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Parent's attitude about psychotropic medication prescription for their children

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Abstract

Background: The use of psychiatric medication among children has seen a significant rise over the past three decades. This increase spans various groups of children, including those treated on both inpatient and outpatient bases, and encompasses diverse age ranges. Study objective To compare parents of children with psychological disorders to those without, to highlight parental attitudes towards prescribing psychotropic medication for their children, which can improve psychological intervention and treatment.

Methods: A descriptive cross-sectional research was conducted on 175 parents of children under 14 and two comparison groups: 75 parents of children with mental illness and 100 parents of children without illness. Welfare teaching hospital at Medical city teaching centre and Ibn Rushd teaching hospital for mental illnesses collected data from February 1 to June 1, 2017. Outpatient clinics referred these individuals to the hospital for treatment or follow-up. A questionnaire to collect socio-demographic data on parents and their children and parents' attitudes about psychiatric medication for children.

Results: 155 surveys were completed by researcher. Mothers completed the questionnaire more than fathers, and 43.7% were elementary school graduates. If needed, 141 parents (80.6%) agreed to give their children psychiatric medication. About 31% chose psychotherapy before medicine. Parents of ill children choose pharmaceuticals (40%) for psychological disorder care, followed by psychotherapy or a combination of them, whereas parents of healthy children prefer psychotherapy (32%), medication, and spiritual/religious therapy. Parental or family history of psychiatric condition did not influence medication commencement.

Conclusion: In both groups, most parents agreed to provide their children psychotropic medicines if required, although parents with children without mental illness favored psychotherapy first. Three quarters of parent's question medicine due to a lack of information from doctors or medical professionals. Fear and fears about drug side effects impacting cognitive or physical development or addiction should be considered.

Keywords: Parent's, attitude, psychotropic, medication, children

Introduction

The use of psychiatric medication among children has seen a significant rise over the past three decades. This increase spans various groups of children, including those treated on both inpatient and outpatient bases, and encompasses diverse age ranges [1]. On any given day in the United States, an estimated six million children are on medications for mental health issues [2]. This trend is not limited to the United States. In Iraq, for instance, the incidence of mental health disorders in children has also increased dramatically over the past ten years, as reported by the Ministry of Health. In 2008, the number of cases was 7,557, which rose to 17,357 in 2011 and reached 18,230 by 2016 [3]. Parental perception and awareness of psychiatric disturbances in children play a crucial role in the early detection and treatment of these conditions. Lack of awareness among parents can lead to a significant number of children with mental health issues remaining undetected and untreated [4]. Children depend on their parents or caregivers to recognize psychopathologies and seek appropriate services for their mental health problems. In areas where access to health services and mental health professionals is limited, parental perceptions become even more critical in determining the utilization of mental health services [5]. Despite the increase in the use of psychiatric medications, many parents are understandably hesitant to give their children medications that alter mood or behavior.

While they might readily administer antibiotics or cough medicine, psychotropic medications are often met with greater caution [6]. By the time parents consider psychotropic medication, they have often exhausted behavioral and psychological interventions to address their child's issues. If medication results in symptom improvement, parents may feel less self-critical about their prior efforts and perceive the medication as a tool that allows them to better support their child's needs [7]. Parenting plays a fundamental role in shaping children's cognitive and behavioral patterns, promoting their understanding of moral values, and supporting their talent development. Successful parenting involves a range of skills and capacities that change with the child's age, cultural context, and social circumstances. Most parenting models emphasize two central dimensions: parental involvement and awareness, which encompass warmth, accessibility, positive engagement, and support, and behavioral control, which includes monitoring, expectations, and behavior management [8]. The aim of this study is twofold: firstly, to highlight parents' attitudes towards psychotropic medication prescribed for their children, which can lead to better intervention and treatment for psychological problems, and secondly, to compare the attitudes of parents of children with mental health disorders with those of parents whose children do not have psychological disorders. Understanding these attitudes is essential for developing effective strategies to support children's mental health and ensure they receive the necessary care and treatment.

