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Complementary and Alternative Medicine Used by Pediatric Patients With Cancer in Western Turkey

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Complementary and alternative medicine (CAM) encompasses a wide range of approaches, including herbal medicine, manual healing techniques, traditional therapies, and mind-body interventions (Gozum, Tezel, & Koç, 2003). The National Center for Complementary and Alternative Medicine (NCCAM, 2007) in the United States defines CAM as a group of diverse medical and healthcare systems, practices, and products that are not presently considered to be part of conventional medicine. NCCAM has developed five categories to classify CAM: alternative medical systems, mind-body interventions, biologic-based therapies, manipulative and body-based methods, and energy therapies.

CAM is widely used throughout the world to treat a variety of illnesses and to maintain health. Ernst and Cassileth (1998) examined data from 13 countries and reported that the incidence of CAM use in adults with cancer was 7%–64%. In an Australian study conducted by Smith and Eckert (2006), the use of CAM in children was 164 (18%) of 911 children with various illnesses.

Children diagnosed with cancer have to cope with many disease-related and treatment-related symptoms. Studies conducted in countries worldwide have reported that 31%–84% of pediatric patients with cancer use CAM (Arush et al., 2006; Bold & Leis, 2001; Fernandez, Stutzer, MacWilliam, & Fryer, 1998; Fletcher & Clarke, 2004; Friedman et al., 1997; Gagnon & Recklist, 2003; Grootenhuis, Last, de Graaf-Nijkerk, & van der Wel, 1998; Kelly et al., 2000; Langler, Spix, Gottschling, Graf, & Kaatsch, 2005; Martel et al., 2005; McCurdy, Spangler, Wofford, Chauvenet, & McLean, 2003; Molassiotis & Cubbin, 2004; Neuhouser et al., 2001; Yeh, Tsai, Li, Lee, & Yang, 2000). Reasons that CAM is used in pediatric patients with cancer include improving children's general health (Kelly et al.; Molassiotis & Cubbin; Yeh et al.), treating cancer and coping with the side effects of treatment (Molassiotis & Cubbin; Yeh et al.), religious or other beliefs (Friedman et al.), improving the immune

Purpose/Objectives: To determine the extent of complementary and alternative medicine (CAM) use, the types of therapies employed, and the reasons for choosing those therapies.

Design: Descriptive type, cross-sectional.

Setting: Pediatric oncology department in western Turkey.

Sample: 112 children receiving or completing treatment for cancer.

Methods: Parents of 112 children completed a questionnaire regarding CAM use. Analyses included examining correlations between CAM use and demographic variables.

Main Research Variables: CAM use and demographic variables.

Findings: 77% of the patients used one or more type of CAM, with herb use being the most common.

Conclusions: About 75% of parents used CAM for their children. However, about 25% sought discussion with the physician about the CAM they were using.

Implications for Nursing: Nurses should approach their patients without prejudice, gather information about the various CAM techniques, and share this knowledge with their patients.

system, and preventing the recurrence of cancer (Molassiotis & Cubbin).

Studies that have examined the extent of CAM use in adult patients with cancer in Turkey have reported an increase of CAM use in the past few years. According to data from 2001–2005, the incidence of CAM use in adults with cancer was reported to be 39%–61% (Algier, Hanoglu, Ozden, & Kara, 2005; Ceylan, Hamzaoglu, Komurcu, Beyan, & Yalcin, 2002; Gozum et al., 2003; Isikhan et al., 2003; Samur, Bozcuk, Kara, & Savas, 2001). Although many studies have been conducted in Turkey for adults with cancer, very few have looked at pediatric patients with cancer. To date, only two (Gozum, Arikan, & Büyükavci, 2007; Karadeniz, Pinarli, Oluz, Gürsel, & Canter, 2007) have been

Quick Facts: Turkey

Geography: Three percent of the total area lies in southeastern Europe. The remainder is in southwestern Asia. The total area is 780,580 km², slightly larger than the state of Texas.

Population: Turkey is the most populous country in the Middle East. The population was 72 million in 2005 and is expected to reach 76 million in 2010 and 88 million in 2025.

