

ORIGINAL ARTICLE

ATTITUDE TOWARDS TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE MEDICINES (T&CAM) AND ITS USE AMONG WOMEN DURING ANTENATAL AND POSTNATAL PERIOD.

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Abstract

Aim: This study investigated women's attitude towards the use of traditional complementary and alternative medicine (T&CAM) during pregnancy and postnatal period and their practices of T&CAM during that period and its association with socio-demographic variables.

Methodology: A cross-sectional descriptive study conducted among antenatal and postnatal clinic attenders at MCH clinic of Klinik Kesihatan Manjoi. Data were collected by using structured prevalidated questionnaire.

Result: Out of total 103 respondents, 66.02% were antenatal and 33.98% were postnatal women with the mean age of 29.72 years. Prevalence of T&CAM among the participants was 25.24%. T&CAM use was not prevalent among pregnant or breast feeding mothers ($p < 0.05$). There was no significant association of use of T&CAM with sociodemographic variables. The majority (95.15%) of the respondents demonstrated good attitude towards T&CAM use. Dietary method (restraining some food) was the most commonly practiced method. "The rest methods" were used by 30.10% of the respondents, followed by massage and hot stones (24.27%), herbal bath (21.36%), herbal drinks (9.71%) and abdominal wrap (5.83%).

Conclusion: The prevalence of T&CAM among our study population is lower than that reported by previous studies. The respondents, irrespective of their sociodemographic back ground, demonstrated good attitude towards the use and they prefer safe practices. There is need to study the details of individual methods to understand more about the rationale of using those specific methods.

Keywords: Attitude, Practice, T&CAM, Pregnancy, Postnatal, Breastfeeding

Introduction

Traditional complementary and alternative medicine (T&CAM) has been playing a major role in providing healthcare to the mankind since the last century. It is getting more popular and will become an important component in our healthcare system with the reason to improve the level of health and quality of life along with modern medicine.¹ Herbal medicine is one of the most commonly used form of T&CAM among individuals in primary health care setup in both developing and developed countries. The World Health Organization reported that 70% to 80% of the world population relies mainly on herbal medicines for their primary health care needs.²

Some herbal medicines are believed to be useful for multiple purposes such as to facilitate labour, to promote a baby's physical health and intelligence, to enhance sexual pleasure and for abortion. A review reported the extensive use of herbal medicines to treat pregnancy related illness and to improve health and well-being during pregnancy³. However, previous studies indicated a lack of evidence for the safety and efficacy of herbal medicines popularly utilized during pregnancy⁴. Majority of Malaysians believe that herbal products do not contain harmful chemicals and are free from side effects compared to pharmaceutical drugs.⁵

In Malaysia, the uses of herbal medicines are based on practical experiences, observations and rituals derived from socio-religious beliefs passed down from one generation to another. These practices used within the Malay communities are claimed to be important for health and well-being, including being beneficial during pregnancy and postnatal period. Although various studies had been published on medications used during pregnancy, there is lack of evidence for safety and efficacy on these herbal medicines during pregnancy.⁶

Prevalence of herbal medicines use during pregnancy was 52.4% in a Malaysian district although the negative attitude towards herbal

medicines had prevented women from using herbal medicines during pregnancy.⁷

The study of T&CAM among pregnant and postnatal women has been limited but the usage has been increased.⁸ The World Health Organization (WHO) reported that prevalence of herbal medicine use is about 80%⁹.

According to a US national survey, 37% of pregnant women and 28% of postpartum women reported using T&CAM in the last 12 months compared with 40% of non-pregnant/non-postpartum women¹⁰. According to a study from Saudi Arabia, the source of knowledge of CAM in 46.5% participants was mass media (e.g. T.V., newspapers and radio) while family members, relatives and friends were sources in about 46.3% of participants. Other rare sources included educational organizations (3.8%) and internet, as well as books and hospitals⁹.

Women always take care of their health during postpartum period to restore good health and to avoid future ill health both in them and babies. A research done in few districts in Malaysia found that women believed that their bodies are dirty during postpartum due to baby formation during pregnancy and cold since they lose a lot of blood during delivery. During the confinement, Malay women practice rituals like bathing (mandi teresak), bedian, massage, bertungku, avoidance of sexual intercourse, abstinence from some food, rest, body wrap and take some hot medicines (traditional herbs)¹¹. Another concern to be highlighted is whether women are using only T&CAM or along with prescribed medication during pregnancy and post-delivery. Data on the current patterns of use and effectiveness of various T&CAM treatments being used alone and in combination with modern medicines are inadequate. Even though a vast informal and silent healthcare sector exists in all countries, there are no available comprehensive data regarding the existence of this sector in any country⁹. Based on a research done among pregnant women in Nigeria, over half the

respondents did not support combining herbal medicines with conventional drugs to prevent drug-herb interaction. About one third respondents believed herbal medicines possess no adverse effects while 30% were of the opinion that adverse/side effects of some herbal medicines could be dangerous¹². Therefore, this study was done to determine the belief, attitude and practice of the usage of T&CAM during antenatal and postnatal period among women attending Klinik Kesihatan Manjoi, Ipoh, Perak, Malaysia. We also investigated whether the T&CAM use was along with prescribed medication and the source of information regarding T&CAM.