Method

This study was conducted at Welfare Teaching Hospital in the Medical City Teaching Center and Ibn Rushd Teaching Hospital for Mental Diseases to determine parents' attitudes towards psychotropic medication prescribed to their children. The descriptive cross-sectional study took place from February 2017 to June 1, 2017. A convenient sample of 185 parents of children under 14 years old was approached for interviews, with 175 consenting to participate. Two comparison groups were formed: 75 parents of children with mental disorders (such as ADHD, autism, and depression) from Ibn Rushd Teaching Hospital, and 100 parents of children without mental disorders from Welfare Teaching Hospital. Inclusion criteria included parents (either father or mother) of children with or without mental illnesses who were under 14 years old. Exclusion criteria included parents of children over 14 years old and relatives other than the parents. The response rate was 94.61%, as 10 participants refused to be interviewed. Data were collected using a questionnaire developed by the researcher in consultation with supervisors and psychiatric specialists. The questionnaire, written in English and explained to participants during interviews, gathered sociodemographic data (age, gender, marital status, educational level, family situation) and attitudes toward psychotropic medication (e.g., preferred management of psychological disorders, factors influencing the decision to start treatment). Interviews lasted 5 to 10 minutes, depending on the participant's educational level and comfort with the situation, and were conducted solely by the researcher. Descriptive statistics were used to analyze the data, with frequency and percentage calculations. Sociodemographic data and attitude variables were compared using the chi-square test. Statistical analysis was performed using SPSS version 20, with a significance level set at $p<0.05$. Ethical considerations included obtaining official agreements from the participating hospitals. Parents were approached in waiting areas, the study was explained to them, and verbal consent was obtained. Participants were assured of their privacy and the study's aim. Limitations of the study included the limited data collection time, lack of interest or time from some participants, and the study being conducted only in two hospitals, which might not represent attitudes in other settings.

Results

The Sociodemographic characteristics of 175 parents found that (81.1%) were mothers and most age group was between 25-45 year (82.3%). Regarding their educational level, the results shows (41.7%) of parents were with primary education level and only 22.3% were with college and high degree and 92% of them live in the same house. The characteristics of the diseased children were; 62.7% of them were of male gender, more than half of diseased children were at age group 5-10 years (53.5%) and more than half of diseased children when they diagnosed for the first time were at age group (5-10 year) (50.7%) and less than half of them at age group < 5 (46.7%). Fifty-nine (78.7%) of them had multiple visits. All of the above shown in table (1).

Table 1: Sociodemographic characteristic of parents and diseased children

Parents characteristics			
		N=175	**n %**
Parent	Father	33	18.9%
	Mother	142	81.1%
Age category	<25	14	8.0%
	25-45	144	82.3%
	>45	17	9.7%
Educational level	Illiterate	18	10.3%
	Primary	73	41.7%
	Secondary	45	25.7%
	College degree	17	9.7%
	High degree	22	12.6%
Family situation	Same house	161	92%
	Separated	5	2.9%
	One parents dead	9	5.1%
Child characteristics N=75			
Age category	<5	21	28.0%
	5-10	40	53.3%
	>10	14	18.7%
Age category when diagnosed	<5	35	46.7%
	5-10	38	50.7%

	>10	2	2.7%
Gender	Female	28	37.3%
	Male	47	62.7%
Number of visits	First	16	21.3%
	Multiple	59	78.7%

Table (2) shows the sociodemographic characteristics of the parents according to their children disease status. Most of parents where mothers for the diseased children and for those without psychological disorder (66.7%, 92%) respectively. More than three quarter of parents where at age group (25-45year) for both diseased and those without disease (89.3%, 77%) respectively. Regarding educational level most of parent were with primary educational level for both diseased and not diseased children (46.7%, 38%) respectively. more than three quarter where live at same house with their parents for diseased and not diseased children (85.3%, 94%) respectively.

Table 2: Sociodemographic characteristics of parents according to their children disease status

		Had children with psychiatric problem		Had children without psychiatric problem	
		N=75.	n%	N=100.	n%
Parent	Fathers	25	33.3%	8	8.0%
	Mothers	50	66.7%	92	92.0%
Age category	<25	2	2.7%	12	12.0%
	25-45	67	89.3%	77	77.0%
	>45	6	8.0%	11	11.0%
Educational level	Illiterate	5	6.7%	13	13.0%
	Primary	35	46.7%	38	38.0%
	Secondary	18	24.0%	27	27.0%
	College degree	14	18.7%	3	3.0%
	High degree	3	4.0%	19	19.0%
Family situation	Same house	66	88%	95	95%
	Separated	5	6.7%	0	0.0%
	One parents dead	4	5.3%	5	5.0%

According to the parent's history of mentally ill disease the results were that (96.6%) of parents had no psychological disorder and 90.9% have no other member in their family suffered from mentally ill disease, almost same result found in both groups of parents with diseased and without diseased children regarding negative parental and family history of psychological disorder (96%, 85.4%) and (97%, 95%). Regarding use of psychotropic medication in child less than 14y old in the family (90.9%) of them did not use psychotropic medications, almost same result for parents with diseased children (84%) and for parents without diseased children (96%). As shown in table (3).

