

Awareness and Attitude of Parents and Caregivers Regarding Harmful Traditional Medical Practices Towards Children in Aseer Region of Saudi Arabia

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Background: Traditional medicine has potential benefits, but distinguishing safe from risky procedures is crucial for safeguarding children's health. Harmful practices in Aseer Region of Saudi Arabia, deeply rooted in cultural heritage, require scrutiny of parental attitudes and awareness.

Aim: The study aims to investigate and analyze the awareness, attitudes, and associated factors contributing to Harmful Traditional Medical Practices towards children in Aseer Region of Saudi Arabia.

Methodology: This study employed a cross-sectional design, using an online survey to collect data via a structured questionnaire developed from an extensive literature review on harmful traditional child medical practices in Aseer Region of Saudi Arabia.

Results: The study found that most respondents were aged 41–49 years (42.4%), lived in cities (77%), had at least an undergraduate degree (50.1%), and favored traditional medicine (55.9%). Common traditional medicine choices included “Herbs” (28.4%) and “Belly massage” (27.6%). Age significantly affected treatment preferences, while “Place of Resident” and “Education Level” hinted at potential differences. Personal experiences (37.2%) and family networks (31.4%) were key sources of information. Logistic regression analysis uncovered intricate links between sociodemographic and traditional medicine practices. Respondents' views on “Awareness”, “Effectiveness”, and “Complications” demonstrated notable statistical significance, influencing parents' and caregivers' perspectives in the study.

Conclusion: The study's outcomes underscore the imperative for heightened awareness and education concerning the potential hazards and complications tied to harmful traditional medical practices among parents and caregivers in Aseer Region of Saudi Arabia, particularly with regard to their children's well-being. The evident inclination towards traditional medicine, reliance on personal experiences and familial networks for healthcare insights, and reservations regarding contemporary medical approaches underline the significance of addressing cultural beliefs.

Keywords: traditional medicine, aseer region, awareness, attitude, parents, caregivers

Introduction

Harmful traditional medical practices towards children pose significant risks to their health and well-being. In Aseer Region of Saudi Arabia, where traditional medicine practices are deeply embedded in the cultural heritage, it is essential to examine the awareness and attitudes of parents and caregivers towards these practices to effectively address and mitigate the associated risks. This study aims to explore the prevailing knowledge, perceptions, and behaviors of parents and caregivers regarding harmful traditional medical practices targeting children in Aseer Region using an online survey. The choice to employ an online survey for this study in Aseer region stems from several factors. Due to the region's diverse and remote landscapes, traditional research methods face logistical challenges. The online survey transcends geographical barriers, allowing broader participation. It is time-efficient, enabling respondents to contribute conveniently

and potentially yielding more candid responses due to privacy and sensitivity concerns. Automation minimizes errors, enhancing data accuracy, and the method is cost-effective compared to field-based research. Increasing technology penetration, even in remote areas, makes online surveys feasible.

By building upon existing literature, this research seeks to contribute to understanding this important issue and inform the development of interventions to promote safe healthcare practices for children.

Studies have highlighted the significance of assessing the awareness and attitudes of parents and caregivers regarding harmful traditional medical practices. In a study,¹ it was found that parents' awareness and attitudes significantly influenced their decisions regarding traditional medicine use for their children. Also, a study² in Kenya revealed that parental awareness and beliefs about traditional medicine influenced their utilization patterns and perceptions of its effectiveness for childhood illnesses. This study's importance lies in its potential to improve child health outcomes, foster cultural sensitivity, guide policy decisions, and drive informed healthcare choices that align with both cultural heritage and evidence-based practices.

Furthermore, research conducted in Saudi Arabia has shed light on the prevalence and nature of traditional medicine practices in the country.³ A study examined the utilization of traditional medicine among adults in Saudi Arabia and found that cultural beliefs and a lack of awareness about potential harms were among the factors contributing to its use. Similarly, a study explored the utilization patterns and perceived benefits of traditional medicine among pregnant women in Saudi Arabia, highlighting the need for increased awareness and education on safe healthcare practices.⁴

In some regions, traditional medicine practices have a long-standing history and cultural significance. Studies have provided insights into the prevalence and utilization of traditional medicine practices in this region. This study emphasized the importance of understanding the local context, cultural beliefs, and factors influencing the utilization of traditional medicine.⁵

Based on the aforementioned literature, it is evident that exploring the awareness and attitudes of parents and caregivers regarding harmful traditional medical practices toward children is crucial. The aim of this study is to investigate and analyze the awareness, attitudes, and associated factors contributing to Harmful Traditional Medical Practices towards children in Aseer Region of Saudi Arabia.

