

Original Article

Pattern and determinants of use of traditional treatments in children attending Gaafar Ibnauf Children's Hospital, Sudan

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ABSTRACT

Traditional Sudanese medicine is based on experiences of every day people, systems of taboos, customs and deep-rooted traditions. This is a cross-sectional, hospital-based study done in Gaafar Ibnauf Children's Hospital including inpatient and outpatient subjects from October 2009 to January 2010, to identify the pattern and determinants of use, prevalence and commonest types of traditional treatments in Sudanese children. Of the hundred interviewed families 70% were using traditional treatments, causing delay in presentation to hospital in 24% of children. Eighty seven percent of illiterate mothers used traditional treatments while only 46% of secondary education mothers used it. Percentage of use of traditional treatments increased from 61.5% to 88.9% with the increase in child's age. The commonest traditional treatment used was sesame oil (77%), followed by cauterization (40%). Sesame oil was

used mainly for flu and to maintain health. Only two mothers practiced removal of canines for reasons of vomiting and diarrhea. All mothers believed that mint, hilba and harjal are effective but 79% of them believed that cauterization is not effective; 74% thought that sesame oil is effective while only 56% believed that rice water is effective. All mothers who practiced removal of canines thought that it is not effective. Except for cutting the uvula, most of practiced treatments had no significant sequelae. A quarter of studied mothers used rice water to treat vomiting and diarrhea, which we consider a useful healthy practice. Health education is needed for mothers through mass media and in health facilities.

Key words:

Traditional medicine; Children; Determinants; Sudan.

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INTRODUCTION

Traditional Medicine comprises medical knowledge systems that have developed over generations within various societies before the era of modern medicine. It is part of the tradition of each country and its acceptance has been handed down from generation to generation.

According to WHO Traditional Medicine is defined as: “The health practices, approaches, knowledge & beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises” [1]. Those who perform these traditional treatments are known as “Traditional Healers” [2]. Traditional Medicine is sometimes replaced by terms such as: Complementary, Alternative or Non-conventional Medicine [3]. There are various systems of traditional treatment around the world and the most well known and widespread being the “Traditional Chinese Medicine” mainly as acupuncture and herbal remedies [4]. Other systems of traditional treatment include: Ayurvedic Medicine, which is native to the Indian subcontinent [5].

Traditional Sudanese Medicine is based on experiences of every day people, systems of taboos, customs and deep-rooted traditions [6]. Quran has had a great influence on Traditional Medicine [7]. There are two types of religious healers in Sudan: Fakis and Fagirs. The use of herbs is common in Sudan. Special herbal knowledge is a privilege of herbalists with their herbal shops [8].

Various studies around the world have been carried out to investigate the use of Traditional Medicine, e. g in Australia, Europe, Turkey, UK, Washington, Nigeria, Ethiopia and Sudan [9-15]. We aimed to identify the pattern and determinants of use of traditional treatments in Sudanese children, to document the prevalence & commonest types of traditional treatments and to assess the mothers’ attitude towards the effectiveness of traditional treatments.

MATERIALS AND METHODS

This is a cross-sectional, hospital-based study done in Gaafar Ibnauf Children’s Hospital including inpatient and outpatient participants from October 2009 to January 2010. Exclusion criteria included: Non-Sudanese, no consent and those who were involved with Traditional Healers (Fakis and Fagirs). Mothers underwent a structured interview using a written questionnaire. Written consent was taken from hospital administration and mothers. Data was analysed using SPSS program. Counselling was done after the interview.

RESULTS

The number of children seen with their families was hundred. The interviewed mothers between 20 and 40 years of age constituted 76%. Thirty percent of mothers were illiterate and none had university education. Prevalence of children using traditional treatments was 70%. Eighty two percent of mothers using traditional treatments were in age group 30 to 39 years. While 87% of illiterate mothers used traditional treatments, only 46% of secondary educated mothers used it. Percentage of use of traditional treatments increased from 61.5% to 88.9% with the increase in children’s age.

The commonest traditional treatment used was sesame oil by 77% of studied mothers followed by cauterization (40%), *Hilba* (37%), cutting of uvula (34.3%) and rarely removal of canines by only 2.6% (Table 1, Figure 1). Reasons of use of traditional treatments were as follows: cauterization for abdominal distension and jaundice (36% & 29% respectively), Hijama for fever and cutting of uvula for vomiting and diarrhea (75% and 25% respectively). Also rice water was used for diarrhea by 67% of mothers. Mint is used mainly for abdominal pain (in 83%), while sesame oil was used by 77% of mothers for flu and to maintain

health (Figure 2). Twenty-six (65%) of mothers used *Hilba*, mainly for abdominal pain. Only two mothers practiced removal of canines for reasons of vomiting and diarrhea. Harjal was also used for abdominal pain

and diarrhea. Traditional treatments were the cause of delay in presentation to hospital in 24% of children, and this delay ranged between 2-7 days.

