

How often and why do parents choose to use Traditional and Complementary Approaches (TCA) for their children?



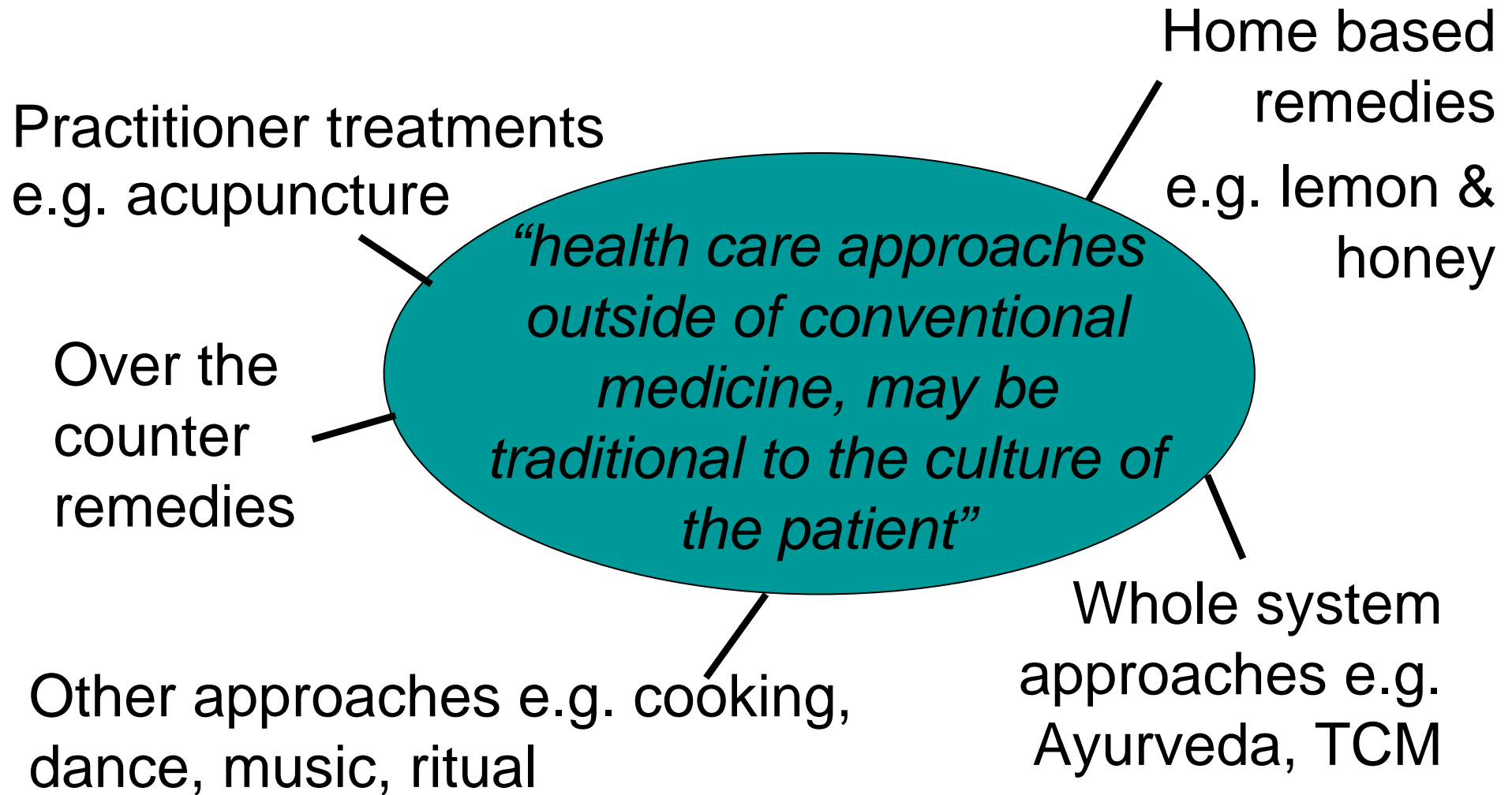
Ava Lorenc