Materials and Methods

Study Design

This study was a cross-sectional online questionnaire survey distributed between May 2023 and June 2023, based on a structured questionnaire.

Subject

The study's population consisted of parents and caregivers in Aseer region, Saudi Arabia.

Sample Size

The last reported Aseer region population is 2,166,983.⁶ The sample size was estimated using the Sample Size Calculator - Qualtrics⁷ with a confidence level of 95% and margin error of 5%; a sample size of 599 was used for this study.

Questionnaire Validity Measures

To assess the internal consistency reliability of the questionnaire used in this study, Cronbach's alpha was calculated. The Cronbach's alpha value is approximately 0.73, which indicates an acceptable level of internal consistency and reassures the researchers about the respondents' answers to the questionnaire. Consequently, the results obtained through the questionnaire will be reliable and can be relied upon to make sound decisions.

Inclusion Criteria and Exclusion Criteria

For the purpose of this study the inclusion criteria are set to specifically include parents and caregivers and residents of Aseer region of Saudi Arabia. Hence, the exclusion criteria are modified to exclude those who are neither parents nor caregivers, and nonresidents of Aseer region of Saudi Arabia were also excluded.

Analyses and Entry Methods

The data collected via electronic mean, using Google form which was exported to excel and transferred to Statistical Package for Social Sciences (SPSS version 22) where the collected data was analyzed. The frequencies, and percentages were analyzed to determine the socio-demographic characteristics, and one-way Analysis of Variance (ANOVA) was used to compare means between multiple variables. The prevalence was given in percentage with 95% confidence level. Test with a P-value ≤ 0.05 was considered significant.

Results

Table 1 provides an overview of the sociodemographic characteristics of the respondents. The age distribution indicates that the majority of respondents were in the age range of 41–49 years (42.4%), followed by those in the age range of 19–30 years (22.2%). In terms of place of residence, most respondents lived in a city (77%), while a smaller portion resided in a village (22.2%) or a desert area (0.8%). Regarding educational qualifications, half of the respondents had an undergraduate or higher degree (50.1%), and a significant number had a secondary qualification (25.9%). When it comes to the preferred medication type, the majority expressed a preference for traditional medicine (55.9%), followed by both traditional and modern medicine (34.6%). These findings shed light on the sociodemographic characteristics of the respondents, providing valuable insights for understanding their perspectives and behaviors related to healthcare and medication choices.

Table 1 Sociodemographic Characteristics of the Respondents (N=599)

Sociodemographic Variables		N (Frequency)	% (Percentage)
Age (years)	≤18	34	5.7
	19–30	133	22.2
	31–40	122	20.4
	41–49	254	42.4
	≥50	56	9.3
Place of Residence	City	461	77
	Village (years)	133	22.2
	Desert	5	0.8
Educational Qualification	Undergraduate or Higher	300	50.1
	Secondary qualification	155	25.9
	Middle certification	23	3.8
	Primary qualification	22	3.7
Preferred medication type	Traditional	335	55.9
	Modern	57	9.5
	Both	207	34.6

Table 2 presents the prevalence of commonly used traditional medicines by parents or caregivers. The most frequently reported type of traditional medicine was “Herbs” (28.4%), followed closely by “Belly massage” (27.6%). “Oil ointment” (10.9%), “Herbs, Belly massage & oil paint” (16.5%), and “Cupping” (7.3%) were also commonly used. Other combinations such as “Herbs & Oil ointment”, “Belly massage and Oil ointment”, and “Belly massage and Herbs” were reported to a lesser extent. These findings highlight the diverse range of traditional medicines utilized by parents and caregivers, emphasizing the significance of traditional healing practices in their healthcare approaches.

Table 3 provides valuable insights into how different variables relate to treatment choices, it reveals associations between sociodemographic characteristics and treatment preferences, using statistical measures to gauge significance and patterns. It showcases means, standard deviations, F-statistics, and p-values for each variable-category combination. The F-statistic evaluates differences in means across treatment choices. The “Age” variable exhibits a significant difference in means among treatment choices ($p = 0.005$), implying age’s influence. Conversely, “Place of Resident” and “Education Level” show potential differences ($p = 0.069$ and 0.101 , respectively), but they lack statistical significance.

