

ASSESSMENT OF UTILIZATION OF TRADITIONAL MEDICINE AND ITS INFLUENCES AMONG PARENTS OF CHILDREN, IN AMBO OROMIA, ETHIOPIA

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ABSTRACT

Objective: In Ethiopia, traditional medicine is used by up to 80% of the population. The frequency with which parents give their children conventional medicine and related factors, however, were not sufficiently investigated. In order to assess traditional medicine use by parents for their children and its factors among parents of children, this study was conducted in Ambo Town, Oromia, Ethiopia, in 2023. **Methodology:** On a cross-section of the neighborhood, the study was done. Both descriptive and inferential statistics were used to present the data. The link between the dependent and independent variables was then investigated using multiple logistic regression, binary, and odds ratio analyses. **Results:** In total, 281 households were surveyed. 226 parents in total, or 79.5%, had used TM for their children. In comparison to modern treatment, only 8 (3%) parents chose conventional medicine. The three most prevalent therapies were herbal medicine, massage, and religious therapy, accounting for 34.4%, 25.89%, and 11.9%, respectively. This study found a connection between a middle-class monthly income and parents' use of conventional medicine for their kids. Religion [AOR= 3.17 (1.26, 7.93), culture [AOR= 3.01 (1.16, 7.83), and brief illness duration [AOR=3.11 (1.07, 9.02)] are all (500-850) [AOR: 0.25 (0.08, 0.78]. **Conclusion:** Parents typically give their children traditional medication despite having a low preference for it. When integrating traditional medicine into modern medicine, proper consideration must be given to the effectiveness of stated interventions by relevant parties. More research should be done in various areas, taking into account both parental and child traits, to better understand how children use traditional medicine.

KEYWORDS: Children, parents, and traditional medicine in Ambo Town, Ethiopia.

1. INTRODUCTION

According to its definition, traditional medicine (TM) is "the entire body of knowledge, skills, and practices based on the theories, beliefs, and experiences of many indigenous cultures, whether or not they are understandable." It comprises utilizing exercises, physical procedures, spiritual therapies, and drugs made from plants, animals, and minerals either separately or in combination.^[1] The World Health Organization (WHO) first publicly acknowledged the usefulness of traditional medicine as a source of primary healthcare in the Primary Health Care Declaration of Alma Ata (1978).^[2]

However, conventional medicine has been around for as long as there have been people on the globe. For instance, it has been found that the herb *Artemisia Annua*, which has been used medicinally for around 2000 years in China, is effective against malaria with drug resistance.^[3] Studies show that TM can help several countries in Latin America, Asia, and Africa with some of their basic healthcare requirements. For instance, garden aspirin tablets made from willow bark have been a common pain reliever in Nigeria for longer than we have had access to tablet manufacturing equipment there^[5,6], where quinine from the plant *Cinchona* bark

was used to treat malaria symptoms long before the disease was discovered. In both developing and developed nations, traditional medicine and contemporary biomedicine are used to treat 65-85% of the global population.^[6] In Ethiopia and Africa, traditional medicine is used for primary healthcare by about 80% of the population.^[1,7] Indigenous African medicine can provide millions of people with access to affordable treatments who are unable to access modern care due to cost, accessibility, or other reasons, or who would prefer to be treated in a more culturally aware and familiar way. This is important because the number of diseases in Africa is growing quickly.^[8] Both mainstream medicine and indigenous practices have a long history in Ethiopia.^[9,10] Studies show that the majority of Ethiopians (80%) rely on traditional healers and treatments to address their medical demands, which are exceedingly complex, varied, and highly personalized for each ethnic group.^[11] Because it is organic and consistent with their values, beliefs, and philosophical orientations toward health and life in industrialized countries, the majority of people are drawn to it.^[12] The main reasons that Traditional Medicine (TM) is practiced in Ethiopia are because it is nearby, widely available, inexpensive, and consistent with indigenous cultures or ethnic groupings.^[13,14] There is significant regional variation in Ethiopia's traditional medical practices, which are not all used in the same way. Additionally, they are not governed by conventional laws and rules but rather by cultural norms. It can sometimes be a crucial component of a community's identity and values, making it challenging to govern within a national framework with regard to its effectiveness and safety.^[13,15,16] According to an observation-guided cross-sectional study carried out to gather ethnobotanical data on Traditional knowledge of medicinal plants there^[17], the Ambo district in Western Ethiopia is rich in its medicinal plant composition and the associated indigenous knowledge. Traditional medicine's prevalence, use, and deciding variables for all demographic groups in general, and pediatrics in particular, are not sufficiently investigated or published. It is crucial to comprehend the scope and justification of pediatric traditional medicine use. The purpose of this study is to evaluate the parents of Ambo Town's traditional medicine usage frequency and associated characteristics.

