make better decisions about their health.

2.5.4 Cleft lip and palate

A secondary study was conducted on the findings of previous studies of beliefs and practices of a group of traditional healers from South African Muslims and Hindus regarding Cleft Lip and Palate (Ross, 2006:642). Similarities and differences of both ethnic groups were presented although the researcher was more interested in how Hindu healers perceive the

condition. It is evident in the study that Hindu healers who participated, perceived the cause of cleft as God's will and cannot be questioned. Questioning was considered a sin, punishable either in the current or after life. Giving birth to a cleft lip and palate baby was said to be the consequences of a sin committed by a parent. In other words, the occurrence was explained in terms of the law of karma, of cause and effect (Miles, 1995:111; Ross, 2006; Loh & Ascoli, 2011:24; Aparajit, 2013:111).

Furthermore, it was believed that a solar eclipse was a bad time for pregnant women as there were high chances of giving birth to a child with a cleft condition. Pregnant women were supposed to avoid handling sharp objects as these could harm the unborn baby. In attempting to provide treatment, Hindu healers offer no direct treatment when the child is already born. However, assistance can still be provided by offering sacrifices and rituals. It is further evident that a person's rasi is consulted, which means astrological chart revealing different moments in a person's life (Ross, 2006:647).

2.5.5. Hindu approach to treatment

Juthani (2001:128) states that religion, culture and health are regarded integral part of Hindu lives. It is further stated by the author that physical and mental illnesses are considered interrelated whereas chronic illness carries lot of stigma. Hindu patients are said be more likely not to show up for treatment and continue with their initial consultations (Juthani, 2001:128).

In the case of the cleft lip and palate condition, it is believed that there was no therapy to undo it. It is considered permanent. Healers can only help parents cope through prayer (Ross, 2006). The cleft lip palate child is often secluded as this can be a shame to the family. In some cases, they are hidden to protect them from being stigmatized. In the worst-case scenario, some dump or put them up for adoption. If the cleft lip child is female, it becomes a big burden as she might not find a suitor (Loh & Ascoli, 2011:23).

The researcher believes that treatment is an important aspect of a good health. The issue of stigma and the perceptions which Indian Hindu people seem to be placing on health problems might influence their health-seeking

behaviours. Through reading different articles, the researcher came across a discussion that health-seeking behaviour is not regarded as one even though it forms part of individuals, families and community's identity which can results from social, personal and cultural factors (Lehohla 2013:2). It appears to the researcher that most of the previous research elaborated mainly on the impact of culture regarding health-seeking behaviour, and this creates a link to the research topic to be undertaken.

2.6. Summary

Within the context of determining the cultural and spiritual factors influencing health seeking behaviour, it is evident that culture and spirituality carry a great value in the life of people. It is of the highest importance that the Indian Hinduism participants become aware of the impact of this factor in relation to their health-seeking behaviour. Lehohla (2013:5) asserts that most of the studies of health-seeking behaviour have focused on gender difference. Therefore, intensive research is needed to understand the habits and behaviour practices within the group of Indian Hinduism.

On the contrary, the research topic of cultural and spiritual factors influencing health-seeking behaviour of Indian Hindu people might fill the gap in terms of exploring the wholeness of the Hinduism and this will be within the social work perspective in the health care field.

The research methodology and the empirical study are presented and discussed in the following study.

CHAPTER THREE
RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1 Introduction

This chapter presents the research methodology that was used during the conducted study as well as the research findings. The chapter start by providing a description of the research approach, research type, and research design. In addition, a discussion of the pilot study and ethical considerations will be included. The chapter will focus more deeply on the empirical findings, biographical information of the participants, and then the presentation of themes and sub-themes with support of the literature review.

3.2 Research Approach

The researcher adopted a qualitative approach for the purpose of the actual research topic of cultural and spiritual factors influencing health-seeking behavior of Indian Hindu people in Laudium. Qualitative research as a research methodology is described as an inquiry process of understanding, where a researcher develops a complex, holistic picture, analyses words, reports detailed views of participants, and conducts its study in a natural setting (Creswell, Ebersohn, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pieterson & Plano Clark, 2016:309). This process became successful because the qualitative approach allowed the researcher to engage fully with the participants in a complex manner and they were open about their perceptions and beliefs. The intention of this research was to explore the cultural and spiritual factors influencing health-seeking behavior of Indian Hindu people, and the researcher was able to achieve this by using a qualitative approach, as the concern was more about describing and understanding rather than explaining or predicting (Fouche' and Delport, 2011:65). The research approach allowed the researcher to interact with the participants in their own environment, where they were observed to be more comfortable in expressing themselves. Utilisation of the descriptive research

purpose enabled the researcher to observe and describe what was observed to gain more insight of the phenomenon (Barbie, 2017:92).

The researcher was seeking to understand and obtain more data regarding the cultural and spiritual factors influencing health-seeking behavior of Indian Hindu people. Hence the paradigm of the study was based on constructivism, and it allowed participation throughout the study. Due to the exploration, depth and complexity, the topic of the study was applicable for this approach in order to answer the research question. The researcher used qualitative research approach because the purpose of the study was to explore the cultural and spiritual factors influencing health seeking behaviour of Indian Hindu people. The explorative nature of the approach allowed the research to conduct unstructured interactions (Fouché and Delport 2011:65).

3.3 Research type

The researcher made use of applied research that is exploratory in nature as it sought to answers the “what question” (Kreuger and Neuman,2006:23 in De Vos, Strydom, Fouché & Delport, 2011:94). The applied research is more concerned about solving problems in the practice and assist practitioners accomplish tasks. The applied research allowed the researcher to explore and add information in the cultural and spiritual factors influencing health seeking behaviour of Indian Hindu people. In this study the focus was more on understanding the experiences of Indian Hindu people and to gain in-depth information.

3.4 Research design

The researcher made use of the case study as the qualitative research design. The case study was suitable and applicable for the study in a manner that it explored the cultural and spiritual factors influencing health seeking behaviour of Indian Hindu people. The case study enabled the researcher to make use of the exploratory and descriptive designs to achieve research goal of the study.

Furthermore, Baxter and Jack (2008:34) in referring to the work of Yin (2003:112) and Stake, 1995:67), mentioned subtypes of case study. The researcher adopted the instrumental case studies for the study because they can be used to an extend of fulfilling tasks or goals instead of only understanding a particular study. The instrumental case study provided support and facilitation by revealing more understanding to a study. The use of instrumental case study enabled new knowledge to be developed through the perceptions of Indian Hindu people.

3.5 Research Methods

3.5.1 Introduction

The research methods comprise of the following: research population, sampling, data collection method, data analysis and the pilot study.

3.5.2 Study population and sampling

Population of interest for the study comprised of Indian Hindu people based in the area of Laudium in Gauteng. Some of the interviews were conducted from the respective homes of the participants and other interviews were done through telephone interviews due to the pandemic of COVID 19 restrictions. Sampling method found to be most appropriate for the study was non-probability because the population was not known. In non-probability sampling the odd of selecting a particular individual are not known, reason being that the researcher does not know the population size and the members of the population" (Strydom & Delport, 2011: 391).

The sampling techniques that the researcher used for the study was purposive sampling and snowball sampling as the subtypes of non-probability sampling. Purposive sampling is used in special situations where the sampling is done with a specific purpose in mind (Creswell et, 2016:198). Snowball sampling is described as a technique which start by using few appropriate participants who will later refer the researcher to other participants until data saturation is met (Grinnell & Unrau, 2008:153) in (De Vos, Strydom, Fouché & Delport, 2011:393).

The participants for the study were selected based on the following criteria:

Family members between the ages of 18 and older

- Must be Indian Hindu people
- Both males and females
- Ability to speak English
- Being willing to participate in the research study

The researcher approached the Priest of the temple in order to obtain permission for the research study. A letter of permission was drafted and handed to the Priest to request assistance to discover potential participants and recruited them. Through the participants that were provided by the Priest, the researcher was referred to more participants who had same characteristics for the study. The study consisted ten of participants. The researcher was able to conduct interviews with ten participants as it was initially planned until data saturation was reached.

3.5.3 Data collection

Greeff (2011:351) indicates that qualitative data collection methods play an important role by providing relevant information that helps to understand the process of research results. In order to collect data, the researcher needed to access permission for conducting a qualitative sampling to be able to record information that was collected for the research study (Creswell et al., 2013:145). The researcher made preparations for collecting data before.

The data-gathering technique that was relevant for the study was semi-structured interviews. The researcher made use of one-to-one interviews in the study to explore the worlds of the participants in their own perceptions and frame of references. This technique was advantageous for the study in a manner that the researcher was able to build a trusting relationship with the participants whereby they were able to provide valuable information (Creswell et al., 2016: 93). Furthermore, using semi-structured interviews enabled the researcher to collect lot of data in a respective manner from the participants.

Preparations for data collection were made beforehand. Holstein and Gubrium in Strydom & Delport (2011:352) define an interview schedule as a questionnaire written to guide the interview. The interview schedule assisted the researcher to establish predetermined questions that will engage the participants and designate the narrative terrain. This is advantageous as it gives the researcher an opportunity to think about what she hopes the interview will cover and the difficulties that might come across with in terms of wording and sensitive areas.

Utilizing the interview schedule permitted the researcher a chance to be prepared. The interview schedule guided the process of interviews even though at some point participants were sharing some of their experiences which were not forming part of the interview schedule. The researcher allowed them to tell their experiences and redirected them back to provide answer of the main questionnaire. The researcher made use of digital recorder although the consent forms of the participants were requested beforehand. All 10 participants permitted the researcher to record the interview.

A Semi-structured interview has its own advantage and disadvantages. Semi-structured interview is advantageous method as it gives the researcher and participant much more flexibility. The researcher is able to follow up particular interesting avenues that emerge in the interview and the participant is able to understand better (Strydom & Delport, 2011:351).

The researcher was aware that the disadvantage of this technique can be time consuming however the skill of attentiveness was adopted in order for the researcher not to lose track and end up having repetition of information. However, at some point the researcher could not control situations whereby participants kept on postponing our appointments and this created a delay and the process of data collection took lot of time.

3.5.4 Data analysis

Creswell et al. (2016:109) explain that data analysis tends to be an ongoing process, implying that data collection, processing, analysis, and reporting are

intertwined and not merely a number of successive steps. The researcher utilised a thematic analysis following the six-step process as described by Braun, Clarke, and Hayfield (2006) guidelines:

3.5.4.1 Familiarisation

The researcher pursued this step by listening to audio-recordings. Creswell et al. (2016:115) stipulate that good analysis often depend on your own understanding of the data, which simply means that one must read and reread the texts. The researcher engaged with the data by drafting notes of any impressions encountered during the data collection. The researcher further organized and transcribed the data into computerized files. During the process of transcribing data, the researcher organized the data into files and folders on the computer and saved back-up into the personal emails.

3.5.4.2 Coding

Coding is the first step in the process of identifying patterns in the data because it groups together similar data segments (Clarke et al., 2006:230). Creswell et al. (2016:116) describe the process of coding as the process of reading carefully through transcribed data line by line and arranging it into meaningful analytical units. In this manner, the researcher explored and identified concepts within the texts to present the voice of the participants. Furthermore, the researcher categorised common reactions in all the transcripts and used different colours to identify the themes. This process was followed until all the data was segmented. Be specific how follow this process. It is not clear.

3.5.4.3 Searching for themes

Clarke et al. (2006:236) explain the step as a phase whereby one move from coding to the level of theme development. The author emphasized that themes will not be readily available. In this case the researcher interacted with the data and interpreted the codes to formulate themes. In determining whether a theme is in fact a theme, the researcher evaluated the relevance of the themes with the research question of the study. The researcher read the

transcript several times to get the sense of whole interviews before breaking the data into different parts.

3.5.4.4 Reviewing themes

In this phase the researcher reviewed themes in two ways: firstly, in relation to the collated, coded data for each theme; second, in relation to the entire data set. The process involved rereading all the data associated with the codes for each theme and asking whether the candidate theme is a good to fit with the meanings evident in the coded data (Clarke et al., 2006:238). The similar topics were grouped together into themes and sub-themes.

3.5.4.5 Defining and naming themes

The researcher wrote theme definitions as the step is regarded as very useful because it can help one to think about the organization and flow analysis within each theme, effectively providing sort of a road map for writing up the results of the study. The researcher continued further by naming each theme as it is another important part of this step of the theme development which the researcher done for them to be identified easily (Clarke et al., 2006:240).

3.5.4.6 Writing report

The last step is whereby the researcher connected together the analytic narrative, presents generative themes and compels data extracts. Themes provide the organizing framework for the analysis, but analytic conclusions are drawn across themes (Clarke et al., 2006:230). In light of the above, the researcher presented the findings in a manner of table format and graphical presentations of generated themes obtained from the information gathered.

