

PAPER DETAILS

TITLE: Parents` view of traditional and complementary medicine practices in the Covid-19 process

AUTHORS: Ayse Nur Tastekin Ayvali, Neriman Aydın, Elif Oksan Çalikoglu, Nilgün Çöl

PAGES: 1-8

ORIGINAL PDF URL: <https://dergipark.org.tr/tr/download/article-file/3699116>

RESEARCH ARTICLE

Parents' view of traditional and complementary medicine practices in the Covid-19 process

Ayşe Nur TAŞTEKİN AYVALI¹ , Neriman AYDIN¹ , Elif Okşan ÇALIKOĞLU¹ 
, Nilgün ÇÖL² 

¹ Gaziantep University Faculty of Medicine Department of Public Health, Gaziantep Türkiye

² İstanbul Medeniyet University, Faculty of Medicine, Department of Child Health and Diseases, İstanbul, Türkiye

ABSTRACT

Objective: This study aimed to see whether there was a difference in the traditional and complementary medicine methods parents heard or used for their children during the COVID-19 outbreak.

Methods: The sample of the study consists of 180 parents with children under the age of 5 who applied to the General Pediatrics Polyclinic of a University Hospital between April and June 2021. In the study, the literature was scanned on 180 people who gave verbal consent; A survey form was applied to the parents, including their sociodemographic characteristics, their children's vaccination and routine follow-up status within the scope of the Expanded Immunization Program during the COVID-19 epidemic, and the traditional and complementary medicine methods they have heard of or used.

Results: During the COVID-19 outbreak, 90.6% of parents reported that their children had their children vaccinated and routinely monitored within the scope of the Expanded Immunization Program. 67.8% of the participants stated that they had heard of other methods other than medical drugs for the treatment of their children when they were sick. While 61.1% of the participants indicated that it is correct to swaddle babies, 6.7% stated that breast milk should not be given to the baby and 4.4% stated that waiting for three adhan after birth is necessary.

Conclusion: Healthcare professionals should be aware of the cultural practices of the community they live in and should provide accurate and continuous information to parents about how they should behave for their children's health, especially in the event of an epidemic.

Keywords: Parent, COVID-19, Complementary Therapies

ÖZET

Ebeveynlerin geleneksel ve tamamlayıcı tıp uygulamalarına Covid-19 sürecindeki bakışı

Amaç: Bu çalışma ebeveynlerin çocukları için duyduğu veya kullandığı geleneksel ve tamamlayıcı tıp yöntemlerinde COVID-19 salgını sırasında farklılık olup olmadığını görmeyi amaçlamıştır.

Yöntem: Araştırmanın örneklemini bir Üniversite Hastanesi'nin Genel Pediatri Polikliniği'ne Nisan 2021-Haziran 2021 tarihleri arasında başvuran 5 yaş altı çocuğu olan 180 ebeveyn den oluşmaktadır. Çalışmada sözlü onam veren 180 kişiye literatür taranarak; ebeveynlerin sosyodemografik özellikleri, COVID-19 salgını sırasında çocuklarının Genişletilmiş Bağışıklama Programı kapsamındaki aşı ve rutin izlemelerini yaptırma durumları, duydukları ya da kullandıkları geleneksel ve tamamlayıcı tıp yöntemlerini içeren anket formu uygulanmıştır.

Bulgular: COVID-19 salgını döneminde ebeveynlerin %90.6'sı çocuklarının Genişletilmiş Bağışıklama Programı kapsamındaki aşılama ve rutin izlemelerini yaptırdığını bildirdi. Katılımcıların %67.8'i çocukları hastalandığında tedavisi için tıbbi ilaç dışında uygulanan başka bir yöntem duyduğunu belirtmiştir. Katılımcıların %61.1'i bebekleri kundaklamanın doğru olduğunu, %6.7'si ağız sütünün bebeğe verilmemesi gerektiğini, %4.4'ü doğumdan sonra üç ezan beklemek gerektiğini bildirdiler.

Sonuç: Sağlık çalışanları yaşadıkları toplumun kültürel uygulamalarının farkında olmalı ve özellikle bir salgın durumunda ebeveynlere çocuklarının sağlığı için nasıl davranmaları gerektiği konusunda doğru ve sürekli bilgilendirme yapmalıdır.