2. METHODS AND MATERIALS

2.1. Study Area, design, and period

In Ambo Town, a cross-sectional study of the community was conducted in June 2023. In Ethiopia's Oromia Region, in Ambo, the study was carried out. One of Ethiopia's towns, Ambo.

2.2. Population

All Ambo town residents who were parents and had children under the age of 18 made up the source population. While the study population consisted of all randomly chosen parents with children under the age of 18 and who met the inclusion criteria.

2.3. Inclusion and Exclusion Criteria

Parents who had children under the age of 18 living with them for at least six months and were reachable at the time of data collection were included. In addition, they had to have spent at least six months in Ambo Town. In addition to being chronically ill or unable to provide the necessary information throughout the data collecting period, parents who had lived in the Town for less than six months were also eliminated.

2.4. Sample Size and Sampling Procedure

2.4.1. Sample Size Determination

The sample size for this study was determined using a single population proportion formula with the following assumptions: That children utilize traditional medicine at a rate of 88.2%^[4], with a margin of error of 5% and a 95% confidence interval (CI) of 0.05. Following this supposition, the sample size of 162 was determined as follows:

$$n = z\alpha/2^2 * p * \frac{q}{d^2} = (1.96)^2 * 0.88 * \frac{0.12}{(0.05)^2} = 162$$

where n is the necessary sample size.

Standard score equal to 95% confidence interval (z)

p=prevalence of traditional medicine use by parents with children q= 1-p

d=the 5% error margin,

Due to the employment of two sampling strategies (basic random method and systematic sampling method) and the assumption that an acceptable sample size was acquired, the design effect was taken to be 1.5. With a sample size of 281 and a 10% of none response rate of 24.3, $162 * 1.5 = 243$.

2.4.2. Sampling Procedure

Ambo (Oromo: *Amboo*) is a town in west-central Ethiopia. Located in the West Shewa Zone of Oromia Region, west of Addis Ababa. And it is the capital city of West Shewa zone. This town has a latitude and longitude of 8°59'N 37°51'E and an elevation of 2,101 meters.

Ambo is known for its mineral water, which is bottled outside of town; it is reportedly the most popular brand in Ethiopia. Nearby attractions include Mount Wenchi to the south with its crater lake, and the Guder and Huluka Falls. Ambo is also the location of a research station of the Ethiopian Institute of Agricultural Research; initiated in 1977, this station hosts research in protecting major crops in Ethiopia. The town's market day is Saturday with children under the age of 18 was proportionally computed based on the number of households in those kebeles (n is the necessary sample size). After the first household was chosen at random, every 12th household was chosen. When this wasn't an option, the following thing in line was taken into account.

$$k = \frac{N}{n} = \frac{1073}{85} = 12$$

Where k is the sampling interval, N = total number of households.

2.5. Data Collection tools and Procedure

A structured interviewer-administered questionnaire served as the data gathering tool. Interviews were conducted with either the children's mother or father. However, moms received priority because they are closer to their children than fathers. The father was spoken with while the mother was not, in any way, accessible. The questionnaire was translated into the local language and modified from earlier research on related themes (4). (Afan Oromo). Another person who was fluent in both languages translated the Afan Oromo version back into English to ensure consistency and equivalence. There are six sections to the questionnaire. Parents' sociodemographic characteristics make up the first section. Traditional medicine was practiced in the second section. The third section is made up of TM. The fourth component consists of the sociocultural setting, the fifth component is the parent's view of their own illness, and the sixth component is a questionnaire about their experiences receiving medical attention. Before the start of data collection, two supervisors and five BSc nurses who would be collecting the data were trained for a day. The survey's goal and objectives, the questionnaires' substance, the meanings of each question, and how to contact respondents and conduct interviews are all covered in the training sessions. Data collectors were in charge of conducting interviews with either parent of the children (often the mother), consistently recording the results, and then promptly submitting the findings to the investigator.

2.6. Data Quality Control

Interviewing techniques and recording data were taught to data collectors. They were positioned outside of their own kebeles to lessen information bias. In order to assess the instrument's validity and reliability, the questions' clarity, and the respondents' responses to the questions and interviewer, the pre-test was carried out in another kebele with 5% of the actual respondents. After the pre-test, the difficult questions were collected, and the interviewers and investigators made the necessary modifications. The pre-test data, however, were not used in the study. When the mother or father was not available during the time of data collection, three additional trials were undertaken. The supervisors and lead investigator regularly monitored and oversaw the entire activity during the data collection period to guarantee the accuracy of the data.