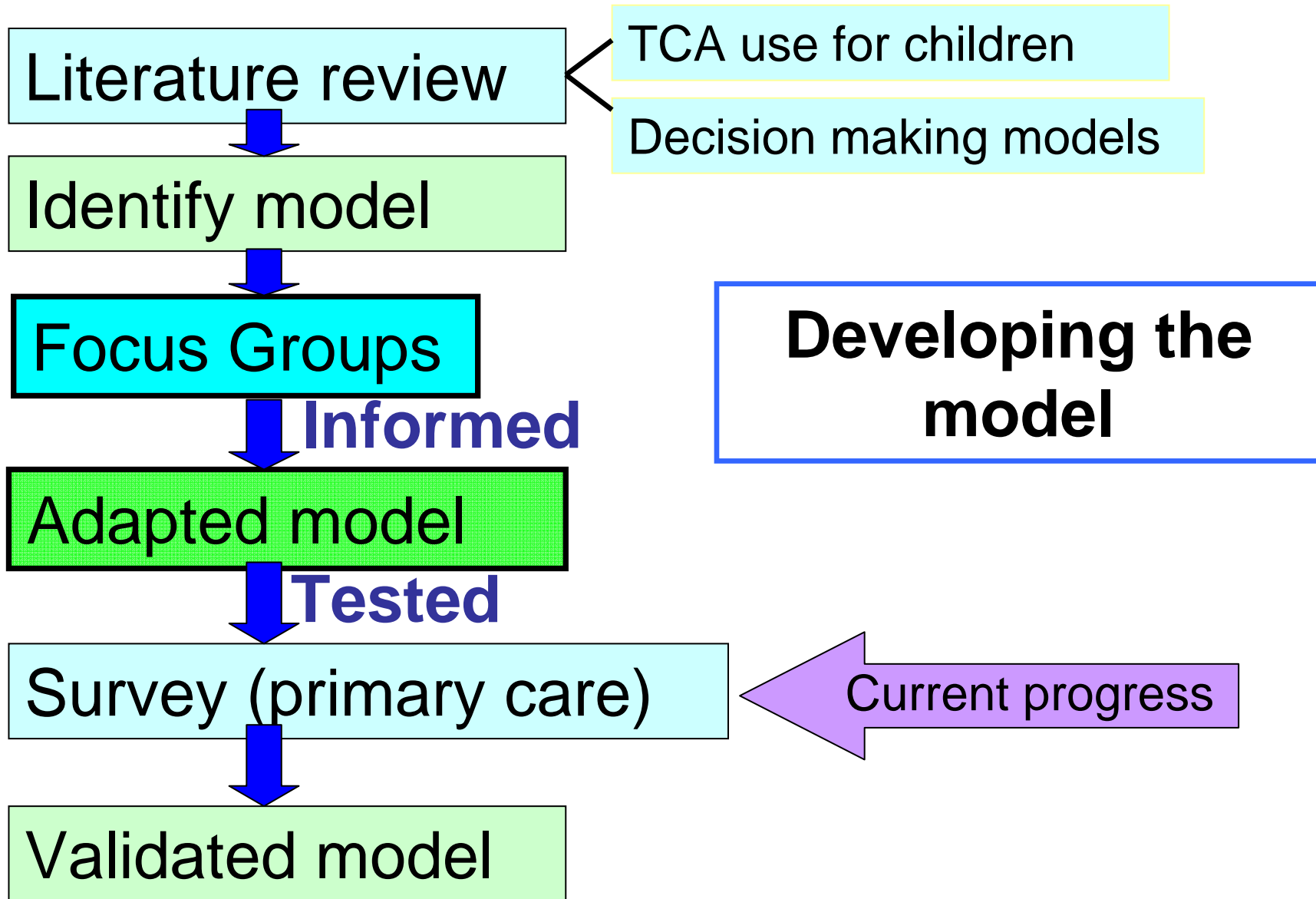
Nicky Robinson

Mitch Blair

ESSOP 2010, Turkey

What are Traditional and Complementary Healthcare Approaches (TCA)?



