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Determination of the usage of complementary and alternative medicine among pregnant women in the Northern Region of Turkey

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ABSTRACT

Background: This descriptive study aimed to determine the degree of usage of complementary and alternative medicine (CAM) among pregnant women in the northern region of Turkey.

Methods: A total of 285 women who were referred to the gynaecology clinic of the Maternity Hospital in Samsun, Turkey between October 15, 2010 and January 31, 2011 participated in the study. Data was collected using a semi-structured questionnaire that was developed in accordance with the literature. The survey instrument had two sections. The first section composed of 24 questions about socio-demographic characteristics and obstetric features. The second section contained 12 questions about CAM usage and a CAM list.

Results: It was found that 41.1% of the participants used CAM methods, and primarily made use of herbal (36.5%) and massage (29.8%) therapies, respectively. Participants using herbal therapies primarily used mint (54.8%), linden (54.8%), rose hip (34.6%) and stinging nettle (26.0%) for health complaints including nausea, gastralgia, anaemia, sore throat and common cold; while 48.8% believed that it was safe to use herbal therapies during pregnancy. Approximately half of the participants did not inform healthcare staff of their CAM usage.

Conclusion: It is extremely important that healthcare personnel have knowledge of CAM methods, question CAM usage without prejudice in pregnant women, and inform women in the reproductive age group of the benefits and potential risks of such usage.

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1. Introduction

Although limited information is available on the efficacy of numerous complementary and alternative medicine (CAM) methods, their rate of usage has been increasing worldwide in recent years, as well as in Turkey. The World Health Organization (WHO) defined CAM as a 'broad set of healthcare practices that are not part of that country's own tradition and are not integrated into the dominant healthcare system' (WHO Traditional Medicine Definitions, 2016), while the National Center for Complementary and Alternative Medicine (NCCAM) classified CAM methods as follows: mind-body medicines (meditation, yoga, imagery, deep-breathing exercises, progressive relaxation, prayer, biofeedback, hypnosis, tai chi, qi gong etc.), biologically based practices (herbal medicine or teas, dietary supplements such as fish oil, probiotics, special diets etc.), manipulative and body-based practices (osteopathic and chiropractic manipulation, massage therapy, the Alexander technique, Feldenkrais, Trager psychophysical integration etc.), energy therapies (qi gong, reiki, therapeutic touch, etc.) and whole medical systems (traditional Chinese medicine, acupuncture, homeopathy, Ayurveda, naturopathy, etc.) (NCCAM, 2016).

CAM usage varies across different countries, however, it was estimated that the ratio of usage is high among pregnant women (Adams, Sibbritt, Broom, Wardle, Homer et al., 2009). It was also reported that such usage was common among women in the reproductive age group in the USA, and that more than one-third of the population was taking advantage of one or more CAM methods; therefore, it has been suggested that further studies are required in this field (Holden, Gardiner, Birdee, Davis, & Yeh, 2015). Similarly, it was stated that the rate of usage of CAM methods was high among Australian women, with the usage of herbal medicines being very popular, and that it is a particular field of concern due to the potential safety problems of self-prescribed herbal medicines by pregnant women, in particular (Frawley, Adams, Steel, Broom, Gallois, & Sibbritt, 2015).

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In a review by Hall, Griffiths, and McKenna (2011), it was indicated that the rate of CAM usage varied widely from 1% to 87%, and that a significant number of women were apt to use CAM. In the same review, it was reported that the most commonly used methods were massage, vitamin and mineral supplements, herbal medicines, relaxation methods and aromatherapy. It was also determined that women believed that CAM was a reliable therapeutic approach that might be a viable alternative to prescribed drugs. Finally, it was reported that the majority of women used CAM methods based on the recommendations of family members and friends, and they did not share this information with healthcare professionals.

In a review by Adams et al. (2009), it was determined that women took advantage of CAM methods such as acupuncture, acupressure, aromatherapy, massage, yoga, homeotherapy and chiropractic, and that the most common herbal medications used during pregnancy were ginger, raspberry leaf, and echinacae. In the same study, it was found that older women with high education levels and income took the greatest advantage of CAM, and the most important sources of information on Cam methods were friends and family members, as well as the media and the Internet. Moreover, it was observed that most CAM users considered these therapies to be natural and safe, and they thought that these methods had equal efficacy to prescribed drugs with regard to alleviating symptoms associated with pregnancy.