Healthcare system priorities and programs: The Ministry of Health is officially responsible for designing and implementing nationwide health policies and delivering healthcare services. The ministry also regulates prices of medical drugs and controls drug production and pharmacy operations. Health institutions that provide medical care and preventive health services include inpatient institutions (hospitals and health centers) and outpatient institutions (health units, health houses, infirmaries, mother and child centers, and dispensaries). Services provided by the institutions include personal health cards, which are sent to the ministry monthly along with information on health status.

Education: Formal education includes preschool, primary school, secondary school, and higher-education institutions. Eighty-seven percent of the population is literate.

Bibliography

- State Institute of Statistics. (2002). Social security and health/health statistics. Retrieved September 7, 2006, from http://www.tuik.gov.tr/prefstatistikTablo.doc/istab_id
- Turkish Statistical Institute. (2006). *Statistical year book 2005*. Ankara, Turkey: Printing Division.

conducted in Turkey. In those two studies, the incidence of CAM use in pediatric patients with cancer was reported at 49% and 52%.

Many factors affect the use of CAM and type used (Post-White, 2006). Herbs are widely used in Turkey as CAM treatment (32%–72%) (Inanc, Sahin, Cicek, & Tasc, 2006; Oguz & Pinar, 2000), but the incidence of herb use varies somewhat from country to country: 16% (Friedman et al., 1997), 32% (Kelly et al., 2000), and 35% (Neuhouser et al., 2001) reported for the United States; 13% for the United Kingdom (Molassiotis & Cubbin, 2004); 38% for Israel (Arush et al., 2006); 28% for Taiwan (Yeh et al., 2000); and 20% for Canada (Martel et al., 2005). In the studies conducted on pediatric patients with cancer in Turkey, Gozum et al. (2007) reported that 39 (91%) of the 43 patients (49%) who reported using CAM used herbs, and Karadeniz et al. (2007) reported that 35 (71%) of the 49 patients (52%) who reported using CAM used herbs.

Although herbs are widely used as CAM treatment in pediatric patients with cancer, limited research has been conducted on their safety and effectiveness (McLean & Kemper, 2006b). Some CAM therapies that have been used extensively in other studies can be potentially harmful when used in combination with the chemotherapy the pediatric patients are receiving

(Gozum et al., 2007). McLean and Kemper's (2006c) review of the literature showed that herbs and vitamins are used in pediatric patients; however, when used in combination with conventional medical therapy, they can cause side effects. Ernst (2003) reviewed the literature about the use of CAM in children and adolescents and determined that most side effects of CAM therapies are related to herbs, and that the side effects can include bradycardia, toxic hepatitis, and death. Cohen (2006) reviewed the literature about the ethical and legal aspects of CAM use and determined that, in some studies, the evidence about CAM therapy was contradictory and that, although CAM can be safe and effective, it also can have harmful effects in some people. The evidence about the use of CAM therapy is confusing. Some treatments are considered to be safe and effective but they *can* be harmful.

Before beginning this study, the authors observed that the majority of children on the pediatric oncology ward used CAM without a specific medical basis and that parents had heard about the treatments from relatives, neighbors, or the media. In addition, they did not discuss this information with the healthcare team. Sibinga, Ottoloni, Duggan, and Wilson (2004) reported that 53% of caregivers wanted to discuss the CAM treatments they were using with their physician. It also has been reported that, of the parents who use CAM treatments, only 16% in the United States (Friedman et al., 1997) and 23% in Taiwan (Yeh et al., 2000) have discussed it with their physicians.

No safety standards exist for the herbs used as CAM in Turkey. For this reason, nurses and other healthcare providers should know which CAM treatments are being used, how often they are being used in pediatric patients with cancer, and what the factors are that affect this situation. Therefore, the purpose of this study was to determine the prevalence of CAM use among pediatric patients with cancer as reported by their parents, the types of CAM used, and the sociodemographic and medical characteristics associated with the use of CAM.

Methods

Design, Setting, and Sample

The study was a cross-sectional sample and descriptive design with data collected by a questionnaire administered to parents of pediatric patients treated for cancer at Ege University Medical Faculty, Department of Pediatric Oncology, in Izmir, one of the largest hospitals in the western region of Turkey. Data were collected with a nonrandom convenience sampling technique. The study was approved by the ethics committee of Ege University. The committee determined that written informed consent could be waived; therefore, verbal informed consent for participation was obtained from parents.

