



**A DESCRIPTIVE STUDY TO ASSESS THE PREVALENCE RATE OF SELF
MEDICATION AMONG THE PEOPLE RESIDING IN THE SELECTED COMMUNITIES
OF MANGALURU**

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ABSTRACT

Introduction: Self-care is a behavioural response of individuals to promote or restore their health. Self-medication is one form of self-care, which means obtaining and consuming drugs without the advice of a physician to treat self diagnosed illness. It has been found that inappropriate self-medication causes wastage of resources, increases resistance of pathogens and generally causes serious health hazards such as adverse drug reactions, prolonged suffering and drug dependence. This study was conducted to assess the self medication practices among selected communities in Mangaluru. **Objectives:** the study was carried out to assess the prevalence rate of self medication among the people residing in selected communities of Mangaluru and to find the association between prevalence rate of self medication and selected demographic variables. **Materials and methods:** a quantitative survey approach was used in the study, non probability convenience sampling technique was used to select 100 adults, data was gathered using the structured knowledge questionnaire. Data was analysed using descriptive and inferential statistics. **Results:** There is no significant relationship between the prevalence rate and age of the samples ($\chi^2=0.54$), gender ($\chi^2=0.80$), education ($\chi^2=0.43$) occupation ($\chi^2=0.89$), monthly income ($\chi^2=0.91$), distance at which medical shop is situated ($\chi^2=0.77$), presence of medical professional at home ($\chi^2=0.27$), distance at which health centre is located ($\chi^2=0.83$), opinion from the pharmacist ($\chi^2=0.28$) and lack of time ($\chi^2=0.27$). Hence the hypothesis is nullified. **Conclusion:** the study concluded that There is no significant relationship between the prevalence rate and age of the samples ($\chi^2=0.54$), gender ($\chi^2=0.80$), education ($\chi^2=0.43$), occupation ($\chi^2=0.89$), monthly income ($\chi^2=0.91$), distance at which medical shop is situated ($\chi^2=0.77$), presence of medical professional at home ($\chi^2=0.27$), distance at which health center is located ($\chi^2=0.83$), opinion from the pharmacist ($\chi^2=0.28$) and lack of time ($\chi^2=0.27$).

KEYWORDS: Self-medication practices, prevalence rate.

INTRODUCTION

Medicine is considered as one of the most important necessity to all of us. Medication is the use of legal drugs to treat, cure or prevent an illness. Drug therapy is an important part of the medical field and relies on the science of Pharmacology for continual advancement and on pharmacy for appropriate management. Some drugs are freely sold. They are called over-the-counter (OTC) drugs. Other drugs are so powerful or dangerous that a doctor must give permission to use the drug. The note from the doctor is called a "prescription." These drugs are called prescription drugs, prescription medicines, or prescription only medicines (POM). The use of medications without prior medical consultation regarding indication, dosage, and duration of treatment is referred to as self-medication.^[1]

Self medication is a way of providing self care. It is an age old practice. People desire to take responsibility in managing their own health issues. Many do so via self medication. It has been defined as the use of non-prescription medicine by people on their own initiative. Self medication involves the use of medical products by the consumer to treat self recognised disorders or symptoms or the intermittent or continued use of medication prescribed by the physician for chronic or recurring disease or symptoms. In most illness, self-medication is the first option which makes it a common practice worldwide. The practice will be observed in societies with high level literacy. Practices of self medication have raised a lot of unresolved research questions. The factor that influences the self medication practices remain issues of intense debate in academic

discourse. The inappropriate use of drug may result in increased side effects and drug interactions.^[1]

Modern medicines have changed the way in which the diseases are managed and controlled. Normally, people take self-medication for manageable ailments like headache, toothache, fever, sore throat and similar routine problems. Some of the self medication drugs include analgesics, anti malarial, antibiotics and cough syrups. Education status is an important determinant of self medication.^[2]

Every day, everywhere, consumers reach for self-care products to help them through their common health problems. They do so because it may be easier for them, it may be more cost or time efficient, they may not feel their situation merits making an appointment with a healthcare professional, or they may have few or no other options and also in geographical difficulties in assessing health care centres and unavailability of qualified medical doctors. Thus, social, financial and health related factors drives people to take self-medication. In developing countries like India, easy availability of wide range of drugs coupled with inadequate health services results in increased proportions of drugs being used as self medications as opposed to the drugs being prescribed by the physician. Families, friends, neighbours, the pharmacist, previous prescribed drug, or suggestions from an advertisement in newspapers or popular magazines are common sources of self-medications.^[3]

Over the years of ongoing practise, self medication has developed resistance to certain disease causing organisms and hence the situation is alarming as certain resistant strains has emerged and the treatments have been more effective.^[2] In some chronic or recurrent illness, after the initial diagnosis and prescription, self medication is possible with the doctor retaining an advisory role. But Administration of self medication is not always effective. The uncontrolled use of non prescribed medication and risk of adverse reactions has increased. Use of inappropriate medications causes side effects. There are many problems associated with taking self medications and it's the one of the major causes of illness and mortality in the world. A useful and important action should be taken to trace the use of medicines after the adverse reactions are adequately disclosed. Improved knowledge and more awareness among public can limit the use of self medication globally.^[3]

MATERIALS AND METHODS

A quantitative survey approach was used in the study, non probability convenience sampling technique was used to select 100 adults Formal permission was obtained from the Medical Officer Kotekar PHC. Data collection was done from 27-1-2018 to 2-2-2018 in selected community at Mangaluru.

The data was collected from 100 adults in selected community at Mangaluru using non probability convenience sampling technique keeping in mind the study criteria. Subjects were informed about the nature and purpose of the study prior to the data collection and informed consent was taken. Data were collected by using demographic proforma and structured questionnaire.