3.5.5 Data quality

The researcher used four concepts identified as important to ensure trustworthiness in qualitative research (Guba, 1981:153) in Creswell et al. (2016:123).

3.5.5.1 Credibility

Credibility deals with the questions of how congruent findings with reality are. Credibility can be ensured by having good research methods and research design that suit well with the research question. The researcher adopted measures to ensure credibility firstly by including frequent debriefing sessions with colleagues. Secondly by member checking, the researcher involved the participants in the analysis to verify the data gathered. Credibility was further enhanced through the use of thick description by engaging more with the participants (Creswell et al., 2016:123).

3.5.5.2 Transferability

Transferability refers to the degree in which the findings are applicable or useful to the theory, practice and future research (Lincoln & Guba, 1985). Lietz and Zayas (2010:195) mentioned that Devers (1999:64) suggested for findings to achieve transferability, "…the contexts must be similar. Therefore, it is the role of the researcher to identify key aspects of the contexts from which the findings emerge and the extent to which they may be applicable to other contexts".

In order to achieve transferability, the researcher once more adopted the strategy of thick description. Creswell et al (2016:124) describe thick description as a method in which the researcher provides the reader with a full and purposeful account of the context, participants and research design so that the readers can make their own decisions about transferability. The researcher applied thick description in the study by taking notes while observing in order to present specific descriptions.

3.5.5.3 Dependability

Padgett (2008) refers auditability as the degree to which research procedures are documented and allows someone outside the project to follow and critique the research process. Creswell et al. (2016:124) state that dependability can be ensured by keeping records of decisions made during the process. By documenting categories, making revisions and observing

throughout the whole process. In this study the whole data is documented in a manner that the participants were sharing their perceptions of cultural and spiritual factors influencing their health seeking behaviours.

3.5.5.4 Comfortability

Comfortability is described as the degree of neutrality or the extend in which the findings of a study are shaped by the participants and not by the researcher bias, motivation or interest (Lincoln & Guba, 1985). The researcher ensured comfortability by making sure that the results of the findings are based on the experiences of the participants, not on the perceptions of the researcher.

3.6 Pilot study

Strydom and Delport (2011:394) state that in qualitative research the pilot study is normally informal, and a few respondents possessing the same characteristics as those of the main investigation can be involved in the study, as to merely determine certain trends. Kim (2010:193) explains that a pilot exercise can be useful to new researchers when they assess and prepare their interview and observation techniques. It is explained further that pilot works can be used to self-evaluate one's readiness, capability, and commitment as a qualitative researcher.

The researcher used this as an opportunity to test the interview schedule and the interviewing skills. The pilot study was used by conducting semi-structured interview with one participant before the main study, whom had the same characteristics for the cultural and spiritual factors influencing health seeking behavior of Indian Hindu people. The information collected could not be used in the main study because the researcher identified and edited some errors.

3.7 Ethical consideration

Creswell et al. (2016:44) explain the importance of highlighting the ethical considerations in regard to the research. In this study, the researcher applied the following ethical considerations before commencing with the study. This

ethical consideration was maintained throughout the whole study.

3.7.1 Voluntary participation

Participation in social research must be voluntary and no one should be forced (Barbie, 2017:63). The researcher informed the participants what the study entails and what was required from them. The researcher made the participants aware that the matter under discussion required them to disclose their personal experiences and that might lead them to be emotionally strained.

3.7.2 Informed consent

Participants need to be orientated about the intention of the whole study and be allowed self-determination to make a choice to participate in the study (Bryman, 2012:136). In this manner, a consent form was drafted, and it stipulated the aims of the study, to sign for their willingness to participate and offered them the opportunity to withdraw in case they experience emotional impact.

The researcher stipulated in the consent form a request to use digital recorder during the interviews. The researcher brought it to the awareness of the participants that the collected data will be reserved at the University of Pretoria for the period of 15 years at the Department of Social Work and Criminology.

3.7.3 Avoidance of harm

Strydom and Delport (2011:115) believe that participants can be harmed in a physical and/or emotional manner. One may accept that harm to respondents in the social science will be mainly of an emotional nature, although physical injury cannot be ruled out. The researcher took into consideration of the type of questions to be asked and to observe the reactions of responses in order to avoid harm.

Debriefing involves sessions which subjects find the opportunity to work through their experiences and its aftermath and find a chance to have their questions answered and misconceptions removed (Strydom & Delport, 2011:122). Due to the nature of the topic the researcher observed and

checked emotional state of the participants and clarified with each one of them whether there were issues which required attention. The researcher made arrangements with Social Worker in the area of Laudium to provide counselling and debriefing sessions when necessary. However, none of the participants appeared to be need of counselling intervention that was made available.

3.7.4 Confidentiality, pseudonyms, anonymity

Confidentiality means that what has been said will remain private and will not be repeated to someone else (Grobler & Schenk, 2010:43). The researcher maintained confidentiality by assuring the participants that the research information will only be used for academic purposes. The researcher also made use of the alphabets to identify the names of the participants in order to maintain pseudonyms and their real identifying details are not mentioned in the report study.

The researcher did not guarantee anonymity to the participants as we made contact during the interviews.

3.7.5 Deception

Deception involves withholding information or offering incorrect information in order to ensure the participation of subjects when they would otherwise possibly have refused it (Strydom & Delport, 2011:119). The researcher ensured that deception is not exercised during the process of the study by providing the participants with all the information in regard to the study. The researcher allowed the participants to go through the consent forms and understood the contents of it.

3.7.6 Publication of the findings

Strydom and Delport (2011:279) mentioned that the overall goal of a research report is to convey the knowledge and findings of the research study in a manner that is intelligible and scientific. In this study, the researcher presents the findings in an objective manner in order for the communicated data to make a contribution.

3.7.7 Competence of the study

Wiliman (2006:148) indicates that researchers are ethically obliged to ensure that they are competent, honest, and adequately skilled to undertake the proposed study. The researcher consistently informed every participant that she has qualified with a bachelor's degree in Social Work which enabled her to acquire knowledge in conducting research.

3.7.8 Permission to conduct the study

The researcher made an application to the Ethical Clearance Committee of University of Pretoria; the participants were informed when permission was granted.

3.8 Empirical findings

Under this section, the empirical findings of the study are presented and discussed below. The first presentation focuses on the biographical details of the participants. It is followed by the discussion of themes and sub-themes that emerged during the study. Furthermore, the themes and sub-themes will be presented in a form of tables and graphs; followed by more detailed discussion underneath with direct quoted responses of participants.

SECTION A: Biographic Details

3.8.1 Biographic details of the 10 participants

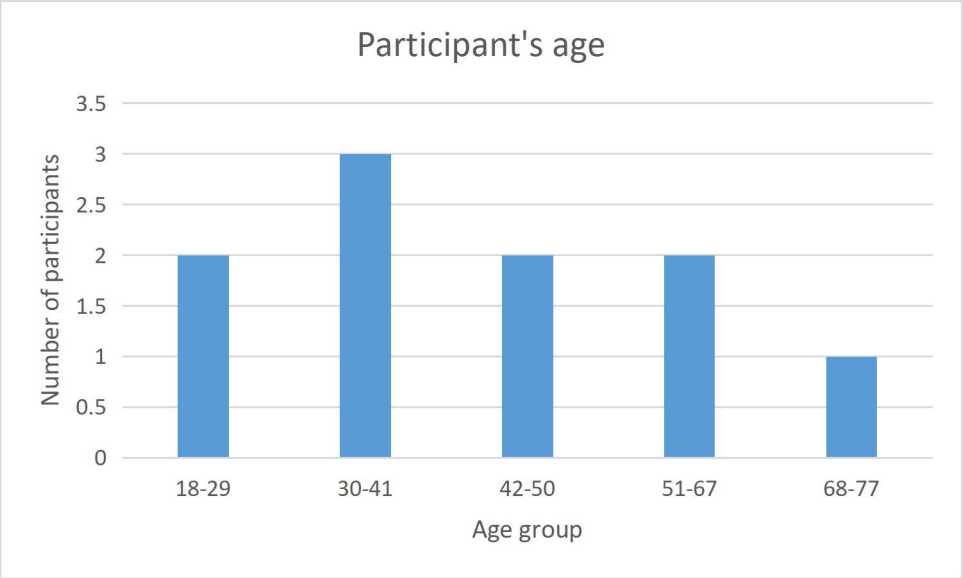
Participant	Age	Gender	Marital status	Number of children	Religion	Home language	Highest qualification
P1	32	Female	Single	3	Hindu	English	Matric
P2	30	Male	Married	2	Hindu	English	Matric
P3	32	Male	Married	1	Hindu	Gujarati	Bcom
P4	54	Male	Married	2	Hindu	English	Master's degree
P5	66	Female	Married	2	Hindu	English	Master's degree
P6	49	Female	Separated	1	Hindu	English	Master's degree

P7	25	Female	Single	0	Hindu	English	Honours Degree
P8	49	Female	Married	2	Hindu	English	Matric
P9	26	Female	Married	0	Hindu	English	Matric
P10	77	Male	Married	4	Hindu	Gujarati	Matric

The above table gives summary of the biographic information of the 10 participants. The researcher identifies the participant by a phrase of “P1” which represent “participant 1” up “p10” which represent participant 10. The factors indicated in the table includes the participant’s age, gender, marital status, number of children, religion, home language and highest qualification. The study dominated by 6 participants of females as supposed to males. The oldest participant was 77 years old while the youngest participant was 26 years old. Seven (7) participants indicated that they are married while two (2) participants were single and one (1) participant was separated.

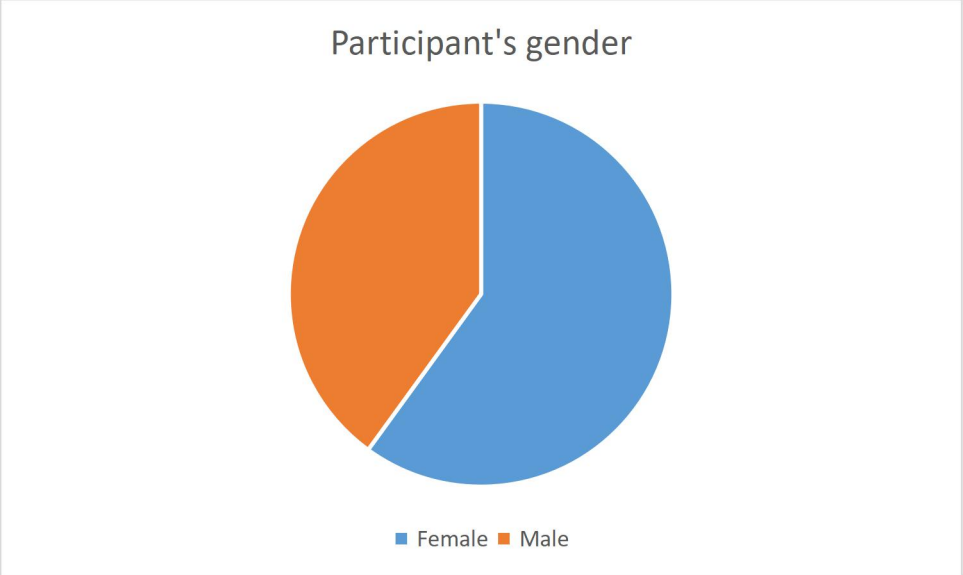
Eight (8) of the participants confirmed to have children and two (2) participants said not to have children. All ten (ten) participants were Hindu people as required by the characteristics of the study. Eight (8) participants spoke English as their home language and two (2) participants indicated that their home language is Gujarati, however they were able communicate in English during the interviews. Five (5) participants completed school up to matric while three (3) participants completed their master’s degree qualification, one (1) participant completed a Bachelor of Commerce degree and the other one (1) participant completed an Honours degree qualification.