Table 2 Prevalence of Traditional Medicine Commonly Used by Parents and Caregivers

Type of Traditional Medicine Commonly Used	N (Frequency)	% (Percentage)
Herbs	170	28.4
Belly massage (years)	165	27.6
Oil ointment	65	10.9
Herbs, Belly massage (years) and oil paint	99	16.5
Herbs & Oil ointment	11	1.8
Cupping	44	7.3
Belly massage (years) and Oil ointment	44	7.3
Belly massage (years) and Herbs	1	0.2
Total	599	100

Table 3 Relationship Between Sociodemographic Characteristics and Choice of Treatment

Variables	Choice of Treatment	Mean	Standard Deviation	F-value	P-value
Age (years)	Modern	2.860	1.0426	5.273	0.005
	Traditional	3.281	1.0801		
	Both	3.382	1.0768		
Place of Resident	Modern	1.368	0.5221	2.684	0.069
	Traditional	1.224	0.4175		
	Both	1.227	0.4639		
Education Level	Modern	2.135	1.1586	2.303	0.101
	Traditional	1.790	1.0258		
	Both	1.742	0.9829		

Table 4 Sources of Information Regarding the Use of Traditional Medicine

Sources of Information Regarding the use traditional Medicine	N (Frequency)	% (Percentage)
Previous Personal Experiences	223	37.2
Family and relatives	188	31.4
Previous personal experiences, Family and relatives	77	12.9
Family and relatives, Internet and social media	44	7.3
Internet and social media	22	3.7
Family and relatives, Internet and social media, Previous personal experience	11	1.8
Books and magazines	11	1.8
Previous Personal Experiences, Internet and social media	12	2.0
All of the options	11	1.8
Total	599	100

Table 4 presents the sources of information regarding the use of folk medicine. The majority of respondents (37.2%) relied on their previous personal experiences as a source of information. Family and relatives were also a significant source, with 31.4% of respondents obtaining information from them. It is worth noting that a combination of sources was reported by some participants, such as previous personal experiences combined with family and relatives (12.9%). The internet and social media had a smaller contribution as a source of information, with 3.7% of respondents relying on them. Overall, the findings indicate that personal experiences and family networks play a prominent role in shaping individuals' knowledge of folk medicine.

The presented Table 5 offers the outcomes of a logistic regression analysis that explores the triggering factors linked to Harmful Traditional Medical Practices concerning children in Aseer Region of Saudi Arabia. The analysis

Table 5 Logistic Regression Analysis for Factors Influencing Choice Between Modern and Traditional Medicine

Triggering Factors	Sociodemographic Variables	B	S.E.	Wald	Odds Ratio	95% C.I.	P
a. Ease of access	Place of Residence	-2.787	1.051	7.026	0.062	0.008–0.484	0.008
	Education Level	-4.558	1.307	12.163	0.010	0.001–0.136	<0.001
	Age (years)	2.857	0.670	18.182	17.412	4.683–64.744	<0.001
b. Transferred experience	Place of Residence	-19.616	0.000		3.025E-9	3.025E-9 - 3.025E-9	
	Education Level	-3.308	1.312	6.362	0.037	0.003–0.478	0.012
	Age (years)	1.939	0.707	7.515	6.949	1.738–27.789	0.006
c. Fear of complication	Place of Residence	-3.761	1.119	11.292	0.023	0.003–0.209	0.001
	Education Level	-3.289	1.287	6.534	0.037	0.003–0.464	0.011
	Age (years)	2.832	0.657	18.576	16.976	4.683–61.532	<0.001
d. Cost of licenses and ease	Place of Residence	-13.730	1679.623	0.000	1.090E-6	0.000. ^b	0.939
	Education Level	-0.419	1.358	0.095	0.658	0.046–9.411	0.757
	Age (years)	4.681	1.168	16.060	107.828	10.929–1063.835	<0.001

(Continued)

Table 5 (Continued).

