

Study About the Perception of Korean Parents' Use of Complementary and Alternative Medicine for Their Children

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국문초록

영유아를 가진 부모들의 보완대체요법에 대한 인식 조사연구

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목표 : 본 연구는 인천 지역에 사는 24~60개월 영유아를 가진 부모들의 보완대체요법에 대한 인식을 조사한 연구로, 보완대체요법 활용을 통한 한방과의 연계에 대한 가능성을 타진하기 위해 연구되었다.

방법 : 박지현(2007)이 사용한 질문지를 본 연구에 맞게 수정 보완하여 사용하였다. 수집한 자료는 SPSS 12를 사용하여 분석하였다.

결과 : 1) 영유아를 둔 한국의 모든 어머니는 자녀의 건강에 관심이 많았으며, 올바른 생활 습관을 갖게 하는 것이 가장 중요하다고 생각하였다.

2) 실제 80% 정도의 부모가 자녀에게 보완대체요법을 제공하였으며, 주로 예방차원에서 제공하기 때문에 질병이 발생하기 전에 사용을 하였다.

3) 보완대체요법은 질병이 발생했을 때 사용을 하지만, 보완대체요법의 사용은 주로 병원치료와 병행하는 경우가 많았다.

4) 직접 보완대체요법을 사용한 부모들의 80% 정도는 긍정적인 반응을 보였고, 이들 중 81% 정도는 다시 사용을 하겠다는 반응을 보였다.

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결론 : 영유아 부모들은 건강 증진을 위한 보완대체의학에 대해 긍정적으로 인식하고 있었다. 이러한 결과는 한의학 영역에서 영유아 부모들에게 자녀의 건강을 효과적으로 증진시킬 수 있는 전문적인 의료지식뿐만 아니라 이들이 한의학에 접근할 수 있는 다양한 방법을 고안할 필요성을 제시하고 있다.

핵심 단어 : 보완대체의학(CAM: complementary and alternative medicine), 영유아, 한방치료, 건강증진

I. Introduction

The field of complementary and alternative medicine(CAM) naturally has showed up to overcome the limitations of Western medicine. NCCAM(National Center for Complementary and Alternative Medicine) defines "CAM as a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine". CAM includes the conventional medicine, "such as using acupuncture in addition to usual care to help lessen pain". CAM practices are often categorized by natural products, mind and body medicine, and manipulative and body-based practices and these categories are useful to discuss usage or practice of CAM¹⁾.

CAM has been widely used as a supplement conventional treatment or mainstream health care as well as a part of traditional health care systems and practices²⁾. The reasons to use CAM have varied with age, health and a range of other factors³⁾. Studies showed that the older have preferred to use CAM practices comparing to the younger^{4,5)}. In Chung and Kim's(2002) study⁴⁾, about half of them(48. 7%) preferred to oriental medical care than western medical care. However, CAM treatments were not only loved by the older, but also by others. In Lee, Khang, Lee, & Kang(2002)'s study⁶⁾, it showed that 29% of the population Korean had an experiences of CAM practices. In other study⁷⁾, it also showed that approximately 35% of Korean elementary students has used one or more CAM practices.

There are several reasons to use CAM treatments. Many chronic patients have used CAM. For example, Saydah & Eberhardt⁸⁾ mentioned that those with chronic health issues, cancer and/or chronic pain in particular have been found to have higher use of CAM. Other studies showed the similar results⁹⁾. Furthermore, CAM has been used in pursuit of health and well-being. In these days, people are interested in well-being and health, because of the growth of economics. Economics' growth push people to think more about their health. Especially, young mothers are interested in their child's health a lot. According to 靈樞(Young-chu)·逆順肥瘦篇, 嬰兒者, 其肉脆, 血少氣弱, and to 《東醫寶鑑》(Dong-eui-bo-gam), 小兒 其臟腑脆嫩 皮膚軟弱 氣血未盛,(Because young children's aeremias, fleshes, and energy of are so weak and feeble) they are liable to illness^{10,11)}. As it is written, young children are weak and need to be cared by adults. It is natural that mothers pay attention to their children's health. As well as, the young generation only have one or two child. Their interests for their children's health are getting more than before. Because of the number of child and the growth of economics, Korean mothers have more opportunities to seek for CAM more than before. Therefore, it is needed to study Korean mothers' needs and their patterns of CAM use.