3.8.2 Age of participants



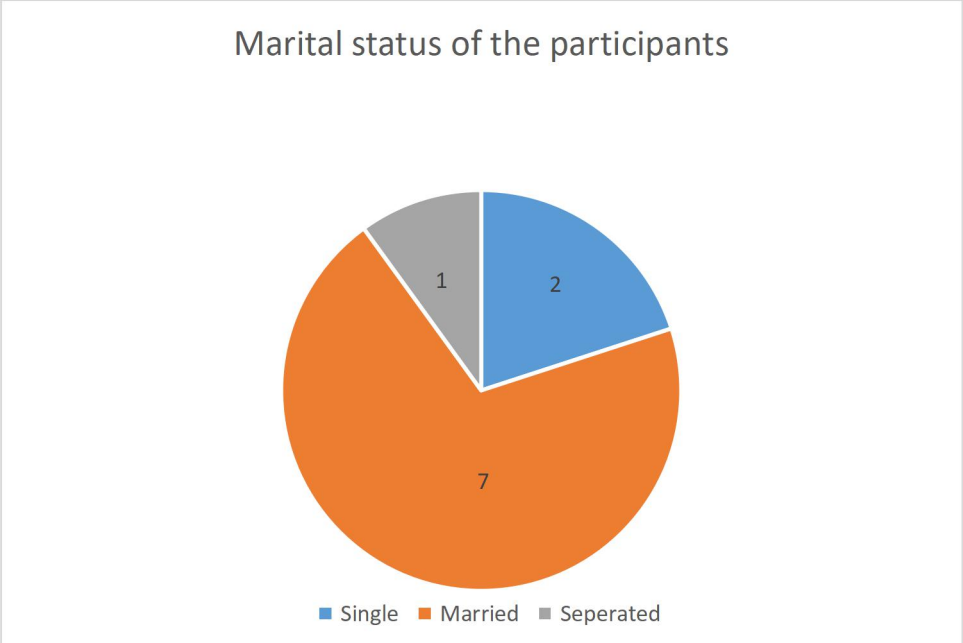
The above diagram indicates all ages of the 10 participants. The ages of the participants were between the age of 25 years to 77 years. Two (2) participants were between the ages of 18-29 years and three (3) participants ranged between the age of 30-41, while two (2) participants ranged between 42-50 and two (2) more participants ranged between the age of 51-67. Only one (1) participant was over 70 years.

3.8.3 Gender of participants



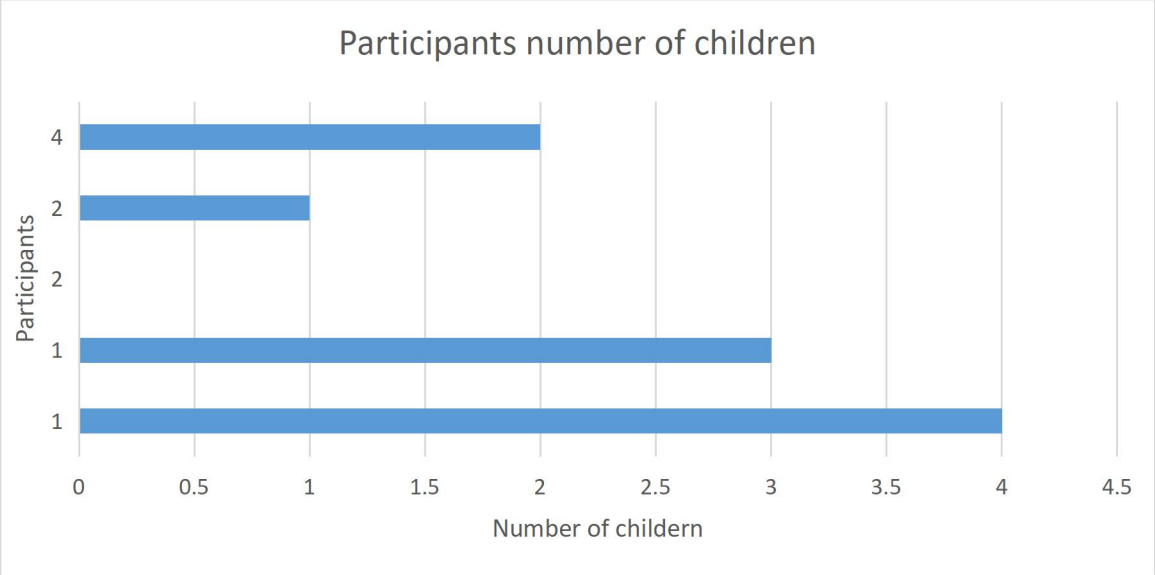
The participants were selected by following the criteria of the study and the graph above reflect that the study participants were combination of male and females. However, it is visible that the study was conducted with majority of six (6) females four (4) males.

3.8.4 Marital status of participants



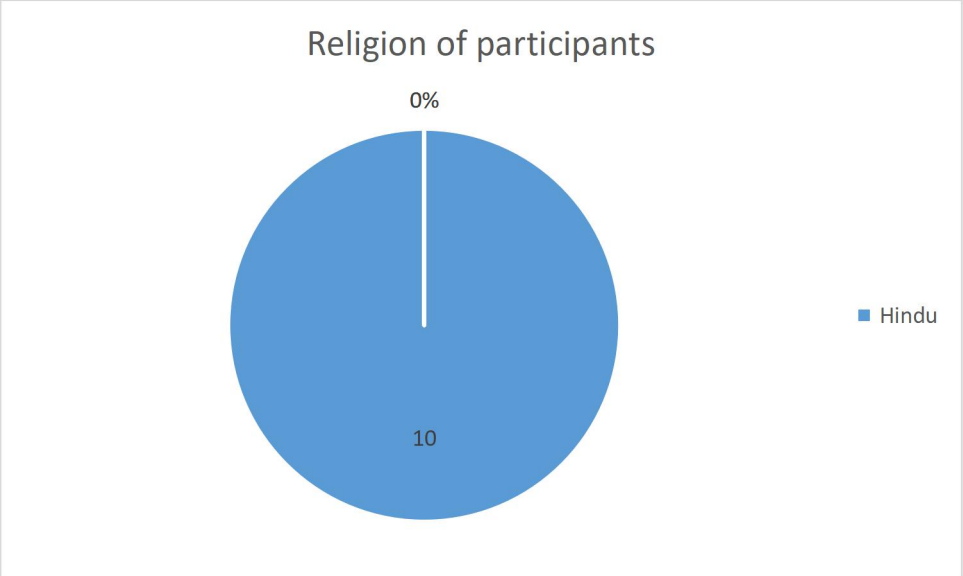
The graph above indicates that out of ten participants, the majority of seven (7) participants are married, while one (1) participant is separated and two (2) participants are single.

3.8.5 Number of children of participants



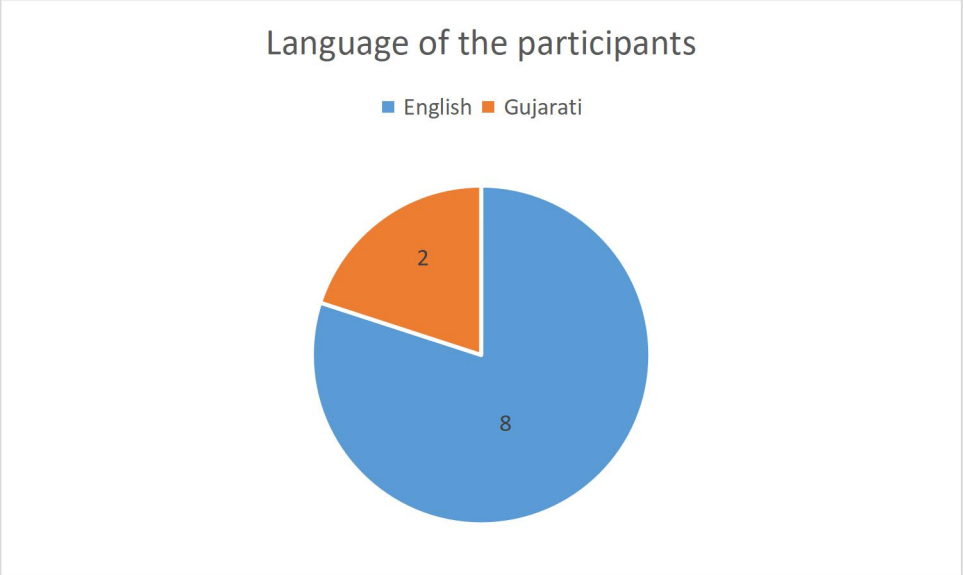
The graph shows that four (4) participants have two children each and one (1) participant has three children. Furthermore two (2) participants have one child each while one (1) participant has four children and only two (2) participants have no children.

3.8.6 Religion of participants



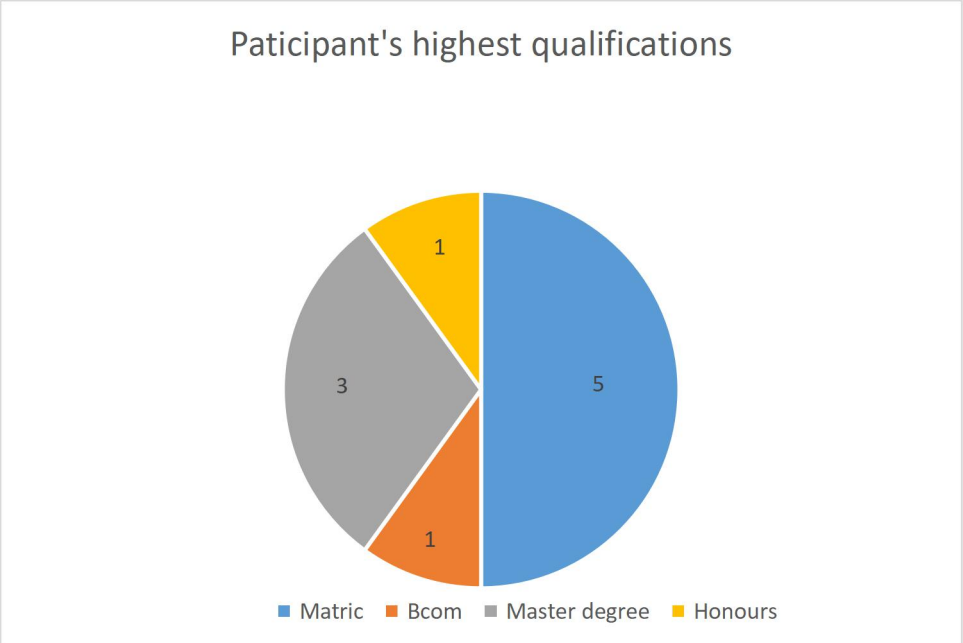
One of the criteria of the study required the participants to be Hindu hence the diagram above indicates all the participants practice Hindu religion.

3.8.7 Home language of participants



The majority of the participants eight (8) out of ten referred English as their home language two (2) of them referred to Gujarati as their home language, although they were communicating in English during the study.

3.8.8 Variation of participants by qualifications



The diagram illustrates that all ten participants attended school, five (5) out of ten completed their matric and three (3) completed their master's degree, while one (1) participant completed a Bachelor of Commerce degree and one (1) participant completed an Honours degree.

SECTION B: Themes and Sub-themes

3.9 Presentation of themes and sub-themes

The following section presents the findings from an empirical study that was done to determine the cultural and spiritual factors contributing to health seeking behaviour of selected participants practising the Hindu religion. Several themes and sub-themes emerged from the conversations that the researcher had with the study participants. These themes and sub-themes are presented as topics and sub-topics respectively. Some of the dominant themes which emerged included, religion, spirituality, culture, health seeking behaviour as well as the significance of social workers in promoting health. The themes and sub-themes are presented firstly in the table below.

Table of Themes and Sub-Themes

Themes	Sub-themes
Theme 1: Spirituality embedded in the lifestyle	**Sub-theme 1.1**: Understanding of spirituality
	Sub-theme 1.2: Value of spirituality in personal life
	Sub-theme 1.3: Value of spirituality in the community
	Sub-theme 1.4: Spiritual guidance
Theme 2: Culture	**Sub-theme 2.1**: Perceptions of culture
	Sub-theme 2.2: Value of culture in personal life
	Sub-theme 2.3: Significance of culture in the community
	Sub-theme: 2.4: Cultural practices
Theme 3: Health care resources	**Sub-theme 3.1**: Availability of health care facilities
	Sub-theme3.2: Accessibility of healthcare facilities
	Sub-theme 3.3: Challenges with medical facilities

Theme 4: Health care decisions	**Sub-theme 4.1**: Consulting a health care provider
	Sub-theme 4.2: Decision to seek medical help
	Sub-theme 4.3: Family influence
	Sub-theme 4.4: First consultation
	Sub-theme 4.5: Maintaining a good health
	Sub-theme 4.6 Impact of religion and spirituality on health
Theme 5: Social Workers	**Sub-theme 5.1**: Relevance of Social Workers
Theme 6: Recommendations	**Sub-theme 6.1**: Suggestions or improvements

Discussion of the Empirical Findings

3.9.1 Theme 1: Spirituality embedded in the lifestyle

The participants were asked to define spirituality focusing on what it means to them. The researcher was able to identify four sub-themes whereby the participants were asked to define spirituality in their own understanding. There are two clear definitions which emerged from the discussion and interpretation of the study participants. Under this theme, three sub-themes emanated which are discussed below.

