Use of natural health products in children

Qualitative analysis of parents' experiences

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Abstract

Objective To gain a more thorough understanding of why parents choose to give their children natural health products (NHPs), parents' sources of information about NHPs, and the extent of disclosure and conversation with family doctors about the use of NHPs.

Design Qualitative study.

Setting Newfoundland and Labrador.

Participants Parents of children who were using NHPs (N=20).

Methods Individual, semistructured interviews were carried out with parents to obtain a better understanding of the reasoning behind the use of NHPs. Key themes emerging from the qualitative data were identified according to a number of criteria, including relevance to the research objectives, frequency with which a theme was mentioned, relative importance of the themes based on the amount of text taken up to address an issue, and emphasis (eg, emphatic or emotional speech).

Main findings The types of NHPs used by parents participating in this study varied, except for the use of multivitamins. In addition, use of the products themselves was variable and inconsistent. Parents reported few concerns about the use of NHPs. The most commonly reported source of information about NHPs was family and friends. Most participants had not spoken to their family doctors about the use of NHPs.

Conclusion Participants considered NHPs to be "natural" and seemed to equate this assessment with safety. This might explain why these parents sought advice and information from family and friends rather than from their family doctors and often failed to disclose the use of NHPs to their children's family doctors.

EDITOR'S KEY POINTS

- The use of natural health products (NHPs) is becoming an important issue for the Canadian health care system that cannot be overlooked by clinicians, researchers, and policy makers. However, there is a paucity of Canadian data on NHPs, in particular what is being used, sources of information about NHPs, and patient-physician communication in this area. This article reports data from parent interviews conducted as part of a study of the use of NHPs among children in Newfoundland and Labrador.
- Participants reported very little conversation about NHP use with their physicians, at least in part because they did not believe that NHPs posed any risk. A thorough and nonjudgmental discussion of NHPs initiated by physicians could make patients more comfortable about discussing their use. Ultimately, open discussion about the use of such products will promote safe and optimal care of patients and allow opportunities for shared decision making among patients and clinicians.

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Utilisation de produits de santé naturels chez l'enfant

Analyse qualitative de ce qu'en pensent les parents

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Résumé

Objectif Mieux comprendre pourquoi des parents décident de donner des produits de santé naturels (PSN) à leurs enfants, comment ils se renseignent sur ces produits et s'ils en discutent avec leur médecin ou lui mentionnent qu'ils en utilisent.

Type d'étude Étude qualitative.

Contexte Terre-Neuve-et-Labrador.

Participants Parents d'enfants qui reçoivent des PSN (N = 20).

Méthodes On a effectué des entrevues individuelles semi-structurées avec les parents afin de mieux comprendre les raisons justifiant l'utilisation des PSN. Les thèmes clés ressortant des données qualitatives ont été identifiés à partir d'un certain nombre de critères, incluant leur pertinence par rapport aux objectifs de la recherche, la fréquence à laquelle un thème était mentionné, l'importance relative des thèmes selon la longueur du texte ayant servi à en discuter et l'emphase (la façon empathique ou émotionnelle d'en parler).

Principales observations À part les multivitamines, les PSN utilisés par les parents dans cette étude étaient de plusieurs types. En outre, leur utilisation était variable et irrégulière. Les parents se disaient peu inquiets de l'utilisation des PSN. Le plus souvent, ce sont des parents ou des amis qui les avaient renseignés sur les PSN. La plupart des participants n'avaient pas mentionné à leur médecin qu'ils utilisaient des PSN.

Conclusion Les participants considéraient que les PSN étaient « naturels », ce qui, pour eux, était synonyme d'innocuité. Cela pourrait expliquer pourquoi ils s'informent et se renseignent auprès de parents ou d'amis plutôt qu'auprès de leur médecin de famille, et aussi pourquoi ils ne disent pas à leur médecin de famille qu'ils donnent des PSN à leurs enfants.

POINTS DE REPÈRE DU RÉDACTEUR

- L'utilisation de produits de santé naturels (PSN) est devenue une question importante pour le système de santé canadien, si bien qu'elle ne peut être ignorée des cliniciens, des chercheurs et des responsables des politiques. Toutefois, il existe très peu de données canadiennes sur les PSN, notamment sur la nature de ceux qu'on utilise, les sources d'information sur les PSN et la communication entre patients et médecins à ce sujet. Cet article présente les données obtenues lors d'entrevues effectuées avec des parents dans le cadre d'une étude sur l'utilisation des PSN chez des enfants de Terre-Neuve-et-Labrador.
- Les participants ont dit parler très peu de l'utilisation des PSN avec leur médecin, en partie parce qu'ils ne croient pas que ces produits présentent des risques. En abordant ce sujet dans une discussion en profondeur et libre de préjugés, le médecin pourrait faire en sorte que les patients soient plus à l'aise pour en discuter. En fin de compte, une discussion ouverte sur l'utilisation de ces produits sera de nature à promouvoir des soins sécuritaires et optimaux pour les patients, tout en permettant une décision partagée par le médecin et le patient.

