

MOTHERS' USE OF TRADITIONAL APPROACHES IN THE TREATMENT OF SELECTED CHILD HEALTH PROBLEMS

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ABSTRACT

Objectives: This study aimed to understand the extent of mothers' use of traditional approaches in the treatment of certain child health problems.

Methodology: In total, 2,786 mothers with 0-12 month old babies living in central Kars, Turkey were enrolled in the study. Of those, 2,060 mothers participated in the questionnaire. Data were collected between June 3, 2006 and August 28, 2007 via an open-ended questionnaire to determine the mothers' socio-demographic characteristics and what types of traditional approaches they used.

Results: The percentage of mothers resorting to traditional approaches to treat each of the following symptoms was: fever, 17.3%; cough, 66.4%; earache, 48.3%; constipation, 74.4%; and diarrhea 40.7%. Mothers with higher education levels were less likely to use traditional practices.

Conclusions: Turkey is still used as an example of the use of traditional medicine, although it is less common than in the past. Health care staff, particularly nurses, should contribute to eliminating mothers' lack of child-care knowledge.

KEY WORDS: Children, Traditional health practices, Common health problems, Mother, Constipation, Cough, Earache, Diarrhea, Fever.

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INTRODUCTION

Traditional health practices are used in both Turkey and throughout the world, with varying degrees of frequency. They are based on customs and tradition and are transferred from one generation to the next¹. In regions with a strong sense of tradition, the manner in which people regard illnesses is influenced by culture, and as a result, various traditional practices are used as treatments in these regions.² Traditional health practices for resolving children's health problems are common throughout the world.³⁻⁶ Some traditional ideas and practices on raising children can be considered to be rational, whereas others can be considered to be irrational.

Nurses are the most suitable members of the medical staff to provide patients and their families with appropriate information.^{7,8} Mothers also have to be trained to ensure that they employ the correct actions in dealing with their children's health.^{5,9}

This present study sought to determine how often mothers use traditional approaches to treat certain child health problems.

METHODOLOGY

Rather than pre-defining a sample for this study, all mothers with 0-12 month old babies who were living in central Kars (a region in Eastern Turkey) were eligible for this study. A total of 2,786 mothers were enrolled. However, for various reasons (including leaving for higher ground in the summer and deciding to discontinue involvement with this study), it was not possible to reach all of the 2,060 mothers who had participated in this study.

Data were collected between June 3, 2006 and August 28, 2007 by using a questionnaire prepared by the investigators. The questionnaire consisted of open-ended questions aimed at determining the socio-demographical characteristics of the parents and aimed to establish the prevalence and types of approaches employed by mothers in their treatment of selected child health problems. The mothers who consented to answering the questions completed the questionnaire through individual interviews at a meeting held on a pre-announced date.

Data were analyzed using SPSS software, version 10.0, for Windows. Data were evaluated by using percentages and chi-squares. Verbal and written approvals were obtained from the Departments of Health and Education in Kars prior to initiating the study.

RESULTS

Of the 2,060 mothers who participated in the questionnaire, 51.7% were in the 25-34-year-old age group, 59.3% had a primary school education, 92.7% were housewives, 59.9% lived in a nuclear family, 34.1% had only one child and

Table-I: Socio-demographic characteristics of mothers (n=2,060).

<i>Characteristics</i>	<i>n</i>	<i>%</i>
<i>Age (years)</i>		
15-24	729	35.4
25-34	1065	51.7
35-44	252	12.2
45 and over	14	0.7
<i>Educational Status</i>		
Illiterate	253	12.3
Primary school (5 years)	1222	59.3
Secondary/high school	464	22.5
University	121	5.9
<i>Employment Status</i>		
Unemployed (Housewife)	1909	92.7
Employed outside of the house	151	7.3
<i>Type of Family</i>		
Nuclear family	1234	59.9
Extended family	826	40.1
<i>Number of Children</i>		
1	702	34.1
2	646	31.4
3	382	18.5
4 and over	330	16.0
<i>Health Insurance</i>		
Yes	1782	86.5
No	278	13.5

86.5% had health insurance (Table-I). Table-II shows the frequency of mothers resorting to traditional practices for conditions as follows: constipation, 74.4%; cough, 66.4%; earache, 48.3%; diarrhea 40.7%, and fever, 17.3%. It was established that mothers with higher education levels were less likely to resort to traditional practices. Specifically, it was noted that the correlation between a mother's educational background and the incidence of using traditional practices to deal with certain childhood health problems was statistically significant ($p < 0.001$) for all cases (Table-III).