Previous researches in Korea had explored the perception of CAM users, such as oriental doctors, doctors, nurses, students in nursing school, or children's parents¹²⁻¹⁶⁾, but it is rare to deal with the perception of young children's mothers about CAM. Therefore, in this study, we are going to

examine Korean mothers' perception and pattern of CAM treatments for their young children. We expect that the results will give us an insight how to make a link between CAM and oriental medicine and how to extend the users of oriental medicine.

II. Research questions

- a. How's about the mothers' perception about their child's health?
- b. How's about the general perception of CMA for their child?
- c. How's about the patterns of CMA usage for their child?

III. Methods

A. Participants' demographic information

The participants were 146 mothers who had a child from 1-5 yrs. in Incheon area. Approximately, 71%(n=103)of mothers were the age of 30 and 51%(n=74) of mothers graduated college. More detail information obtained are presented in Table 1.

B. Instruments

The instrument of this study was used Park(2007)'s questionnaires that revised based on the purpose of this study. This instrument consisted of three parts; 1) general characteristics of participants, 2) perception of CAM practices, and 3) use of CAM practices. Each session provided detail information as followed. A range of background data were obtained, such as child's age(five categories), child's gender (male/female), mother's completed educational level (four categories), and career level (eight categories). To measure CAM use, a list of 23 different kinds of CAM included such as CAM

Table 1. Characteristics of Children and Mother (N=146)

	Characteristics	N	Percent
Child's gender	Male	71	48.6
	Female	75	51.4
Child's age	13~23 months	3	2.1
	24~35 months	15	10.3
	36~47 months	22	15.1
	48~59 months	29	19.9
	Over 60 months	77	52.7
Mother's age	20~29 yrs.	8	5.5
	30~39 yrs.	103	70.5
	40~49 yrs.	34	23.3
	Over 50 yrs.	1	.7
Mother's educational level	Graduate high school	65	44.5
	Graduate college(university)	74	50.7
	Over graduate college(university)	7	4.8
Mother's career degrees	Professionalism	28	19.2
	Administrative job	7	4.8
	Business job	1	.7
	Office job	28	19.2
	Sale job	4	2.7
	Blue color job	3	2.1
	No job	35	24.0
	No response	40	27.4

use, reasons for use, health care providers of CAM, communication with health professionals about CAM use, and support for CAM use.

C. Data collection & analysis

This study was conducted in 2010. 180 survey questionnaires were handed out and 146 out of 180 were completed with. The Statistical Package for the Social Sciences Version 12.0 for Windows was used for all data analysis. All data were checked for completeness and consistency before analysis. Descriptive statistics were used to examine the frequency distribution for each of the variables and

to describe the characteristics of the participants.

D. Finding

1. Mother's general interests about child's health

It was observed that 72.6% mothers paid attention to their child's health a lot, and there was no one who had any interests of their children's health. Approximately 55%(n=79) of total mothers thought that lifestyle was the best way to keep their child's health while 0.7%(n=1) of the total mothers thought CMA was the one(Table 2).

Table 2. Mothers' Perception About Children's Health

	Characteristics	Frequency	Percent
Interests about child's Health	A lot of	106	72.6
	Some	21	14.4
	Average	19	13
	A little	0	0
	No	0	0
Ways of keeping child's healthy*	Lifestyle	79	46.2
	Natural healthy	3	1.8
	CMA	1	.6
	Balanced diet	23	13.5
	Regular exercise	6	3.5
	Etc.	34	19.9
	No Response	25	14.5

* : multiple response.

2. Mothers' general perception about CMA practices

Mothers' general perceptions of CAM was as followed(Table 3); 50.7 percent of total respondents answered that CAM was good to keep and promote children's health and 23.3 percent of total respondents answered that it is helpful to improve symptom. Generally, they perceived CAM treatment positively, but they the prices of CAM were expensive. As well as, 58.9 percent of mothers acquired the information from people around them and because of their reference, mothers started to use CAM.