Anahtar kelimeler: Ebeveyn, COVID-19, Tamamlayıcı tedavi

Cite as: Tastekin Ayvalı AN, Aydın N, Calikoglu EO, Col N. Parents' view of traditional and complementary medicine practices in the Covid-19 process . Troia Med J 2025;6(1):1-8. DOI: 10.55665/troiamedj.1429718

Corresponding author: Neriman AYDIN

Address: Gaziantep Üniversitesi Tıp Fakültesi, Halk Sağlığı Anabilim dalı, Şehitkamil/Gaziantep

E-mail: neriman_aydin@yahoo.com

Phone: 05333139371

Date of arrival: 01.02.2024, **Date of acceptance:** 06.12.2024



This work is licensed under a Creative Commons Attribution-NoDerivatives 4.0 International License.

© Author(s)-available online at dergipark.org.tr/en/pub/troiamedj/writing-rules

INTRODUCTION

Complementary and alternative medicine is defined as a broad field of health that encompasses all health services, methods, practices, and accompanying theories and beliefs that fall outside the politically dominant health system in a given society or culture at a given point in time [1].

Complementary and alternative medicine practices are often based on unproven assumptions or, as in our country, are based on certain beliefs. These methods can be both directly harmful because of their side effects and indirectly harmful because they may be ineffective or cause delays in medical treatment [2].

Studies show that the rate of complementary and alternative treatment use is considerably high. Although studies in children are more limited, it is noteworthy that the rate of complementary and alternative treatment use tends to increase in the world and our country, more in chronic diseases [1-3].

The World Health Organization classified the COVID-19 outbreak as an "international public health emergency" on January 30. It defined it as a pandemic on March 11 due to the spread and severity of the virus [4].

COVID-19 infection affects the pediatric age group as well as adults. The first pediatric COVID-19 case in the literature was reported on January 20, 2020, as a 10-year-old boy living in Shenzhen, China, whose family had recently visited Wuhan [5]. Afterward, pediatric cases continued to be reported [6-8].

COVID-19 has caused stress and fear in people. In a study, 65.4% of mothers expressed concern that their children would get COVID-19 [9]. Since helplessness, ignorance and social pressures may push individuals to seek treatment methods other than medical ones and increase their tendency to use complementary and alternative medicine; it is observed in the literature that the fear of coronavirus increases individuals' tendency to use complementary and alternative treatment methods in addition to medical treatment [10, 11].

The aim of this study is to determine the precautions taken by parents of children under the age of 5 to protect their children from the COVID-19 pandemic, the status of their children's vaccinations and routine follow-ups under the Expanded Immunization Program, and the status of traditional and complementary medicine methods that parents have heard of or used for their children's COVID-19 or other illnesses during the COVID-19 process.

MATERIALS and METHODS

The study is a cross-sectional study. Ethical approval was obtained from Clinical Research Ethics Committee for the study (Decision no: 2021/79, Date: 07.04.2021).

The population consisted of parents with children under the age of five who applied to the General Pedi-

atrics Polyclinic of a university hospital between April 2021 and June 2021. In a previous similar study, the use of complementary and alternative medicine treatment in children was found to be 58.6%. Considering this rate, the minimum sample size was calculated as 176 in the Medcalc (version 11.5.1) program with 80% power, $\alpha=0.05$ and an effect size of 10%, and the random sampling method was used. The study's limitations are the sample selection method and the fact that the study was conducted in a university hospital.

A questionnaire form including the sociodemographic characteristics of the parents, the vaccination and routine follow-up of their children within the scope of the Expanded Immunization Program during the COVID-19 outbreak, the practices they performed to protect themselves from the outbreak, and the traditional and complementary medicine methods they heard or used was applied to 180 people who gave verbal consent in the study.

The dependent variables of this study were vaccination, use of food supplements, swaddling, waiting for three prayers for breastfeeding, and giving breast milk to the infant within the scope of the Expanded Immunization Program during the pandemic. In contrast, the independent variables were maternal age, educational level of mothers and fathers, and number of people per household.