Studies revealing the differences between countries, regions and cultures, as well as the findings and information obtained from these studies, are required in order to evaluate the possible benefits and potential risks of CAM methods and to obtain evidence-based results. Although various studies have examined the usage of CAM methods by oncology patients in Turkey, no such study has been conducted among pregnant women. To the best of our knowledge, this is the first study to determine the level of CAM usage among pregnant women in Turkey. It is considered that the results of the present study will be beneficial in developing strategies regarding the usage of CAM methods, in accordance with a national and local course of action. Healthcare personnel, particularly midwives and nurses, play a significant role in providing patient care and also in informing the community with regard to the benefits and potential risks of CAM methods. In this context, the current study aimed to determine which CAM methods are most frequently used by pregnant women, their reasons for using them and factors affecting this decision; thus, to provide for the safety of mothers and newborns with regard to these findings, and to develop suggestions and applications to prevent health risks. We sought answers to the following questions in order to determine the usage of CAM methods among pregnant women in Samsun, in the northern region of Turkey:

1. Which CAM methods do pregnant women most use?
2. Which herbal medicines/products do pregnant women most use to prevent pregnancy-related symptoms?
3. What are the socio-demographic characteristics of the pregnant women who use CAM methods?

2. Materials and methods

2.1. Study design and sampling method

The cross-sectional survey was conducted between October 15, 2010 and January 31, 2011, in pregnant women who were admitted to the gynaecology outpatient clinic of the Maternity Hospital in Samsun, which is located in the northern region of Turkey. It was aimed to include all 430 pregnant women who were admitted to this clinic during this time; however, women who did not agree to participate, and those who did not complete the

questionnaire or did not explicitly answer the questions regarding the usage of CAM methods for pregnancy-related symptoms, were excluded (n = 145). The final number of participants was 285, and the rate of answering was 66.3%. Women who were in the first, second and third trimesters; who were willing to participate in the study, who did not have barriers to communication such as having a mental disorder, who were ≥ 18 years of age, and who were capable of providing informed consent were included. The researchers collected data over a period of 4 months via face-to-face interviews conducted in the waiting room before or immediately after a consultation. This study followed the principles of the Helsinki Declaration, and was initiated after obtaining the approval of the hospital's ethics committee.

Prior to data collection, each one of the pregnant women was informed of the aim of the study. They were told that it was their decision to participate/not participate, that their names would not be on the questionnaire and that data obtained would be used only within the scope of the study. The data collection process lasted for 12 to 15 min. The questionnaire was tested on 15 pregnant women in a pilot study before administration. During the pilot study, unaccountable or missing questions were determined and the draft took its final shape. The researchers then conducted the survey accordingly.

2.2. Instruments

Data was collected using a semi-structured questionnaire that was developed in accordance with the literature (Gözüm, Tezel, & Koç, 2003; Mazicioğlu, Serin, & Sahan, 2006; Muslu & Öztürk, 2008; Tokem, 2006). The questionnaire had been tested in previous studies, in which it was found to have high validity and reliability (Avcı, Koç & Sağlam, 2012; Koç, Avcı, & Sağlam, 2012; Koç, Sağlam, & Topatan, 2013). The survey instrument had two sections. The first section composed of 24 questions about socio-demographic characteristics (age, education level, etc.) and obstetric features (trimester of pregnancy, medication for chronic disease, etc.). The second section contained 12 questions about CAM usage (information on CAM usage, on the recommendation of CAM methods by others, on who recommended CAM methods etc.) and a CAM list. The participants were also asked where they had obtained information and advice regarding CAM.

The participants were also asked to indicate which CAM method they were using for pregnancy-related symptoms among those listed: herbal therapy, multivitamins, massage, psychotherapy, yoga, meditation, aromatherapy, acupuncture, relaxation technique, music therapy, imagery, hypnosis or humor. They were permitted to add methods that were not on the list. The researchers assessed the various problems during pregnancy that the women mentioned, and which methods they used for treatment.

2.3. Data analysis

Data was analyzed using the Statistical Package for the Social Sciences software for Windows (version 15.0). Descriptive statistics, independent samples t-test, and multiple regression analysis were used to evaluate data. Regression analysis was performed to determine the correlation between the use of CAM and socio-demographic and clinical features. The independent variables were the participants' socio-demographic characteristics including age, educational level and family type; while the dependent variable was use of CAM. The level of statistical significance was accepted to be $p < 0.05$.