Triggering Factors	Sociodemographic Variables	B	S.E.	Wald	Odds Ratio	95% C.I.	P
e. Some close experience	Place of Residence	4.642	4.513	1.058	103.801	0.015–720,046.405	0.304
	Education Level	−10.633	43.970	0.058	2.410E-5	9.018E-43 - 6.442E+32	0.809
	Age (years)	3.199	0.735	18.946	24.499	5.803–103.435	<0.001
f. Sometimes no, the doctor can diagnose correctly.	Place of Residence	−2.068	1.002	4.258	0.126	0.018–0.901	0.039
	Education Level	−3.714	1.287	8.325	0.024	0.002–0.304	0.004
	Age (years)	2.675	0.662	16.333	14.511	3.966–53.101	<0.001
g. Family & Community influence	Place of Residence	−0.888	0.942	0.888	0.412	0.065–2.609	0.346
	Education Level	−1.289	1.377	0.877	0.275	0.019–4.092	0.349
	Age (years)	1.715	0.691	6.151	5.555	1.433–21.538	0.013
h. Cost of licenses	Place of Residence	1.121	0.937	1.431	3.068	0.489–19.249	0.232
	Education Level	−2.125	1.236	2.955	0.119	0.011–1.347	0.086
	Age (years)	−2.276	0.827	7.583	0.103	0.020–0.519	0.006
i. I resort to it	Place of Residence	−20.623	0.000		1.105E-9	1.105E-9 - 1.105E-9	
	Education Level	−9.807	25.815	0.144	5.505E-5	5.848E-27 - 5.182E+17	0.704
	Age (years)	0.791	0.773	1.048	2.206	0.485–10.039	0.306
j. I do not cure in modern medicine	Place of Residence	−20.623	0.000		1.105E-9	1.105E-9 - 1.105E-9	
	Education Level	−9.807	25.815	0.144	5.505E-5	5.848E-27 - 5.182E+17	0.704
	Age (years)	0.791	0.773	1.048	2.206	0.485–10.039	0.306
k. After modern medical treatment and it was useless, I went to the traditional medicine	Place of Residence	−14.212	2721.906	0.000	6.725E-7	0.000. ^b	0.996
	Education Level	−7.093	12.025	0.348	0.001	4.825E-14 - 14.30E-10	0.555
	Age (years)	−6.296	9.160	0.472	0.002	2.943E-11 - 115,449.19	0.492
l. Not aware of modern medicine to cure the disease I treated	Place of Residence	−16.245	2062.395	0.000	8.809E-8	0.000. ^b	0.994
	Education Level	−1.855	1.362	1.854	0.157	0.011–2.260	0.173
	Age (years)	3.985	0.959	17.281	53.784	8.217–352.060	<0.001
m. Fast-acting, no waiting	Place of Residence	−16.245	2062.395	0.000	8.809E-8	0.000. ^b	0.994
	Education Level	−1.855	1.362	1.854	0.157	0.011–2.260	0.173
	Age (years)	3.985	0.959	17.281	53.784	8.217–352.060	<0.001
n. Sometimes modern medicine does not treat the ailment like traditional medicine will	Place of Residence	−18.668	1685.603	0.001	7.808E-9	0.000. ^b	0.991
	Education Level	−11.028	27.823	0.157	1.624E-5	3.373E-29 - 7.80E+18	0.692
	Age (years)	3.358	0.766	19.198	28.743	6.399–129.111	<0.001
o. To hasten recovery	Place of Residence	−16.245	2062.395	0.000	8.809E-8	0.000. ^b	0.994
	Education Level	−1.855	1.362	1.854	0.157	0.011–2.260	0.173
	Age (years)	3.985	0.959	17.281	53.784	8.217–352.060	<0.001

(Continued)

Table 5 (Continued).

Triggering Factors	Sociodemographic Variables	B	S.E.	Wald	Odds Ratio	95% C.I.	P
p. It works effectively	Place of Residence	2.102	1.934	1.181	8.181	0.185–362.207	0.277
	Education Level	−7.934	36.510	0.047	0.000	3.001E-35 – 4.283E+27	0.828
	Age (years)	0.401	1.293	0.096	1.494	0.119–18.818	0.756

Notes: P <0.05: indicate statistical significance.

Abbreviations: B, Estimated coefficients; S.E, Standard Error; 95% C.I, 95% Confidence Interval.