SPSS 25.0 package program was used to analyze the data. Variables were analyzed with tests for conformity to normal distribution. Mean, median, standard deviation and minimum-maximum values were used to indicate descriptive statistics. The chi-square test was used in the analysis. The P-value was considered statistically significant when it was below 0.05.

RESULTS

One hundred eighty parents participated in the study. The mean ages of the parents were 29.70 ± 6.43 years (median value 29, minimum 19, maximum 55) and 33.94 ± 7.16 years (median value 33, minimum 20, maximum 65), respectively. The number of children the participants had was at least one and at most 7, and the total number of people per household was at least two and at most 13. On average, children were 21.54 ± 15.13 months old (median value 20, minimum 1, maximum 59). The highest rate of parental education was middle school-high school graduates. This rate was 38.3% for mothers ($n=69$) and 50% for fathers ($n=90$). 46.7% ($n=84$) of the families evaluated their economic status as 'we meet our daily needs.' The sociodemographic characteristics of parents and the number and age of children are summarized in Table 1.

163 (90.6%) of the parents stated that they had their children vaccinated and routinely monitored within the scope of the Expanded Immunization Program during the COVID-19 pandemic. There was no significant difference between the parents' educational level and the vaccination and routine follow-up of

		Number (n)	Percentage (%)	Mean±SD
Age of the mother	18-24	45	25.0	29.7±6.4 years
	25-30	64	35.6	
	31-35	37	20.5	
	36 and above	34	18.9	
Your father age*	18-24	10	5.6	33.9±7.2 years
	25-30	54	30.3	
	31-35	48	27.0	
	36 and above	66	37.1	
Age of children	0-24 months	107	59.4	21.6±15.1 months
	25-48 months	64	35.6	
	49-59 months	9	5.0	
Number of children	1	56	31.1	
	2	42	23.3	
	3	36	20.0	
	Four and above	46	25.6	
Mother's education level	Illiterate	9	5.0	
	Literate	13	7.2	
	Primary School	61	33.9	
	Middle School/High School	69	38.3	
	University	28	15.6	
Father's education level	Illiterate	6	3.3	
	Literate	4	2.2	
	Primary School	42	23.4	
	Middle School/High School	90	50.0	
	University	38	21.1	

Table 1. Sociodemographic characteristics of parents, number and age of children,

*The father of 2 people passed away.

their children within the scope of the Expanded Immunization Program during the pandemic ($p>0.05$).

111 (61.7%) of the participants stated they were afraid to take their children to the hospital when they got sick during the pandemic. 129 (71.7%) reported limiting their children from going to public playgrounds. Regarding the care of their children during the COVID-19 pandemic, 75 (49%) of the parents reported paying more attention to the child's nutrition, and 22 (14.4%) reported giving additional vitamin D. Parents' practices, and reasons for caring for their children during the pandemic are summarized in Table 2.

67.8% ($n=122$) of the participants stated that they had heard of a method other than medication for the treatment of their children when they were ill. Of these methods, 62.8% were herbal tea, 20.6% acupuncture and 10.6% hypnosis.

17.2% ($n=31$) of the parents stated that they used methods other than taking their children to the doctor when they were sick. The most common of these methods was prayer (10.6%).

Thirty percent of parents ($n=54$) reported using supplements for their children. Of these, 14.4% reported using vitamins and 11.1% reported using omega-3. Although mothers with secondary school, high school or university education had higher rates of supplementary food use than illiterate mothers, it was not statistically significant ($p>0.05$). Again, although not statistically significant, it was observed that the rate of supplement use by parents decreased as the number of people per household increased ($p>0.05$).

Alternative treatment methods used/heard by parents are summarized in Table 3.