2.7. Data Processing and Analysis

Epi data version 3.1 was used to code, enter, and clean the data before sending it to SPSS version 21.0 for analysis. The information was presented using descriptive and inferential statistics. The socio-demographic details of the study participants were summed together using descriptive statistics like frequency and percentage. Additionally, inferential

statistics like odds ratios, binary logistic regression, and multiple logistic regression were performed to see if there was a relationship between the dependent variable (children's usage of traditional medicine) and the 23 independent variables. Multivariate analysis was performed on binary regression analysis variables of statistical significance (p -value 0.2). At 95% confidence intervals, a P value of less than 0.05 is regarded as significant.

2.8. Variables

2.8.2. Dependent Variable using traditional medicine on their children

2.8.2. Independent Variables

- Sociocultural environment (accessibility, availability, cost, influence from peers/family, religious belief, cultural beliefs, prevalent socio-cultural concept of illness);
- Predisposing factors like family composition (age, sex, religion, economic level, education, family size, and residence);
- Age of the child;
- Sickness or perceived illness (perceived type and nature of illness, perception of illness as serious, and experience of using for the previous child)
- Parents' health experiences (parental CAM use, unhappiness with mainstream medicine, CAM effectiveness, and worry about modern medication side effects)

2.9. Ethical Consideration

The Africa medical college Research and Ethical Review Committee granted clearance and approval for this study's ethical conduct. The Ambo town Administration was also asked for permission to perform the study. Throughout the investigation, ethical issues were taken into account. Participants were made aware that the study was voluntary and that they might discontinue at any moment. Additionally, the study's goal was confirmed by the participants. They were made aware of the collected data's confidentiality. Written consents were received from those who volunteered to take part. Participants were given information on TM use and any potential effects at the conclusion of the interview.

3. RESULTS

3.1. Socio-demographic characteristics

A total of 281 homes and parents voluntarily participated in the survey, and all of them provided a response. 172 (64.4%) of the 281 study participants were female. 95 respondents, or 41.2%, fell in this age range. 248 (92.9%) in the group were Orthodox believers. 251 participants, or 94%, were married. Since formal education is not available to them due to the high rate of illiteracy, 142 respondents, or 53.2%, are illiterate. The number of individuals who live in urban areas was found to be little over 85, or 31.8% of the total population. 136 (50.9%) of the parents have three to four children. More than half of the participants, 151 (56.6%), have low monthly income (<500 birr/month) (Table 1).

3.2. Prevalence of traditional medicine utilization for their children

The results of the study show that 212 (or 79.4%) of the 281 participants have ever given their children traditional medicine. As a result, 212 parents, or 79.4% of all parents, give their kids access to traditional treatment. In the past 12 months, 182 (84.9%) of them have used at least one sort of TM for their children. This poll found that 50% of parents learned about the benefits and efficacy of conventional treatment from their family members. About 16.0% of the information source was from neighbors (Table 2).

3.3. Type of traditional medicine utilization for their children

A total of 73 (34.4%), 55 (25.9%), and 25 (11.8%) of the respondents said they have utilized massage therapy, herbal medicine, or religious/prayer therapy for kids. However, just 53 (25%) of the parents treated their kids with conventional medicine in the previous six months (Table 3). On the other side, 152 respondents (71.7%), who had previously had children, had used traditional medicine. 60 of them (or 39.5%) were engaged in the practice of herbal medicine, 31 in massage treatment, and 25 in spiritual prayer therapy. When their kids get sick, the majority of the 127 (83.6%) have been using traditional medicine, and 77 (50.7%) have received these treatments from the local healer (Table 3). In this survey, 141 parents (52.8%) preferred modern health care services, compared to 118 (44.2%) who preferred both modern and traditional treatment. However, only a handful (8%) of the parents favor conventional medicine (figure 1). A total of 102 responders (48%) require the services both orally and topically (figure 2).