3.9.1.1 Sub-theme 1.1 Understanding of spirituality

The participants expressed what spirituality means to them and their understanding and their opinions are captured below.

> **Participant 2:** *"Spirituality means a lot to me, it means your part of praying, your part of doing good. When you say you are spiritual you must be good, do good and love God.*"
>
> **Participant 1:** *"Usually I'm a very spiritual person on the whole. Even before I start a job, I go to the temple; before I do anything, any steps I take, I go to the temple that's my number one."*

The other thoughts which emerged when study participants were asked to describe and define spirituality is that they saw it as a way of life. This is consistent with the observation made by Panikkar (2014:97), who felt that spirituality need not be disengaged from the overall life of a person but intertwined with it. In other words, spirituality to them went beyond praying and observing religious beliefs but also included the behaviour that one observes even when they are not within their religious environment. For these study participants, spirituality was incorporated in their lifestyle. Below are some opinions from this study participants who felt that spirituality went beyond religion.

> **Participant 4** *"Spirituality for me it's a broad term it's more about being open to religion, being open to serving humility, that is spirituality, to remain kind, serving your fellow beings and doing good through by doing good to others and so on."*
>
> **Participant 3** *"Actually, spirituality means my thoughts, whatever you're doing by going church, some people are going to temple, so spirituality comes from your heart, whatever you believe today, you believe Christianity but still your belief is to God also the feeling is coming from your heart and those feelings that's what we call spirituality."*

One of the core issues which emerged was that of study participants being of the opinion that spirituality was synonymous with religion and therefore spirituality to them means praying and observing their religion. Peteet and Balboni (2013:280) in their study also found that most religious people tended to equate religion with spirituality. The understanding of the participants with regard to what spirituality entails is in line with how (Kim and King, 2020:64) views spirituality as being pursued to achieve broader range of significant goals. The participants perceive spirituality in their as everything in their lives.

Tarkang and Zotor (2015:5) refer to self-efficacy as "one's ability to successfully take action with confidence." It is regarded as the strength of an individual's belief and the ability to respond to difficult circumstances. In the findings above, it appears that the participants perceive spirituality as

important aspect of their lives and draws strength from it. Their spiritual behaviour was beneficial in terms of assisting them to explore their health seeking behaviour.

3.9.1.2 Sub-theme 1.2: **Value of spirituality in personal life**

As a follow-up question to explore spirituality, the study participants were also asked to comment on the significance or spirituality in their personal lives. The general consensus was that spirituality is very important in the lives of people. This is reflected below.

> **Participant 1:** *"In my life, God should be number one, he is always number one. I thank God on a daily basis for everything I have nothing, but I thank him for everything."*
>
> **Participant 3:** *"Actually I am the priest, so spirituality is very important because I believe in spirituality, without God you are nothing. So, my understanding is that I'm so much believing in spirituality because I am explaining to everyone about spirituality you know so yeah in my life is very important."*
>
> **Participant 4***: "Very important, I think you know it goes with the balance of life being spiritual almost ground you as person and I think it makes you understand what people go through in their life it also makes you appreciate what you have in your life and how to appreciate and sometimes be counting what you have and humbles you as well and I think spirituality brings people to back to basics of what is important in life and I think it takes you away from material world to the world in social beings and humanity therefore spirituality makes you think very wide and very broad and also gives you a focus in terms of what people go through in life and I think it is important."*

This is the same consensus that Naor and Mayseless (2020:3) reached in their empirical study. Just as with the definition of spirituality most of the study participants in the conversations saw through the parallel between spirituality and religion and because they perceived the two concepts to be synonymous, they felt that spirituality was just as important as religion and needed to be

pursued in the same way. Most of the conversations of the participants made reference to God and his importance in their lives. The other broader definitions of spirituality also reflected in some of the conversations on how spirituality is important. These conversations noted that spirituality is important not for religious purposes but for the social and emotional growth of a person. Participants' responses correlate with how spirituality is defined by Baumsteiger and Chenneville (2015:2345) as a "set of experiences associated with personal feelings, own knowledge and meaning". Sue, Wing Sue, Sue and Sue, (2013:18) agrees that spirituality speaks to the thoughts, feelings, and behaviors related to a transcendent state.

According to Jones and Bartlett (2004:31), health behaviour is determined by personal beliefs or perceptions about a disease. Health belief model allowed the participants to explore their spiritual personal values and its effect in terms of health seeking behaviour. Study participants became aware of their personal values there was no limitations of health seeking behaviour.

3.9.1.3 Sub-theme 1.3: Value of spirituality in the community

After establishing the significance of spirituality in one's personal life, the study explored more to get the perceptions of the participants of the significance of spirituality within the community. Just as was the case with spirituality on a personal level, the majority of the study participants felt that spirituality was important for the community as a whole. The opinions of the research participants when it comes to the significance or spirituality within the community is captured below.

> **Participant 2:** *"In the community it's quite good I won't lie, like the spiritual part of people going to church, going to temple, doing prayers and practicing that's okay it's not bad because you would find people going to church on Sunday, you would find people doing prayers like especially in our community this area there is lot of people especially now in the festival of Eid, there is lot of people who will be doing prayers and a lot of spiritual things."*

Participant 4: *"I think very similar people take spirituality as going to a place of worship and that is important and makes them looks spiritual and other spiritual beings practice spirituality by carrying charity and doing good to others who are deprived in society and they are those who takes spirituality within themselves where they do good to others, have a good heart towards being very honest in what they are doing and authentic yeah."*

Participant 5: *"You know it's very difficult to say the value of spirituality in our community although people observe everything that religion dictates but you don't know the commitment which other people are doing so it's difficult for me to say but I must say that in terms of people participating in religious events and that is very strong."*

Some of the specific benefits that were expressed included the social bonding which comes with going to the temple together, strong participation in religious events as well as some community work which includes charity which is better achieved as a community rather than as an individual. The bonding part of spirituality among community members is confirmed by Rovers and Kocum (2010:10) who observe that a deeply spiritual community tended to be more connected than those who were not. Pettit (2014:14) confirms that true spiritual growth can only occur within a tradition that is not self-invented but flourish better within established community. Health belief model promotes positive health seeking behaviours and because individuals rely mostly on personal belief systems in terms of explaining health behaviours. The participants in this study forms part of the community and they get to practice spirituality in a community as a whole, this increased their benefits of sharing positive health seeking behaviours together (Brieger, 2006:52).

3.9.1.4 Sub-theme 1.4: Spiritual Guidance

The majority of the study participants admitted that they have a spiritual guides and other participants indicated that they did not have spiritual guides. When this was explored for details, the majority of the participants indicated

that they relied on their own intuition when it comes to spirituality which means they did have to rely on an external guidance. Below are the opinions of the study participants when asked if there's any spiritual guides in their lives.

> **Participant 2:** *"On my own and I'm guiding the community and I'm guiding the people."*
> **Participant 7:** "We *would seek out like the advice and the guidance of a priest or an elder in the community."*
> **Participant 10:** "*We have within the community people who will teach religious practices and who teach spiritual values."*
> **Participant 1:** *"Spiritual, I think I guide myself in that direction."*

This finding contrasts the common observation in literature by authors like De Molinos (2010:54), who observed that most people have a spiritual guide, whom they see as an anchor of their spirituality. There were also some exceptions as some of the study participants indicated that they used their priests and community elders as spiritual guides. Anshel and Smith (2014:1046) highlighted that one group of individuals who have strong influence on the behaviours of others, particularly in regard to health behaviour changes is religious leaders.

The findings of the study shows that the participants benefit from the spiritual guidance they receive within their community and this action will constantly enable them to keep learning new behaviours. Jones & Bartlett (2004:33) assert that in order to adopt a new behaviour one needs to believe the benefits of the new behaviour outweigh the consequences of carrying on with the old behaviour. Taking action to acquire spiritual guidance provided them opportunity to explore ways to reduce the barriers they have identified.

3.9.2 Theme 2: Culture

Culture has an important bearing as a factor in health seeking behaviour on the people practising Hinduism. The following segment introduces and discusses culture as a driving force in health seeking behaviour in Hinduism. Four sub-themes emanated namely: perceptions of culture, value of culture in

personal life, significance of culture in the community, and cultural practices. The findings on the four sub-themes are presented below. Participants were asked about their perceptions regarding the different mentioned sub-themes, as well as the meaning of each of the sub themes in their own way of understanding.

3.9.2.1 Sub-theme 2.1: Perceptions of Culture

All the participants expressed their views in terms of how they perceive culture and what it means according to their own understanding. Below are the opinions of the study participants about culture.

> **Participant 1:** *"As a Hindu woman, culture is very important to me; your whole lifestyle everything you have to do, something you have to teach your children certain ways and I think it's passed down from generation to generation."*
>
> **Participant 3:** *"Culture means whatever you see our oldest people they tell us this is how to do things, then for next generations you must do so you can connect with the people, you don't forget who passed away in the family you always remind them because they give it to you everything, even when we talking about money or house they give it to you, our parents give it to us so that's our culture whatever they say we follow that's the culture."*
>
> **Participant 2:** *"Culture to me means what you get on from your forefathers and you live to that, and you practice by what you brought up with, that is what culture is and how you respect your behaviour everything is part of your culture."*

The first set of responses equated culture with religion and religious practice was taken to mean culture. The second set of responses were consistent in that they perceive the culture as practices and behaviours observed and practiced by forefathers and which were then passed from generation to generation until contemporary times. Under this definition, culture is referred to a set of established practices and lifestyles in a given community. While most of the definitions given were accurate, these were largely inadequate as

literature has confirmed that multiple variables make up culture (Burke, 2019.22).

The findings correspond with how Tseng and Streltzer (2010:1) define culture as unique behavioural patterns and lifestyles that are shared by a certain group of individuals which differentiates them from other groups. It is said to be characterised by a set of views, beliefs, values, and attitudes towards life that are passed on from generation to generation. Further to this, Fernado (2010:7) perceived culture as referring to a mixture of behaviour and cognition arising from shared patterns of belief, feeling and adaption which people carry in their minds.

From the findings above, it can be pointed out that culture plays a major role in the lives of the participants, and this is observed by the researcher as perceived benefits. Tarkang and Zotor (2015:5) refer to perceived benefits as one's beliefs in the efficacy of the advised action to reduce the seriousness of impact. In this manner the person needs to believe that by taking a certain action, it will help one to avoid or prevent a problem from occurring. The fact that the participants are able to carry out their adopted values of culture from their significant others they are likely to adopt new healthy behaviours.

3.9.2.2 Sub-theme 2.2: Value of Culture in Personal Life

In determining the value of culture in the lives of the participants, the majority of the participants expressed strong emotions of how important culture is in their lives because it identifies them. This was based on the premise that over generations, some good practices were established, improved, and refined overtime and because of that these practices can be deemed as safe and capable of helping the individual in their day-to-day life. Below are opinions of participants who capture the importance of culture in their personal lives.

> **Participant 4:** *"It's a very important part in my life, because culture gives you identity and when you have identity you tend to preserve at the same time be able to appreciate different cultures so having my own culture and to practice my own culture and yet not to impose that culture on others but being very open to other cultures I think that is*

what makes South Africa such an interesting Country of different types cultures with cultural practice religions and at the same time ethnic groups and so on that makes us very interesting people yeah."

Participant 6: "*I think the culture itself builds a person's personality you known, when I think it also tells your background from where you are coming from, the way you represent somebody, the way you carry yourself, there is a lot of influence from your culture, from your cultural background."*

Participant 1: *"The value of culture that's a tough question because my personal life the way I'm living I'd be lying there is no value of culture there [laughing] to be honest with you the father of my children is Gujarati and Hindu so they have their own belief system I have my own belief system but I carry out things the way I was brought up but this is very different at home"*.

The first findings are similar to the view expressed by Kim, Joshanloo and Foldesi (2020:1090) who observe that the other sentiment which also came up is that culture is important because it also helps to define one's identity. While the general perception was that culture is very important, there was also the view that there's been counter or erosion of late and culture might not be as important as it previously was. This is largely because of two key reasons. First, this is because of the erosion of culture as time goes on some of the practices lose relevance and the intermediaries where different cultures meet and dilute each other. It is important to note that the erosion of culture as people from different backgrounds meet is a common and growing phenomenon which other observers like Katundano (2020:18) have observed in their respective studies.

The value of culture is perceived beneficial in the lives of most of the participants because it identifies who they are. Perceived benefits play important role in adopting prevention behaviours as Jones & Bartlett (2004:33) has observed. Perceived benefits will enable the participants to find value in

adopting new health behaviours and increases their health seeking behaviours.