While 61.1% ($n=110$) of the participants stated that it was correct to swaddle babies, 6.7% ($n=12$) stated that breast milk should not be given to the baby, and 4.4%

Practices for the care of children during the pandemic	Number (n)	Percentage (%)
Paying more attention to nutrition	75	41.7
Giving additional vitamin D	22	12.2
Giving additional vitamin C	16	8.9
Giving fish oil	12	6.7
Giving probiotics	12	6.7
Drinking herbal tea	7	3.9
Paying attention to hygiene	6	3.4
Other*	3	1.8

Table 2. Practices used by parents for the care of their children during the pandemic

* Calcium supplementation, Propolis, Turmeric-ginger-honey mixture

Applications	Number (n)	Percentage (%)
Commonly heard methods	Herbal tea	113
	Hot spring, spa	74
	Massage	41
	Acupuncture	37
	Breath therapy	35
	Yoga/Meditation	20
	Hypnosis	19
	Bioenergy	18
	Aromatherapy	14
	Treatment with colors	11
	Reiki energy	8
Traditional methods applied	Prayer reading	19
	Applying kohl to your eyes	7
	Taking to the mausoleum	4
	Making a mark on the forehead, arm, and leg with the soot from the pot on the stove	3
	To make the hodja write an amulet	3
	Taking to a fracture and dislocation doctor	2
	Lead pouring	1
Food supplements	Vitamin	26
	Omega 3 fatty acid	20
	Probiotic formula/yogurt	17
	Kefir	10
	Immunity booster	9
	Immunex	1

Table 3. Alternative treatment methods used/heard by parents

(n=8) stated that one should wait for three adhan after birth. Mothers under 30 years of age stated that swaddling was correct at a higher rate than older mothers ($p=0.045$). Mothers with a higher level of education reported that it was wrong to wait for three adhans for breastfeeding at a higher rate ($p=0.008$). Mothers with six or more persons per household re-

ported that swaddling, not giving breast milk, and waiting for three adhan for breastfeeding were correct at higher rates than those with 5 or fewer persons per household. However, no statistically significant difference was found ($p=0.530$, $p=0.385$, $p=0.405$, respectively)

Details are given in Tables 4, 5 and 6.

		Baby swaddling						P
		True		False		No idea		
		Number (n)	Percentage (%)	Number (n)	Percentage (%)	Number (n)	Percentage (%)	
Mother's age	≤30 yaş	73	67,0	22	20,2	14	12,8	0,045
	>30 yaş	37	52,1	21	29,6	13	18,3	

Table 4. Mothers' thoughts on swaddling their babies according to their age

		Three adhan must be waited for breastfeeding						P
		True		False		No idea		
		Number (n)	Percentage (%)	Number (n)	Percentage (%)	Number (n)	Percentage (%)	
Mother education level	Illiterate	2	22,2	4	44,4	3	33,3	0,008
	Literate-Primary school	5	6,8	45	60,8	24	32,4	
	Secondary School/High School-University	8	4,4	123	68,3	49	27,2	

Table 5. Mothers' waiting for three adhan for breastfeeding according to their level of education

			Number of persons per household		P
			≤5	>5	
Baby swaddling	True	Number (n)	76	34	0,530
		Percentage (%)	60,8	61,8	
	False	Number (n)	28	15	
		Percentage (%)	22,4	27,3	
	No idea	Number (n)	21	6	
		Percentage (%)	16,8	10,9	
Mouth milk should not be given	True	Number (n)	7	5	0,385
		Percentage (%)	5,6	9,1	
	False	Number (n)	93	43	
		Percentage (%)	74,4	78,2	
	No idea	Number (n)	25	7	
		Percentage (%)	20,0	12,7	
Three adhan must be waited for breastfeeding	True	Number (n)	4	4	0,405
		Percentage (%)	3,2	7,3	
	False	Number (n)	85	38	
		Percentage (%)	68,0	69,1	
	No idea	Number (n)	36	13	
		Percentage (%)	28,8	23,6	

Table 6. Swaddling, breastfeeding and waiting for three adhan for breastfeeding according to the number of people per household

DISCUSSION

In this study, which was conducted to see whether there was a difference in the traditional and complementary medicine methods that parents heard or used for their children during the COVID-19 outbreak period, the mean age of mothers and fathers was 29.70 ± 6.43 years (19-55 years) and 33.94 ± 7.16 years (20-65 years), respectively, the mean number of children the participants had was 2.57 ± 1.49 (1-7) and the mean number of people per household was 4.83 ± 1.78 (2-13). These numbers were similar to a previous study conducted in the Pediatrics Outpatient Clinic of Gaziantep University Faculty of Medicine Hospital [12].