Table 3. Mothers' General Perception about CAM Practices

	Categories	Frequency	Percent
Expectation before using CAM	Improving symptoms	34	23.3
	Completely healing	2	1.4
	Keeping psychological stability	12	8.2
	Keeping and promoting children's health	74	50.7
	Etc.	24	16.4
Strengths of use of CAM	Having calm oneself	15	10.3
	Protection	71	48.6
	No side effect	11	7.5
	Good effects	1	.7
	Low price	3	2.1
	Easy instruction	3	2.1
	Etc.	42	28.8
Weakness of use of CAM	Nothing	27	18.5
	Side effects	2	1.4
	No effects or a little effects	30	20.5
	Expensive price	52	35.6
	Complicated instruction	3	2.1
	Etc.	32	21.9
Ways to know CAM	Proved the effects scientifically	9	6.2
	Recommended CAM by other	95	65.1
	Less side effects comparing to hospital treatments	6	4.1
	Forced by family	2	1.4
	Etc.	34	23.3
Pathway of getting information	No response	25	17.1
	Recommended by others	86	58.9
	Getting from mess media (ex-newspapers, TV etc.)	29	19.9
	Etc.	6	4.1

Table 4. Mothers' Patterns of CAM Usage

	Categories	Frequency	Percent
Experiences of CAM	Yes	116	79.5
	No	30	20.5
Reasons to use CAM	Keeping one's health	83	71.6
	Sickness/disease	20	17.2
	Etc.	13	11.2
The moment of use	Being in good condition	76	65.5
	Starting with sickness	8	6.9
	In the middle of hospital treatment	14	12.1
	Getting worse because of hospital treatment	5	4.3
	Transferring hospital treatments to CAM	13	11.2
Duration of use	2~4 weeks	46	39.7
	1~3 months	45	38.8
	3~6 months	7	6.0
	Over 6 months	17	14.7
Cost per a month	Below 50,000 won	1	.9
	50,000~99,999 won	36	31.0
	100,000~149,999 won	14	12.1
	150,000~199,999 won	5	4.3
	Over 200,000 won	11	9.5
CAM treatment and hospital treatment	Being a good to get only hospital treatment	8	5.5
	Carrying out CAM and hospital treatment together, but hospital treatment first	119	81.5
	Carrying out CAM and hospital treatment together, but CAM treatment first	5	3.4
	Being a bad to get two treatments together	0	0
	I don't know.	14	9.6
The kinds of CAM for keeping healthy*	Herb medicine	55	26.5
	Vitamins	92	44.4
	Massage	8	3.9
	Meditation	1	.4
	Electrical remedies	1	.4
	Folk remedies	50	24.1
The kinds of CAM practices for healing*	Herb medicine	46	31.7
	Vitamins	48	33.1
	Massage	6	4.1
	Meditation	0	0
	Electrical remedies	1	.07
	Folk remedies	44	30.3
Giving information of use of CAM to doctor	To inform doctor	83	56.8
	Do not inform doctor	43	29.5
	I don't know	20	13.7
Doctor's reaction after information of use of CAM	Positive	34	23.3
	Negative	23	15.8
	No interests	17	11.6
	Etc.	72	49.3
Results of use CAM	Reducing of disease's symptom	46	31.5
	Treatment of disease	8	5.5
	Psychological stability	52	35.6
	No effects	9	6.2
	I don't know	30	20.5
	No answer	1	.7
The degree of satisfaction of CAM	Very satisfaction	8	5.5
	Satisfaction	53	36.3
	Normal	65	44.5
	Dissatisfaction	3	2.1
	Very dissatisfaction	0	0
	No response	17	11.6
A willing to use CAM again	Yes	118	80.8
	No	11	7.5
	I don't know	17	11.6
A reason to quit CAM	No effects	13	8.9
	Expensive price	35	24.0
	Side effects	0	0
	Family's objection	0	0
	Hard to access	3	2.1
	Doctor's objection	1	.7
	Etc.	94	64.4

* : multiple response.