Table 3: Parents history of psychological disorder &drug use in their family

		N=175	n %
If any of the parents suffer from psychological disorder?	Yes	6	3.4%
	No	169	96.6%
Have you ever had a member of your family suffering from psychological disorder?	Yes	16	9.1%
	No	159	90.9%
Have you ever use psychotropic medication in a child less than 14 years in your family?	Yes	16	9.1%
	No	159	90.9%

Table 4: Parents history of psychological disorder &drug according to their children status

		Without Disease N=100		With Disease N=75	
		N	n%	n	n%
If any of the parents suffer from psychological disorder?	Yes	3	3%	3	4%
	No	97	97%	72	96%
Have you ever had a member of your family suffering from psychological disorder?	Yes	5	5%	11	14.6%
	No	95	95%	64	85.4%
Have you ever use psychotropic medication in a child less than 14 years in your family?	Yes	4	4%	12	16%
	No	96	96%	63	84%

Table (5) shows no significant association between Parents attitude to start psychotropic medication for their children and whether the parents or any member of the family had mentally ill disease or ever use medication in a child less than 14 year of age in their family.

Table 5: Parents attitude of starting psychotropic medication to their children regarding psychiatric family history

		Do you agree to start psychotropic medication to your child		OR(CI)	p-value
		Yes.	No.		
If any of the parents suffer from psychological disorder?	Yes	14	1	0.8(0.8-1.2)	0.5
	No.	137	23		
Have you ever had a member of your family suffering from psychological disorder?	Yes	14	2	1.02(0.8-1.3)	0.4
	No.	137	22		

Have you ever use psychotropic medication in a child less than 14 years in your family?	Yes	14	0	1.1(1.1-1.2)	0.2
	No.	137	24		

Table (6) shows: The relationship between the parent's gender (mother or father) was significantly associated with their decision of starting medication with P value (0.007). Father parents were agreeing to start medication by 100% while the mother parents agree to start medication by 76.1%. No significant association with parent's age, educational level and family situation with their agreement to start psychotropic medication to their children (P value=0.1, 0.1, 0.6) respectively.

Table 6: Relation between parent's attitude for starting the psychotropic medications and their sociodemographic characteristics.

		Do you agree to start psychotropic medication to your child?						p-value
		Yes		NO		I don't know		
		N	n%	N	n%	N	n%	
Age category	<25 N=14	12	85.7%	0	0.0%	2	14.3%	0.1
	25-45 N=144	113	78.5%	23	16.0%	8	5.5%	
	>45 N=17	16	94.1%	1	5.9%	0	0.0%	
Parent	Father N=33	33	100.0%	0	0.0%	0	0.0%	0.007
	Mother N=142	108	76.1%	24	16.9%	10	7.0%	
Educational level	Illiterate N=18	14	77.8%	4	22.2%	0	0.0%	0.1
	Primary N=73	57	78.1%	12	16.4%	4	5.5%	
	Secondary N=45	38	84.4%	5	11.1%	2	4.4%	
	College degree N=17	16	94.1%	1	5.9%	0	0.0%	
	High degree N=22	16	72.7%	2	9.1%	4	18.2%	
Family situation	Same house N=161	128	79.5%	24	14.9%	9	5.6%	0.6
	Separated N=5	5	100.0%	0	0.0%	0	0.0%	
	One or both parent's dead N=9	8	88.9%	0	0.0%	1	11.1%	

Discussion

Despite informing parents about the study, privacy, and confidentiality during interviews, ten participants refused to participate due to time constraints, leaving 175 participants and yielding a 94.6% response rate. The primary education level was 41.7% for all parents, with 46.7% of parents of children with mental illnesses and 38% of parents of children without mental disorders having primary education. This discrepancy may be because housewives can attend hospitals more easily than employed parents, who prefer private clinics [1]. Over half of the children with psychological disorders were aged 5-10 years, and 62.7% were male, consistent with Ministry of Health statistics showing similar gender and age distributions in Baghdad [12]. The majority of parents were mothers (81.1%), with 66.7% of mothers having children with mental illnesses and 92% having children without. Fathers were often busy with work, while mothers took primary responsibility for their children. Almost all parents (96.6%) had no history of psychological disorders, and 90.9% reported no family history of mental illness or use of psychotropic medication in children under 14 years. This aligns with findings from a Saudi study, suggesting social stigma might prevent parents from disclosing psychiatric histories. Parental agreement to start psychotropic medication was not significantly correlated with their or their family's mental health history (P-values 0.5, 0.4, 0.2). Social stigma or the perception that adult mental illnesses differ from child mental illnesses could explain this. Contrarily, studies indicate that parents who use psychotropic drugs are more likely to consent to their children's use of such medication. The presence of a psychiatric illness in the child is a significant factor in parents' willingness to use psychotropic medication. There was a significant relationship between the parent's gender and their decision to start medication (P-value 0.007), with fathers agreeing 100% of the time compared to 76.1% for mothers. This difference might be due to mothers' greater concern about side effects. The relationship between education level and parents' attitude toward starting medication was not significant (P-value=0.1). Illiterate parents might prefer spiritual therapy, while highly educated parents may favor psychotherapy. No significant difference was found between parents' age and their agreement to start psychotropic medication. This contrasts with other studies where older parents are more agreeable to using psychotropic drugs. Family living situations were also not significantly associated with agreement to start medication, as curing the child's psychological disorder was deemed essential regardless of living arrangements. The main reason parents agreed to start treatnt was to cure the child (72%), with more parents of normal children agreeing compared to those with diseased children (81% vs. 60%). This contrasts with a Saudi study where school pressure was a primary reason, while trust in physicians influenced willingness to give psychiatric medications in another study. About 80% of parents agreed to start medication, with higher agreement among parents of diseased children (86.7% vs. 76% for parents of normal children). This may be due to trust in