The subjects of this study were parents of 112 children aged 1–18 years who were attending the university's hospital outpatient or inpatient clinics. Children had been diagnosed with cancer within the previous five-year period. Pediatric patients with cancer who had been receiving treatment for at least one month in the inpatient clinic or who were returning for follow-up evaluation at the outpatient clinic were eligible for the study.

Instruments

The parents completed a self-administered, 22-item questionnaire prepared by the researchers according to information in the literature. The questionnaire was divided into two sections, the first of which was related to the children and parents' sociodemographic characteristics (gender, age, education level, marital status, monthly family income, diagnosis, and cancer status at the time of survey) and clinical status. The second section of the questionnaire asked parents whether they administered any form of CAM to their child after the cancer diagnosis. If the parents' answer was "yes," they were asked to explain the type of CAM (e.g., herbs, massage, prayer), reasons for using CAM, and how they learned about CAM.

The questionnaire was pilot tested on a sample of 15 parents to check for clarity of the items, and necessary revisions were made. Either the child's mother or father was asked to answer the questionnaire. For mothers or fathers who were illiterate, the questions were read to them by the researcher, who recorded their answers on the questionnaire.

Data Analyses

The statistical analyses were performed with SPSS® 11.0 for Microsoft® Windows®. Descriptive statistics were obtained and the differences between variables were conducted with chi-square test. For all analyses, a *p* value less than 0.05 was considered significant.

Results

The demographic characteristics are presented in Table 1. The median age of the patients was 9.21 years (range = 1–18); 52% were girls. The average age of the mothers was 34.65 ± 5.94 years and 77% of them completed primary school. Among the 112 patients, 86 (77%) used at least one CAM.

The oncology diagnoses included leukemia (44%), lymphoma (27%), and others (29%) (see Table 2). The most commonly used CAM therapies included herbs (primarily nettle and *Salvia officinalis*) at 92% (see Table 3). Parents' expectations of the CAM included boosting the immune system (60%), cleaning blood (20%), and curing the disease (12%). A high percentage of CAM

Table 1. Demographic Characteristics

Characteristic	n	%
Patient's gender		
Female	58	52
Male	54	48
Mother's educational status		
Illiterate	9	8
Primary school (1–8 years)	86	77
Secondary school (9–11 years)	15	14
High school (12 years or more)	2	1
Father's educational status		
Illiterate	8	7
Primary school (1–8 years)	70	63
Secondary school (9–11 years)	21	19
High school (12 years or more)	13	11
Monthly income of the family (U.S. \$)		
601–1,500	5	4
301–600	76	68
150–300	31	28
Size of community (population)		
City (larger than 20,000)	86	77
Town (2,000–20,000)	16	14
Village (less than 2,000)	10	9
Primary caretaker of the child		
Mother	105	94
Father	7	6
Complementary and alternative medicine status		
Yes	86	77
No	26	23
N = 112		

was recommended either by neighbors (49%) or relatives (43%). Only 29 (26%) parents had ever discussed the use of CAM with their oncologists, and none of the parents discussed the use of CAM with their nurses (see Table 4). No statistically significant relationship was found between CAM use and sociodemographic and clinical data.

Discussion

According to the results of this study, widespread use of CAM is occurring in pediatric patients with cancer in western Turkey. This prevalence is higher than in some studies from other countries (Neuhouser et al., 2001; Yeh et al., 2000) but lower than that in the United States as reported by Kelly et al. (2000). However, it was higher than in other studies conducted in Turkey (Gozum et al., 2007; Karadeniz et al., 2007), suggesting that regional differences may exist.