3.4. Reason for Parental Traditional Medicine Use for Children

The four elements that affect parental use of traditional medicine for children are the sociocultural environment, parental perception of illness or illness, parental experience with traditional medicine for themselves, and sociodemographic features. In this survey, religious belief (121; 57.1%) was the most often cited reason for parents utilizing traditional medicine on their children, followed by accessibility (118; 55.7%), cultural belief (114; 53.8%), and cost (114; 53.8%). The survey found that 89 persons, or 42.2% of TM users, consult with conventional healers as necessary. 33 (15.6%) of the respondents, or 81 (38.2%), said their children's overall health before therapy was very poor. In all, 182 (84.9%) of them sought TM for an acute sickness with a duration of shorter than 30 days. Parents indicated that their children became good or very good following treatment in 88 (41.5%) and 65 (30.7%) of the cases, respectively (Table 4). 182 (86%) of parents treated illnesses and symptoms using conventional therapy (figure 3). For the symptoms of gastrointestinal (27.1%), headache (20.1%), and fever (13.7%), parents turn to traditional medicine (Figure 4). Over the past year, 60.3% of family members

have treated themselves with traditional medicine. Traditional medicine is practiced by about 50.9% of moms and 29.2% of dads and mothers together. The primary justifications for using traditional medicine for oneself are knowledge of traditional medicine (21.7%) and contentment with traditional treatment (29.2%). They gave the effectiveness of conventional medication ratings of fair (39.8%) and good (34.2%). After using traditional medicine, they also rated their degree of satisfaction as slightly satisfied (36.0%) and completely satisfied (29.8%). In general, (41.9) of the parents thought their experience with the current healthcare system was good, and (35.2%) they thought it was very good (Table 5).

3.5 Factors Associated With Utilization of Traditional Medicine

Bivariate logistic regression analysis was used to find them. With a 0.05 (95% confidence interval) p-value, the following variables were taken into consideration and statistically linked to parental use of TMS for children: monthly household income, location, prior child's use of TMS, accessibility to TMS, cultural and religious influences, parental TMS use, and length of illness (Table 6). A second multivariate analysis was then performed on components with significant (p-value 0.2) bivariate associations. Parents with medium monthly incomes (500–850) were found to be less likely to use traditional medicine than parents with low incomes (less than 500) using multivariate logistic regression analysis. [AOR: 0.25(0.08, 0.78)]. This was after potential confounders were taken into account. Parents who believed in TM because of cultural beliefs were 3.01 times more likely than their counterparts to employ TM [AOR=3.01(1.16, 7.83)] for children. When compared to parents who were not impacted by religious beliefs, those who use TM for their kids do so 3.17 times more frequently [AOR=3.17(1.26, 7.93)]. Similar to this, those with acute illnesses (30 days) were 3.11 times more likely to use TCM for their kids than those with chronic illnesses (> 30 days) [AOR=3.11(1.07, 9.02)].

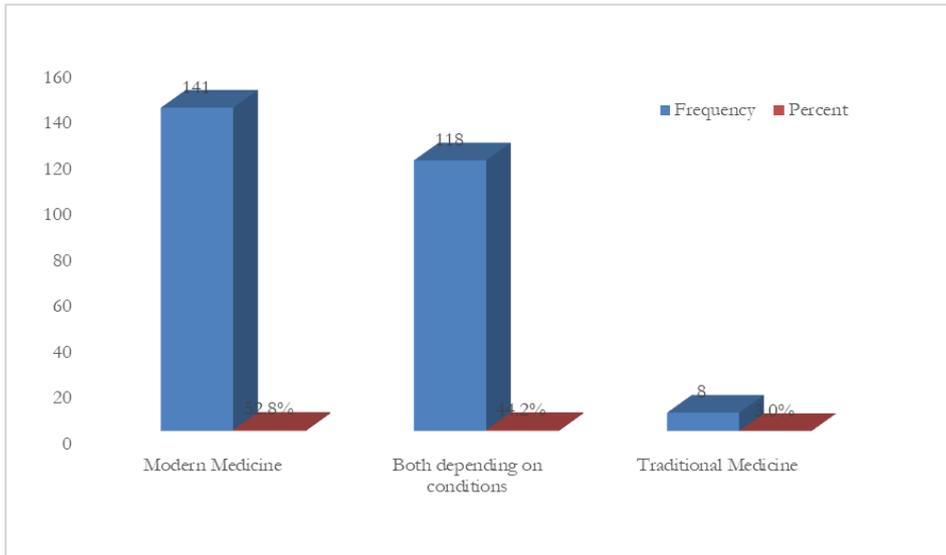


Figure 1: Health service preferred by parents for their children in Ambo Town, Ambo Ethiopia, 2023(n=281).