Cet article a fait l'objet d'une révision par des pairs.
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Health Canada reported in 2005 that more than 70% of Canadians used natural health products (NHPs), and 38% did so daily.[1] Although estimates vary, Canadians could be spending upwards of $1 billion annually on complementary and alternative medicine (CAM)—a big part of which includes NHPs.[2] The use of NHPs is becoming an important issue for the Canadian health care system that cannot be overlooked by clinicians, researchers, and policy makers. However, there is a paucity of Canadian data on NHPs, in particular what is being used, sources of information about NHPs, and patient-physician communication in this area.

Vitamins (57%), echinacea (15%), and herbal remedies (11%) are the most commonly reported NHPs used by Canadians.[1] However, most NHPs are not well understood, and there is a potential for toxicity and NHP-NHP or NHP-drug interactions.[3] These concerns are of particular importance in pediatric populations; parents might integrate the use of NHPs in the treatment of their children without discussing these decisions with their clinicians. Further, while empiric data are sparse, it is suspected that the use of NHPs in pediatric populations is growing.[4]

As such, there are increasing calls for evidence for NHP use.[2-5] In this paper, we present data from the qualitative portion of a mixed-methods study in eastern Canada examining the use of NHPs in children. This is one in a series of articles originating from this study.[6,7] Here, we report the findings from qualitative interviews conducted with parents we had previously surveyed. The objective of the qualitative interviews was to describe how the parents we surveyed used NHPs in the health care of their children. Specifically, we report on which NHPs were used by parents and parents' sources of information, paying particular attention to parent-clinician communication about NHP use.

METHODS

This study was approved by the Human Investigation Committee of Memorial University of Newfoundland in St John's.

The quantitative phase of the study included 2 surveys investigating NHP use in children, 1 with parents of children aged 12 years and younger, and the other with family physicians. The results of these surveys are reported separately.[6,7] The parent survey consent form included an item asking parents to indicate whether they were interested in being contacted, at a later date, to complete an interview to further discuss NHP use and, if so, to provide their contact information (telephone number or e-mail address). The purpose of these interviews was to gain a more robust understanding of parents' use of NHPs in the health care of their children (eg, what products they used, where they heard or learned about the products they used, whether or not they reported the use of NHPs to their children's primary care physicians).

We attempted to reach only those survey respondents who indicated interest in being contacted to complete an interview, who provided their contact information, and whose survey responses indicated that they used NHPs in the health care of their children. Thirty-seven of the 202 parents who completed surveys for the quantitative phase of this study met these criteria. Interviews took place in October 2009 after all surveys had been completed (approximately 8 to 18 months after survey completion). Details regarding the setting in which the survey portion of this study took place, the sample of the parent survey, and the definition of *NHP* used for this study are explained in a different paper.[6] Of the 37 parents who met the criteria, there were 20 completed interviews, as 5 telephone numbers were no longer in service and 12 parents could not be reached (after 5 attempts) or were no longer interested in participating. Reasons for declining participation were not collected. We interviewed all 20 of the parents we could reach who agreed to participate. This was more than sufficient to achieve data saturation (which occurs when no new or novel information is being provided by participants). A retrospective review of interview transcripts indicated that all themes were represented within the first 10 interviews. We used a purposive sampling approach and did not attempt to produce a sample that was representative of the survey respondents.

All interviews were conducted by telephone by a trained research assistant and were approximately 30 to 45 minutes in length. The interview guide was semi-structured and included questions concerning which NHPs parents were using in their children's health care, perceived benefits, sources of information, and whether they had talked to their family doctors about the NHPs their children were using. Interviews were transcribed verbatim and entered into the NVivo qualitative software package.

We chose to complete individual interviews (as opposed to group interviews or focus groups) because these discussions would involve the personal health practices and health status of children. These issues are highly personal and sometimes involve sensitive subject matter that individuals are likely to avoid discussing in group settings (such as a focus group).