3.9.2.3 Sub-theme 2.3: Significance of culture in the community

The study participants felt that culture was significant, and they could identify some examples within their community where culture played a part. Below are some of the perceptions of the people who believe that culture is relevant and significant within the community.

> **Participant 4:** *"Yes certainly I mean people embrace their cultures on various occasions, they showcase it as much as possible at the same time I must say that all the years I think the influence of western society it getting impact in terms of our cultural practices true where we find that our weddings aren't practiced the way they used to be practiced before in terms of culture it becomes more western oriented function I think also in terms of dressing it's almost a situation where sometimes I feel the people in the community feel shy to wear their cultural clothes because of the western influence on them so were are seeing the tick line in terms of cultural practices the way it was done before and now."*
>
> **Participant 7:** *"I think it's something that really brings us together, I do believe that in the Hindu community, I believe that we are a community that respect our culture, it give the sense of community in a sense that we come together in tough times."*
>
> **Participant 3:** *"Actually you see now everybody is busy and always I had problem about the community because we got old people in this Laudium right, the young people are working at Midrand, Johannesburg so they go there and they stay there. So if you stay100km far from the temple so you won't be coming every day. when I tell them if you are not coming to temple one day what is going to happen, nobody coming into this temple, so what are you people doing without temple, without God. So is very important to learn all this culture and the community also, they understand, and they teach kids also they must come every day to temple only five minutes come here, they do value and now in COVID-19 we are doing video calls and all*

the Zoom meetings and something talk and everything in the online so the people are there they can see, they can learn and do themselves at home."

Participant 1: *"The value of culture in my community, I'm not sure because these days everything is money making so I really don't know"*.

Just as with the personal significance of culture, the findings indicate that there was also a divide when it comes to the significance of culture in the community. The divide is something that Sirbu (2015:405) noted, observing that culture is not equally significant to everyone, and the importance attached to it depends on the cultural upbringing of that specific person. However, there were some participants who said that within their respective communities, people are pursuing their individual priorities with a limited sense of the community and the importance of getting together. The other issue that was brought up by one participant was that most of the people were moving out of the community to pursue some opportunities in other cities and this generally reduced the significance of culture within the community, if the community members were leaving and absorbing the cultures of wherever they were going. This is also observed by Mumford (2016:23) who noted that cities are cultural melting pots where the dominance of one culture is reduced as people converge from various cultures.

The perceived susceptibility of HBM, Champion and Skinner (2008:47) elaborated, was that people tend to become aware of the risks and consequences of acquiring disease. This perception enabled the study participants to become aware of their cultural factors which requires them to take action. Some of the participants perceive threat as to that western society tend to have an influence in their culture and some of their practices are being compromised as other individuals leave the community.

3.9.2.4 Sub-theme 2.4: Cultural practices

In terms of determining the cultural practices which the participants were familiar with; the overall perception was that the participants in different ways and at various levels participated in their cultural practices. Below are

opinions from the study participants on cultural practices and what this means to them.

> **Participant 2:** *"Everything we practice in our culture, the temple is there, whatever is there to be practiced in our culture we practice, each month, each festival everything is done."*
> **Participant 4:** *"Cultural practices is going regularly to temple, it's a place of worship where we evolve ourselves in cultural music which is spiritually inclined as well as the going to cultural shows that further our understanding of our culture pressing up from time to time in cultural way that is in keeping with the lifestyle and the culture of where we actually emanate from and of course eat food that we normally would cook from our cultural background and yeah so its dressing and eating the diet and the type of spirituals and functions that we actually observe with being funerals and other things that were are culturally oriented with."*
> **Participant 3:** *"So actually you see in a year time we got many festivals so all the Hindus because now if you see I don't know about you but if you see my family someone stay in Johannesburg, someone stay Louis Richer and someone stay in Durban so whenever you want to talk you just phone them but the festivals they always connect you to people right, I've got so many friends in Laudium and so on but we don't meet every day when the festival is coming, everybody come together and we can celebrate together."* ***[He is familiar with the festivals which they usually conduct annually as a part of their cultural practices and as a way of connecting as family].***

Some of the descriptions from the study participants on the cultural practices that they took part in.

> **Participant 3:** *"We actually have a functions so the main thing is prayer, so if you are here you don't know what is our God right, so what happens we got a Gujarati school, Gujarati school means our languages are Gujarati right, wherever you can go if you go to China*

they have their own language Chinese language right, if you are in South Africa the white people speak Afrikaans and you people speak Zulu and everything so now what happen our Gujarati people they know only English they don't know Gujarati. So, every week when the school opens, because now is closed, every week we just bring it here we can explain to them what is our God, so this God and why they are God and like every time we do the prayer, we do the Havana also, so everything we can teach them but in a month so they can understand our culture."

Participant 4: *"Spiritually practices are basically obviously the various days that we observe which are highlighted in the calendar of Hinduism and of course being able to embrace days on the calendar fasting during fasting months, eating vegetarian foods on certain days of the week for the purpose of culture and spiritual nature and the keeping to certain diets and not eating foods which are against the Hindu practices like meat and beef and pork and so beef in particular because of the cow being very sacred in terms of the Hindu custom because of the belief of a cow being very similar to a mother, hovering of milk and therefore we take a cow almost within the spirituality of being a mother to everybody."*

Participant 2: *"We meditate, we fast and lot of praying, everything in our spiritual part is to do, we have to do things in order to fast, we have to fast, we sacrifice things in order to get stuff so whatever we do in our spiritual part is everything of practice that we practice though it's like burning a lamp on the day you are fasting, some oil lamps."*

After establishing what culture and cultural practices mean to them, the participants were asked to go ahead and find these cultural practices. From the conversations it emerged that the majority of the cultural practices revolved around the Hindu religion and its expectations from those subscribing to that specific religion. In order to corroborate some of the descriptions from the study participants, in respect of the cultural practices in which they partook, Ren (2012:977) mentioned that spiritual practices, including meditation, prayer and contemplation, are intended to develop an

individual's inner life and such practice often led to an experience of connectedness.

HBM suggests that behaviour is also influenced by cues to action (Jones & Bartlett, 2004:33). Tarkang and Zotor, (2015:5) explain this concept as events or experiences, personal, interpersonal or environmental that motivate a person to take action. The study participants were able to explore some of their cultural and spiritual practices and how they can be beneficial to them in terms of health behaviours.

3.9.3 Theme 3: Healthcare Facilities

Healthcare services seem to have influence on the views of the participants. The premise for explorations in terms of health resources was to determine if the availability or absence of these medical facilities might in some way influence the health seeking behaviour of the study participants. From the conversations, it emerged that almost all the research participants had access to medical facilities in their respective areas. Under this theme, three sub-themes emerged which are: Availability of healthcare facilities, accessibility of health care facilities, and the challenges with medical facilities.

3.9.3.1 Sub-theme 3.1: Availability of healthcare facilities

The study participants admitted that they had some healthcare facilities close to them and they were not happy with the state of the healthcare facilities or the services that were offered there. Below are the statements made by the participants.

> **Participant 2** *"The resources that are here is only Laudium Clinic but it's quite it's not even convenient to go there because it's like totally packed and like there is no time your whole day there."*
>
> **Participant 4:** *"Health care, well basically we have a basic clinics public health care facilities public hospitals but they are not adequate for the need and the requirements of the people in the community."*
>
> **Participant 3:** *"We don't have anything here in Laudium because our medicine you don't find it here right so we just there is two or three ladies they bring medicine from the India and they mix it here and they*

give it to them but not like we don't have a bigger hospital or small clinic.

While these facilities were available, one of the complaints which emerged from almost all the conversations is that these were public facilities, most of them clinics, were in most cases always full which resulted in poor and delayed service. The observations of the participants are consistent with the findings of Mutwali and Ross (2019:36) whose findings indicated that healthcare access is above average in South Africa. What the authors find fault with is the service from the facilities. In a study conducted by Oyekale (2017:2), health care facilities in many developing countries provide poor health service delivery. According to the study adequate infrastructure is required by any health care system to deliver services in an effective manner.

During the exploration of availability of facilities, most of the participants were able to identify their perceived barriers of not being able to receive proper services and barriers of poor service delivery. Through health belief model the participants were able to evaluate these obstacles which blocks them in their health seeking behaviour (Jones & Bartlett, 2004:33). The health belief model indicates that such perceptions are continuous barriers to taking positive action (Brieger, 2006:56).

3.9.3.2 Sub-theme 3.2: Accessibility of healthcare facilities

One of the concerns that arose from participants when it came to accessing healthcare facilities, is that one needs to make adequate preparations to visit the facilities preferably in the morning because once it's past morning it will be difficult to get some satisfactory service. This applies to public facilities. While the quality of the service might be debatable, one of the consistent issues coming out of the conversations is that accessing the health care facilities is not difficult. One just needs to have access to transport either public or private as well as leaving early in the morning if they want to access the public health facilities. Below are some quotes which show the different perceptions of the study participants when it comes to accessing health care facilities.

Participant 2: *"You have to first get transport, make a plan to go there you will have to leave early in the morning to go and access the facility because when you go late there is no help for you it's just excuses and everything and you will have to wait there is nothing you can do, so the best thing is if we have the hospital within our area that will serve the community."*

Participant 4: *"Well in my case personally I don't really use public facilities because of inadequate state and the circumstances so we seek lot of private health care which is not even in the area its either private doctors or private hospitals and the first stage is that initially if I talk thirty years ago, our first child was born in a public hospital in our area and now our second child it was almost impossible to use state facility and so yeah health care facilities must really be developed in many communities."*

In relation to the findings of the participants, Oyekale (2017:2) confirms that there is a difference between quality health care services provided by private and public service providers and concluded that private facilities have better service readiness than public facilities. This creates connection in terms of what the participants have expressed. Other participants experience difficulties due to the readiness of the services whereby accessibility becomes possible when one prepared to arrive early to the service point. Because of this, other participants made personal decisions to access private facilities for better service. A study conducted in South Africa for exploring accessing public health care; found that there are many factors that influences access to public health services such the context of living environment, existing health services, personal and cultural community factors which the researcher finds them corresponding with what the participants have presented under accessing health facilities (Mji, Braathen, Vergunst, Scheffler, Kritzinger & Mannan, 2017:5).

In regard to access health care facilities in the community, participants are observed to have developed perceived susceptibility over the adequate health care services offered in the community. According to Jones and Bartlett

(2004:32), when the perception of susceptibility is combined with seriousness, it may result in perceived threat. The participants were able to recognise that accessing the health care services is not beneficial to their health needs as they are being offered poor services. Those who are financially stable are able to take other action and seek help.

3.9.3.3 Sub-theme 3.3: Challenges with Medical facilities

In terms of exploring the possible challenges that the participants may be experiencing when accessing healthcare facilities in their area, as mentioned earlier, most of the study participants indicated that they only had basic medical facilities like clinics in their respective areas. Therefore, the challenge is that these facilities were not adequate because sometimes they closed and were not available for emergencies in the evening. The sentiments of the study participants when it comes to the need for hospitals in the area are captured in the opinions below.

> **Participant 2:** *"We need to get more health care, we need to have actually a hospital we don't need a clinic, we need a hospital in our area that's the main thing we need, people don't have transport that are ill and they need to go to hospital. Clinics don't give them the benefit if helping them which hospital does, so they need to reopen the clinic into a hospital that will serve the community 100% much more that what it is now."*
>
> **Participant 4: "***Well basically just primary health care facilities community lacks proper hospital which is well equipped well for professional staff who can assist in the community, and I think every community and especially where we live should have fairly well staff equipped medical facilities that can take care of stabilising people before they leave treatment."*

The challenges of healthcare in South Africa are catalogued by Benatar (2013:154) who observes that the challenges increase exponentially for those in the lower income bracket who cannot afford private medical care. Therefore, one common theme which runs amongst all the conversations when it comes

to healthcare facilities and the respective challenges raised, was the absence of hospitals. Even though the participants are more concerned about having a hospital, the researcher is of the opinion that perhaps a review is needed for the improvement of infrastructure because the role of primary health care is to provide essential health care services, increase community accessibility to health care services and at the same time organise health care services according to the people's needs (Giang, van Minh, van Hien, Minh Ngoc, Duc Hinh, 2015:121).

Afshari and Peng (2014:3) discussed various challenges of health care facilities such as difficulties of patient to access health care facilities and the issue of transport was concerned. Another challenge stem from difficulties to cover all patient's healthcare needs and other challenge derive from dealing with varying demands which leads to patients being referred to areas out of their communities.

