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Anise Tea Consumption and Associated Factors in Syrian Refugee Infants: A Cross-sectional Descriptive Study from Türkiye

Suriyeli Mülteci Bebeklerde Anason Çayı Tüketimi ve İlişkili Faktörler: Türkiye'den Kesitsel Tanımlayıcı Bir Çalışma

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Abstract: Anise tea is frequently consumed in Middle Eastern and Arab cultures to feed babies, calm them down by reducing pain, and help them sleep comfortably. We aimed to determine the factors associated with consuming anise tea in Syrian refugee children aged 0-23 months. This study was conducted in 39 refugee health centers in 5 provinces. A total of 225 mother-infant pairs were included in the study. Multivariable logistic regression analysis was used to determine the factors associated with consuming anise tea. 65.8% of the babies participating in the study had previously consumed anise tea. 60% of all children started consuming anise tea in the first 6 months of their lives. After adjusting for confounding factors, anise tea consumption was associated with low maternal education [AOR: 2.02 (95% CI: 1.1-3.71)], crowded home environment [AOR: 1.89 (95% CI: 1.04-3.45)], prelacteal feeding [AOR: 2.16 (95% CI: 1.07-4.35)] and perceived insufficient milk supply [AOR: 1.91 (95% CI: 1.02-3.59)]. Anise tea consumption is particularly high in Syrian infants under 6 months of age. Uncontrolled herbal tea use may lead to various side effects and giving infants any liquid other than breast milk in the first 6 months can negatively affect breastfeeding. Culturally appropriate training for infant care and nutrition should be provided to Syrian mothers starting from pregnancy.

Keywords: Anise, herbal tea, Syrian refugee, infant, breastfeeding

Ethics Committee Approval: The study was approved by Hacettepe University Noninterventional Clinical Research. Ethical Committee (Decision no: 2019/14-33, Date: 28.05.2019).

Informed Consent: Written informed consent was obtained from all participants.

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Özet: Anason çayı Ortadoğu ve Arap kültüründe bebekleri beslemek, ağrılarını azaltıp onları sakinleştirmek ve rahat uyumalarını sağlamak amacıyla çok sık tüketilmektedir. Çalışmada amacımız 0-23 aylık Suriyeli mülteci çocuklarda anason çayı tüketimi ile ilişkili faktörleri saptamaktır. Bu çalışma 5 ilde 39 göçmen sağlığı merkezinde gerçekleştirildi. 225 anne-bebek çifti çalışmaya dahil edildi. Anason çayı tüketimiyle ilişkili faktörlerin belirlenmesinde çoklu lojistik regresyon analizi kullanıldı. Çalışmaya katılan bebeklerin %65,8'i daha önce anason çayı tüketmişti. Tüm çocukların %60'ı anason çayı tüketmeye hayatlarının ilk 6 ayında başlamıştı. Karıştırıcı faktörler kontrol altına alındığında, anason çayı kullanımını düşük anne eğitimi [AOR: 2,02 (%95 GA: 1,1- 3,71)], kalabalık ev ortamı [AOR: 1,89 (%95 GA: 1,04-3,45)], prelakteal beslenme [AOR: 2,16 (%95 GA: 1,07-4,35)] ve annelerin sütlerinin yetersiz olduğunu düşünmeleri ile [AOR: 1,91 (%95 GA: 1,02-3,59)] ilişkili bulundu. Anason çayı tüketimi özellikle altı ayın altındaki Suriyeli bebeklerde çok yüksek orandadır. Kontrolsüz bitki çayı kullanımı çeşitli yan etkilere yol açabilir, bunun yanında ilk altı ayda bebeklere anne sütü dışında bir sıvı verilmesi emzirmeyi olumsuz etkileyebilir. Gebelikten itibaren Suriyeli annelere bebek bakımı ve beslenmesi konusunda kültüre uygun eğitim verilmelidir.