Data analysis

Qualitative description[8] was used to explore and summarize the data. This is a form of naturalistic inquiry that makes no a priori theoretical or philosophical assumptions about the data. Rather, the data are minimally theorized and presented in the language of participants.

The end result is a comprehensive summary of parents' use of NHPs in the health care of their children, their concerns (or lack thereof) about using NHPs, their sources of information about NHPs, and the character of parent-physician interactions regarding NHP use.[8]

Transcripts were read and reread several times by 2 researchers with experience and expertise in qualitative methods and analysis (A.P. and H.E.). Data were then isolated and organized (ie, coded) around interview topics (eg, which NHPs were used, perceived benefits, etc). Only data pertaining to parental use of NHPs in the health care of their children, parent concerns about using NHPs in the health care of their children, information sources, and information regarding parent-physician interactions (regarding the child or children) were used in the current analysis. One coder (A.P.) used NVivo qualitative data analysis software to code transcripts; H.E. used paper-based coding. After coding exercises were completed separately, A.P. and H.E. came together to again read and reread transcripts and coding reports in order to identify and index emerging categories and themes. Inductive coding of the data was completed using the method of constant comparison.[9] Here, data were compared between and within transcripts to establish analytical categories and themes. This systematic examination of data also identified negative cases—that is, "examples of talk or events that run counter to the emerging propositions or hypotheses and can be used to refine them."[9]

FINDINGS

All participants were mothers; they had an average of 2 children aged 12 years or younger. Most reported that their children were healthy; however, 4 reported that their children had chronic medical conditions (eg, asthma, autism, eczema). Most participants were from eastern Newfoundland (n = 14), with the remaining 6 from central Newfoundland. **Table 1** provides summary details of the parents (and their children) who participated in the interview portion of this study as well as complementary data regarding the entire parent survey sample. In what follows, we report on which NHPs participants used, as well as their sources of information about NHPs, paying particular attention to parent-physician communication. Quotes are identified by the participant identification numbers.

Table 1. Demographic information for interview sample and survey sample: *A) Parent information; B) Child information.*

A) PARENT INFORMATION	INTERVIEW SAMPLE, N (%) (N = 20)	SURVEY SAMPLE, N (%) (N = 202)
Sex		
• Female	20 (100.0)	165 (81.7)
• Male	0 (0.0)	37 (18.3)
Relationship to child		
• Mother	20 (100.0)	165 (81.7)
• Father	0 (0.0)	37 (18.3)
• Legal guardian	0 (0.0)	0 (0.0)
No. of children aged 0-12 y		
• 1	6 (30.0)	94 (46.5)
• 2	11 (55.0)	82 (40.6)
• 3	3 (15.0)	23 (11.4)
• 4	0 (0.0)	2 (1.0)
• 5	0 (0.0)	1 (0.5)
Single parent	1 (5.0)	25 (12.4)
B) CHILD INFORMATION	**INTERVIEW SAMPLE (N = 37)**	**SURVEY SAMPLE (N = 333)**
Sex, n (%)		
• Female	19 (51.4)	170 (51.1)
• Male	18 (48.6)	163 (48.9)
Mean (SD) age, y	4.9 (3.3)	5.1 (3.3)
Taking prescribed or OTC medications, n (%)	11 (29.7)	101 (30.3)
Taking NHP (including vitamins), n (%)	37 (100.0)	137 (41.1)
Has a chronic health condition, n (%)	4 (10.8)	67 (20.1)

NHP—natural health product, OTC—over the counter.

Variable use of NHPs

Participants' use of NHPs varied, except for the use of multivitamins, which was reported by most participants (**Table 2**). Smaller numbers of parents reported using fish oils, echinacea, and vitamin D, as well as several folk remedies, for various ailments.

In addition to the variability in the products used, 11 of 20 participants also reported irregular use of the products. That is, some parents simply reported that they did not provide the NHPs on a regular dosing schedule or that they tried the NHPs for a time, then stopped but intended to provide them again:

> I got my daughter to take it [cod-liver oil] for about a 3-month period and then she chewed on it one day, broke the glycerine capsule, and she refused to take it ever since. So I tried. I will try again sometime after she has forgotten. (04-055)

> I do have a jar [of omega-3] in the cupboard right now for me. I did have some for her [daughter]. I didn't realize that they came out in a kid's brand, but

Table 2. Specific NHPs reported over the course of the parent interviews

NHP	NO. OF PARENTS WHO REPORTED USE
Multivitamins	17
Folk remedies (eg, burnt flour, onion, and petroleum mixture; baking soda and water; cornstarch and water)	11
Fish oils (cod-liver oil, halibut oil, salmon oil)	6
Omega complex	4
Probiotics (pills or in foods such as yogurt)	4
Vitamin D (breastfeeding)	5
Echinacea	3
Camilia	2
Gripe water	1
Skinner's Vaporizing Salve	1
Prospan	1
Seaweed cream	1
Tea tree oil	1
Grapefruit seed extract	1
Arnica	1

NHP—natural health product.