3. Mothers' patterns of CAM use

Mothers' use of CAM was as followed (Table 4); 79.5 percent of total respondents used CAM practices, and only 19.5 percent of total respondents did not use them. Priority reason to use CAM practices was to keep their child's health and the time of taking CAM practices was to be in a good health. 31 percent of mothers spent 50,000~100,000 won per a month on CAM practices for their child. They preferred to use Vitamins, Folk remedies, and Herb medicine in order (used multiple response).

On the contrary, some of respondents used CAM practices to treat their sickness. 12.1 percent of respondents who used CAM took it in the middle of hospital treatment. When the child was sick, mothers used Vitamins, Herb medicine, and Folk remedies in order (used multiple response). Also, 56.8 percent of sick child's mothers informed doctors about their CAM use. 23.3 percent of doctors showed positively and 15.8 percent of them showed negatively. However, 11.6 percent of doctors did not show any reactions. 86 percent of respondents who used CAM practices showed more than average positive reaction. Their satisfactions came from psychological stability (35.6%) and reducing of disease's symptom (31.5%). They answered that 80.8 percent of respondents wanted to use CAM again, but they thought the expensive prices was to obstacle to use.

IV. Discussion

In this section, it is discussed based on the results. Firstly, this study showed that Korean mothers paid a lot of attention to their child's health and used CAM for keeping their child's health well or preventing from illness. Even though the degrees of mothers' attentions to caring children's health were different, they considered it as one of important things to rear children. They thought that helping children to establish their regular lifestyle and balanced diet were more

important than CAM. However, at the same time, approximately 80% of participants used CAM for keeping their children's health and preventing from disease. The result of this study showed a similar with Park(2007)'s previous study¹⁵⁾. However, it was higher than other studies that examined in other countries, such as USA¹⁷⁾ or Italia¹⁸⁾. It reflected Korean mothers' embedded thoughts. It showed that most Korean mothers considered CAM practices as a good way to keep their children's health well. This result showed that using CAM practices has been deeply rooted in Korean culture¹⁹⁾.

Secondly, this study showed that some mothers used to CAM practices to remedy their children's illness. Actually, only 17.2 percent of mothers who used CAM practices took it as a treatment. Even though Korean mothers strongly thought that CAM practices as a supplement conventional treatment or mainstream health care, sometimes, they used them as treatments or medicines. In this study, the first moment to use CAM was the moment before child's sick. Approximately, 66 percents of mothers who used CAM practices used CAM before sick. In Moon's study²⁰⁾, she focused on the mothers who had young children with chronic illness, but in this study, the mother who had a good health.

In this study, Korean mothers used similar CAM practices for keeping their children's health well and for cure. They provided with several CAM practices, such as vitamins, folk remedies, and herb medicine and spent some money for them. They also responded that the information of CAM as medicine got from people around them^{5,21)}, not from professionals or oriental doctors. Based on the information, Korean mothers provided with several CAM practices, such as vitamins, folk remedies, and herb medicine. This result showed that mothers felt easier the access of CAM than Oriental treatment. This finding may suggest two things. One is that it is needed a channel to access accurate information about CAM practices from professionals. As well as, it is necessary for Oriental doctors to give right information and help

them to be healed²²⁾. The other thing is to make a connection with CAM and conventional Oriental treatment. The position of CAM was weak in the area of Oriental treatments. Because there is a few research in CAM area, it is hard to know the effectiveness and the way of connection between CAM and Oriental treatments. Therefore, it is needed to study more about this field and bring it back to the area of Oriental treatments.

Thirdly, most mothers whose child were sick noticed the use of CAM practices to their child's doctors, but the reaction of doctors were different. In this study, approximately, 57 percents of mothers whose child were sick informed to their child's doctors. The percentage of the respondents in this study were higher than other studies^{15,23-25)}, but still, many respondents did not tell about it to doctors. At the same time, only 23 percents of hospital doctors responded positively. Even more, sometimes, 16 percents of doctors responded negatively. This results showed that still it was not common CAM treatments and practices to Western medicines. CAM treatment and practices were excluded in curriculum of Western medical schools as well. Because of limited knowledge of CAM practices and treatment, it might be hard to encourage to use it.^{26,27)} This finding may suggest that cooperative work between Oriental medicine and Western medicines. Working together makes patients' health better and helpful for them.

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