Anahtar Kelimeler: Anason, bitki çayı, Suriyeli mülteciler, bebek, emzirme

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1. Introduction

Anise (*Pimpinella anisum* L., family Apiaceae) is an aromatic herb widely used in various fields (1). Its medicinal applications are among the most common. Anise is used as a complementary or alternative treatment for conditions such as type 2 diabetes (2), dyspepsia (3), irritable bowel disease (4), and migraine headache (5). When used appropriately, anise is generally considered safe. However, caution is advised for sensitive populations, including pregnant women, nursing mothers, and young infants (1). Despite this, anise is frequently consumed in Arab culture by babies, pregnant women, and breastfeeding mothers (6-9). In a cross-sectional study conducted in Jordan, 70.2% of mothers with babies under 3 months of age reported giving anise to their babies for bloating/colic. Additionally, 60.8% of mothers used it to help their babies sleep, and 48.1% used it for constipation (6). A study conducted with Syrian refugees under temporary protection in Turkey found that anise was used for prelacteal feeding, pain relief, and calming infants to sleep. It was also given to reduce maternal pain and increase milk production immediately after birth (8). In another study conducted in Turkey, 3.2% of healthcare workers in refugee health centers stated that herbal teas were used for prelacteal feeding by Syrian mothers, with 2.7% specifically mentioning anise as a prelacteal food (9). Anise is frequently consumed during pregnancy, as it was found to be one of the most commonly consumed herbs among Palestinian women, commonly used for abdominal pain, constipation, flatulence, relaxation, and cold symptoms (10), and in another study, 12.3% of Palestinian pregnant women reported consuming it (11).

Anise is also frequently used as a galactagogue (12). Studies have shown that anise can increase breast milk volume (13). Anise contains anethole, a phytoestrogen, which can pass into breast milk and change its odor. Two mothers who drank a large amount of a mixed herbal tea containing anise had babies who had low weight gain, vomiting, difficulty feeding, and hypotonia. The symptoms resolved spontaneously after stopping exposure to this mixed herbal tea (14). Also, a mother who consumed herbal tea containing anise had an increase in liver enzymes (15). According to the e-lactancia.org website, which prestigious organizations have recognized, anise is likely compatible with breastfeeding, fairly safe, and has mild or unlikely adverse effects (16). However, a high dose of anethole may decrease milk production and induce

neurotoxicity along with the development of seizures and coma. Estragol may be carcinogenic. For this reason, the European Medicines Agency has disapproved it for children younger than 12 years old (16, 17). Star anise (*Illicium verum*), also known as Chinese anise, is produced in China, Vietnam, and Laos and is also used for infantile colitis. Still, many side effects have been reported with star anise, especially in young children (18). In high doses, star anise is neurotoxic because its components are thought to act as potent noncompetitive gamma-aminobutyric acid (GABA) antagonists (19). Seizures, lethargy, jitteriness, irritability, hyperexcitability, emesis, vertical nystagmus, and myoclonic movements (19-21). Gastrointestinal symptoms may be seen in addition to neurological symptoms after anise ingestion. A 4-month-old baby who consumed a mixture of star anise and green anise tea for two months experienced neurological symptoms as well as liver failure (22).

After the Syrian war, Türkiye began to host a large number of refugees. According to December 2024 data, there are more than 2.9 million Syrians under temporary protection in Türkiye, more than 430 thousand of whom are children between the ages of 0-4 (23). Being aware of the traditional methods used by Syrian refugees in child care is important both in terms of providing culturally appropriate health care and in identifying some health problems. In this study, we aimed to determine the factors associated with consuming anise tea for Syrian refugee children aged 0-23 months.

2. Materials and Methods

2.1. Study Design

This cross-sectional descriptive study was carried out in collaboration with the Ministry of Health of Türkiye and Hacettepe University between 01.09.2020 and 30.12.2020. Ethics committee approval was received from the Hacettepe University Faculty of Medicine Ethics Committee for Non-Interventional Clinical Studies (May 28, 2019; decision number: 2019/14-33). All procedures in the study complied with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Participants were informed about the study and their written informed consent was obtained.

This study was carried out in 18 Refugee Health Centers (RHCs) from 2 provinces neighboring the

Syrian border (Gaziantep: 6, Hatay: 12) and 21 RHCs from 3 provinces not neighboring the Syrian border (Istanbul: 12, Izmir: 6, Ankara: 3). Syrian mothers who had children under the age of two and applied to selected RHCs on survey day were included in the study. If the mother had more than one child under two, the youngest child was included in the study. Refugee mothers of other nationalities than Syrian were not included in the study.

A survey form was created and translated into Arabic by bilingual (Turkish-Arabic) translators. Then, the survey was translated back into Turkish and checked. The survey questioned the demographic (age, age at marriage, education level, family type, household size, number of children, child's sex, child age) and feeding characteristics (breastfeeding status, prelacteal feeding, breastfeeding problems, use of herbal tea) of mother-infant pairs. The use of herbal tea and anise tea was asked to the participants as follows: "Have you ever given your child herbal tea?", "If you gave herbal tea, which herbal teas did you give?", "Have you ever given your child anise tea?", "If you gave anise tea, when did you give it? (within the first 3 days after birth, in the first 6 months after birth, after the first 6 months of life)". A Syrian health worker from each RHC administered the survey file to the mothers via face-to-face interviews.