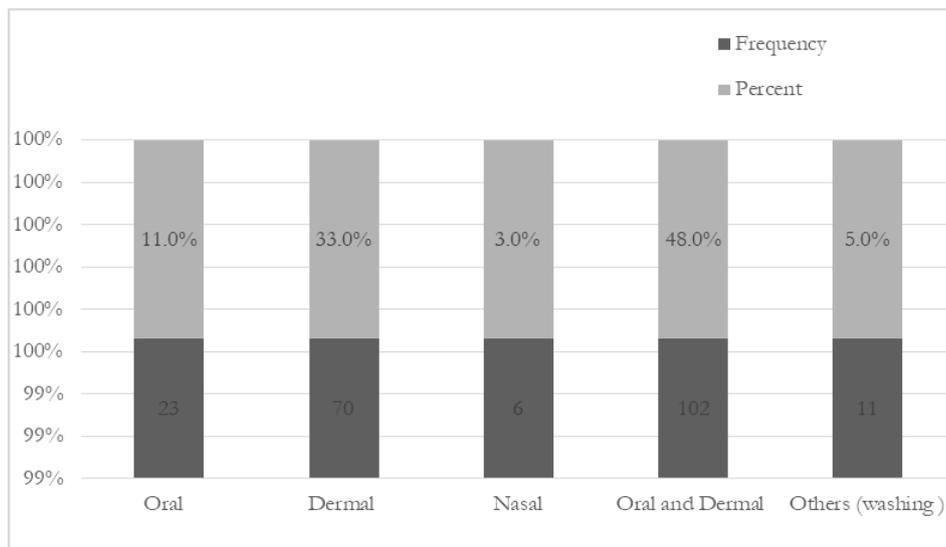


Figure 2: Route of TM they preferred for their children in Ambo Town, Ambo Ethiopia, June 2023(n=212).

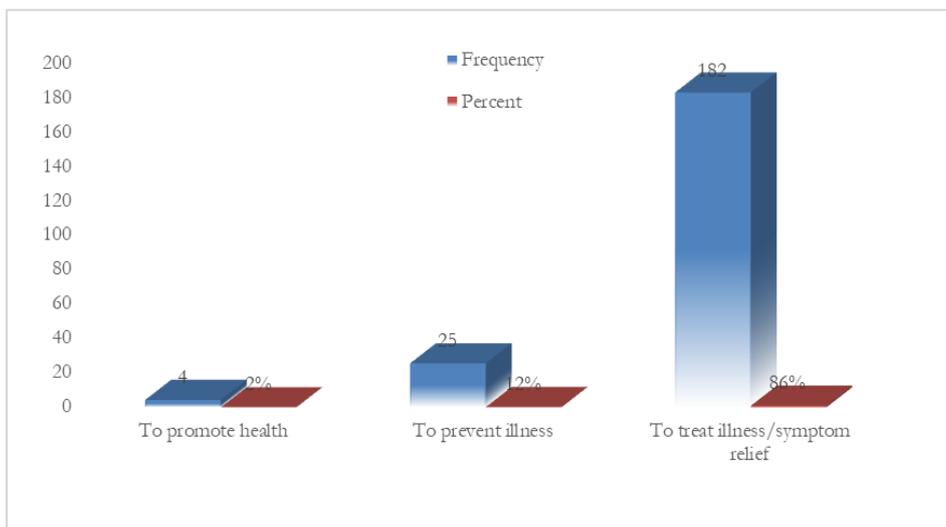


Figure 3: Purpose to use traditional medicine for their children in Ambo Town, Ambo Ethiopia, June 2023(n=212).