Tarkang and Zortor (2015:5) point out that Health Belief Model state that perceived severity it is when one realises the magnitude of the negative consequences of a condition that one could take necessary action in avoiding those negative consequences. The participants recognise that not having a hospital in their community places a threat in the health lives of the community members hence they emphasise a need for a hospital.

3.9.4. Theme 4: Health Decisions

The study participants were able to give responses and shared how they reach their health decisions. From this, five sub-themes were derived, which are consulting with a healthcare provider, decision to seek medical help, family influence, first consultation, and maintaining good health.

3.9.4.1 Sub-theme 4.1: Consulting a healthcare provider

During the conversations it emerged that one of the preferred options as far as accessing health options is concerned is to first seek some remedies at home. If this did not work, then the study participants would go on to find a medical practitioner. The other sentiment which came through is that besides

using home remedies as a first option the study participants also generally did not like the idea of consulting conventional medical facilities. This was because of their perception that the facilities were under-resourced and in their current state they could not provide the health care that they needed. Below are some of the opinions from the study participants when it comes to consulting healthcare providers.

> **Participant 2:** *"I firstly help myself at home before I go to health care provider."*
>
> **Participant 4:** *"You know, I don't normally consult to health care provider under normal circumstances unless I have an element which requires that an intervention of general practitioner, rather I use home remedies try to keep healthy and I stay away from practitioners as far as possible."*
> **Participant 1:** *"Usually by the second day if I feel that I'm not getting better I'm getting worse then I go to the doctor."*

It is interesting to note that Martin, Bushfield, Siebert and Howieson (2021: 1479) make the observation that everyone has a threshold, below which they try to self-medicate or use some home remedies but beyond that threshold they feel compelled to seek formal medical help. In terms of Hindus' approach to treatment, Juthani (2001:128) states that religion, culture and health are regarded an integral part of Hindu lives and this answers the question as to why the participants prefer to start with using home remedies before any medical consultations.

With regard to the findings of the study, participants consulting with the health care provider; it is evident that the participants have developed perceived barriers of using home remedies as first option of consultation. Jones and Bartlett (2004:34) assert that barriers have greater influence on the behaviour. Home remedies may have major influence in the health seeking behaviour of the participants and may create limitations in terms of adopting new health behaviours. In this case, the researcher is of the opinion that the perceived

barriers can be reduced by increasing health care accessibility and promote new health behaviours.

3.9.4.2 Sub-theme 4.2: Decision to seek medical help

One of the conversations with the study participants involves trying to ascertain who makes the decisions to seek medical help in their lives. While there were different viewpoints on the matter the dominant position was that the decision was left to the individual who was feeling sick. As they were the ones who experienced the severity of the illness it made sense that they alone make the decision to seek medical help. Below are the perceptions of the study participants on who makes the decision in their lives to seek medical help should they get sick.

> **Participant 2:** *"It's left to me because of the spiritual part I will decide and if I can see that there is nothing I can do further from a spiritual part and from the culture then I decide if we need medical or we don't."*
> **Participant 7:** *"I guess you yourself would know then like if I'm sick for instance I would know what I would have to do I don't really have to ask for permission if I would say it like that from anybody else but I would inform them that okay this is wrong and I'm going to the doctor to see what is going on."*
> **Participant 1:** *"I think because we all adults we usually make that decision ourselves."*

Chen, Li, Liang and Tsai (2018:47) support the view that most people make decisions to seek medical help on their own depending on how serious their condition is and do not necessarily need to seek the opinion of other people. Henninger, Spender and Pasche (2019:136) reflected that perceived symptoms when found to be life threatening or severe pain, together with the expected waiting time in the emergency unit were additional factors influencing the patient choice.

HBM asserts that when one recognises one's susceptibility to a certain condition, it motivates one to take preventive action due to seriousness of

physical or social implications (Tarkang & Zotor, 2015:6). In terms of health decision-making, the participants are able to evaluate their perceived severity and take action to seek medical help.

3.9.4.3 Sub-theme 4.3: Family influence

Most of the participants believed that family did not play a significant part in making decisions like going to see the healthcare specialist. It seems while family was still important and there were collective decisions to be made sometimes when a family member was sick, however well family was important, none of the study participants recalled a situation where they could not seek medical help because of the family's beliefs on a religion or spirituality. As mentioned earlier, this was left to the individual to decide on what to do with their health and when to seek medical help should they need some. Below are some of the opinions from the study participants when it comes to family influence.

> **Participant 2:** *"I'm going to give you a very nice example experience of me like I told you five years ago I was diagnosed with Colon Cancer but I laid at hospital doing all the tests, doing everything eventually the doctors told me that there is nothing they can do for me unless I remove my Colon and go on to bed for three months and they put the Colon back and I just didn't do it, I refused and I came home and when I came home I was still on medication and what the medication was making me lay on bed, so what I decided not to take this medication and help myself, as soon as I helped myself and the spiritual prayer that I did eventually with three to four days I became well till now, yes I do have my down moments where I'm not well especially in winter but so far so good I wasn't ill this winter and for me helping myself from spiritual part has done me a favour, whatever sickness I have I pray and cancel it."*
>
> **Participant 4:** *"Its actually as a positive make effect on family because everyone else is doing exactly the same, everyone else is trying to keep physical fit, trying to maintain a good healthy lifestyle and mental health and I think that's good so it makes positive impact."*

> **Participant 1:** *"I don't think so you know like my father is Hindu my mother is Christian, she's baptised, she goes to church to pray, my father prays but still if the need comes where they need to see a doctor they go."*

Nicholson, McDonnell, De Brún, Barrett, Bury, Collins, Hensey and McAuliffe (2020:15) observe that in most cases the family has considerable influence when it comes to seeking medical care. This is largely dependent on the family structure as well as the who is responsible for meeting healthcare costs within that family structure. It is suggested that desired family involvement in medical decision making depend cultural values (Alden, Friend, Lee, Lee, Trevana, Jennn Ng C, Kiatpongsan, Abdullah and Tanaka (2017:14).

HBM asserts that health behaviour is determined by personal beliefs and perceptions towards the disease and the strategies used to decrease the occurrence of the disease (Jones & Bartlett 2004:31). Tarkang and Zotor, (2015:5) regard self-efficacy as the strength of an individual's belief and the ability to respond to difficult circumstances. In the study, it was evident that the participants value the importance of a family and there was no cultural or spiritual influence. Instead, the family discusses medical illness together and comes up with a collective decision.

3.9.4.4 Sub-theme 4.4: First consultation

Consistent with some of the observations that have been made previously, one of the most dominant issues emerging out of the conversations with the study participants is that medical facilities were not their first option. In the event of sickness, the majority of the participants noted that they would try their own home remedies without having to seek medical help. The second view was that a minimum of the study participants indicated that they would seek help from their family members. The different positions are captured in the opinions below.

> **Participant 1:** *"When I'm feeling sick, I wait usually one more day then if I am not better, I go straight to the doctor. I don't like medication so I*

just don't believe in medication, I really carry many things as part of life, it's part of life coming down with common flu and things you get it depends something you get you end up going to the doctor when it comes to that, that's when I'm going to the doctor but like a flu that I can handle like a common cold, coughing things like that I can handle until it gets to that you know your body aches and you can't get out of bed."

Participant 2: *"I don't actually seek medical help for my health, I pray and put God first and whatever I'm doing it's just natural things and that's all."*

Participant 3: *"You see what we do, we try first thing our home things [remedies] if you see the temple many like in Hindu Gujarati people definitely get home products when they all use home medicine, they apply them first and then if it doesn't work so then we go to doctor but the first antibiotic we use is turmoil so whatever is happening if you coughing so you can eat with the salt and the turmeric you come alright so first we doing those things then we go to doctor."*

Participant 4: *"Normally I will try my own home remedies and try to get myself better which usually work then of course I will consult a general practitioner, if it is a medical issue and before going on, sometimes I would go to a specialist straight."*

While most of the study participants indicated their willingness to first self-medicate before seeking help from clinics and hospitals, the other team which emerged quite strongly was the issue of home remedies and solutions which did not immediately include formal medical solutions like pills and injections. These perceptions are shared by Wellford (2019:87) who noted the behaviour of considering home remedies as the first choice before seeking medical help.

In connection with the findings of the participants, it is confirmed that individuals from all cultural groups tend to use the healthcare services at some point, even though patients usually self-manage their illness before seeking health care (Xu and Conner, 2016:360). HBM indicates that in order

to understand health behaviours one need to explore first the personal belief systems of the individuals (Jones & Bartlett, 2004). The findings show that the participants prefer to use home remedies before considering health seeking. Their beliefs about the seriousness of the disease and its consequences are likely to force them to take action and seek help.

3.9.4.5 Sub-theme 4.5: Maintaining good health

There was a consistent team when it came to how the study participants sought to maintain their health. One of the emerging concerns when it comes to maintaining good health with eating well and following a healthy diet. This was also complemented with other practices like drinking a lot of water and generally staying away from unhealthy foods like junk food. Below are some of the opinions from the study participants when it comes to their perception of the importance of a good diet in maintaining good health.

> **Participant 2:** *"For me, I check what I eat, know how to keep warm what to do when it's necessary to do, that's how I do."*
> **Participant 6:** *"I'm actually a vegetarian, so I eat lot of vegetables and fruits in my life, and I avoid as much as possible any concentrated drinks like coke and all those things I don't consume any kind of alcohol, I'm not smoking, and I drink lot of water and every day I spent 20 to 30 minutes exercise."*
> ***Participant 4:*** *"for me is multifaceted, I exercise regularly, I try to eat as health as possible keep to a good diet eat my meals at proper times, drink all amount of water and try to stay away from unhealthy food. There are times that where I be a sweet tooth sometimes can or do it but I try to manage that as far as possible but I eat health and exercise and try to keep a balanced lifestyle"*.

The experiences recounted in the conversations on how the participants like to keep healthy are also noted by Cobb-Clark, Kassenboehmer and Schurer (2014:2) who feel that there is a need for specific balance between diet, exercise, and overall lifestyle. As seen from the opinions above the general perception is that it is important to try natural methods to maintain good health.

Also, the general perception was that it was far more important to avoid sickness than having to seek help after being ill.

Rutjies (2016:116) confirms that behaviour and health are strongly connected for maintaining a healthy lifestyle and likely to prevent many diseases. In this manner the participants are taking necessary action as they have the capacity to do so. Their behaviour of maintaining healthy lifestyles are cues to action (Tarkang & Zotor, 2015:5).

3.9.4.6 Sub-theme 4.6: Impact of religion and spirituality on health

In terms of determining the various ways in which culture, religion and spirituality impacted on their healthy decisions and pursuits. The finding indicated that the study participants felt religion and spirituality were inextricably linked to their culture which also determined their religion which in part also determined their lifestyles which in turn had an impact on their health. As a result, It was impossible two separate spirituality from religion as shown by the opinions expressed below.

> **Participant 2:** *"Well my culture, because it's my spiritual part and it's not meant for me to seek medical help, my reason being is that whatever medical help is there, there is always a side effect to it, so natural things are always best to use. In my health and within our practice natural things is what we use."*

The researcher sought to find out from the study participants if they can recall moments when they needed to seek medical help and their religion or spirituality prohibited them from doing so. The overwhelming majority of participants noted that they were free to seek any health solutions they wanted, and their religion did not specifically forbid them from seeking assistance from hospitals, doctors, and related medical providers. This majority position is outlined in the opinions Below from the study participants.

> **Participant 4:** *"There is nothing in our culture that restrict from getting or seeking medical support or medical health obviously we learned*

culture and customs to use what our fore grandparents have used to remedy but of course we don't have any restrictions."

Participant 6: *"Looking at my health and all that it has nothing to do with my religion honestly speaking because religion is something different, it is something we will talk about when you ask me later, when it comes to my health, I never relate my religion, no."*

Participant 10: "No*, culture and spiritual value don't come into play when somebody is sick, the first thing is that we go for the medical practices all the things don't come to play at all."*

The researcher sought to find out from the study participants if they could recall moments when they needed to seek medical help and their religion or spirituality prohibited them from doing so. The overwhelming majority of participants noted that they were free to seek any health solutions they wanted, and their religion did not specifically forbid them from seeking assistance from hospitals, doctors, and related medical providers.

This is confirmed by Amegbor (2014:103) who observes that when it comes to African cultures, there is always a tendency to seek multiple solutions to health problems with religion and spirituality being some of the dominant possible solutions. Strawbridge, Shema, Cohen, Kaplan (2001:68) stated that people who frequently attend religion services report a higher prevalence of good health behaviour. This confirms the findings of the participants that there are no cultural and spiritual influence in terms of their health seeking behaviour. The Health Belief Model enabled the study participants to explore their cultural and spiritual factors as belief systems which motivate them to take action to seek help when they are susceptible to a particular health problem (Champion & Skinner, 2008:47).