Table 1 - Frequency of use of traditional treatments

TREATMENT	FREQUENCY
SEASAME OIL	54
REMOVAL OF CANINES	2
CAUTERY	28
HILBA	26
CUTTING OF UVULA	24
RICE WATER	18
MINT	12
HARJAL	6
HIJAMA	4
OTHERS	32

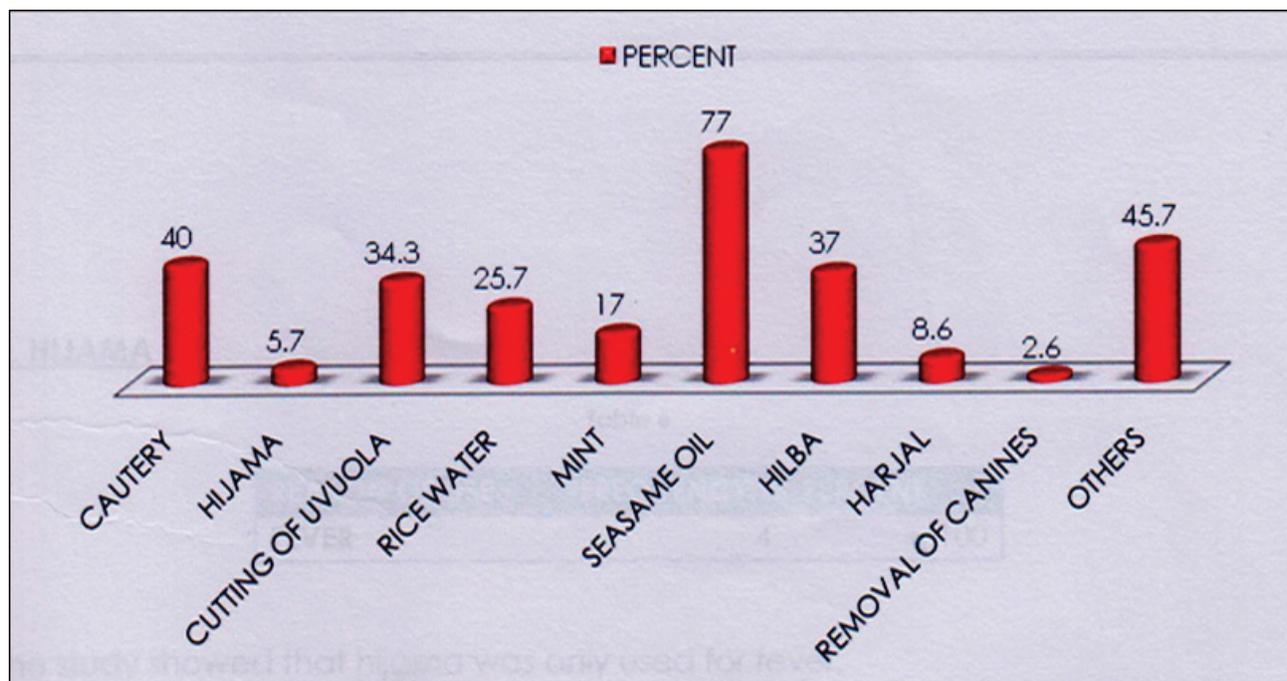


Figure 1 - Frequency of use of traditional treatments (by percentage)