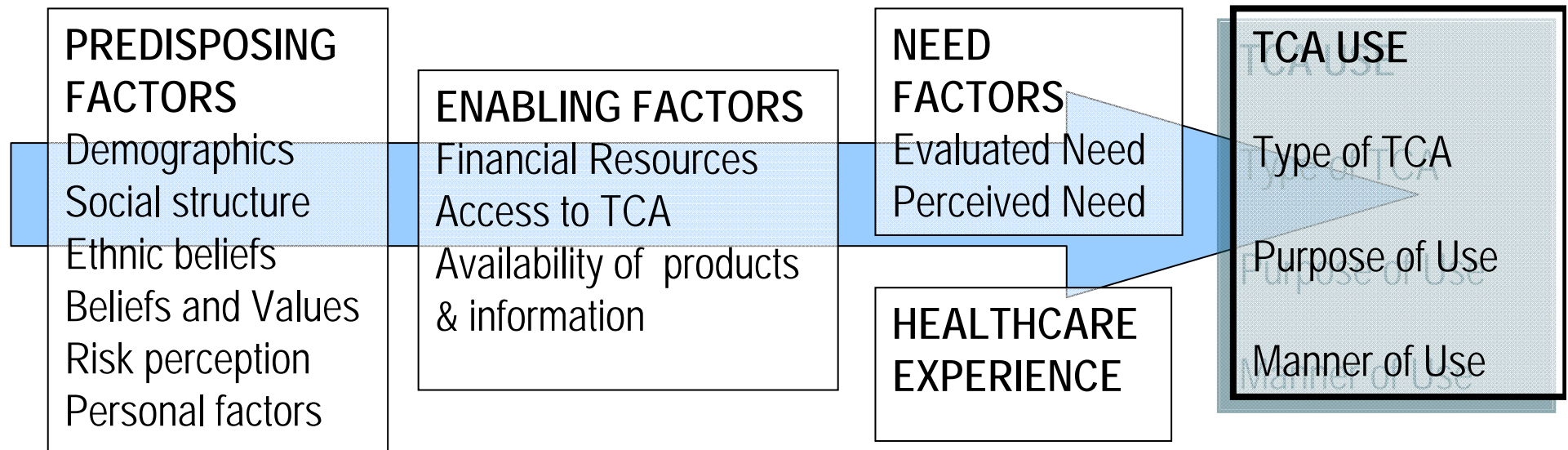


Literature review methods and findings

- Systematic review of CAM and decision-making
- Only papers which present a model of decision-making
- 2700 articles screened for inclusion; 22 included
- Models:
 - Healthcare utilisation models
 - Andersen's Sociobehavioural model (SBM) (8 studies)
 - Consumer decision making model (1 study)
 - Braden's self-help model (1 study)
 - Health behaviour models
 - Locus of control (5 studies)
 - Self-regulatory model (2 studies)
 - Theory of Planned Behaviour (TPB) (1 study)
 - Transtheoretical model (TTM) (1 study)
- Reference: Lorenc et al (2009) BMC CAM 9:9

The Sociobehavioural Model (SBM)

- Original model – 1968; Andersen¹
- CAM Healthcare Model – Fouladbaksh and Stommel²
- 3 sequential components which mitigate HC use
 - Predisposing – most indirectly related to behaviour
 - Enabling – more directly related
 - Need – most proximal
- Psychological and pragmatic determinants



1. Andersen, R. M. (1968). Centre for Administration Studies: University of Chicago.


2. Fouladbaksh, J. M. & Stommel, M. (2007). Jour Comp Integrated Med, 4(1), 1-19.

Methods - Focus groups

- 11 focus groups; 1 hour long
- 92 parents total
- Purposively sampled from refugee groups, mother and toddler groups, school groups, baby massage class, community groups, nurseries.
- Ethnic groups included: Indian, Pakistani, Sri Lankan, Afghani, Gujarati, Iraqi, Iranian, Yugoslav, Lithuanian, African, Egyptian, Sudanese, Caribbean, Caucasian, Irish, Spanish, Polish, French, Swedish, Chinese, Brazilian
- Translation & crèche; book tokens for parents

Traditional and Complementary health care Approaches (TCA) for children living in a multi-ethnic community

Baby massage
Herbal Medicine
Aromatherapy



Home remedies
Folk medicine
Religious Practices

Can you help us with our research?

We are currently looking for parents to take part in anonymous focus groups about children's use of Traditional and Complementary healthcare Approaches, particularly Afro-Caribbean parents.

What is it?
The focus groups are an anonymous group discussion between 8 to 12 parents like you, led by a member of the research team. We will ask a number of questions about what you think of Traditional and Complementary healthcare.

Who can take part?
Any adult who has at least one child under 16 and is resident in either Brent or Harrow is welcome to take part. We are interested in parents from a variety of ethnic backgrounds and will have translation services available if you don't want to speak English. Parents with a common language will be grouped together.

When and where?
The group will be held at a location convenient for the participants, and will last about an hour. It will be held either during the day or in the evening.