3.9.5 Theme 5: Social Workers

The study engaged the participants by exploring their interaction with the social workers and a follow-up question during the conversations sought to determine if the study participants felt there was a room for social workers

within the health industry especially when it comes to linking health with religion. One sub-theme has derived from this theme. Below are the comments of the participants.

3.9.5.1 Sub-theme 5.1 Relevance of social work services in healthcare

It appeared that out of all ten participants none of them were referred to social workers because of health issues. The unanimous response amongst the participants was that they did not. The overwhelming response was that there was a need and somehow social workers have to be part of the health setup. This is because they provided some social insights into problems that medical practitioners could not when applying their scientific knowledge. Below are some of the perceptions and opinions on the relevance of social workers as links between religion and the medical field.

> **Participant 4:** *"Yes, of course I think Social Workers plays such important role in communities and supporting communities' to be able to understand broad based of cultures and practices it's a value to a Social Worker and it makes you better understand a background of person you are working with and also a be able to interact with some of the questions you asked earlier and obviously to make decisions give advices or make suggestions that would be culturally acceptable and also respecting people in terms of what to do you know that could be of any nature you know so for example you would find a child to be placed in someone's care or place of safety and that child or a person and lying in a home where is not observed or respected in some way or the other we are prejudicing that person in terms of their believe sense."*
>
> **Participant 2:** *"When it comes to Social Workers they should work with spiritual leaders, I feel Social Workers should work with spiritual leaders because spiritual leaders are the people who are within the area and knows what is happening in and out, then the Social Worker would be informed about the problem but don't know what is happening within households which spiritual leaders know much more about the community so it would make a better change if Social Workers work*

with spiritual leaders it would give them more of an idea of what is happening."

Participant 6: "*Yes, I think it is nice for the social worker to know about your background and to know in terms of your cultural practices, your spiritual mind and everything because some as I told you people always talk or behave that depend on what cultural practices you belong to and your mind so I think the social worker do understand from there it will help them to deal with."*

Looking at the possible role of social workers in the provision of healthcare, it is interesting to note that there is a section of literature which specifically recommends the inclusion of social workers. Browne (2019:24) notes that they can come in handy especially among those communities on the margins who might not have the capacity to seek medical help on their own. Tadic, Ashcroft, Brown and Dahrouge (2020:27) also highlight the possible role of social workers in playing a linking role between formal medical establishments and the plurality of other possible solutions that people turn to.

In the findings above, the participants emphasise a need for social workers in the health care. HBM contributes to this regard, as it allowed the participants to explore positive actions which can be beneficial in their community as a whole.

3.9.6. Theme 6: Recommendations from study participants

The study participants were allowed opportunity to make recommendations in the study. There is one theme that came out.

3.9.6.1 Sub-theme 6:1 Suggestions of connecting health and religion

Few study participants made some recommendations on various issues like that of health and religion as well as the role of social workers in trying to breach the link between a religion and medicine. Other participants were not sure in terms of making recommendations and could not provide answers. Below are some of the recommendations that came from the study participants.

Participant 4: *"I think it's a healthy balance if religious and cultural practices can be dispersed into medical practices because if they can find a balance and it can restore and pull remedy for person to a better state of being then certainly it's a positive so I always believe that consultations are broader positive impact in terms of bringing all the stakeholders of understanding of what is important."*

Participant 2: *"Yes it can help them 100% if they can look at all medication and its side effects that is giving, medication doesn't help anybody but it's giving problems so if they can look around for example God has given us so much natural things to use, look at that benefit before medication."*

Participant 5: *"Yes I think it's very good for people be cultural you know be sensitive to diversity and they should at least know some things and if you don't know it will be good to find out, it does not mean that you are a doctor or nurse you know it all, there are cultural beliefs and which is beliefs that influence people utilising medical care it's so important."*

Participant 1: *"I can't recommend about something I'm not sure of."*

Regarding explorations of recommendations, the study had an interest in exploring the participants views about religious groups in the community that disregard accessing medical health services as a result of beliefs. However, all the participants could not provide information in this regard. In terms of recommendations about integrating cultural and spiritual practices into medical streams, few participants were able to give a recommendation. The participants believed that integration could work because they will be understood spiritually and culturally. Balboni, Puchalski & Peteet (2014:1587) highlighted that integration of medicine and religion seems to be challenging and in order to make the bases and goals of the relationship more explicit, they should be distinguished in three, whole person model, teamwork, and spiritual professionals. Bergano and White (2015:619) elaborated on religion and spirituality as important aspects in the lives of the individuals and the implication of health care. While these concepts are confirmed to be

connected, there is a concern that it is unclear whether the discussion of the concepts exist between the health service providers and the patients. The HBM is still relevant in the suggestions made as it attempts to explain change and maintenance of health-related behaviors and serves as guiding framework for health behavior intervention (Chironda, Bhengu & Manwere, 2019:55).

3.9.7 Summary

The study presented a few points from a number of study participants as a way to seek their opinions and perceptions on health issues. There are three key findings which emerged from the study. First in their effort to maintain good health, the overwhelming majority of the participants sought to make use of natural options rather than the medical ones. Secondly it also emerged that should the study participants be sick they will try home remedies first before seeking assistance from a Healthcare provider. Thirdly it also emerged that whilst it was quite rare amongst the study participants for them to be referred to a social worker, they saw the need for social worker involvement as a bridge between religion and medicine. Lastly, it also emerged from the study that they were available at all the facilities within their reach, but the overall perception was that the study participants were not very happy with the services from these health facilities.

The next chapter presents key findings, conclusions, and recommendations of the study.

CHAPTER 4

KEY FINDINGS, CONCLUSION AND RECOMMENDATIONS

4.1 Introduction

This chapter provide presentation of how the goal and objectives of the study were achieved and followed by the key findings. The chapter continues to present the conclusions drawn with recommendations.

4.2 Goals and Objectives

4.2.1. Goal

To explore the cultural and spiritual factors influencing health-seeking behaviours of the Indian Hindu people in Laudium.

4.2.2 Objectives

This section presents the objectives and how they were achieved. The objectives are as follows:

Objective 1:

To conceptualise and contextualize cultural and spiritual factors influencing health-seeking behavior from a health belief perspective

This objective was attained through a review of literature and theoretical framework of health belief model. Literature review was presented in chapter 2 of this report, whereby the cultural and spiritual influencing health seeking behaviour were explored and discussed. The prevalence of the concept of the study was explored Globally, in Africa and South Africa. The literature provided a description of health seeking behaviour, utilisation of health services, influencing factors such as socio-economic constraints and sociocultural environment.

The phenomenon of cultural and spiritual factors influencing health seeking behaviour was further discussed in terms of health seeking behaviour of

Indian Hindu people, focusing on mental illness from Hindu perspective, perceptions of disability, cleft Lip and palate and Hindu approach to treatment. The theoretical framework was briefly discussed in the first chapter to guide the study and understand the concept.

Objective 2:

To explore and describe cultural and spiritual factors influencing health-seeking behavior of the Indian Hindu people in Laudium

This objective was achieved in chapter 3 through the qualitative research design which was based on constructivism, allowing continuous participation by the participants throughout the data collection exercise. In this regard participants were asked on their understanding of the concepts of spirituality and religion and the essence of spirituality to the community. Furthermore, participants in the data gathering were asked about their perspective on culture and how it influence health seeking behavior in the Indian Hindu speaking community.

Objective 3:

To make suggestions to improve social work services in health care, taking into consideration the factors influencing health-seeking behavior of the Indian Hindu people in Laudium

This objective draws from the key findings of the study. This objective was achieved by making empirical based recommendations. Relying on the key findings the study presents recommendations by theme. These are presented in Chapter 4 through section 4.3.1 to 4.3.5.

4.3 Research Questions

The research question that was asked in the present study is:

What are the cultural and spiritual factors influencing health-seeking behaviour of Indian Hindu people in Laudium?

The above question was answered through conducting a qualitative research study by interviewing the Indian Hindu participants based in Laudium. One-on-one interviews were conducted with the participants to explore the cultural and spiritual influencing health seeking behaviour. After the data collection,

the researcher transcriber and analysed the findings. Themes and sub-themes were generated and they discussed fully in chapter three of the present study.

4.4. Key Findings, Conclusions and Recommendations of the Empirical Study

Theme 1: Spirituality embedded in the lifestyle

This theme is answered using the following four sub-themes: Understanding of spirituality, the value of spirituality in personal life, the value of spirituality in the community, and spiritual guidance.

Key findings

From the study findings, show that despite understanding the definition of spirituality, spirituality is considered to be synonymous to religion. In addition, spirituality was defined as a way of life entailing that it should not be disentangled from the overall life of a human being but integrated to it. In that way, spirituality was found to go beyond praying and observing religious beliefs but to include the behaviour that one observes even when they are not within their religious environment.

Furthermore, the study shows that spirituality is of significance in the personal lives of individuals Indian Hindu community. Spirituality was considered number one in the majority of the participants and should be treated the same way religion is treated.

The study further shows that by referring to God and his importance in their lives, they treated Christianity with utmost importance. Spirituality is important not for religious but for the social growth of an individual. With respect to their perceptions on the significance of spirituality for the community as a whole, the study shows that spirituality was important for the whole community. Spirituality increases social bonding in the community which comes with going to the temple together, participating in religious events as well as some

community work which include charity, better achieved at the community level rather than individual level.

Another key finding under this theme is that participants either do not have or have spiritual guides. For those that do not have spiritual guides, the study observes that the majority of them relies on their own intuitions when it comes to spiritual guidance. Precisely, they rely on external guidance.

Conclusions

Several conclusions can be drawn from the study findings. These can be summarized as follows: First, individuals within the Indian Hindu community understand well the concept of spirituality. Secondly, within the Indian Hindu community spirituality is akin to religion and should be considered with utmost reverence. Thirdly, spirituality is beneficial to the community through bond sharing. Fourth, to have spiritual guides is but a choice as some of the individuals have spiritual guides while others do not.

Recommendations

A number of empirical based recommendations can be made from the research findings. Following the results that spirituality is important to the community at large, this study recommends the teaching and adoption of spirituality within the Indian Hindu community in order to increase social bonding. Secondly, the study recommends that individuals should have spiritual guides to help them in their spirituality as this defines humanity. Activities that connect the community members in terms of spirituality within the Hindu community should be encouraged as this will keep the bonding strong.

Theme 2: Culture

This theme is premised on the following sub-themes: the perception of culture, the value of culture in personal life, the significance of culture in the community and cultural practices.

Key findings

Findings related to the Indian Hindu culture shows that culture in is related to religion and vice versa. In addition, the findings how that the culture is important as it has to be passed through generations. Regarding the value of culture in personal life, the study shows that Indians, of Hindu origin, are emotionally attached to their culture as it identifies them and any act that eroded their culture was highly disregarded. However, there is a divide on the significance of culture to the community. Culture brings people together.
Regarding cultural practices, several cultural practices exist in the Indian Hindu community. These cultural practices are held at the temple, festivals usually conducted as a way of connecting families.

Conclusions

Along with the study findings, the study concludes that culture is important in the Indian Hindu community and several cultural practices that are shared at the temple and other cultural practices in order to bring people together. In addition, culture is treated as a form of religion that people worship. Culture is important as it brings different people together. Cultural activities and practices are important in helping to connect families. The Hindu community should be encouraged to continue to carry out their festival activities.

Recommendations

This study recommends that the Hindu community should embrace their culture more in order to have family and community unity. This should be done by encouraging them to continue to carry out activities that promote the strengths of their culture. The laws of the government should not be regulated in a manner that affects the spiritual activities and practices of the Hindu community. Policies that protect the spiritual activities should be enacted.

Theme 3: Health care resources/ decisions
Three sub-themes emerged through this theme, and they are availability of health care facilities, accessibility of health care facilities and challenges with medical facilities.

Key findings

The major findings of this study in relation to healthcare services are that: participants have access to healthcare facilities. However, there is a hiccup related to the healthcare services which are mainly provided through public institutions such as clinics. These facilities are over-subscribed leading to delays in service delivery.

Furthermore, in order to access the services at most of these public institutions, adequate preparations need to be made when visiting the facilities to avoid service delays. Nonetheless, the medical facilities are highly accessible.

The study shows that services provided by medical facilities in their areas are inadequate to meet their demands. In addition, they cannot attend to emergencies. A critical observation is unavailability of hospitals.

