

Parents' and children's beliefs and concerns about taking medicines

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Working with children and families means that we have to negotiate many different belief systems and allay the concerns that children and their parents have about their illness and treatment. This involves entering into dialogue with the families to ascertain what worries they may have and trying to ensure that we provide tailored education and responses that meet their needs. However, this is not always easy as we may not fully appreciate the level of knowledge that families have or be aware of some of their deeply held beliefs that can shape their engagement with treatments.

One area that deserves attention is medication, not least because it is such an everyday occurrence for us as health professionals. However, for children and families medication can be a major issue to come to terms with, and may influence adherence to medication treatment plans. Parental anxiety about medications can have a strong impact on whether or not the child receives their prescribed treatment; such concerns seem to be fairly universal. Conn et al. (2005) note in their study of parents of children with persistent asthma living in urban America that although most parents recognised the importance of the medications in maintaining their child's health, a third of them expressed "strong concerns" and that these concerns impacted negatively on medication adherence. Similar findings from Fernández-Castillo and Vílchez-Lara's (2014) study in Spain noted how negative beliefs (e.g., beliefs about the threat of the medicine) result in higher levels of anxiety which in turn may be implicated in higher levels of non-adherence. It is also interesting to note that, in this study, fathers expressed "more negative beliefs, more abuse beliefs, and more beliefs about damage of the medicines than mothers" (p121) which is at odds with other studies which suggest higher anxiety amongst mothers.

Children may also hold misconceptions about medicines. Dawood et al. (2015), in their study based in Malaysia, found that the beliefs that children hold are influenced by their age, gender, race as well as their parents' education level, occupation and socio-economic status. The children in Dawood et al.'s study were generally found to have

inadequate knowledge and some misconceptions. Some believed that bitter medicine works better than non-bitter medicine although, overall, they did not believe that big pills are more efficacious than smaller pills or that the colour of the medicine was related to efficacy. Some of these findings have resonance with Sharaideh et al.'s (2013) study of children from Jordan who were generally positive and knowledgeable about their medication; although the taste of the medication was found to influence whether they would take it.

What is clear from many of the studies about parental and child beliefs about medication is the need for better education for both parents and children by health care professionals (Dawood et al., 2015), inclusion of education about medicines within the school curriculum (Sharaideh et al. 2013). There are initiatives to improve the knowledge base of parents and to give them accessible and clear information that addresses their concerns (see for example <http://www.medicinesforchildren.org.uk>). As health professionals we need to direct children and families to clear sources of information and work with them to allay their fears and concerns.

References

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