

COMPLEMENTARY AND ALTERNATIVE THERAPIES USAGE AMONG PARENTS TO CHILDREN WITH CANCER

CHONG LI TSU¹ & NORIN JOHN²

¹Department of Nursing, University Malaysia Sabah, Malaysia

²Sandakan Nursing College, Sabah, Malaysia

ABSTRACT

The study is conducted at tertiary hospital at Sabah, Malaysia. A descriptive research design is used in this study to identify presence of any complementary and alternatives medicines (CAM) therapies usage amongst parents of paediatric oncology patients. A purposive sampling is used to recruit 30 samples of parents of the paediatric cancer patient with inclusion criteria that are families of patients who were more than 3 months past their date of diagnoses. Results showed 100% (n=30) of the parents all of them used it during conventional treatment. Majority 96.7% (n=29) used prayer as CAM therapies for their child, 100% (n=30) of the parents use the therapies to relieve their child's symptoms, 93.3% (n=28) have their own search for searching information regarding their choice of therapies. Majority (n=27, 90%) of the parents responded that the CAM therapies give effects in relief pain of their child even though all (100%) of the parents responded no effects in decreasing tumour size. This study has concluded that there is CAM therapies usage among parents to help relieve symptoms experienced by their children. However, the findings this study may have limitation in generalisation as due to small number of sample used in this study. Therefore it is only can be used as a primary data regarding the activity of using complementary and alternative therapies among the paediatric oncology patients.

KEYWORDS: Complementary and Alternative Medicines, Complementary Therapy, Alternative Therapy, Parents, Oncology, Children

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INTRODUCTION

Complementary and alternative medicine (CAM) has been widely discussed worldwide. It becomes more popular among those who seek for wellness in their health especially cancer patients. Besides that, it becomes the attention of the clinicians which concern about any interaction or effectiveness of CAM therapies in conjunction to their conventional treatment. CAM therapies can be classified into 5 types that include alternatives medical system, mind-body intervention, biologically based therapies, manipulative and body based methods and energies therapies (NCCAM, 1999 cited in Cassileth and Deng, 2004). Numerous studies done in regards to CAM approach in adult cancer but fewer studies done in paediatric cancer setting. Paediatric cancer patient also receiving same treatment as adult, their symptoms may need some approach to relief it. Parents may try some modalities to relief their child cancer symptoms besides receiving treatment from the hospital. Studies in the use of CAM in paediatric cancer have done in internationally, but very few published study done. Therefore, the researcher attracted to perform this study in order to shorten the gap between internationally and Malaysia studies.

Purpose of study: to identify presence of any CAM therapies usage amongst paediatric oncology patients at Sabah Women and Children Hospital.

Research objectives: i) identify the types of CAM modalities use by the parents; ii) determine the reason of using CAM modalities; iii) identify the source of information of CAM modalities; iv) identify effectiveness of the CAM therapies.

METHODS

A purposive sampling is used to recruit 30 samples of parents of the paediatric cancer patient with inclusion criteria that are parents of patients who were more than 3 months past their date of diagnoses. A questionnaire was adopted questionnaire which is a modified version by Chang, Brodie, Choong, Sweeney and Kerin (2011) from of a previously published questionnaire validated in Japan by Hyodo et al (2010). Content of the questionnaire were mixed with multi-choice item and fixed response item. In the first section, first question (Q1) will be asking whether there is any us of CAM therapies. If the respond is ‘NO’, the answering questionnaire will be end. However if the answer is ‘YES’ they will need to continue answering the following questions (Q2 – Q3). Second section (Q4) is question regarding reason of using CAM therapies with five sub item that need to answer using the fixed response item. While the third Section, is question enquiring source of information regarding CAM therapies. In this section, five sub questions with fixed-response item (‘YES’ or ‘NO’) needed to be answered. The last section is Section IV (Q6 and Q7) which enquiring the effect of the CAM therapies used by the sample using the same fixed-response item.

Ethical approval is obtained from the state health department and written consent is obtained from the participant.

A pilot study has carried out to test the clarity of the questionnaire. The data collection was initiated January to February 2012. Descriptive statistic was used to describe types of CAM therapies they have used, reasons of using the CAM therapies, source of CAM therapies information, and effectiveness of the therapies. Frequency and percentage the data is presented as the result of the data analysis.

RESULTS

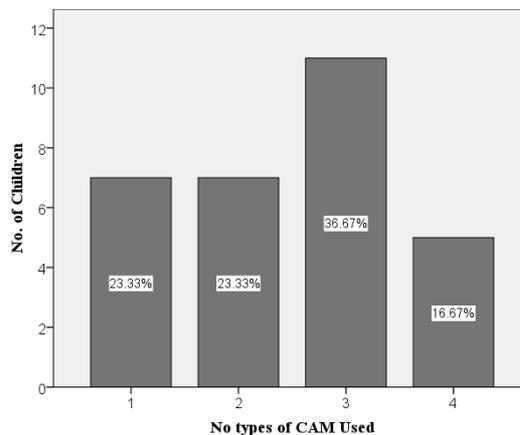


Figure 1: Number of Types of CAM Used

Entire respondent used CAM (N=30, 100%) and all of them used it during conventional treatment.