In our study, it was found that the participants most frequently heard of herbal teas (62.8%) among complementary and alternative medicine options. In studies conducted on complementary and alternative medicine at different dates, this rate varies between 71.4% and 82.7% (1,12,13). It is known that herbal products may have side effects and may cause delays or discontinuation of medical treatment. Providing education and counseling services to families on this subject may be useful.

Sociocultural and religious beliefs of the society also impact the use of complementary and alternative medicine options. In this study, 10.6% of the parents stated that they had their children pray when they were ill, in addition to taking them to the doctor. In a study on complementary and alternative medicine conducted at Gazi University Faculty of Medicine in 1999-2001, the rate of using religious methods was 40.8% [14], and 54% [15] in a study conducted in the USA in 2002. A study conducted in 1995 in Israel found that 30% of families used amulets and talismans [16]. A 2015 study conducted in a Neonatal Unit in Spain found that 55.9% of parents recited prayers, 40% believed in magical concepts such as the evil eye, and 26.6% of children were found to have amulets [17]. Religious and magical healing methods have been known and practiced since the beginning of human history [16]. Although these practices psychologically relieve parents, they may delay the medical treatment of diseases.

In our study, 30% of parents reported using supplements for their children. During the COVID-19 pandemic, 85% of participants in a study conducted in Saudi Arabia [18], 70% in a study conducted in Poland [19], and 29.7-41.2% in studies conducted in Turkey were found to use food supplements [20]. Food supplements are most commonly used to improve general health and maintain a healthy state [21]. There has been an increase in the use of food supplements during the COVID-19 pandemic to ensure adequate and balanced nutrition and to increase body resistance [22].

Our study found that mothers whose education level was middle school, high school or university were more likely to use dietary supplements. This may be because these mothers have better access to informa-

tion. Supplementary food use has various benefits and an important disadvantage, such as drug interaction [23]. Therefore, it may be more beneficial to use these supplements consciously and when recommended by a physician.

In our study, 90.6% of parents stated that they had routine vaccination and follow-up of their children during the pandemic. In a study conducted in Colombia, childhood routine vaccination rates decreased by 14.4% between 2019 and 2020 [24]. The decline in routine childhood immunization rates during the COVID-19 pandemic was 13.4% in a study conducted in Gambia, 52.8% in Pakistan and 45.6% in Northern Ghana [25]. Data collected by WHO, UNICEF, Gavi and Sabin Vaccine Institute showed that the quarantine measures in the country significantly prevented the provision of vaccination services in at least 68 low- and middle-income countries and increased the risk of preventable diseases in approximately 80 million children under the age of 1 year [26]. The reason why the rate was found to be high in our study may be the increase in information and normalization due to the passage of time since the outbreak started, the participation of families with a relatively higher level of education compared to the society and the fact that the study site was a university hospital.

4.4% of the families said it was correct to wait for three adhan after birth to breastfeed. In the 2006 study conducted in Tokat, this rate was 20.8% [27]; in the 2008 study conducted in Gaziantep, it was 4.5% (12); and in the 2019 study conducted in Batman, it was 2% [28]. According to TDHS 2008 data, the breastfeeding rate in the first 24 hours after birth is 73.4%, 70% according to TDHS 2013 data, and 86% according to TDHS 2018 data [29]. Late breastfeeding of the child after birth is important in terms of preventing the development of the relationship between mother and baby in the early period, reducing the mother's milk production, and causing various adverse effects such as hypoglycemia in the newborn [30]. In recent years, it has been observed that breastfeeding is initiated earlier after birth. The reason for this may be increased access to accurate information, mothers giving birth in hospitals, easier access to healthcare personnel and incentives for breastfeeding in hospitals.

In our study, mothers with a higher level of education reported that it was wrong to wait for three adhan for breastfeeding at a higher rate. This may be due to the positive effect of maternal education on health literacy.