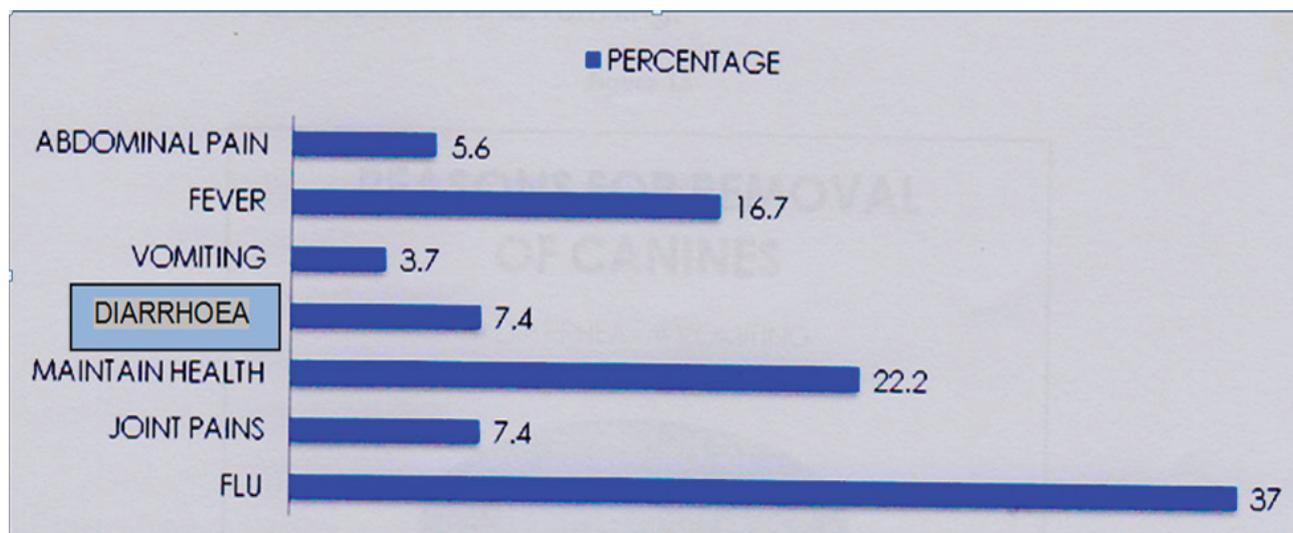


Figure 2 - Reasons for use of sesame oil

The attitude of mothers towards effectiveness of traditional treatments revealed the following facts: 100% of mothers believe that mint, Hilba and Harjal are effective but 79% of them believe that cautery is

not effective. Of them, 74% believe that sesame oil is effective while only 56% believe that rice water is effective (Figure 3).