Table-II: Traditional approaches of mothers to certain childhood health problems

<i>Traditional Approaches</i>	<i>n</i>	<i>%</i>
Fever n: 356 (17.3%)*		
Rubbing the child's body with vinegar, eau de cologne, water with lemon juice, raki or alcohol	183	51.4
Using baby aspirin or suppositories	145	40.7
Wrapping the abdomen with fresh dough	16	4.5
Making the child sweat	12	3.4
Cough n: 1368 (66.4%)*		
Giving the child any antibiotic available at home or cough medicine	614	44.8
Stuffing the back of the child with newspapers under his clothes in order to make the child sweat	487	35.6
Giving the child a mixture of radish juice and honey; boiled grape juice syrup with peppers; milk with honey; mint tea with lemon; giving syrup, thyme, linseed, linden tea, raw eggs	163	12.0
Rubbing the child's chest with oil	56	4.1
Giving horse's or black donkey's milk	48	3.5
Earache n: 995 (48.3%)*		
Giving baby aspirin or ear drops	409	41.1
Giving kufle (ten)insect	352	35.4
Using evil-eye beads	99	9.9
Blowing cigarette smoke or putting a few drops of mother's milk or oil into the child's ear	47	4.8
Pouring salt or sugar into the ear and then introducing drops of garlic juice on it	45	4.5
Covering the ear with cotton wool, or with soil or cooked onions wrapped in a piece of cloth	43	4.3
Constipation	1532	74.4
Using suppositories	703	45.8
Anal insertion of a piece of soap	387	25.3
Making the child drink oil	369	24.1
Making the child drink nettle juice	73	4.8
Diarrhea	839	40.7
Limiting water and liquid intake	372	44.3
Giving the child coffee, strong tea or carbonated drink with baby aspirin	291	34.7
Stop nursing	134	16.0
Mashing baked chickpeas or hot soil with wheat and wrapping the mixture around the abdomen	42	5.0

*Mothers using traditional practices were taken into account.

DISCUSSION

In this study, we examined the prevalence of mothers using traditional practices to treat five common childhood health problems (fever; cough; earache; constipation; diarrhea).

It was observed that of the mothers surveyed in this study, 17.3% resorted to traditional practices when their children had high fevers. The National Health Service (NHS) recommends that children not be given baths to decrease their

Table-III: Traditional approaches of mothers to certain childhood health problems in terms of mother's educational background

Practices	Mother's Education (n=2,060)				Total
	Illiterate	Primary School	Secondary/High School	University	
Fever ($\chi^2=71.425$; df:9; $p<0.001$)					
Traditional	74(29.2)	231(18.9)	40(8.6)	11(9.1)	356(17.3)
Contemporary	159(62.8)	909(74.4)	405(87.3)	106(87.6)	1579(76.7)
Traditional/Contemporary	17(6.7)	74(6.1)	16(3.4)	3(2.5)	110(5.3)
No action taken	3(1.3)	8(0.6)	3(0.7)	1(0.8)	15(0.7)
Cough ($\chi^2=80.736$; df:9; $p<0.001$)					
Traditional	205(81.0)	820(67.1)	290(62.5)	53(43.8)	1368(66.4)
Contemporary	36(14.2)	313(25.6)	147(31.7)	66(54.5)	562(27.3)
Traditional/Contemporary	4(1.6)	47(3.8)	12(2.6)	1(0.8)	64(3.1)
No action taken	8(3.2)	42(3.5)	15(3.2)	1(0.9)	66(3.2)
Earache ($\chi^2=131.347$; df:9; $p<0.001$)					
Traditional	168(66.4)	617(50.5)	184(39.7)	26(21.5)	995(48.3)
Contemporary	51(20.2)	390(31.9)	212(45.7)	86(71.1)	739(35.9)
Traditional/Contemporary	3(1.2)	35(2.9)	13(2.8)	1(0.8)	52(2.5)
No action taken	31(12.2)	180(14.7)	55(11.8)	8(6.6)	274 (13.3)
Constipation ($\chi^2=82.131$; df:9; $p<0.001$)					
Traditional	210(83.0)	946(77.4)	316(68.1)	60(49.6)	1532(74.4)
Contemporary	27(10.7)	199(16.3)	114(24.6)	50(41.3)	390(18.9)
Traditional/Contemporary	5(2.0)	20(1.6)	16(3.4)	7(5.8)	48(2.3)
No action taken	11(4.3)	57(4.7)	18(3.9)	4(3.3)	90(4.4)
Diarrhea ($\chi^2=34.035$; df:9; $p<0.001$)					
Traditional	124(49.0)	502(41.1)	177(38.1)	36(29.8)	839(40.7)
Contemporary	99(39.1)	607(49.7)	253(54.5)	82(67.8)	1041(50.5)
Traditional/Contemporary	12(4.7)	51(4.2)	16(3.4)	1(0.8)	80 (3.9)
No action taken	18(7.2)	62(5.0)	18(4.0)	2(1.6)	100(4.9)