Materials and Methods

This cross-sectional study was carried out among women attending Mother and Child Health Clinic Klinik Kesihatan Manjoi for antenatal and postnatal care in the period between 24th August and 9th October 2015.

Sample size was calculated as 100 based on the findings of a previous study from Hospital Universiti Sains Malaysia, Kubang Kerian (HUSM KK), with 95% confidence interval (CI). All women attending the clinic for their antenatal or postnatal visits during the period of study were selected except those who had mental illness and who refused to participate in the study. The information on our study written in English and Bahasa Melayu was read over and explained to the participants, and a written consent was obtained from each of them. The structured, pre-validated questionnaires were used to collect demographic information, reproductive profile, breastfeeding status, and their belief, attitude and practice on usage of T&CAM.

For the scoring, 1 mark was given to those who answered 'yes' for the question and 0 mark was given to those who answered 'no'. After calculating the total score, the respondents were

grouped into two categories, either good or poor using the median score as a cut-off point.

Data was processed using SPSS software. Association between dependent variables and independent variable were determined using chi-square test and the association is said to be statistically significant if the p values is <0.05 .

The ethical approval from institutional ethical committee of UniKL Royal College of Medicine Perak (UniKL RCMP) and necessary permission from the clinic in-charge was obtained before conducting the study.

Results

A total of 103 women, 66.02% antenatal and 33.98% postnatal, were included in the study. The mean age was 29.72 years. Fifty six respondents (54.37%) were working either in government or private sectors, or were self-employed. The largest proportion (48.54%) of the respondents had secondary education. Among the participants 25.24% were having their first child and 38.83% were having 2 to 4 children. Most of the respondents (96.12%) were Malays. Among them 40.78% were currently breastfeeding.

Twenty six women (25.24%) were using T&CAM. Nearly 40% of them were first time users. Currently pregnant or breast feeding mother were not using T&CAM ($p<0.05$) (Table1). T&CAM use was not associated with sociodemographic variables (Table 2).

Family or friends (87.38%) were the major source of information related to T&CAM followed by newspaper or magazine, health centres, television and radio (14.56%) (Figure 1). More than half of the respondents (68.93%) received recommendation from those who had already used T&CAM during pregnancy or after delivery.

Their attitude towards use of CAM during pregnancy and post-natal period was assessed using six questions with Likert scale of 5 from

strongly disagree to strongly agree. The Majority of the respondents (95.05%) exhibited positive attitude towards usage of T&CAM.

To the statement “one should ask and discuss with the doctor before taking any traditional herb medications during pregnancy or after delivery” 37.86% of participants strongly agreed and 2.91% strongly disagreed. Besides that, 11.65% of them were interested to drink or eat any traditional herb medications during pregnancy or after delivery and 30.10% answered “not sure”. Only 5.83% strongly disagreed to recommend to family or friends who wants to drink or eat any traditional herbs during pregnancy or after delivery and 11 (10.68%) strongly agreed, while 37 (35.92%) were not sure. A good proportion of the respondents (43.69%) strongly agreed that government, especially the Ministry of Health is responsible to make sure that traditional herbs and herbal products are of good quality and safe to be used. Half of the respondents (50.49%) strongly agreed that health personnel such as the doctors, nurses or midwives should give the information regarding the side effects of the traditional herbs to the foetus. Fifty eight (56.31%) of the respondents were not sure if the traditional medications or practices are better than conventional medicines and seven (6.80%) of the respondents strongly disagreed.

However, there was no significant difference found between attitude towards antenatal and postpartum T&CAM use and their socio-demographic variables.

Among seven types of listed T&CAM, dietary method was the most commonly practiced method used by 33.98%. “The rest methods” were used by 30.10% of the respondents, followed by massage and hot stones (24.27%), herbal bath (21.36%), herbal drinks (9.71%), abdominal wrap (5.83%) and others for 0.97%. According to the respondents, for diet, there was list of food that was inedible during the 40 weeks of confinement period such as some vegetables, chicken, eggs,

some fruits and others. However, some of them did not agree as the food stated as inedible can help in healing the wound inside and hasten the recovery.