doctors and the desire for a rapid response, despite 60% expressing concern about side effects. Similar studies found 84.3% of parents agreeing to dispense psychotropic medication if necessary, emphasizing child safety and the severity of the child's behavior. Both groups expressed concerns about stigmatization, addiction, and effects on cognitive or physical development, especially among parents of diseased children, who might be more aware of side effects from media and community sources. A majority of parents (77.7%) believed children under 14 could suffer from mental illnesses, indicating good community awareness.

Conclusion

Most participants were mothers aged 25-45 years. All fathers agreed to start medication for their children, while two-thirds of mothers disagreed. Over three-quarters of parents with different education levels agreed to start medication when necessary. Most parents, except those with higher degrees, believed such medication would stigmatize their children, cause addiction, and affect their cognitive or physical development.

Conflict of Interest

Not available

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Not available

References

1. Pappaport N, Chubinsky P. The meaning of psychotropic medication for children, adolescents, and their families. Journal of the American Academy of Child & Adolescent Psychiatry. 2000;39:1198-1200.
2. McLeod JD, Pescosolido BA, Taterry DT, Whitekeuchi F. Public Attitudes toward the Use of Psychiatric Medications for Children. Journal of Health and Social Behavior. 2004;45(March):53-67.
3. Cohen D, McCubbin M, Collin J, PCrodeau G. Medications as Social Phenomena. Health. 2001;5:441-469.
4. Jamie K, Sharples G. The Social and Material Life of Antimicrobial Clay: Exploring Antimicrobial Resistance, Medicines' Materiality, and Medicines Optimization. Frontiers in Sociology. 2020;5:26. Published 2020 Apr 30. doi:10.3389/fsoc.2020.00026
5. Staller J, Wade M, Baker M. Current prescribing patterns in outpatient child and adolescent psychiatric practice in central New York. Journal of Child and Adolescent Psychopharmacology. 2005;15:57-61. [PubMed]
6. Abera M, Robbins JM, Tesfaye M. Parents' perception of child and adolescent mental health problems and their choice of treatment option in southwest Ethiopia. Child and Adolescent Psychiatry and Mental Health. 2015;9:40.
7. Zito JM, Safer DJ, dosReis S, Gardner JF, Boles M, Lynch F. Trends in the Prescribing of Psychotropic Medications to Preschoolers. Journal of the American Medical Association. 2000;283:1025-1030.
8. Maughan B. Family and systemic influences. In: Skuse D, Bruce H, Dowdney L, Mrazek D, editors. Child Psychology and Psychiatry. 2nd ed. London: Wiley-Blackwell; 2011. p. 3-8.
9. Iraq Annual Statistical Report 2019 | GHDx [Internet]. 2017. Available from: https://ghdx.healthdata.org/record/iraq-annual-statistical-report-2019?fbclid=IwAR2-s791q1b4k3AC7keVOxtoE3TDxcgycZE-m-YEFLB-rAvquMI_3AH-gX8
10. Robis S. Parental attitude and involvement in psycho-pharmacological treatment for ADHD. International Review of Psychiatry. 2008 Apr;20(2):135-141.
11. Al-Haidar FA. Parental Attitudes Toward The Prescription Of Psychotropic Medications For Their Children. Journal of Family and Community Medicine. 2008;15(1):35-42.
12. McLeod JD, Pescosolido BA, Takeuchi DT, White TF. Parental attitudes and opinions on the use of psychotropic medication in mental disorders of childhood. Annals of General Psychiatry. 2007;6:32.

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