Data shown are the number of subjects with percentages given in parentheses.

body temperatures at home.¹⁰ The practice of rubbing the body with alcohol or similar products can lead to mental status changes, ketosis, and metabolic acidosis as alcohol can be absorbed through the skin and its vapor can be inhaled.¹¹ Administering baby aspirin to children can also increase the risk of Reye's Syndrome.^{6,12} Smitherman et al. established that fever reducers (acetaminophen, ibuprofen) were used by some mothers in combination with alcohol while trying to cool their children to reduce fever.¹³ Similar traditional practices to

reduce fever have also been observed.^{7,14-16} For the management of coughs, 66.4% of the mothers surveyed in this study resorted to traditional practices. Cough suppressants are not recommended for cold-related coughs. The best approach was defined as "wait, watch, review".^{9,17} The fact that about half of the mothers used cough syrups can be attributed to the common practice of using medicine haphazardly and their lack of knowledge.

For resolving earaches, 48.3% of mothers resorted to traditional practices. Of the

mothers using traditional practices, 41.1% reported using baby aspirin and eardrops, which are dangerous in terms of the risks they carry. Additionally, 35.4% reported making their children eat kufle (ten) insect, which is another dangerous practice as these insects live in humid environments such as bathrooms and toilets. Therefore, the practice is risky, as the bugs carry high infection risks and acts as vectors.¹⁸ It is also harmful to apply certain substances in the ear as it can worsen the infection, particularly in cases when the inner ear is not clean. The use of warm mustard oil inside a child's ear was reported in a study conducted by Saini et al. (1992).⁴

Constipation is a common gastrointestinal motility disorder that is often chronic, negatively affects patients' daily lives, and is associated with high healthcare costs. Of the mothers surveyed in this study, 74.4% used traditional practices when their children were constipated. The methods they resorted to included using suppositories without consulting a doctor, inserting pieces of soap anally and making them drink oil or nettle juice. Consistent with our findings, previous studies also reported similar traditional practices when children were constipated, such as anal insertion of a piece of soap^{7,14} and making their children drink olive oil.¹⁹

To treat diarrhea, 40.7% of the mothers in this study used harmful traditional practices such as limiting liquid and water intake, administering baby aspirin mixed in coffee, tea or carbonated drinks, and stopping nursing. These findings not only demonstrated the mothers' lack of knowledge regarding diarrhea, but it also indicated that they did not make use of healthcare facilities adequately. There are a number of common traditional practices used to treat diarrhea in the Anatolia region of Turkey, including administering the liquid part of yogurt, rennet, boiled eggs¹⁴, mint-anise or lemon tea⁷, carbonated soda with aspirin, and coffee mixed with lemon juice.²⁰

In summary, this study established that mothers with better educational backgrounds

were less likely to resort to traditional practices, as the incidence of using traditional approaches when faced with certain childhood health problems was significantly correlated with mothers' educational backgrounds ($p < 0.001$). A number of studies have also reported that the educational backgrounds of mothers and other socio-demographical characteristics have a significant impact on childcare.^{7,8}

CONCLUSIONS

All healthcare staff and particularly nurses should contribute to eliminating mothers' lack of child healthcare knowledge. They should also encourage the general public to actively use healthcare institutions and should stress the detrimental effects of traditional therapies, in terms of delaying prompt diagnosis and therapy.

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