Conclusions

Some of the conclusions that can be made from this study are that: healthcare services are readily available. However, the available medical institutions are not available in case of emergencies. For the public medical institutions available, especially the clinics, service delivery is poor as the facilities are oversubscribed.

Recommendations

Several recommendations can be made from the study findings. First, it is recommended that the government and other agencies help erect hospitals in the area in order to improve service delivery and to handle emergencies. Secondly, more healthcare institutions should be established to reduce the demand of stress level on the already existing small institutions. There is a need to enact policies in order to solve obstacles which are associated with oversubscribing the duties of the hospitals and clinics. Efficiency and effectiveness and response by the hospitals to the emergencies need to be

improved. Public hospitals also need to improve health care facilities and service delivery to the clients.

Theme 4: Healthcare decisions

This theme was achieved through the following sub-themes of consulting a health care provider, decision to seek medical help, family influence, first consultation, maintaining a good health and the impact of religion and spirituality on health.

Key findings

The major findings under this theme are that individuals prefer first accessing home remedies before visiting healthcare institutions. Decision making regarding the choice to visit a medical facility rested on the sick individual who understand the severity of the illness. When it comes to health maintenance, participants acknowledge that eating well and following a healthy diet is the probable solution. Further, the results show that participants perceive trying natural methods of maintaining good health. It is always important to eat well than waiting to get treatment after falling ill.

On the impact of religion and spirituality on health, the major findings from the study are that religion and spirituality are inextricably linked to culture which also determine religion which in part also determined their lifestyles which correspondingly impact on health.

Conclusions

The study concludes that individuals prefer home remedies before going to the health care institutions. In addition, a good diet is important for the health of individuals. Besides improving the health of individuals, a good diet minimizes on the costs that individuals will have to meet to get treated. With respect to decision making in terms of seeking healthcare, the study concludes that it is solely the duty of the patient to identify the service provider. The other conclusion is that the health of the people is dependent on religion and spirituality.

Recommendations

One of the possible recommendations that can be made from this study is that knowledge and benefits of a good diet should be disseminated among individuals in order to increase their likelihood of staying health as this will have a bearing on health costs. This can also be done through enhancing projects such as nutritional gardening which will boost the diet of the people. People should be encouraged to visit health care institutions instead of trying to help themselves at home. Awareness campaigns should be carried out in order to conscientize the people on the dangers of trying to help themselves at home without consulting healthcare and medical practitioners.

Theme 5: Social Workers

This theme was achieved through the following sub-theme of suggestions made on the relevance of Social Workers.

Key findings

The major findings include that: participants are well informed about who social workers are and the jurisdiction of their duties. Surprising, the participants do not consult social workers on their health issues. In addition, findings suggest that there is ample room for social workers within the health industry especially when it comes to linking health with religion. Social workers should be integrated into the health system set since they provide some social insights into problems that may not be attended by medical practitioners when applying their scientific knowledge.

Conclusions

This study concludes that social workers are an integral part of the health set as they delve also on health-related issues. Individuals are quite aware of the presence of these social workers and their roles in the community, nonetheless, they rarely consult them on health-related issues. It was evident that the participants reflected on the need of having social workers involved in health interventions. In this regard social workers can have a significant role in the health settings.

Recommendations

This study recommends that social workers should be integrated into medical facilities set up in order to have more of their services utilized by individuals in their health-related issues. In addition, people should be encouraged to consult social workers as they are knowledgeable on how to provide necessary interventions people requires in life. Moreover, the social workers should be well equipped with enough knowledge and skills on how to deal with the challenges which the communities face.

4.5 Summary

The study makes the following general conclusions: spirituality is well understood in the Indian Hindu community, and it is extremely valuable since it is equated to religions. In addition, spirituality is considered to be fundamental for the economy as it helps in bringing unity within the community. Besides, culture is also considered important to the Indian Hindu speaking community as it is akin to religion. It is considered to shape human society.

Regarding health seeking behavior, the study concludes that individuals experiencing sickness are the ones responsible for choosing healthcare institutions. Health care institutions are readily available. However, the prevailing healthcare institutions are unavailable for emergency cases. In additions, they are over-subscribed in terms of the number of health seekers which makes them inefficient.

Health diets are fundamental for the community as this helps in reducing health care bills. Furthermore, the role of social workers is well understood in the community but ought to be integrated into the health care systems as these are critical in handling some of the health issues that are not dealt with by the medical practitioners.

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Annexure A

SHEREE PRETORIA HINDU SEVA SAMAJ

264 13TH AVENUE, LAUDIUM,

CENTURION

0037

TO WHOM IT MAY CONCERN

REGARDING PERMISSION TO CONDUCT RESEARCH STUDY IN LAUDIUM WITH INDIAN HINDU PEOPLE

This letter serves as confirmation that Ms Boitumelo Botlholo from University of Pretoria with student number (18247475) has been permitted to conduct research with the members of our Temple. The title of her study is the cultural and spiritual factors influencing the health-seeking behaviour of Indian Hindu people in Laudium.

Yours sincerely

08-06-2020

SHREE PRETORIA HINDU SEVA SAMAJ
TEL: (012) 374 6354
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Annexure B

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Humanities 100.
1919 - 2019
Department of Social Work & Criminology

Date: 15 February 2020

Name: Boitumelo Botlholo
Email: bpbotlholo@gmail.com
Cellphone No: 082 730 9147

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

Research Information
This letter serves to invite you to participate in the study of the cultural and spiritual factors influencing health-seeking behaviour of Indian Hindu people in Laudium. The informed consent gives a brief explanation of the purpose and procedure of the research and the rights of participation. Please go through the form before you make an informed decision regarding your participation.

Title of the study
The cultural and spiritual factors influencing the health-seeking behaviour of Indian Hindu people in Laudium.

Purpose of the study
The purpose of the study is to explore and understand the cultural and spiritual factors that influence the health seeking behaviours of Indian Hindu people in Laudium.

Procedures
You have been informed of the study and provided your contact details for researcher to contact you to partake in the study. The researcher will be responsible for conducting a face to face interview in order to collect data on the cultural and spiritual factors influencing the health seeking behaviour of Indian Hindu people in Laudium. Once you sign this letter, you agree to take part in the study. The researcher will arrange to conduct an individual interview with you when it suits you best. The interview will be recorded, with your permission, to ensure that all the information you are sharing is captured for research purposes. A semi-structured interview schedule will be used during the interview to guide the interviewing process. Please note that the recording will only be used for the purpose of data analysis of the research and will be kept confidential.

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Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Risks and discomforts
Please note that the researcher does not intend to put you under any risk or discomfort with the information you will share. There is a possibility of emotional harm related to the sharing and exploration of your experience.The researcher will debrief you after the interview is concluded and should you experience a need for counselling, you will be referred to a nearest Social Worker in the area of Laudium for intervention. Counselling will be offered free of charge. You are free not to answer any question that will make you feel uncomfortable during the interview.

Benefits
You will not receive any form of remuneration/ compensation/ incentives for participating in the study. The study will bring awareness and assist Indian Hindu people to understand the cultural and spiritual factors influencing their health seeking behaviours. The findings of this study can also help professionals in the healthcare to better understand the cultural and spiritual factors influencing health seeking behaviours of Indian Hindu people.

Participants' rights
Your participation in the study is entirely voluntary and you may withdraw from participation at any time and without negative consequences to you or your family members. Should you wish to withdraw from the study; all data gathered in respect of your interview will be destroyed.

Confidentiality
The information shared during the interview will be kept confidential and will be used for the purpose of the study only. The researcher will also not identify you by name during the report, using only pseudonyms to protect your identity. The only people who will have access to the data, will be the researcher and the supervisor.

Data usage and storage
Please note that the data collected might be used in the future for further research purposes, a journal publication or conference paper. The data collected will be stored in the Department of Social Work and Criminology, University of Pretoria for the period of 15 years as required.

Access to the researcher
You may contact the researcher using the contact details provided above for the duration of the study, should there be any questions or uncertainties regarding the study and your participation. It must be clearly stated, that the role of the researcher is to do research and not to provide counseling or therapeutic services.

Please sign Section B on the next page if you agree to participate voluntarily in the study.

Yours sincerely,

..... (Researcher)

SECTION B: INFORMED CONSENT OF PARTICIPANT

I ....., (*Full Name of participant*) hereby declare that I have read and understood the above information. I was given adequate time to consider my participation in the study. I was also given the opportunity to ask questions and all of them were answered to my satisfaction. I hereby give consent to participate voluntarily in this study.

Participant: ----------
Date: ----------
Signature: ----------

I.....(*Full Name of researcher*) hereby declare that I have explained the information in Section A: Research Information to the participant and he/she indicated understanding the contents and was satisfied with the answers to questions asked.

Researcher: ----------
Date: ----------
Signature: ----------

Annexure C

Interview schedule

1. **Biographic information**

   1.1 Biographic information

   Age :
   Gender :
   Marital status :
   Number of children :
   Religion :
   Home language :
   Highest qualification :

2. **Knowledge of health care seeking behavior**
   - What does the word health seeking behavior means to you?
   - What actions do you take to maintain a good health?
   - How long do you take before consulting?
3. **Understanding of cultural and spiritual practices within your cultural/ ethnic/ spiritual group**
   - What does culture means to you?
   - What does spirituality means to you?
   - What are the cultural practices you are familiar with in your ethnic group?
   - What are the spiritual practices you are familiar with in your spiritual group?
   - What is the value of culture in your community?
   - What is the value of spirituality in your community?
   - What are your initial steps you take when you seek help regarding your health?

4. **Spiritual and cultural factors**
   - What spiritual factors contribute to your health care seeking behavior
   - What cultural factors contribute to your health care seeking behavior
   - What other factors do you think contribute to your health care seeking behavior
   - What is the influence of spiritual and cultural factors on your health seeking behavior?
5. **Health seeking behavior and the family**
   - Can you tell me about your experiences within the family home, being influenced spiritually or culturally in seeking health care?
   - Who determines consultations when a family member is sick?
   - Do you depend on your cultural /spiritual guidance when you/family members are sick?
6. **Services**
   - What resources are there in your community for health care?
   -
   - Are these services accessible? Please explain how you have to access these services?
   - Who guides you regarding health care related issues?
7. **Social work intervention**
   - Any interaction with/referral to a social worker regarding health care issues?

- Is there anything you think a social worker should know about your culture or religion that would help them do their job more effectively?
- Do you think asking about patients' religions and cultures can help health practitioners devise treatment plans that are consistent with their patients' values

8. **Recommendations**
    - Do you have any recommendations for cultural or religious groups in your community that disregard accessing the medical health services?
    - Do you have any recommendations about integrating cultural and spiritual practices into medical health streams?

Annexure D

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Humanities 100
Since 1919

11 June 2020

Dear Ms BP Botlholo

Project Title:	The Cultural and Spiritual factors influencing the Health-seeking behaviour of Indian Hindu people at Laudium.
Researcher:	Ms BP Botlholo
Supervisor:	Dr NJ Bila
Department:	Social Work and Criminology
Reference number:	18247475 (HUM021/0320)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 11 June 2020. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Innocent Pikirayi
Deputy Dean: Postgraduate Studies and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Annexure E

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Humanities 100.

REGARDING: SOCIAL WORK LETTER AGREEMENT TO PROVIDE TRAUMA COUNSELLING TO THE PARTIPANTS IN THE STUDY

This letter serves to confirm that an agreement has been reached between the researcher (Boitumelo Botlholo) and Social Worker (Nancy Maruapula) in providing counseling to any of the participants who may experience trauma during/after the study.

.....
Researcher (Boitumelo Botlholo)

10/03/2020
Date

.....

10-35234

10/3/2020

Social Worker(Nancy Maruapula) **SACCSP Reg No** **Date**

Annexure F

BURNETT CONSULTING
Proofreading, Editing and Copywriting Services

21 Cadogan Drive
Durban North
4051

10 December 2021

To Whom it May Concern

LETTER OF INTENT AND CONFIRMATION REGARDING EDITING OF THE MANUSCRIPT MINI-DISSERTATION, INCLUDING TRANSCRIBED CONTENT

In the process of editing the manuscript min-dissertation: The cultural and spiritual factors influencing the health-seeking behaviours of the Indian Hindu people in Laudium, as authored by Boitumelo Priscillah Botllholo, the editor found it necessary to edit the content to correct grammar, punctuation, sentence structure and phrasing.

Further issues addressed were intext citations and referencing.

This letter is to certify that under no circumstances were the transcripts modified, edited or manipulated to create bias or to affect the outcomes of the research undertaken.

In the editing of the transcriptions, care was taken to keep as much of the original wording as possible, unless unclear.

Yours faithfully

N.Burnett
Editor

Research Report

ORIGINALITY REPORT

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