Table 6 Respondents' Answers on the Awareness, Effectiveness and Complications of Harmful Traditional Medical Practices (N=599)

Variables	Respondents Answers		X ²	p-value
		N (%)		
Awareness	Yes	278 (46.4%)	33.500	<0.001
	No	244 (40.7%)		
	Not Sure	77 (12.9%)		
Effectiveness	Yes	288 (48%)	56.937	<0.001
	No	234 (39.1%)		
	Not Sure	77 (12.9%)		
Complications	Yes	210 (35.1%)	92.858	<0.001
	No	356 (59.4%)		
	Not Sure	33 (5.5%)		

Notes: X², chi-square; N, frequency; %, percentage.

encompasses various factors such as ease of access, transferred experience, fear of complications, cost of licenses, family and community influence, resorting to traditional medicine, and other attitudes and beliefs. For each factor, the table provides coefficients, standard errors, Wald statistics, odds ratios, and their corresponding 95% confidence intervals. These values are examined in relation to sociodemographic variables including Place of Residence, Education Level, and Age. The significance of these associations is gauged by the reported p-values. This comprehensive analysis uncovers the intricate relationships between sociodemographic characteristics and triggering factors, contributing to a deeper understanding of the phenomenon of harmful traditional medical practices towards children in the region.

Table 6 shows the respondents' responses to questions about "Awareness", "Effectiveness", and "Complications", along with the related Chi-Square values and p-values to determine whether there are any associations. Regarding "Awareness", 46.4% responded "yes", 40.7% "no", and 12.9% "not sure" ($X^2 = 33.500$, $p = 0.001$). In terms of "Effectiveness", 48% agreed with it, 39.1% disagreed, and 12.9% were unsure ($X^2 = 56.937$, $p = 0.001$). 35.1% of respondents reported having "Complications", 59.4% reported having none, and 5.5% said they were "Not Sure" ($X^2 = 92.858$, $p = 0.001$). The p-values indicate the connections' substantial statistical significance, indicating that these variables have a considerable impact on respondents' responses.

Discussion

Findings from this study offer a significant contribution to the understanding of awareness and attitude of parents and caregivers in the use of harmful traditional medicine. The sociodemographic characteristics of the respondents offer

a better understanding of their perspectives and behaviors related to healthcare and medication choices. The age distribution of the respondents in the present study exhibited a rather equitable distribution among various age groups, with the greatest percentage falling within the age of 41–49 years, followed by those in the age range of 19–30 years. This distribution suggests a diverse age group, which is crucial for capturing a wide range of experiences and opinions regarding traditional medicine practices. These findings align with previous studies that have shown varying preferences for traditional medicine across different age groups.⁸

In terms of place of residence, most respondents lived in a city, which is consistent with the urbanization trend in Aseer Region of Saudi Arabia. Urban areas often provide more access to modern healthcare facilities and services, which may influence the choice of treatment options among the respondents.⁹ However, it is worth noting that a significant portion of the respondents resided in villages, indicating the persistence and relevance of traditional medicine practices in rural areas.¹⁰

The results indicate that a significant proportion of the parents and caregivers had an undergraduate or higher degree, highlighting the influence of education on healthcare decisions. This finding is consistent with previous research that has shown a positive correlation between higher education levels and the preference for modern medicine.¹¹ However, a substantial number of respondents with secondary qualifications also expressed a preference for traditional medicine, indicating the continued popularity of traditional healing practices among individuals with varying educational backgrounds.

The prevalence of the commonly used traditional medicines by parents or caregivers in Aseer Region was assessed, “Herbs” and “Belly massage” emerged as the most frequently reported types of traditional medicines used in Aseer region. This finding aligns with the cultural and historical significance of herbal remedies and massage therapies in traditional healing practices.¹⁰ Other commonly used traditional medicines included “Oil ointment”, “Herbs, Belly massage & oil paint”, and “Cupping”. These results support the notion that traditional healing practices in Aseer Region encompass a wide range of modalities, reflecting a holistic approach to healthcare. The relationship between sociodemographic variables and the choice of treatment, the findings from this study indicate that the “Age” of the parents and caregivers holds significant influence over treatment preferences, as evidenced by the substantial difference in means among treatment choices. This suggests that age plays a pivotal role in shaping treatment decisions. In contrast, the observed variations in “Place of Resident” and “Education Level” demonstrate promising tendencies. This finding is consistent with previous studies that have shown a higher inclination towards traditional medicine among older age groups, who may have grown up with and have cultural attachment to these practices.¹²

Pertaining to the sources of information on the use of folk medicine among parents and caregivers in the studied population, a high proportion of the respondents relied on their previous personal experiences as a primary source of information, this finding highlights the significant role of experiential knowledge in shaping individuals’ understanding and beliefs about folk medicine. Personal experiences are often considered valuable sources of information as they provide firsthand accounts of the perceived effectiveness and safety of folk remedies. This reliance on personal experiences aligns with previous research that has emphasized the importance of experiential knowledge and self-trialing in traditional medicine practices.¹³ Family and relatives were also identified as significant sources of information. Family networks serve as vital repositories of traditional knowledge, passing down practices and remedies from one generation to another.¹⁴ The transmission of knowledge within family structures can foster a sense of cultural continuity and reinforce the perceived efficacy of folk medicine.