75.6% of the parents said breast milk should be given to the baby. When we look at the literature, this rate was 88.4% in one study [31] and 69.3% in another study [32]. When we look at the situation in the world, it was observed that women in South Asia did not give colostrum to the baby because they thought that it could not be digested by the baby and was pus-like [33]. Approximately one-third of midwives in Guatemala think that breastfeeding should be postponed for

three days because colostrum is contaminated and may cause diarrhea [34]. In Saudi Arabia, Brazil, Sri Lanka, Pakistan, and India, breastfeeding is also delayed [35]. The reason for the high rate of exclusive breastfeeding in our country, which is a promising finding, maybe the studies conducted in recent years to raise public awareness about the benefits of breast milk, encourage mothers to breastfeed, and increase the number of baby-friendly hospitals.

In our study, 61.1% of the families stated that babies should be swaddled. This rate was 54.5% [36] in a study conducted at Family Health Centers in Diyarbakır and 61% [28] in a study conducted at Batman Maternity and Children's Hospital. The tradition of swaddling is a very common practice in our society. In many studies conducted in our country, it has been observed that mothers mostly swaddle their babies to keep them warm, prevent their legs from crooked, and keep their hands and feet straight [27,32,37]. Swaddling that wraps the legs tightly may cause hip dislocation in infants with a tendency to congenital hip dislocation and may cause the child to feel uncomfortable and restless [38]. However, the traditional technique of swaddling a baby tightly has been greatly reduced in the Western world since the 18th century and replaced by the half swaddle, or safe swaddle. The practice of tying or wrapping the arms not too tightly with the help of a cloth, known as half swaddling, is thought to relax the baby by mimicking the tightness of the uterus.

In our study, it was observed that mothers under the age of 30 swaddled at a higher rate than older mot-

hers. This may be due to the new generation's understanding of half-swaddling.

In our study, those who said that swaddling, not breastfeeding and waiting for three adhan for breastfeeding are correct are more common in families living in larger numbers. This may be due to the fact that family elders also live in crowded families and are influential in the decision-making mechanism.

As a result, parents still resort to traditional practices for their children. In events that affect the whole world, such as COVID-19, mothers are especially concerned about their children. Healthcare professionals should be aware of the cultural practices and religious beliefs of the communities they live in and provide accurate and continuous information to parents about how they should behave for the health of their children, especially in the event of an outbreak. This study, which evaluated the possibility of situations such as uncertainty about the disease during the COVID-19 outbreak, lack of information, parents' turning to traditional practices, and hesitation in applying to the physician due to the policies implemented to prevent the outbreak, was found that these were not very effective. The reason for this may be that the study was conducted in a university hospital, families with a relatively higher level of education than the general population participated in the study, and the increase in knowledge and normalization occurred due to the passage of time since the outbreak began.