T&CAM was used along with prescribed medicines by 72.82%. However, 27.18% of them use only medicines prescribed by the doctor starting from early pregnancy (Figure 2).

Only 26 (25.24%) reported consumption of traditional herbs from the early pregnancy until delivery. Most of them (33.98%) were practicing diet or good nutritional care and a few were practicing abdominal wrap.

More than half of the respondents (68.93%) received recommendation from those who practiced T&CAM earlier during pregnancy or after delivery. Most of them (61.17%) were recommended by their family members. A total of 41 (39.81%) respondents answered that they were using T&CAM for the first time.

Those who used T&CAM for few times reported that T&CAM promote physical and mental health (46.60%) and increase sexual drive (6.80%). All of them agreed that there were no side effects such as arrhythmia, miscarriage or foetal death, whereas 35.92% believed that there could be side effects like allergy, rashes and kidney failure and 40 (38.83%) respondents believed that it could cause foetal deformity. Besides, about 21.36% of the respondents were taking T&CAM for months, which is until the end of confinement period of 240 days. Almost all the respondents were taking conventional medicines prescribed by the doctor during pregnancy or after delivery and only 28 (27.18%) of them were taking it together with T&CAM.

Discussion

According to our analysis, the majority of the respondents demonstrated to have good attitude towards the usage of T&CAM. A previous study

suggest that user's attitude is one of the factors that influence the usage of herbal medicines during pregnancies¹³. Generally, it can be postulated that a good attitude will lead towards good practice. However, our study findings suggested that there was no association between attitude and practice of T&CAM among antenatal and postnatal women attending KK Manjoi. Besides, there was no association between the attitude and any of socio-demographic variable among our study respondents.

In the aspect of practice, our study revealed that only 5.83% of total respondents are having good practice of the T&CAM while 57.28% of them are poor in practice of T&CAM. This finding is in line with a report that stated that 70% of women do not receive any postpartum care in developing countries¹⁴. However another study revealed high awareness and practice of traditional postpartum care¹⁵. It is believed that both the mother's and child's health are greatly influenced by postpartum maternal healthcare during the confinement period¹⁶.

In our survey, we have found seven types of common T&CAM practiced among Malaysians. The most common type is post-partum diet. A previous study found that encouragement of food intake or postpartum diet is less practiced than the other methods and they also proposed to discourage prolonged immobilization to prevent unwanted complications such as deep vein thrombosis among postnatal mothers¹⁷. Abdominal wrap or corset remain the least practiced method of T&CAM among all other choices and this finding is similar to the study done in Penang¹⁸. A study done in 2014 in North-East Scotland revealed that one third of total 332 respondents were using herbal products in various stages of pregnancy¹⁹.

According to previous studies, the most common source of information related to T&CAM use is family and friends of the respondents^{2, 18, and 19}. Similarly, our respondents

had chosen their family and friends as the most reliable source of information regarding their use of T&CAM during pregnancy and post-natal period. The respondents of a study reported that they would advise their children on the importance of practising traditional postpartum care¹⁸. The second most common source of information were midwives in a previous study from New York²⁰. However, in a study done by Jamal, Zakiah and Khairana revealed that Malay traditional practitioners are not having any formal training regarding preparations and usage of local medicinal plants to provide postnatal care²¹. Among our respondents, only 27.18% of them were using T&CAM along with doctor-prescribed medicines. This may be due to the safety concern of the T&CAM especially the oral traditional herbs that were not experienced by most of our young respondents. A previous study also reported that only 12.7% pregnant women were using herbal medicines along with conventional medicines¹³.

Limitations

The study was conducted as a student research project in one health centre (KKM) within a short period of time which limited the number and diversity of participants.