Why should you take part?
Taking part in this study would give you an opportunity both to learn more about children's health care, and to meet other local parents. You will be reimbursed any travel expenses and provided with refreshments. You will also receive a £5 book token as a thank you.

Who are we?
We are a team of researchers from Thames Valley University, working with the NHS in Brent and Harrow.

If you are interested in taking part, please contact Julie/Ava for more information:
Telephone: 020 8209 4117 or 020 8209 4414
Email: julie.donaldson@tvu.ac.uk or ava.lorenc@tvu.ac.uk

Mail: Centre for Complementary Healthcare and Integrated Medicine (CCHIM), Thames Valley University, Paragon House, Boston Manor Road, Brentford, Middlesex, TW8 9GA

COREC Ethical Approval ref: 06/Q0405/02
HPCT Ref No: 06/123

Methods -Survey

- Questionnaire based on model components and focus group findings
- 500 parents
- Primary care waiting rooms
- Bivariate and logistic regression analysis

Confidential questionnaire

Traditional and Complementary Health Care Approaches (TCA) for Children

This questionnaire is about various **Traditional and Complementary health care Approaches (TCA)** that you may use for your child or children.

What we mean by **TCA** are any treatments you may give to your child that do not come from a GP, Nurse, Health Visitor, etc. TCA are **not** normally available on the NHS.

Examples include:

- Home remedies
- Herbal remedies
- Herbs
- Spices
- Oils
- Creams
- Preparations you make yourself
- Products bought from health food shops
- TCA Products bought from a pharmacy (not drugs)
- Avoiding foods or using certain foods for health or to treat illness
- Praying
- Rituals
- Treatment obtained from a Complementary Practitioner.

If you need help please ask. You can either call our number, 0208 209 4119 or email craig.taylor@tvu.ac.uk. You may, however wish to complete this questionnaire with the help of a friend or family member.

This **double-sided** questionnaire will take about 10 minutes to complete.

Thank you for your help.

Results - Types of TCA used

From focus groups

- Honey and lemon
- Massage
- Turmeric
- Yoga
- Homeopathy
- Peppermint tea
- Rice water
- Ginger
- Chamomile tea
- Fennel/aniseed tea
- Healthy eating/five a day
- Cranial osteopathy

From survey

- Honey and lemon
- Homeopathy
- Vitamin/mineral supplements
- Massage
- Cold/hot towels/compresses
- Teething granules
- Hot/cold foods
- Chicken soup
- Avoiding certain foods
- Fish oils
- Ginger
- Prayer
- Cranial osteopathy

Predisposing factors

Significant difference:

- Parental **age** – users younger (p=0.049)
- Child **age** – users older (p=0.002)
- Parent **gender** – female (p=0.028)
- Parental **education** (p=0.045)
- Family **beliefs** – TCA is natural (p=0.000)
- TCA **knowledge** (highly rated)
- Perceived **risk** of illness (highly rated)
- **Efficacy** (p=0.000)
- Parental **self efficacy** (46% users; p=0.000)

“I think in India, in my, as far as I know... the children we hardly take them in the hospital normally we do the herbal things and they work out very well”

Not significant:

- Ethnic group (parent or child)
- TCA as part of cultural background
- Religion
- Acculturation
- Perceived risk of TCA

“can’t do any harm”

“I think they’re harmless”

Enabling component

Not significant

- Parental income
- Availability: products; in UK; providers
- Same found in literature review

“because normally in routine life you’re using that [herbs]”

“Sometimes you don't need to go out and buy stuff from outside; you can use some stuff from our house, from home”

Need component

- ‘My child is healthy so I don’t need to use TCA’
top rated reason for not using TCA
- Significant difference for use for **symptoms**
rather than prevention (p=0.000)

“I think it all depends on the severity of the condition. If my child...I thought I could nip something in the bud quickly, like a cough or a cold...then yes, I’d use something probably more alternative. But I think as soon as it was apparent that an infection had really taken hold, then I would use the antibiotics”

Not significant

- Chronic/serious illness

Healthcare experience

Significant:

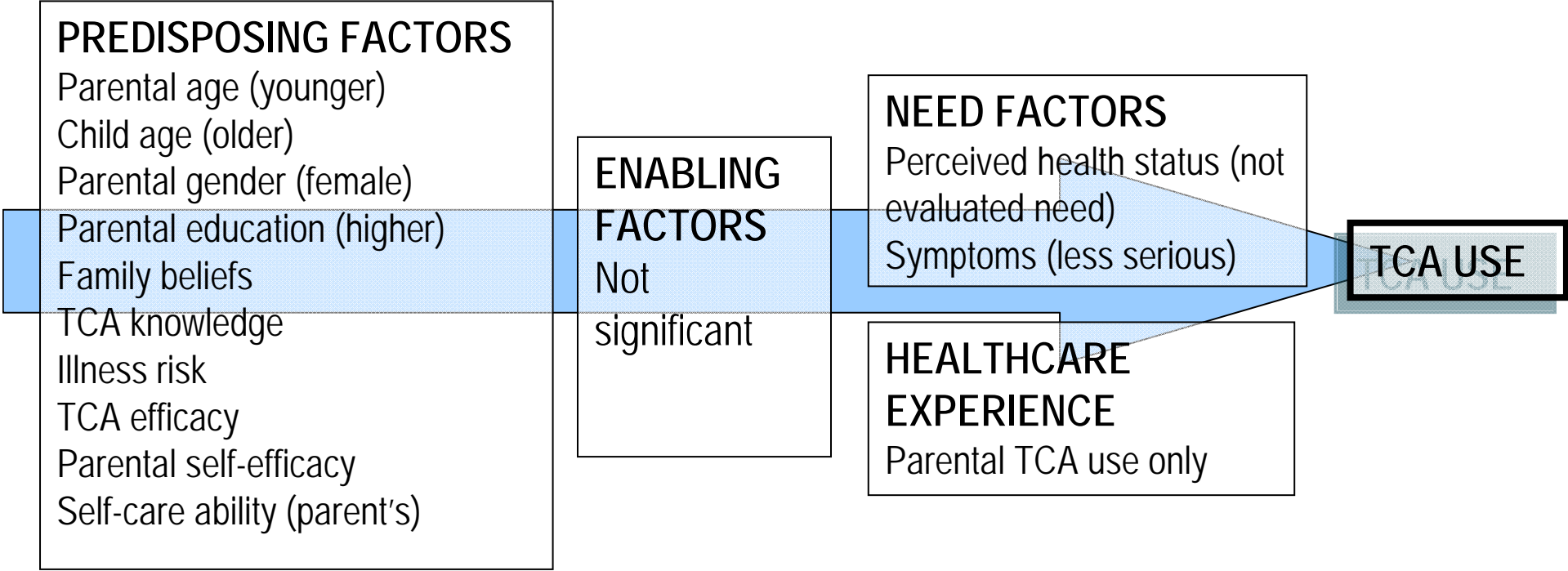
- **Parental use** of TCA ($p=0.000$)

Not significant:

- Visits to **conventional** providers
- Prescription **medication**
- **Confidence** in conventional provider's ability
- **Satisfaction** with conventional care

"It's [TCA] not effective like the antibiotic but ...it will help. Antibiotic you will recover quickly, but this traditional er medicine help us to do this"

Revised SBM



Implications

- Decision to use TCA based on predisposing factors and perceived need rather than enabling factors or experience of conventional care
- Parents using a wide range of treatments, traditional home remedies included
- Patient centred care
- Shared decision making
- Monitoring safe use of TCA

Acknowledgments

- Prof Nicola Robinson
- The King's Fund for the project grant
- Parents who took part

Publications

Robinson N et al (2009) Developing a decision-making model on traditional and complementary medicine use for children. *Euro Jour Int Med*, 1(1): 48-56

Lorenc, A et al (2010) Parents' and practitioners' differing perspectives on traditional and complementary health approaches (TCA) for children. *Euro Jour Int Med*, 2: 9-14

Lorenc et al (2009) How parents choose to use CAM: a systematic review of theoretical models. *BMC CAM* 9:9

Our Website

www.health.tvu.ac.uk/chi/cam

Paediatric CAM Networks

PedCAM (Paediatric CAM Research and Education Network)

www.pedcam.ca/

The Children's Complementary Therapy Network:

<http://cctn.freshwinds.org.uk>

Integrative Paediatric Council

www.integrativepeds.org

Any Questions?

Dr Ava Lorenc

Centre for Complementary Healthcare & Integrated
Medicine (CCHIM)

e-mail: ava.lorenc@tvu.ac.uk

phone: 0208 209 4414

Website: www.cchim.com