With a population size of 1,000,000 and an assumed frequency of occurrence (p) of 0.7 (6), a sample size of 228 was planned at a 90% confidence level, considering a design effect of 1. To account for an estimated 20% incomplete or erroneous responses, a total of 275 surveys were distributed.

2.2. Statistical Analysis

The data were analyzed using the IBM SPSS Statistics for Windows, Version 23.0. The Kolmogorov–Smirnov test and histograms were used to determine the normality of data distribution. Descriptive statistics are presented as mean \pm standard deviation (SD) for normally distributed data, median and quartiles (Q1-Q3) for skewed distributed data, and as numbers and percentages for categorical data. The chi-square test was used for comparisons between categorical variables. Student's t-test was used to compare the means of normally distributed data, and the Mann–Whitney U test was used to compare skewed data.

Multivariable binary logistic regression analysis [Backward Stepwise (Wald) method] was utilized to determine the factors associated with anise tea use by controlling infant-family factors [maternal age (≤ 25 vs. > 25 yr), age at marriage (< 18 vs. ≥ 18 yr), maternal education (low vs. high), number of household members (> 5 vs. ≤ 5), family type (extended vs. nuclear), number of children in the family (1 vs. ≥ 2), sex of infants (male vs. female), received breastfeeding counseling during pregnancy (yes vs. no), prelacteal food (yes vs. no), insufficient breast milk supply (yes vs. no), settled provinces neighbor to Syria, (yes vs. no)]. Adjusted Odds ratios (AORs) were calculated at 95% confidence intervals. A significance level of $p < 0.05$ was used.

3. Results

Of the distributed surveys, 225 were fully completed and included in the study. 76.9% of the infants had consumed herbal tea before. The most frequently used herbal tea was anise, and 65.8% of the infants had previously consumed anise tea (Figure 1).

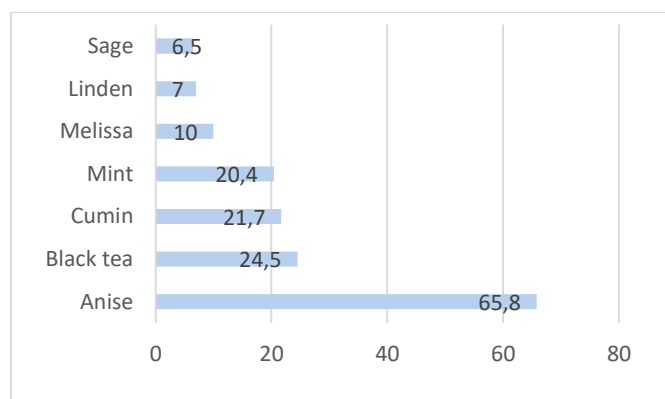


Figure 1. Distribution of herbal teas consumed (%)

Anise tea was given as a prelacteal food to 6.2% (n=14) of the infants within the first 3 days after birth. 5.8% (n=13) of the infants started consuming anise tea after the first six month of their life. The mean age of the mothers was 27.2 ± 6.2 years, and the mean marriage age of them was 19.9 ± 4.0 years. No relation existed between these parameters and anise use ($p>0.05$). 32.9% of the mothers had a high school education or higher, and the rate of anise use was lower in these mothers than in mothers with less education (54.1% and 71.5%, respectively, $p=0.009$). The family type of 26.7% of the participants was extended family, and 48% had more than five household members. Living in an extended family and having a household size of more than five were found to be associated with anise use ($p<0.05$). The median number of children in the family was 2 (2-4). Overall, 45.3% of the infants were girls, and the mean age of the infants was

10.5 ± 6.5 months. There was no relation between the number of children, sex, and child age and anise use ($p>0.05$). 55.1% of mothers received breastfeeding counseling during pregnancy or postpartum. Those who received breastfeeding counseling used anise tea at a lower rate than those who did not (58.9% and 74.3%, respectively, $p=0.016$). 30.2% of the infants received prelacteal foods, and 38.1% of the mothers had insufficient milk supply problems. Those who gave prelacteal foods to their children used anise tea more than those who did not (77.9% and 60.5%, respectively, $p=0.011$) and those who experienced insufficient milk supply compared to those who did not (74.7% and 60.0%, respectively, $p=0.027$). No relation was found between living in a settled province neighbor to the Syrian border or continuing breastfeeding and anise tea consumption ($p>0.05$) (Table 1).