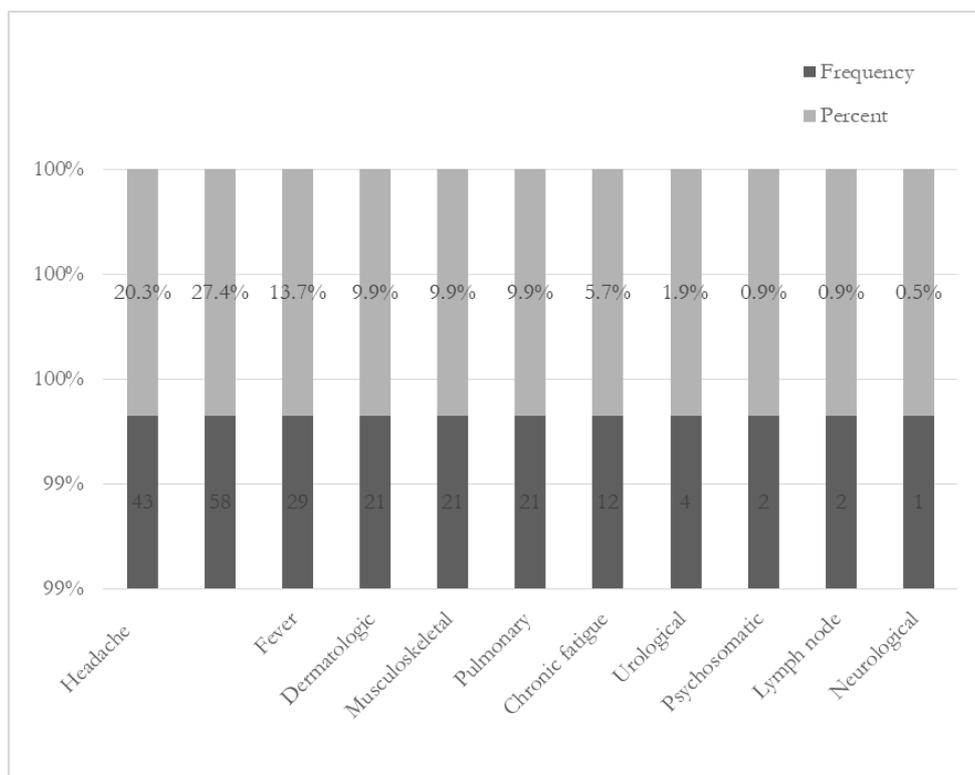


Figure 4: Perception of parent on child's symptom and their respective treatment in Ambo Town, Ambo Ethiopia, June 2023(n=212).

4. DISCUSSIONS

4.1. Usage of conventional medicine in children

We examined the frequency of traditional medicine use among parents of children in this community-based cross-sectional survey and its underlying causes. There were 212 occasions (or 79.4%) where parents administered conventional medicine to their kids. Up to 80% of Ethiopians, according to a research, practice traditional medicine, which is consistent with what is being reported.^[1] This, however, is less than the WHO statement from Beijing, China, which claimed that 85% of people globally give priority to conventional healthcare providers.^[18] In the previous year, 88.2% of parents in the Kachisi town of the oromia region said they had used at least one form of folk medicine for their children.^[4] The results of this study, however, were better than those of international and western investigations. For instance, CAM use among children ranges from 9 to 73% globally.^[17] The usage of complementary health treatments among children did not vary much between 2007 and 2012, according to a National Health Interview Survey study from the United States (from 12.0% in 2007 to 11.6% in 2012).^[19,20] 37.6% of gastrointestinal patients in the Netherlands are turning to CAM for their child, and even more will do so if conventional treatment is unable to successfully treat their child.^[21] Similar to this, a survey conducted in Korea on university hospitals found that 19.0% of parents or caregivers currently use CAM, and that 51.5% have at some point in the past.^[22] Additionally, a survey in Ajman, United Arab Emirates (UAE), found that 53.6% of parents there reported their kids using CAM.^[23]

The discrepancy between the studies' methodologies and cultures could be the cause. While this study is undertaken at the community level, the other studies were carried out in a healthcare environment.

4.2. Type of Traditional medicines used for their children

A total of 73 (34.4%), 55 (25.9%), and 25 (11.8%) of the respondents said they have utilized massage therapy, herbal medicine, or religious/prayer therapy for kids. The use of CAM and traditional medicine varies greatly from nation to nation.^[24] For instance, the most popular CAM modalities among pediatric patients in the Netherlands were homeopathy (21.9%), manual treatments (23.7%), and food supplements (36.0%).^[21] The most popular CAM treatments for children with cerebral palsy in the USA were massage therapy (25%), aquatherapy (25%), and hippotherapy (17%).^[25] Ajman, United Arab Emirates-based researchers found that about 80% of parents said their children's CAM therapies included herbal medicine. Then came homeopathy, prayer, nutritional supplements, and massage therapy.^[23] The therapeutic substances used by traditional healers come from rare minerals, wild animals, and plants.^[26] Herbal medicine is used by 66.9% of the locals in Kachisi Town, Northern Ethiopia, for their children, followed by religious/prayer practice (52.8%), massage (22.8%), bone settler (21.8%), tooth extractor (10.8%), and massage (22.8%). 4.2% of the locals also mentioned using Yehareg ressa, Salehu dress, and Yebuda medhanit, other types of traditional medicine.^[4] In terms of where traditional medicine was obtained, 77 people

(or 50.7%) who utilized T & CAM went to a local healer for their treatment. This is in line with study results from West Shewa, which showed that herbalists are an important national resource for healthcare and may make ideal partners in the delivery of that care.^[27] Traditional health care providers in Ethiopia include herbalists, bonesetters, traditional birth attendants, spiritual healers, diviners, and magicians.^[28] For at least 80–90% of the rural population in undeveloped countries, traditional healers like herbalists, midwives, and spiritual healers are the main source of care.^[29]

