ABSTRACT

The Prevalence of the use of Herbs in Urban and Rural Jamaican Adults and Young Children.

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Several qualitative studies have been done in Jamaica which described the herbs and other plant materials used for teas and medicines; however, no previous epidemiological study was done to determine the prevalence of their use among urban and rural Jamaican adults and young children. The few previous studies that have reported on this matter have suggested a high prevalence of use of herbs for teas and medicines. This may have important public health and clinical implications. The objectives of this study were to determine the prevalence of use of herbs for teas and medicines in urban and rural Jamaican adults and young children, and to determine the factors associated with their use.

Two enumeration districts each from urban Kingston and St. Andrew and rural St. Thomas were randomly selected. One adult was interviewed from each of 179 urban and 278 rural households using a structured questionnaire. In addition, all primary caretakers of children 5 years and younger living in these areas (n=72, urban; n=95, rural) were also interviewed using a separate questionnaire.

Most of the interviewed adults reported having ever used herbs for illnesses (urban 90.5%; rural 92.4%, ns) or had used within the last 6 months (urban 69.3%; rural 80.9%, Chi- square: $p<0.01$).

Many of the adults also reported having ever used herbs for teas or tonics

(urban 97.8; rural 99.6, ns) or had used within the last 6 months (urban 87.7%; rural 98.6, $p<0.001$). Cerasee, peppermint, ginger, soursop and cullen mint were the most frequently mentioned of the 156 types of herbs used. The number of herbs which had ever been used for teas and/or medicines by the adults was significantly associated with their age, gender, educational background, area (urban or rural), housing rating, number of possessions and having any religion.

Most of the caretakers reported having ever given the young children in their care herbs as non-medicinal teas (urban, 90.3%; rural 83.2%, ns) or within the last 6 months (urban 88.9%; rural 83.2%, ns). These herbal teas were introduced to the young children early (median, range: urban 4.0, 0-48 months; rural 3.0, 0-36 months). Many of the young children were also given herbs for illnesses (urban 52.8%; rural 63.2%, ns).

It was concluded that the use of herbs in adults and young children is very prevalent in Jamaica, and the public health and clinical implications should be investigated further.