Conclusion

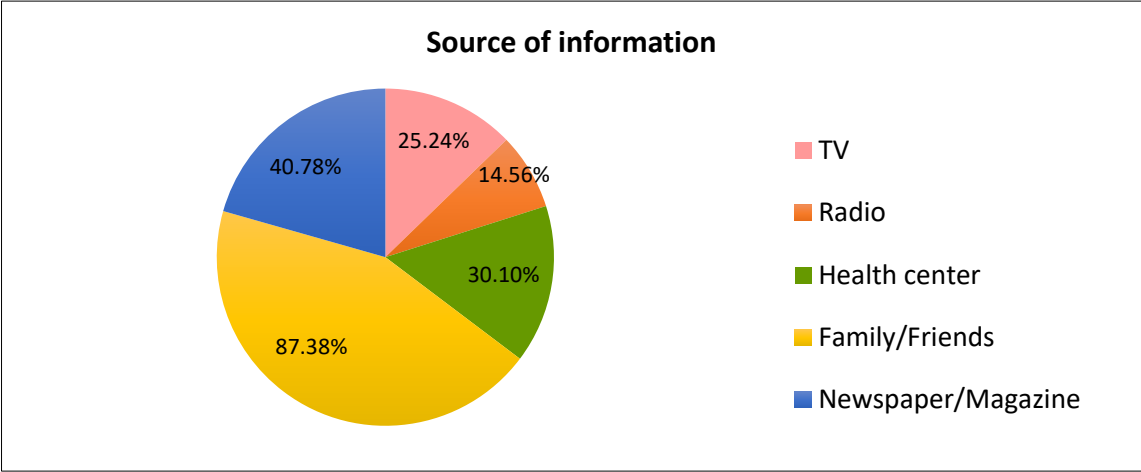
In conclusion, the prevalence of T&CAM among our study population is lower than that reported by previous studies. The respondents demonstrated good attitude towards T&CAM and they prefer safe practices. No user reported side effects. There is need to study the details of individual methods to understand more about the rationale of using those specific methods in large number of participants representing different communities and ethnic groups.

Table 1: T&CAM use among antenatal, postnatal women and breast feeding mothers

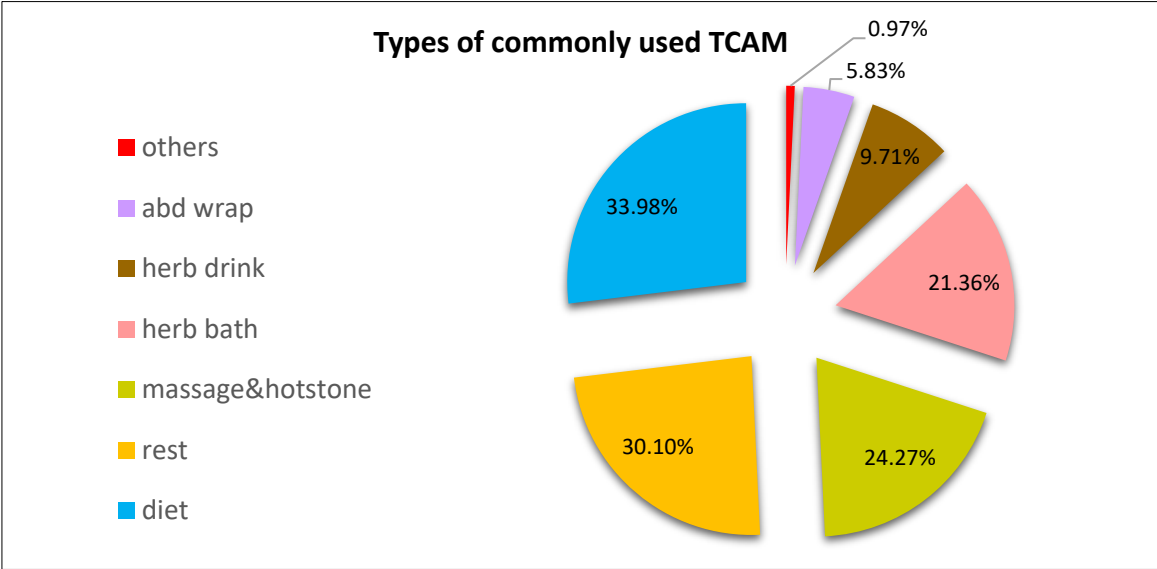
Variable	User (n=26) %	Non-user (n=77) %	p-value
Status			
Antenatal	12	56	0.013
Postnatal	14	21	
Breastfeeding			
Yes	16	26	0.013
No	10	51	

Table 2: Association between the T&CAM use and sociodemographic variables

Variables	User (n=26)%	Non-user (n=77)%	p-value
Age Group			
20-29	16	42	0.223
30-39	9	32	
40-49	1	0	
50-59	0	3	
Occupation			
Government	6	16	0.978
Private	6	18	
Self-employ	2	8	
Unemployed	12	35	
Education			
No education	0	0	0.305
Primary	0	4	
Secondary	11	39	
Tertiary	15	34	
Religion			
Islam	26	75	0.709*s
Indian	0	1	
Christian	0	1	
Number of children			
Nullipara	4	22	0.547
Primipara	10	21	
Multipara	10	30	
Grand multipara	2	3	
Great grand multipara	0	1	
Ethnicity			
Malay	26	73	0.495
Indian	0	2	
Others	0	2	



[Figure 1]



[Figure 2]

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