Less than half of the parents in this survey, 118 (44.2%), chose both traditional and modern medicine. Only 8 (3%) parents said they would only use conventional medication. This is less than what was found in a community-based cross-sectional study of 271 Jimma Town residents, which found that 25 (9.2%) of the participants preferred to use traditional medicine. The study sought to understand the preference and practice of traditional medicine as well as associated factors. Some factors that influenced selection included affordability^[25] (100%), religious observance (21/84), and distance from home (20 (80%)).^[30] It's possible that the variation results from variations in the research population. The goal of our study was to assess how often parents utilize traditional medicine on their children, whereas the Jimma study sought to assess community preferences. This is due to the fact that parents are more worried about their children's medication safety than they are about their own. Since the vast majority of conventional medical procedures lack sufficient knowledge of safety and negative effects. The only complementary health practices with the strongest evidence of being successful for children with diverse symptoms (such as anxiety and stress) and being low-risk are biofeedback, guided imagery, hypnosis, mindfulness, and yoga. In this survey, religious belief 121(57.1%) and accessibility 118(55.7%) were the most common justifications for parents using traditional medicine on their kids, followed by cultural belief 114(53.8%) and affordability 114(53.8%). This is reinforced by additional research, which revealed that the high use of herbal remedies may be related to the majority of the populace in poor nations' access to, affordability with, availability, and acceptance of traditional herbal remedies.^[31] Due to the cultural acceptance of healers and local pharmacopeias, the relatively low cost of traditional medicine, and the difficulties in accessing modern health facilities, traditional medicine is employed in Ethiopia.^[32] The notion that Chinese TM works and is ingrained in the nation's history, culture, and politics is the reason why it is so widely used.^[32] The largest pediatric CAM utilization studies in Canada found that parents turned to CAM practitioners for their children's care for a variety of reasons, including word-of-mouth, the belief that a particular treatment was effective, worry about drug side effects, dissatisfaction with conventional medicine, and the desire for more individualized care^[33] Similarly, Dutch parents employ complementary and alternative

medicine (CAM) for their kids because of the severe negative effects of modern medication (OR 3.5 (1.5-8.2) 95% CI) and the low perception of those effects (OR 2.2(1.2-4.1) 95% CI).^[22] 182 parents, or 86%, employed conventional medicine to treat their children's illnesses and alleviate their symptoms, which included gastrointestinal problems (27.1%), headaches (20.1%), and fever (13.7%). This is confirmed by a study done in China, which revealed that traditional Chinese medicine is utilized to treat acute diseases in newborns, toddlers, and kids. Infants are most frequently afflicted by colic, fever, coughing, and vomiting.^[34] According to the National Center for Alternative and Integrative Health (NCCIH), back or neck pain, head or chest colds, anxiety or stress, various musculoskeletal problems, attention-deficit hyperactivity disorder, and insomnia in children were the most common conditions for which complementary health practices were used. 44% of epileptic kids who also have other chronic illnesses use complementary and alternative medicine. 54% of patients have sickle cell disease, 59.6% have diabetes, 64% have rheumatoid arthritis, 67.6% have attention deficit hyperactivity disorder, and 64% have other special healthcare needs.^[12] The variation could be explained by differences in culture, understanding, and accessibility to traditional medicine.^[24]

4.3. Factors Associated with Parental Traditional Medicine Use for Children

When compared to low-income parents, parents with a medium monthly income (500-850 Ethiopian Birr) were less likely to use traditional medicine (less than 500) [AOR: 0.25 (0.08, 0.78)]. Similar to this, a research conducted in the Abuna District of Ethiopia revealed that traditional herbal medicine has been employed in the region's primary healthcare systems by local impoverished people who had limited access to and couldn't pay the cost of contemporary pharmaceuticals.^[52] Another study conducted in Kachisi Town, Ethiopia, revealed that 34.4% of parents cited affordability as their primary motivation for using traditional medicine on their kids, followed by 31.5% by poor income.^[4] Studies were out in Africa revealed a connection between traditional medicine use and poor socioeconomic position. For instance, because they cannot afford prescription drugs or western medicine, Cameroonians continue to practice traditional medicine. People from poorer backgrounds rely on TM about twice as much as those from wealthier backgrounds.^[6] A higher socioeconomic status (HSES) was linked to a higher prevalence of visits to traditional and complementary medicine, according to a Taiwanese study that included 5,971 children and adolescents.^[35]