Interestingly, a notable proportion of respondents reported a combination of sources, such as personal experiences combined with information from family and relatives. This suggests that individuals may seek multiple perspectives and sources of information to form a comprehensive understanding of folk medicine. This finding supports the idea that healthcare decisions, including the use of traditional remedies, are often influenced by a complex interplay of personal experiences, cultural beliefs, and social networks.¹⁵ In contrast, the internet and social media had a relatively limited contribution as sources of information. This finding may be attributed to several factors, including limited access to technology or a preference for more traditional sources of information in the context of folk medicine. However, it is essential to recognize the increasing role of online platforms in disseminating information about traditional practices, which can influence perceptions and behaviors in the future.¹⁶

The outcomes of a logistic regression analysis investigating the influencing factors associated with Harmful Traditional Medical Practices concerning children in Aseer Region of Saudi Arabia uncovers the intricate relationships between socio-demographic characteristics and triggering factors, contributing to a deeper understanding of the phenomenon of harmful traditional medical practices towards children in the region.^{17,18} The notable association between the level of awareness of the parents, and the effectiveness and complication of the use of the traditional medicine underscore the substantial statistical significance of these connections, affirming the noteworthy influence of these variables on respondents' perspectives.^{19–21}

About 100 nations have traditional, complementary, and integrative medicine (TCIM)-related national policies and strategies, according to early data from the World Health Organization (WHO) Global Survey on Traditional Medicine (2023) that were presented during a Summit that took place in Gandhinagar, Gujarat, India. TCIM therapies are included in many WHO Member States' essential medicine lists, essential health service packages, and national health insurance programs. The vast majority of people look to traditional, complementary, and integrative medicine approaches for palliative care, rehabilitation, and the treatment, management, and prevention of noncommunicable diseases.²² Regulating actions have to be implemented to protect the quality and safety of harmful traditional medical practices, notably in the context of herbs, in Aseer Region where traditional medicine practices are prevalent. As the most often used type of conventional medicine (28.4%, according to our findings), it is imperative to establish quality control for herbal products.

In order to alleviate harmful traditional medical practices, policies, healthcare practices, and public awareness campaigns could all benefit from the study's findings. The study helps safeguard children's health and promote sensible healthcare decisions in Aseer Region of Saudi Arabia by offering evidence-based insights.

This study's implications are multifaceted, encompassing healthcare practices, policy development, quality control, further research, and the broader global health context. By addressing the complex issue of Harmful Traditional Medical Practices, the study contributes to the advancement of safer and more effective healthcare choices for children and communities. It is crucial to understand the current investigation's limits, nevertheless. The study population's sample size, and demographic characteristics might not be sufficiently representative of the entire Aseer region or of Saudi Arabia as a whole. It should be mentioned as well, that the cross-sectional design used in this study places some restrictions on the determination of causal relationships between variables. Future research projects are advised to use bigger sample sizes, longitudinal designs, and multi-center investigations to improve the validity and applicability of the current study's findings.

Conclusion

The findings from this study contribute to the existing body of knowledge on harmful traditional medical practices. This study underscores the urgency of raising awareness and education about the hazards of harmful traditional medical practices among parents and caregivers in Aseer region of Saudi Arabia. The preference for traditional medicine, reliance on personal experiences, and reservations about modern healthcare emphasize the need for a culturally sensitive, comprehensive healthcare approach. To address these challenges, policymakers should implement targeted interventions: establish extensive patient education programs, integrate personal experiences and family networks into healthcare decisions, cultivate trust in modern medicine, tackle accessibility and cost issues, and foster a close partnership between healthcare providers and policymakers. These actions will pave the way for a harmonious coexistence of traditional and modern medicine while prioritizing the health of the region's children.

Ethical Considerations

This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. Ethical approval was obtained from the Research Ethics Committee at King Khalid University (HAPO-06-B-001) on 30 May 2023 with approval number: ECM#2023-2120. Informed consent was obtained from the study participants prior to study commencement using a written consent form. Participants under 18 years of age were approved by the ethics committee to provide informed consent on their own behalf or through their legal guardians or parents.

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Disclosure

The authors report no conflicts of interest in this work.

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