Among pediatric patients with cancer, the most commonly used CAM therapies are herbs and dietary supplements, with reported prevalence rates as high as 60% (McLean & Kemper, 2006b). In studies conducted on adult patients with cancer in Turkey, 72%–100% of the participants used herbs as CAM therapies and 58%–93% used nettle (Algier et al., 2005; Gozum et al.,

Table 2. Clinical Characteristics of the Patients

Characteristic	n	%
Type of cancer		
Leukemia	49	44
Lymphoma (Hodgkin and non-Hodgkin)	30	27
Other solid tumors	33	29
On active treatment		
Yes	51	46
No	61	54

N = 112

2003). Two studies found that the prevalence of nettle use varied from 29%–91% (Gozum et al., 2007; Karadeniz et al., 2007). In this study, the prevalence of nettle use was 63%, which is similar to the reported use of nettle in adult and pediatric patients with cancer in Turkey. Nettle is a plant that is grown and consumed in almost every part of Turkey. The nettle leaf is 2–4 cm long and contains potassium salts, iron, acetylcholine, formic acid, histamine, and vitamin C. *Salvia officinalis* comes from Europe and is now grown all over the world; it is a perennial herbaceous-to-shrubby herb growing up to 50 cm in height and is known for its antioxidant and carminative (antiflatulent) effects (Gozum et al., 2003; Inanc et al., 2006).

The use of prayer has been debated for inclusion as a CAM therapy (McLean & Kemper, 2006a); prayer has been included as a CAM therapy in some articles but not in others (McCurdy et al., 2003). According to McLean and Kemper (2006c), belief in prayer is associated with culture. Although prayer may not heal a disease or manage symptoms, it brings peace to families that everything possible is being done for their child. Although the authors did not specifically ask the question, 55% of the families spontaneously stated that they used prayer as a CAM therapy. But, because Turkey is a Muslim nation where prayer is common, this number may not represent the true percentage using prayer.

As a result of treatment, pediatric patients with cancer have weakened immune systems and face frequent infections. When families were asked why they used CAM therapies, the most common answer (60%) was to support the child's immune system. This reason also was given by 18% in Karadeniz et al. (2007) and by 68% in Arush et al. (2006).

The current study showed that parents gathered information about CAM from neighbors, relatives, and the media. Neighbors and relatives are considered to be the parents' most common source of information. This finding is consistent with previous studies (Arush et al., 2006; Friedman et al., 1997). The percentage of parents stating that they obtained information from their physicians was only 26%, and none of the parents had shared this information with a nurse. Friedman

et al. found that 16% of the families reported that they told their physicians about the CAM therapy they used. In previous studies conducted in Turkey, this rate varied from 8%–28% (Gozum et al., 2007; Karadeniz et al., 2007). Communication is an essential part of the treatment process, and failure to keep the lines of communication open and reveal all aspects of treatment to healthcare professionals could result in negative consequences for children (Fletcher & Clarke, 2004). The healthcare team should establish an open dialogue that will lead to a clear distinction between harmful and possibly helpful CAM therapies (Jankovic et al., 2004).

Studies of pediatric patients with cancer have found several factors associated with CAM use, particularly higher income (Friedman et al., 1997) and higher parental education (Arush et al., 2006; Friedman et al.). In the current study, however, a significant relationship existed between use of CAM and age, diagnosis, income, and parental education.

Limitations

This study has a number of limitations. The sample size was small and from a single metropolitan area. Izmir has a population of about 2 million, and this representative sample of the western Turkey population may not be generalizable to others of parts of Turkey. Another limitation of the study was that it was cross-sectional and retrospective, which may affect the parents' ability to remember all events and emotions accurately. Large-scale longitudinal, prospective studies would reflect changes in the use of CAM as a function of changes in the patient's status.

Implications for Nursing

According to the findings in this study, widespread use of CAM is occurring in pediatric patients with cancer in western Turkey. However, the results of this study have shown that parents of pediatric patients

Table 3. Distribution of Complementary and Alternative Medicine Used by Patients

Therapy	n	%
Herbal medicine and biologic intake		
Nettle	54	63
<i>Salvia officinalis</i>	25	29
Vitamin or supplements	24	28
Others (bee pollen, bee milk, lime, honey of Anzer)	10	12
Turtle or frog blood	7	8
Mind/body method		
Prayer	47	55

N = 112

Note. Some patients used more than one therapy.