> I didn't finish the jar, and I didn't finish mine … I don't know why. (03-008)

Additionally, mothers reported they were more likely to give their children NHPs when they perceived the children's diets were lacking or their immune systems needed a boost:

> If I find that they are getting a lot of colds and things like that, and I want to boost things a little, I'll go get the multivitamins …. I'll buy cod-liver oil from time to time, especially if I find they are picking up a lot of viruses that are on the go, and I feel like I need to boost their immunity a little. (02-002)

> So on days when our diet is not [sufficient] I feel that it gives him the adequate vitamins that he should be taking in. (03-053)

Concerns about using NHPs

Overwhelmingly, participants did not report concerns about the use of NHPs. The following was typical:

> No, I haven't [had any concerns]. Maybe I should look more into it [the possibility that there could be negative effects associated with the use of NHPs]. I just always took it for granted that it would be beneficial to my kids; not something that can actually harm them. (03-050)

Parents appeared to differentiate NHPs from other drugs. Parents' perceptions of supplements as "natural" seemed to allay any undue concerns about using them in their children's health care. "A lot of my friends, one in particular, figured if it's a natural remedy, it's better than something that is chemically engineered. I feel the same way about it." (02-040)

Most participants did not view NHPs as drugs:

> It's mostly vitamins, fish oil, and omega-3 and DHA [docosahexaenoic acid]. I can't pronounce it. It's some kind of acid. There are not a lot of drugs into it. It's mostly just natural stuff …. so it doesn't seem like a harsh drug. (03-102)

> Interviewer: Did you have any concerns about the product regarding side effects or if your children were on any other drugs, if it would have an interaction?
>
> Parent: No, not really. I never really thought about it as a drug product. (02-016)

It should be noted that most children of the parents in this sample were not taking other medications. Thus, parents were not concerned about potential drug interactions: "They were not on any other medication, so I wasn't worried about drug interactions. They met all the requirements: weight and age; so I wasn't concerned about any of that." (04-018)

However, at least one parent indicated her child was taking a prescription medication, and she did seek out information before using the NHP: "I spoke to our pharmacist, and she said it [omega-3 supplement] shouldn't interfere with his medication. He is only on a puffer for his asthma, so she said it shouldn't interfere with that." (03-053)

Sources of information about NHPs

Participants reported numerous sources of information about NHPs, including their family doctors, pharmacists, and nurses, as well as Internet searches and parenting magazines:

> Before I picked out which one, I talked to a pharmacist at the drugstore. (03-081)

> I probably saw some ads of vitamins and stuff in *Today's Parent* magazine. (04-059)

However, 15 of 20 parents reported family and friends as a source of information about NHPs; this was the most commonly reported information source.

> Through friends for sure. I have a lot of friends who swear by echinacea. (02-002)

> I think it was through friends actually, and a relative too who had been taking it [cod-liver oil] for years … so I thought I would try it. (05-024)

> As a child myself, my mother gave us the same thing—multivitamins, cod-liver oil, halibut-liver oil tablets—that's what I give my children. (04-052)

Sometimes, parents could not recall the source of information: "I think I must have read about it [echinacea]. I can't recall where. It's been a regular staple in our medicine cabinet, so I can't remember where I first started using it." (05-004)

Parent-physician communication about NHPs

Most participants (14 of 20) had not spoken to their family doctors about their use of NHPs in the health care of their children:

> I don't recall talking to him about it. (03-081)

> Interviewer: How about your family doctor or pediatrician? Did you mention you were using it?
>
> Parent: I don't know for 100% sure that I did because the kids have been relatively healthy …. I have a feeling that I didn't. (02-016)

Even when participants indicated they had spoken with their family doctors, there was little evidence of any substantial discussion about NHP use in their children:

> I asked him once and he didn't see a problem with it. (03-017)

> I think I might have mentioned it to my doctor at some visit, yes. (03-008)

Negative case analysis revealed 3 exceptions to this. In 2 cases, discussion was prompted by parents' concern about their children's health:

> [E]specially when school would start up in September, all of a sudden, my kids were sick for about a month … that's when I consulted my family doctor … and my family doctor at the time said, "… you know, why don't you pick up a children's multivitamin?" (02-002)

> I chose the omega-3 because I have been doing some research because my son has autism … my doctor said that she has done some research on it too. She said to take a slight amount, don't take the full dosage, and to seek further information with my pediatrician. (03-053)

Finally, one parent indicated she would talk to her family doctor if asked directly by the physician:

> If I'm asked whether he's on medication, I'll say that he takes that [echinacea] just in case. As far as I know, there's not really anything with echinacea that reacts poorly, but, you know, I'm not up on the recent medical literature. (02-034)

DISCUSSION

The use of CAM in Canada has grown considerably in recent decades, in both adult and pediatric populations. Studies suggest that 50% to 70% of children are currently using some form of CAM.[3,10,11] Our findings in the parent survey portion of our mixed-methods study indicated a lower percentage than these estimations but supported the general trend. We found that approximately 41% of the children that were a part of the quantitative portion of our study were taking some form of NHP.[6] In addition, even in this small sample, a wide variety of different NHPs were reported, ranging from vitamin supplements (the most common) to folk remedies.

Despite their growing use, concerns have been raised about variation in the potency and constitution of NHPs, the potential for contamination, as well as NHP-drug and NHP-NHP interactions.[4] In pediatric populations, ethical concerns are heightened given the vulnerability of this population that is not yet capable of making treatment decisions. Parent-clinician communication on this topic is increasingly important.[12] However, a growing literature suggests that most patients do not disclose NHP use to their primary care physicians.[12,13] Instead, family and friends are a main source of information about NHPs. Our findings lend support to this conclusion and further suggest that even when disclosure to primary care physicians occurs, it might not be consistent (eg, only when asked or when the child is sick). However, it should be noted that in our sample the NHPs reported were, for the most part, very well known and for that reason, parents might not have felt the need to speak with their children's physicians.

Following their review, Robinson and McGrail suggest 3 primary reasons for nondisclosure of using CAM (including NHPs): 1) patients are concerned about negative reactions from their doctors (eg, they might not support CAM use or might try to persuade against it); 2) patients perceive their doctors to be ignorant about CAM and unable to contribute useful information, and therefore believe they do not need to be informed; and 3) doctors do not ask.[13] A recent study also found that the most important predictor of CAM disclosure was simply having the physician ask about its use.[12]

We suggest at least one other reason for nondisclosure. Our findings suggest that, in general, parents were not concerned about any potential side effects associated with NHPs. The perception of NHPs as "natural" as opposed to "chemically engineered" appears to have alleviated parents' concerns regarding their use. Indeed, Health Canada reported that 29% of Canadians believed that NHPs were natural and safe or even better than conventional medications.[1] Other studies also observe patient perception of CAM as safe and efficacious.[14]

However, NHPs come with the possibility of toxicity or adverse reactions (ie, interactions with prescription drugs) that have serious clinical consequences.[11] Further, many sources of information about NHPs are unreliable making it challenging for patients to make informed decisions about their use. Nondisclosure of NHP use represents a missed opportunity for physicians to discuss and understand the health concerns and decision making of their patients.[12] It also makes recognizing and reporting adverse events or drug interactions associated with NHPs problematic.

Busse et al suggest clinicians resist the "don't ask, don't tell" approach that often characterizes communication about NHPs.[12] Our participants reported very little conversation about NHP use with their physicians; their relationships with their physicians might be characterized by this sort of approach. The results of this study support views that physicians should initiate a thorough and nonjudgmental discussion of CAM therapies and products, highlighting potential benefits, as well as the potential for adverse events or drug interactions, while maintaining respect for their patients' needs and beliefs. A thorough and nonjudgmental discussion of CAM therapies and products could make patients more comfortable about discussing their CAM use. In this way, clinicians can work with patients to monitor safe CAM use. Ultimately, open discussion about CAM use will promote safe and optimal care of patients and allow opportunities for shared decision making among patients and clinicians.

Conclusion

Our findings suggest that because our participants consider NHPs "natural" as opposed to "chemically engineered," parents do not experience the same kind of concerns about NHPs that they do with prescription drugs. This might help to explain why they were more apt to seek the advice and knowledge of family and friends instead of their children's health care providers. It might also explain why they did not often feel compelled to disclose the use of these products to their children's family physicians.

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Contributors

All authors contributed to the concept and design of the study; data gathering, analysis, and interpretation; and preparing the manuscript for submission.

Competing interests

None declared

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