Conflict of interest: None

Funding: None

REFERENCES

- 1-Karayağız Muslu G, Öztürk C. Complementary and alternative therapies and their use in children. *Journal of Pediatrics* 2008; 51: 62-67
- 2-Tuncel T, Şen V, Kelekçi S, Karabel M, Şahin C, Uluca Ü, Karabel D, Haspolat YK. Use of complementary and alternative medicine in children without chronic diseases. *Türk Ped Arş* 2014; 49: 148-53
- 3-Akçay D, Yıldırım A. Complementary and Alternative Treatment Use in Children and Evaluation of Parental Knowledge. *Çocuk Dergisi* 2017; 17(4):174-181
- 4-Ministry of Health Covid-19 Guide General Information, Epidemiology and Diagnosis, 2020. Accessed February 20, 2021 <https://covid19.saglik.gov.tr/Eklenti/39060/0/covid-19rehberigenelbilgilerpedimiyolojiyetanipdf.pdf>
- 5-Kardeş H.,Örnek Z.,Pediatric Approach to COVID-19 Pandemic,*Türk Diyab Obez*,2020; 2: 170-176
- 6- Parri N, Lenge M, Buonsenso D. Children with COVID-19 in Pediatric Emergency Departments in Italy. *N Engl J Med* 2020 Jul 9;383(2):187-190
- 7- Lu X, Zhang L, Du H et al. SARS-CoV-2 Infection in Children. *N Engl J Med* 2020 Apr 23;382(17):1663-1665
- 8- Dong Y, Mo X, Hu Y, et al. Epidemiological characteristics of 2143 pediatric patients with 2019 coronavirus disease in China. *Pediatrics* 2020 Apr; 58(4): 712-713
- 9- Sharma SV, Chuang R, Rushing M, Naylor B, Ranjit N, Pomeroy M, et al. Social Determinants of Health-Related Needs During COVID-19 Among Low-Income Households With Children. *Prev Chronic Dis* 2020;17:200322.
- 10- Kalaycı MZ, Bayar B, Çiftçi MM, Karaağaç H, Kasımay A, Sanlı ZD, et al. Acupuncture treatment in COVID-19 infection. Yılmaz N, editor. *Traditional and Complementary Medicine in the Treatment and Prevention of the Novel Coronavirus (COVID-19)*. 1st Edition. Ankara: Türkiye Clinics; 2020. p.33-41.
- 11- Karacan E, Sapçı E, Güngörmüş Z. Does Fear of Coronavirus Affect Attitudes Towards the Use of Holistic Complementary and Alternative Medicine in Disease Prevention and Treatment?. *AvrasyaSBD*. 2022;6(1):30-42.
- 12-Araz N., Bulbul S. Use of Complementary and Alternative Medicine in a Pediatric Population in Southern Turkey. *Clin Invest Med* /2011;34:E21-29.
- 13-Gözüm S, Arikan D, Büyükavcı M. Complementary and alternative medicine use in pediatric oncology patients in Eastern Turkey *Cancer Nurs* 2007;30: 38-44.
- 14-Karadeniz C, Pinarlı FG, Oğuz A, Gürsel T, Canter B. Complementary/ alternative medicine use in a pediatric oncology unit in Turkey. *Pediatr Blood Cancer* 2007;48:540-3.
- 15-Upchurch DM, Dye CE, Chyu L, Gold EB, Greendale GA. Demographic, behavioral, and health correlates of complementary and alternative medicine and prayer use among midlife women: 2002. *J Womens Health (Larchmt)*.