Table 4. Use of Complementary and Alternative Medicine (CAM) Related to Specialists

Variable	n	%
Reason for resorting to CAM (n = 88)		
Boost immune system	52	60
Clean blood	17	20
Cure the disease	10	12
Others	9	10
Where they learned about CAM (n = 98)		
Neighbors	42	49
Relatives	37	43
Media	19	22
If a discussion about CAM occurred, was it with a physician or nurse? (n = 22)		
Physician	22	26
Nurse	–	–

with cancer tended to use CAM without informing healthcare professionals. Although parents have the responsibility for making medical decisions for their children, healthcare professionals should provide ad-

equate information and educated advice regarding the disease and the proposed treatment. The parents of pediatric patients with cancer often have to make decisions regarding medical treatments for their children. The long duration, painfulness, and uncertainty of existing standard treatments usually are very stressful for parents, which may lead them to consider less painful alternative therapies (Yeh et al., 2000).

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References

- Algier, L.A., Hanoglu, Z., Ozden, G., & Kara, F. (2005). The use of complementary and alternative (nonconventional) medicine in cancer patients in Turkey. *European Journal of Oncology Nursing*, 9(2), 138–146.
- Arush, M.W., Geva, H., Ofir, R., Mashiach, T., Uziel, R., & Dashkovsky, Z. (2006). Prevalence and characteristics of complementary medicine used by paediatric cancer patients in a mixed Western and Middle-Eastern population. *Journal of Pediatric Hematology/Oncology*, 28(3), 141–146.
- Bold, J., & Leis, A. (2001). Unconventional therapy use among children with cancer in Saskatchewan. *Journal of Pediatric Oncology Nursing*, 18(1), 16–25.
- Ceylan, S., Hamzaoglu, O., Komurcu, S., Beyan, C., & Yalcin, A. (2002). Survey of the use of complementary and alternative medicine among Turkish cancer patients. *Complementary Therapies in Medicine*, 10(2), 94–99.
- Cohen, M.H. (2006). Legal and ethical issues relating to use of complementary therapies in pediatric hematology/oncology. *Journal of Pediatric Hematology/Oncology*, 28(3), 190–193.
- Ernst, E. (2003). Serious adverse effects of unconventional therapies for children and adolescents: A systematic review of recent evidence. *European Journal of Pediatrics*, 162(2), 72–80.
- Ernst, E., & Cassileth, B.R. (1998). The prevalence of complementary/alternative medicine in cancer. *Cancer*, 83(4), 777–781.
- Fernandez, C.V., Stutzer, C.A., MacWilliam, L., & Fryer, C. (1998). Alternative and complementary therapy use in pediatric oncology patients in British Columbia: Prevalence and reasons for use and nonuse. *Journal of Clinical Oncology*, 16(4), 1279–1286.
- Fletcher, C.P., & Clarke, J. (2004). Complementary and alternative medicine among pediatric patients. *Cancer Nursing*, 27(2), 93–99.
- Friedman, T., Slayton, W.B., Allen, S.L., Pollock, H.B., Dumont-Driscoll, M., Mehta, P., et al. (1997). Use of alternative therapies for children with cancer. *Pediatrics*, 100(6), E1–E6.
- Gagnon, E., & Recklist, C.B. (2003). Parent's decision-making preferences in pediatric oncology: The relationship to health care involvement and complementary therapy use. *Psycho-Oncology*, 12(5), 442–452.
- Gozum, S., Arikan, D., & Büyükcavcı, M. (2007). Complementary and alternative medicine use in pediatric oncology in eastern Turkey. *Cancer Nursing*, 30(1), 38–44.
- Gozum, S., Tezel, A., & Koç, M. (2003). Complementary and alternative medicine used by patients with cancer in eastern Turkey. *Cancer Nursing*, 26, 230–236.
- Grootenhuis, M.A., Last, B.F., de Graaf-Nijkerk, J.H., & van der Wel, M. (1998). Use of alternative treatment in pediatric oncology. *Cancer Nursing*, 21(4), 282–288.
- Inanc, N., Sahin, H., Cicek, B., & Tasc, S. (2006). Use of herbs or vitamin/mineral supplements by patients with cancer. *Cancer Nursing*, 29(1), 17–20.
- Isikhan, V., Borazan, E., Komurcu, S., Ozer, A., Arpacı, F., Ozturk, B., et al. (2003, April). Used alternative therapies with cancer patients. Session presented at the 15th National Cancer Conference, Antalya, Turkey.
- Jankovic, M., Spinetta, J.J., Martins, A.G., Pession, A., Sullivan, M., D'Angino, J.G., et al. (2004). Nonconventional therapies in childhood cancer: Guidelines for distinguishing nonharmful from harmful therapies. *Pediatric Blood and Cancer*, 42(1), 106–108.
- Karadeniz, C., Pinarlı, G.F., Oluz, A., Gürsel, T., & Canter, B. (2007). Complementary/alternative medicine use in a pediatric oncology unit in Turkey. *Pediatric Blood and Cancer*, 48(5), 540–543.
- Kelly, K.M., Jacobsen, J.S., Kennedy, D.D., Braudt, S.M., Mallick, M., & Weiner, M.A. (2000). Use of unconventional therapies by children with cancer at an urban medical center. *Journal of Pediatric Hematology/Oncology*, 22(5), 412–416.
- Langler, A., Spix, C., Gottschling, S., Graf, N., & Kaatsch, P. (2005). Parents interview on use of complementary and alternative medicine in pediatric oncology in Germany. *Klinische Padiatrie*, 217(6), 357–364.
- Martel, D., Bussieres, J.F., Theoret, Y., Lebel, D., Kish, S., Moghrabi, A., et al. (2005). Use of alternative and complementary therapies in children with cancer. *Pediatric Blood and Cancer*, 44(7), 660–668.
- McCurdy, E.A., Spangler, J.G., Wofford, M.M., Chauvenet, A.R., & McLean, T.W. (2003). Religiosity is associated with the use of complementary medical therapies by pediatric oncology patients. *Journal of Pediatric Hematology/Oncology*, 25(2), 125–129.
- McLean, T.M., & Kemper, J.K. (2006a). Complementary and alternative medicine therapies in pediatric oncology patients. *Journal of the Society of Integrative Oncology*, 4(1), 1–6.
- McLean, T.M., & Kemper, J.K. (2006b). Complementary biochemical therapies in pediatric oncology. *Journal of the Society of Integrative Oncology*, 4(1), 39–45.