Parents indicated that their children became good or very good following treatment in 88 (41.5%) and 65 (30.7%) of the cases, respectively. This means that 153 (72.2%) of the kids who received treatment have better treatment outcomes. However, in the UAE's Ajman, among parents who utilized CAM for their kids, roughly 47% reported

good results and 30% exceptional results.^[22] Different socioeconomic and cultural factors may account for the variance. Additionally, it is crucial to carry out more study on the purported usage of local traditional remedies to enhance treatment outcomes. In the community when there is inadequate access to contemporary medical care, a lack of pharmaceuticals, and exorbitant fees for modern medications, traditional medicine should be used as an alternative for healing rather than as a test.^[56]

In this study, there was a strong correlation between parental TM use and the parents' cultural beliefs. 114 (53.7%) of the total respondents said that TM was acceptable in the community. This is significantly more than the previous study conducted in Kenya, which found that some respondents (14.9%) thought that herbal treatment was widely accepted in the community.^[36] Similar to this, a study conducted in the Jimma region of Ethiopia found that residents have been choosing traditional herbal therapy over modern drugs due to some relationship with local beliefs.^[37] This discrepancy suggests that traditional medicine was widely accepted in that community as a treatment for various illnesses. In terms of cultural influence, parents who saw TM as a result of cultural belief were 3.01 times more likely than their counterparts to use TM [AOR=3.01(1.16, 7.83)] for children. Pediatric CAM studies in Canada revealed that numerous cultural groups may use CAM due to cultural values and beliefs, claims one.^[38] Traditional medicines benefit from strong cultural links and extensive historical therapeutic use.^[14] Additionally, healers are aware of the social issues and cultural norms in their communities.^[7] Another driving force behind TM practice was the family's and the community's sociocultural context.^[19]

The usage of traditional medicine by parents is also found to be significantly influenced by parental religious beliefs. When compared to people who do not have any religious beliefs, parents who have used traditional medicine on their kids because of their religious convictions were 3.11 times more likely [AOR=3.17, 95% CI: 1.26, 7.93]. Similarly, a research in Nigeria found that roughly 23.0% of parents treated their children with traditional medicine because of their religious convictions.^[39] The explanations include the community's strong religious beliefs, which influence their daily lives and health, or the notion that illnesses are a manifestation of God's wrath against humanity. When compared to parents of children with chronic illnesses, parents of children with acute illnesses (30 days) were 3.11 times more likely to utilize TM for their children [AOR=3.11(1.07, 9.02)]. However, it was discovered that CAM and dietary supplements were used by children and teenagers quite often, particularly in those who required frequent medical attention and hospitalizations for chronic diseases.^[40] Children with quadriplegic Cerebral Palsy are more likely to be exposed to CAM, according to a different study from a medical center in Ann Arbor, USA (OR of 2.5).^[1]

Participants in a comparable trial carried out in Korea who had longer disease duration (> 48 months) and used CAM had an OR of 3.36 (95% CI 1.71-6.59, p 0.0001) compared to the group of patients with shorter disease duration.^[22] The most frequent clinical grounds indicated by the parents for the use of CAM therapy were gastrointestinal disorders and respiratory ailments, followed by fever and dermatological issues, according to a study conducted in Ajman, United Arab Emirates.^[25] A study conducted in Northern Tanzania indicated that the most frequent causes of TM usage were daily symptomatic diseases and chronic disorders.^[39]

CONCLUSION

There were 212 kids in this study whose parents commonly used traditional medicine (79.4%). Seven out of ten patients said their treatment outcomes had generally improved. The use of conventional medication and parental preference varied substantially. The amount of time that parents used TM on their kids was significantly connected with household monthly income, cultural and religious influences, and length of illness. It is essential to combine traditional medicine into modern medicine while taking the efficacy of any claimed cures into account because TM is used so frequently in the community. To reap the benefits of traditional medicine and close the gap between preference and practice, it is imperative to increase modern medicine access and cost, healthcare distribution, and insurance.

Abbreviations

AOR: Adjusted Odd Ratio
ASD: Autism Spectrum Disorder
CAM: Complementary and Alternative Medicine
CDM: Consumer Decision Making Model
CI: Confidence Interval
DD: Developmental Delay
ENV'T: Environment
HEW: Health Extension Worker
HSES: High Socioeconomic Status
HTTP: Harmful Traditional Practice
LSES: Low Socioeconomic Status
NCCIH: National Center for Complementary and Integrative Health
OMPs: Orthodox Medical Practitioners
OR: Odd Ratio
SBM: Socio-behavioral Model
SES: Socioeconomic Status
SPSS: Statistical Package for Social Science
TBA: Traditional Birth Attendant
TCM: Traditional Chinese Medicine
TM: Traditional Medicine
TMPs: Traditional Medicine Practitioner
UAE: United Arab Emirate
USA: United State of America
WHO: World Health Organization

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