Table 1. Characteristics of mother-infant pairs according to anise tea consumption.

	Overall, n (%*)	Used anise tea, n (%**)	Not used anise tea, n (%**)	P value
Overall (n)	225 (100)	148 (65.8)	77 (34.2)	
Maternal age, yr, mean\pmSD	27.2 ± 6.2	27.4 ± 6.2	26.9 ± 6.1	0.626
Maternal age, yr				0.720
≤ 25	106 (47.1)	71 (67.0)	35 (33.0)	
> 25	119 (52.9)	77 (64.7)	42 (35.3)	
Age at marriage, yr, mean\pmSD	19.9 ± 4.0	19.6 ± 4.0	20.4 ± 4.1	0.178
Age at marriage, yr				0.233
< 18	100 (44.4)	70 (70.0)	30 (30.0)	
≥ 18	125 (55.6)	78 (62.4)	47 (37.6)	
Maternal education				0.009
Middle school and below	151 (67.1)	108 (71.5)	43 (28.5)	
High school and above	74 (32.9)	40 (54.1)	34 (45.9)	
Family Type				0.017
Nuclear	165 (73.3)	101 (61.2)	64 (38.8)	
Extended	60 (26.7)	47 (78.3)	13 (21.7)	
Number of household members, median (Q1-Q3)	5 (4-7)	6 (4-7)	5 (4-6)	0.005
Number of household members				0.012
≤ 5	117 (52.0)	68 (58.1)	49 (41.9)	
> 5	108 (48.0)	80 (74.1)	36 (25.9)	
Number of children, median (Q1-Q3)	2 (2-4)	3 (2-4)	2 (2-3)	0.338
Number of children				
1	48 (21.3)	30 (62.5)	18 (37.5)	0.589
≥ 2	177 (78.7)	118 (66.7)	59 (76.6)	
Sex				0.151
Female	102 (45.3)	62 (60.8)	40 (39.2)	
Male	123 (54.7)	86 (69.9)	37 (30.1)	
Age, months, mean\pmSD	10.5 ± 6.5	10.4 ± 6.3	10.6 ± 6.8	0.881
Age, months				0.837
< 6	56 (24.9)	36 (64.3)	20 (35.7)	
6-11	76 (33.8)	52 (68.4)	24 (31.6)	
12-23	93 (41.3)	60 (64.5)	33 (35.5)	
Settled Provinces				0.377
Neighbor to Syria	99 (44.0)	62 (62.6)	37 (37.4)	
Not neighbor to Syria	126 (56.0)	86 (68.3)	30 (31.7)	
Received breastfeeding counseling during pregnancy				0.037
Yes	87 (38.7)	50 (57.5)	37 (42.5)	

No	138 (61.3)	98 (71.0)	40 (29.0)	
Received breastfeeding counseling after birth				0.019
Yes	110 (48.9)	64 (58.2)	46 (41.8)	
No	115 (51.1)	84 (73.0)	31 (27.0)	
Received breastfeeding counseling before and/or after birth				0.016
Yes	124 (55.1)	73 (58.9)	51 (41.1)	
No	101 (44.9)	75 (74.3)	26 (25.7)	
Prelacteal feeding				0.011
Yes	68 (30.2)	53 (77.9)	15 (19.5)	
No	157 (69.8)	95 (60.5)	62 (80.5)	
Continue breastfeeding				0.263
Yes	154 (68.4)	105 (68.2)	49 (31.8)	
No	71 (31.6)	43 (60.6)	28 (39.4)	
Insufficient breast milk supply				0.027
Yes	83 (38.1)	62 (74.7)	21 (25.8)	
No	135 (61.9)	81 (60.0)	54 (40.0)	

*column percentage; **row percentage.

In the multivariable logistic regression analysis including infant-family factors, it was found that low maternal education [AOR: 2.02 (1.10-3.71)], crowded household [AOR: 1.89 (1.04-3.45)], prelacteal feeding [AOR: 2.16 (1.07-4.35)] and insufficient milk supply [AOR: 1.91 (1.02-3.59)] were associated with anise tea consumption (Table 2).

Table 2. Associated factors of anise tea consumption, multivariable binary logistic regression.