- McLean, T.M., & Kemper, J.K. (2006c). Lifestyle, biomechanical, and bioenergetic complementary therapies in pediatric oncology. *Journal of the Society of Integrative Oncology*, 4(2), 187–193.
- Molassiotis, A., & Cubbin, D. (2004). Thinking “outside the box”: Complementary and alternative therapies use in paediatric oncology patients. *European Journal of Oncology Nursing*, 8(1), 50–60.
- National Center for Complementary and Alternative Medicine. (2007). What is CAM? [NNCAM CAM basics] NNCAM Publication No. D347. Retrieved January 7, 2008, from <http://nccam.nih.gov/health/whatiscam/>
- Neuhouser, M.L., Patterson, R.E., Schwartz, S.M., Hedderson, M.M., Bowen, D.J., & Standish, L.J. (2001). Use of alternative medicine by children with cancer in Washington state. *Preventive Medicine*, 33(5), 347–354.
- Oguz, S., & Pinar, R. (2000, October). Which complementary therapies are preferred the most? Session presented at the 1st International and 8th National Nursing Conference, Antalya, Turkey.
- Post-White, J. (2006). Complementary and alternative medicine in pediatric oncology. *Journal of Pediatric Oncology Nursing*, 23(5), 244–253.
- Samur, M., Bozcuk, H.S., Kara, A., & Savas, B. (2001). Factors associated with utilization of nonproven cancer therapies in Turkey: A study of 135 patients from a single center. *Supportive Care in Cancer*, 9(6), 452–458.
- Sibinga, E.M., Ottoloni, M.C., Duggan, A.K., & Wilson, M.H. (2004). Parent-pediatrician communication about complementary and alternative medicine use for children. *Clinical Pediatrics*, 43(4), 367–373.
- Smith, C., & Eckert, K. (2006). Prevalence of complementary and alternative medicine and use among children in South Australia. *Journal of Paediatrics and Child Health*, 42(9), 538–543.
- Yeh, C.H., Tsai, J.L., Li, W.J., Lee, S.C., & Yang, C.P. (2000). Use of alternative therapy among pediatric oncology patients in Taiwan. *Journal of Pediatric Hematology/Oncology*, 17(1), 55–65.