Table 1: Types of CAM Therapies Used

Variables	Total (N = 30, 100%)			
	YES		NO	
	(n)	(%)	(n)	(%)
Special Diet	9	30	21	70
Support Group	0	0	30	100
Exercise	0	0	30	100
Massage	17	56.7	13	43.3
Music Therapy	1	3.3	29	96.7
Prayer	29	96.7	1	3.3
Supplement	1	3.3	29	96.7
Folk's Remedies	0	0	30	100
Herbs	0	0	30	100
Other	17	56.7	13	43.3

In individual analysis types of CAM therapies usage, majority (n= 29, 96.7%) used prayer as CAM therapies for their child.

Table 2: Reason of Using CAM Therapies

Variables	Total (N = 30, 100%)			
	YES		NO	
	Frequency (n)	Percent (%)	Frequency (n)	Percent (%)
To cure	28	93.3	2	6.7
To Suppress cancer growth	24	80.0	6	20.0
For symptom relief	30	100	0	0
For complementary effects to conventional therapy	15	50.0	15	50.0
For other reasons	0	0	30	100

Their reason in using CAM therapies showed 100% of the parents use the therapies to relief their child's symptoms.

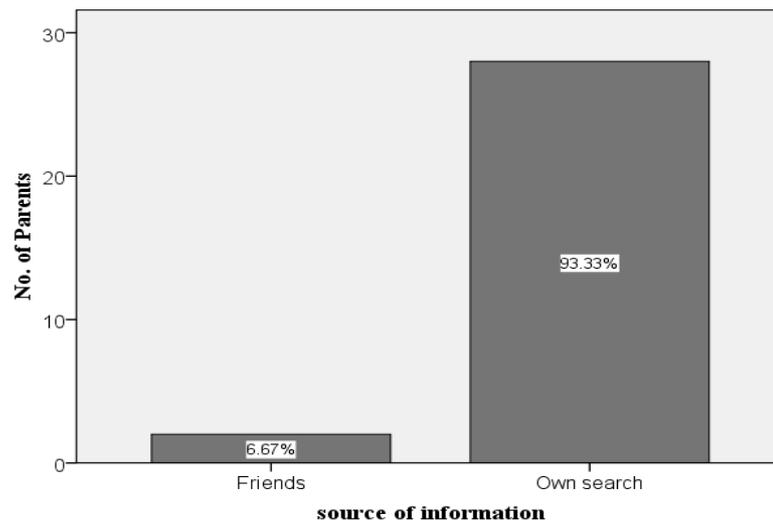


Figure 2: Source of Information Regarding Types of CAM Therapies

Most of the parents (n=28, 93.3%) have their own search for searching information regarding their choice of therapies.

Table 3: Effectiveness of CAM Therapies

Variables	Total (N = 30, 100%)			
	YES		NO	
	Frequency (n)	Percent (%)	Frequency (n)	Percent (%)
Decrease tumour size	0	0	30	100
Relief Pain	27	90.0	3	10.0
Reduce effects of anticancer treatment	16	53.3	14	46.7
Feeling better	30	100	0	0
Others	0	0	30	100

All (100%) of the parents responded no effects in decreasing tumour size. However, majority (n=27, 90%) of the parents responded that the CAM therapies give effects in relief pain of their child.

DISUCSSIONS

Results showed at least the parents used one types of therapiesfor their child This is consistent with Kelly at el (2000) reported their sample did used at least one form of CAM. This is indicate that at least there will be one type of CAM therapy will be used by the parents for their children or by the patients them self.

Common type of CAM therapies chose by the parents is prayer as this is their faith to their religion. This finding supported by Friedman et al (1997) that prayer is among the most common therapies used by the cancer patient. In contrast with Lim et al (2006) reports that the most changes in diet or special diet intake is the most common used by the patients.

Therapies that mainly used to relief symptoms of their child as almost all (93.3%) of them responded 'YES'. In contrast to Hyodo et al (2010) findings showed 27.1% only using the therapies for symptoms relief. All of them using the therapies are to ensure their child feeling better which also reported in literatures (Kelly et al, 2000 & Lim et al, 2006).Hyodo et al, 2010 study showed that mostly parents used the therapies to tumour growth suppression, this study result revealed all of the parents (100%) did not using the therapies for the same reason. This indicated that the therapies usage just for helping their child felts better.

Result reported most of the parents get their information by their own search. It is supported by Kelly at al (2000) and Crawford (2006) that reported most the parents looks for information regarding CAM therapies on their own. In contrast (Friedman et al, 1997, & Hyodo et al, 2010) reported that most of the parents get information from their family and friends, this study showed very small percentage of the parents seek information from their family members and friend. This revealed that their using the therapy conservatively.

CONCLUSIONS AND LIMITATIONS

The study showed that all of them the parent were used do use CAM therapies for their child. Their reason to CAM therapies are mainly for supportive therapies for their children while receiving the conventional therapies. Information regarding the CAM therapies where mainly searched by themselves. The used of CAM therapies were gave effects to their children conditions.

The findings of this study may has limitation in generalisation as due to small number of sample used in this study which only confined to the patient who received treatment and reviewed at one hospital.Besides that, not all patient receive

treatment in oncology are the oncology patients as some of them were non oncology (such as Haemophilia, Thalassemia received transplant, Asplastic anemia) patient who treated by the paediatric oncologist. Some patient may be defaulted or miss appointment on the data collection day. Therefore limited patient can be recruited at a time as the length of data collection time was limited.

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