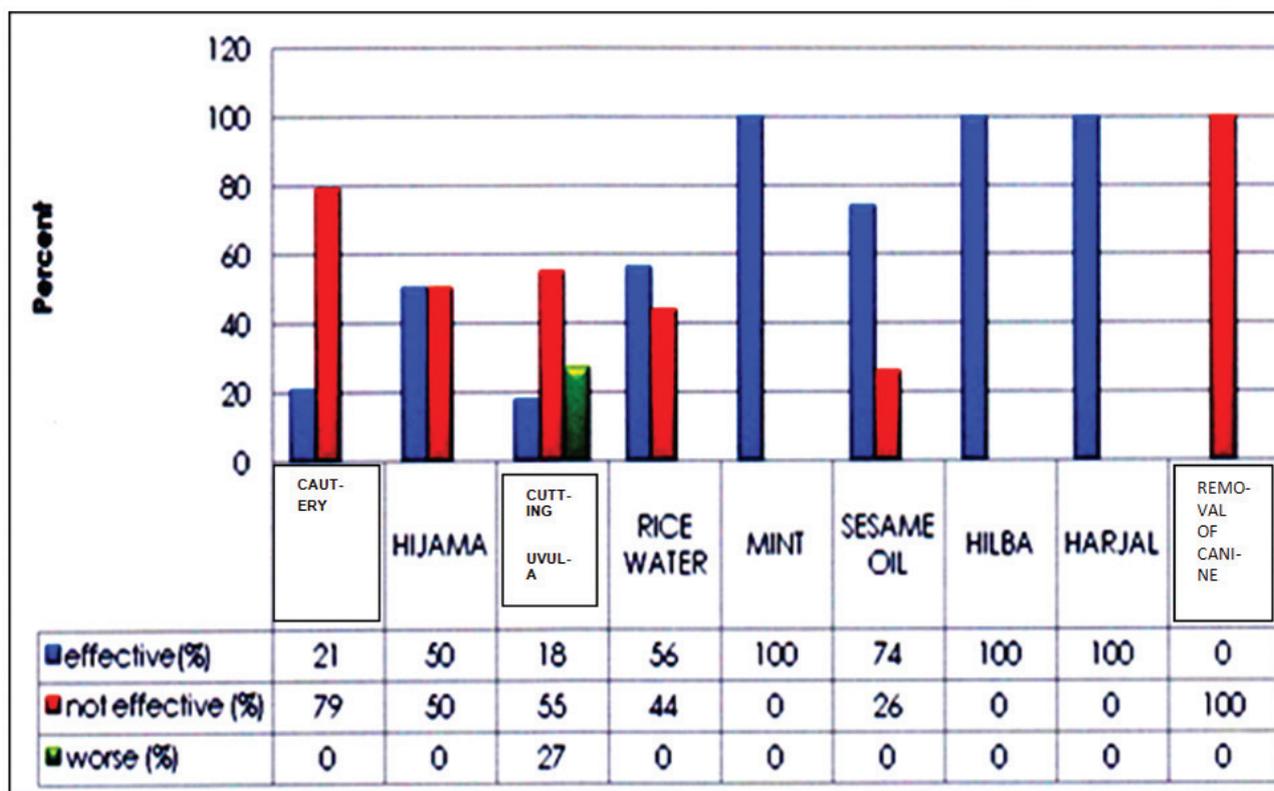


Figure 3 - Attitude towards effect of treatments

DISCUSSION

Seventy percent of mothers admitted using traditional treatments for their children, meaning that it is a common practice in our country. Different types of traditional treatments were used; the commonest was sesame oil followed by cauterization, Hilba, cutting of uvula and use of rice water. Hijama and removal of canines were used by 5.7% and 2.6% of mothers, respectively. The commonest traditional treatment used by mothers was sesame oil (77%) mainly to treat flu and to maintain health. The oil was applied on the skin, orally or as nasal drops. 74% of these mothers believed that this treatment is effective. Sesame oil is considered safe unless applied as nasal drops.

Cautery, used by 40% of mothers, was the second commonest in spite of the fact that 78% considered this type of treatment to be ineffective. This practice by studied mothers needs to be evaluated and investigated more, considering their social and cultural background. It was done mainly to treat abdominal distension and jaundice. The third commonest traditional treatment used was *Hilba* by 37% of mothers, mainly for abdominal pain, diarrhea and to maintain health. It is clear that, for the purpose to maintain health, following treatments were used i.e. sesame oil, *Hilba* and rice water.

Most of practiced treatments had no harmful effects except cutting of uvula according to 27% of mothers statements. This is similar to the study done in Nigeria by Prual et al in 1994 [13]. All mothers who practiced removal of canines thought it is not effective, so we need to investigate why they do that in spite of this believe.

Rice water was used by 25.7% of studied mothers to treat vomiting and diarrhea. Scientifically this treatment is beneficial for our children as a home made sort of oral rehydration solution (ORS). Knowing that diarrheal diseases are the second commonest cause of morbidity and mortality in developing countries, we have to consolidate and encourage this practice by our

mothers. In this study 30% of mothers were illiterate affecting the mode of selection of these traditional treatments, so improving level of education among mothers will help correcting the practice of using harmful sort of traditional treatments.

In 24% of symptomatic children traditional treatments was a cause of delay to reach medical service in a suitable time. So health education is needed for these mothers in order to prevent complications that may occur due to this delay. As a comparison the study done in Nigeria revealed that mothers only take their children to health facilities as a last resort [13]. In our country health services are costly, difficult to reach & with much delay by our poor people. The study done in U K by Crawford et al in 2006 and in Turkey by Ozturk et al in 2008 revealed that CAM use was associated with a high level of education [10,11].

The commonest use of traditional treatments was among illiterate mothers (86.7%) and this use decrease with rise in educational level. So, it was practised by only 46.4% of secondary school educated mothers. Compared to developed countries, in our country with high level of illiteracy & deep-rooted traditions use of traditional treatment is higher. With increasing age of children use of traditional treatments by mothers was noticed to increase. Same trend is stated in the study done by Ottolini et al in Washington in 2006 [12]. Of the studied mothers, 45.7% admitted using other types of traditional treatments that were not mentioned here.

Mothers using traditional treatments were almost 70% indicating high prevalence. Sesame oil was the commonest followed by cauterization and use of Hilba. Removal of canines was the rarest, only by 2.6% of mothers. 30% of studied mothers were illiterates. Rice water, sesame oil and Hilba were used to maintain health of children. Except for cutting the uvula, most of practiced treatments had no harmful effects. A quarter of studied mothers used rice water to treat vomiting and diarrhea, which we consider

a useful healthy practice. In 24% of symptomatic children, traditional treatments were unfortunately a cause of delay to reach medical services at suitable time. Elder age of mothers and children, and mothers' illiteracy were positively correlated with use of traditional treatments. Almost half of studied mothers admitted using other types of traditional treatments not mentioned in our data.

CONCLUSION

We recommend health education for mothers through mass media and in health facilities. Adequate measures are needed to reduce the level of illiteracy in our community. Courses concerning traditional treatments should be included in under and postgraduate curricula of medical schools. More studies in other areas of the country and with a larger sample are urgently needed.

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