- 2010 Jan;19(1):23-30. doi: 10.1089/jwh.2008.1096. PMID: 20088655; PMCID: PMC2828262.
- 16- Barr J, Berkovitch M, Matras H, Kocer E, Greenberg R, Eshel G. Talismans and amulets in the Pediatric Intensive Care Unit: legendary powers in contemporary medicine. *Isr Med Assoc J*. 2000 Apr;2(4):278-81. PMID: 10804902
- 17- Lloreda-Garcia JM. Religion, Spirituality and Folk Medicine/Superstition in a Neonatal Unit. *J Relig Health*. 2017 Dec;56(6):2276-2284. doi: 10.1007/s10943-017-0408-y. PMID: 28474277
- 18- Almegewly WH, Alenazi RB, Albaqami FM, Alkharashi RA, Alsaedi FA, Almutairi RK, et al Perceptions and Patterns of Dietary Supplements' Use during COVID-19 among Undergraduate Female Students in Saudi Arabia. *Nutrients*. 2022; 14(18):3728. <https://doi.org/10.3390/nu14183728>
- 19- Merwid-Lad A, Szandruk-Bender M, Matuszewska A, Trocha M, Nowak B, Oster M, Szelağ A. Factors That Influence the Use of Dietary Supplements among the Students of Wrocław Medical University in Poland during the COVID-19 Pandemic. *International Journal of Environmental Research and Public Health*. 2022; 19(12):7485.
- 20-Sezer Efe Y, Gül Tamer F, Tekcan P, Bayat M. The effect of mothers' fears of COVID-19 on their attitudes towards feeding their children and using food supplements. *Women Health*. 2023 Jul 3;63(6):454-463. doi: 10.1080/03630242.2023.2223717. Epub 2023 Jun 12. PMID: 37309166.
- 21-Akyol, P., and A. Celik. Investigation of nutrition habits of first and emergency aid students during the COVID-19 outbreak period. Investigation of nutrition habits of paramedic students during the COVID-19 outbreak period. *Turkish Studies* 2020 15 (4):25-37. (In Turkish).doi:10.7827/TurkishStudies.44386
- 22- Marupuru S, Axon DR, Slack MK. How do pharmacists use and recommend vitamins, minerals, herbals and other dietary supplements? *BMC Complement Altern Med*. 2019 Aug 22;19(1):229. doi: 10.1186/s12906-019-2637-y. PMID: 31438941; PMCID: PMC6704661.
- 23- Posadzki P, Watson LK, Ernst E. Adverse effects of herbal medicines: an overview of systematic reviews. *Clin Med (Lond)*. 2013 Feb;13(1):7-12. doi: 10.7861/clinmedicine.13-1-7. PMID: 23472485; PMCID: PMC5873713.
- 24- Moreno-Montoya J, Ballesteros SM, Rojas Sotelo JC, et al. Impact of the COVID-19 pandemic on routine childhood immunization in Colombia *Archives of Disease in Childhood* 2022;107:e4
- 25- Osei I, Sarwar G, Hossain I, Sonko K, Ceesay L, Baldeh B, et al. Attendance and vaccination at immunization clinics in rural Gambia before and during the COVID-19 pandemic. *Vaccine*. 2022 Oct 19;40(44):6367-6373. doi: 10.1016/j.vaccine.2022.09.031. Epub 2022 Sep 13. PMID: 36180374; PMCID: PMC9468317
- 26- UNICEF. Immunization coverage: Are we losing ground? 2020. <https://data.unicef.org/resources/immunization-coverage-are-we-losing-ground/>. Access Date: 27.12.2023
- 27-Eğri G, Gölbaşı Z, 15-49 Age Group Married Women's Traditional Practices for Baby Care in the Postpartum Period *TSK Preventive Medicine Bulletin*, 2007: 6 (5)
- 28-İnci R, Aslan S, Çınar E, Çeçen S, Culturally Specific Approaches of 15-49 Year Old Mothers Living in Batman towards Baby Care in the Postpartum Period, *Batman University Life Sciences Journal*, Volume 9 Issue 2 (2019)
- 29-Hacettepe University Institute of Population Studies, Population and Health Research Series, https://hips.hacettepe.edu.tr/tr/nufus_ve_saglik_arastirmalari_serisi-59, Access Date: 02.01.2024
- 30-Özyazıcıoğlu N, Polat S. Traditional Practices That Mothers With 12 Months Children Use Regarding Child Care. *Anatolian Journal of Nursing and Health Sciences*. 2010;8(1):63-71.
- 31-Hacıhasanoğlu Aşlar R, Bekar P, Knowledge, Traditional Beliefs and Practices of Mothers with 0-24 Month Old Children Regarding Child Care, *JCP* 2018;16(2):1-18
- 32- Lafçı D,Erdem E. Traditional practices of married women aged 15-49 years for mother and baby care in the postpartum period. *Gaziantep Med J*.2014, 20(3), 226-236
- 33- Demir R, Kaya Odabaş R, Taşpınar A. Investigation of Studies on Spiritual Care and Practices in the Postpartum Period in Turkey: A Systematic Review. *İKÇÜSBFD*. 2023;8(2):515-26.
- 34- Dennis CL, Fung K, Grigoriadis S, Robinson GE, Romans S, Ross L. Traditional Postpartum Practices and Rituals: A Qualitative Systematic Review. *Women's Health*. 2007;3(4):487-502. doi: 10.2217/17455057.3.4.487
- 35- Sevinç HY, Celasin NŞ. Are the Traditional Infant Care Practices of Mothers Different in the World and Turkey? *Göbeklitepe Journal of Health Sciences*, 2023 6(12) <https://doi.org/10.55433/gsbfd/189>.
- 36- Yiğitalp G, Gümüş F. Traditional Practices Related to Infant Care of Women Aged 15-49 in Diyarbakır. *Journal of Pediatric Disease/Cocuk Hastalıkları Dergisi*, 2017, 11.3.
- 37-Dinç, S. Traditional practices applied by mothers with 0-1-year-old children registered to health center number 4 in the center of Şanlıurfa in the care of their children. *Journal of Research and Development in Nursing* 2005;7: 53-63.
- 38- Özyazıcıoğlu N, Öncel S. Cultural (traditional) approaches in child care. Seviğ Ü, Tanrıverdi G, (eds). *Intercultural Nursing*.1st Edition. Istanbul: Istanbul Medical Bookstore 2012;203-27