	OR (95%CI)	AOR (95%CI)
Maternal age, ≤25 vs. >25 yr	1.11 (0.64-1.92)	
Age at marriage, <18 vs. ≥18 yr	1.41 (0.80-2.46)	
Maternal education, low vs. high	2.14 (1.20-3.82)	2.02 (1.10-3.71)
Number of household members, >5 vs. ≤5	2.04 (1.16-3.57)	1.89 (1.04-3.45)
Family type, extended vs. nuclear	2.27 (1.15-4.55)	
Number of children, 1 vs. ≥2	0.83 (0.43-1.62)	
Sex of children, male vs. female	0.67 (0.38-1.16)	
Received breastfeeding counseling during pregnancy, yes vs. no	0.50 (0.28-0.88)	
Prelacteal food feeding, yes vs. no	2.31 (1.20-4.45)	2.16 (1.07-4.35)
Insufficient breast milk supply, yes vs. no	1.97 (1.08-3.60)	1.91 (1.02-3.59)
Settled provinces neighbor to Syria, yes vs. no	0.78 (0.45-1.36)	

4. Discussion

In this study, it was seen that anise tea was the most frequently and widely consumed herbal tea among Syrian refugee infants living in Türkiye. Almost two out of every three Syrian refugee infants between 0-23 months consumed anise tea. Studies conducted in countries with similar cultures, such as Jordan and Palestine, have found similar rates (6,10,11). Studies

conducted on the local population in Türkiye have shown that anise tea consumption is lower. A study in eastern Türkiye found that 12% of mothers gave their babies anise tea for infantile colic (24). In the other study conducted by Didişen et al., the rate of using anise tea for infantile colic was 21% (25).

Lower maternal education level was associated with anise tea use in this study. Some studies are showing the association between the use of herbal teas and maternal education level. A study conducted in Ethiopia found that herbal tea consumption during pregnancy was 2.2 times more common in primary school graduate mothers than in college graduate mothers (26). In a similar study again in Ethiopia, it was found that lack of formal education increased the consumption of herbs during pregnancy by 5.5 times (27). In a recent study conducted in Türkiye, the use of complementary medicine products (CMPs) and related factors in breastfeeding mothers were found to be associated with higher education levels. The most commonly consumed herbal tea was fennel. Since the definition of CMP in the aforesaid study included dietary supplements and herbal medicines, its use may be higher in the highly educated population (28).

Living in a crowded household was another factor associated with anise tea consumption in infants, according to our findings. Living in an extended family was also a risk factor in first-step analysis, however, when confounding factors were adjusted this disappeared. Studies have found that family and friends influence the consumption of anise tea (6,29). Anise is used to calm the baby, reduce pain, and put her/him to sleep (6,8). Mothers with many children may have used anise to make caring for their babies easier in this study.

Anise tea use was associated with prelacteal feeding. According to the present study, 30.2% of the infants were fed prelacteally, and 6.2% consumed anise tea as prelacteal food. According to the Turkish Demographic Health Survey 2018 Syrian sample, the prelacteal feeding rate of Syrian babies is 24% (30). Syrian refugee mothers frequently use sugar water and anise as prelacteal foods (8,9). In our study, 78% of those consuming anise were also prelacteal fed. The prelacteal feeding rate was 20%

in those not using anise. One reason for this may be that mothers who use anise have traditionally given their babies sugar water or other foods as prelacteal food.

Mothers with perceived insufficient milk production used anise tea more frequently. Mothers who thought they had insufficient milk supply might have used anise for feeding their babies, or they might have given anise tea to their babies, so the babies slept more and suckled less, which might have caused a decrease in milk production (8).

The study has some limitations. First, it cannot represent all Syrian refugees in Türkiye, but we tried to overcome this limitation as much as possible by collecting data from different regions, different provinces and RHCs. Second, relying on maternal self-reporting may create the potential for recall bias. Filling out the questionnaires with the help of interpreters may have prevented mothers from expressing themselves freely. However, targeting a vulnerable group such as Syrian refugees living in Türkiye is a strength of the study.

5. Conclusion

Most of the Syrian refugees included in the study gave anise tea to their babies. Anise tea consumption is associated with low maternal education, crowded households, prelacteal feeding and perceived insufficient milk supply. It is recommended that babies be given only breast milk for the first 6 months. Both giving anise tea to babies under 6 months and giving anise tea as a prelacteal food can cause breastfeeding problems. In addition, although it is considered safe, anise can cause serious adverse effects in sensitive groups such as pregnant women, nursing mothers, and infants. From pregnancy onwards, mothers should be counseled about the possible harms of all teas, including anise, to breastfeeding and infant health.

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