RESULT

The study showed that majority, 43% of the samples opted self-medication for mild illness, 34% due to previous good experience with drug and 23% of them for cost saving. The frequency of self-medication among samples in the past year shows that 33% of samples had practiced self-medication 1-3 times, 34% for 4-6 times and 33% for more than 7-9 times. Samples opinion on treating diseases by self- medication shows that 70% were sure of treating common infectious disease successfully by self medication, 30% were not sure of treating common infectious disease successfully by self-medication. Most of the samples, 41% took self-medication for their health complaints shows that 41% were using self-medication for fever and cold, 28% for ache and pain, 12% for cough, 5% for dysmenorrhea, 8% for vomiting and 6% for diarrhea. Their source of information of drugs for self- medication, 38% had information from previous prescription, 14% from advice from third parties, 29% from pharmacist and 19% of them get from internet/books/TV.

Many, 33.1% requested for drug by mentioning the group to which drug belongs, 28% requested by mentioning drug name, 12% by telling symptoms and 27% by showing old sample package / prescription/ of drug at local pharmacy. The adverse reaction experienced by samples shows that 63% of them have not experienced any adverse reaction and 37% have experienced adverse reaction from self medication. The management of adverse reaction experienced by samples shows that 49% of samples consult the doctor and 51% of samples stop taking medication when they experience adverse reaction. The knowledge on dose of medicine shows that 44% had knowledge from previous prescription, 21% from pharmacist and 16% from internet/books/TV and 19% advice from friends and relatives simultaneously. 52% had never changed the dose of drug, 30% changd sometimes and rest 30% always changed the dose. The reason for changing the dose of medicine shows that 27% of samples changed the dose when the condition improved, 48% to reduce adverse reaction and 25% of them were due to drug insufficiency. The antibiotics taken as self-medication shows that 83% take antibiotics and 17% have never taken antibiotics as self medication. The course of completion of antibiotics taken as self-medication shows that 67% of samples completed the course and 33% not completed the course of antibiotics. The knowledge of problems encountered when do not complete the course

of antibiotics shows that samples say resistance 72%, headache 13%, diarrhoea 12% and vomiting 3%.

N=100

Table 1: Association between prevalence rate and selected demographic variables.

| Sl no | Demographic variables | Mean | Sd | df | X ² | Level of significance | Inference |
|-------|---|------|------|----|----------------|-----------------------|---------------------|
| 1. | Age | 2.08 | 1.05 | 42 | 0.54 | 0.54 | Nothing significant |
| 2. | Gender | 1.5 | 0.5 | 14 | 0.80 | 0.80 | Nothing significant |
| 3. | Education | 2.5 | 1.07 | 42 | 0.43 | 0.43 | Nothing significant |
| 4. | Occupation | 1.7 | 0.8 | 42 | 0.89 | 0.89 | Nothing significant |
| 5. | Monthly income | 2.7 | 1.0 | 42 | 0.91 | 0.91 | Nothing significant |
| 6. | Distance at which medical shop is situated | 1.6 | 0.66 | 28 | 0.77 | 0.77 | Nothing significant |
| 7. | Presence of medical professional at home | 1.8 | 0.4 | 14 | 0.27 | 0.27 | Nothing significant |
| 8. | Distance at which health center is situated | 2.0 | 0.8 | 28 | 0.83 | 0.83 | Nothing significant |
| 9. | Opinion from the pharmacist | 1.5 | 0.5 | 14 | 0.28 | 0.28 | Nothing significant |
| 10. | Lack of time | 1.8 | 0.4 | 14 | 0.27 | 0.27 | Nothing significant |

DISCUSSION

Majority, 43% of the samples opted self-medication for mild illness. The frequency of self-medication among samples in the past year shows that 33% of samples had practiced self-medication 1-3 times, 34% for 4-6 times and 33% for more than 7-9 times. Samples opinion on treating diseases by self-medication shows that 70% were sure of treating common infectious disease successfully by self medication,. Most of the samples, 41% took self-medication for their health complaints shows that 41% were using self-medication for fever and cold. Their source of information of drugs for self-medication, 38% had information from previous prescription 29% from pharmacist. Many, 33.1% requested for drug by mentioning the group to which drug belongs. The adverse reaction experienced by samples shows that 63% of them have not experienced any adverse reaction. The management of adverse reaction experienced by samples shows that 51% of samples stop taking medication when they experience adverse reaction. The knowledge on dose of medicine shows that 44% had knowledge from previous prescription. 52% had never changed the dose of drug.

The reason for changing the dose of medicine shows that 48% to reduce adverse reaction. The antibiotics taken as self-medication shows that 83% take antibiotics.

The course of completion of antibiotics taken as self-medication shows that 67% of samples completed the course. The knowledge of problems encountered when do not complete the course of antibiotics shows that samples say resistance 72%.

There is no significant relationship between prevalence rate and selected demographic variables. Hence the hypothesis is nullified. The cross sectional study conducted among the rural and urban population of Islamabad, Pakistan showed that 61.2% of participants practiced self medication and it was more prevalent among 15-30 years of age group. A majority of participants 72.8% trusted allopathic system the most. Majority of participants 60.8% self medicated on own initiatives. Generally higher percentage of urban

participants reported family/friends (27.9%/15.7% are the most commonest source in contrast to medical professionals 21.6% reported by rural respondents. The study showed an association between self medication and gender, residence and education. Urban and rural participants significantly differ on the most common reason, symptoms, source and class of drug used for self medication.

CONCLUSION

There is no significant relationship between the prevalence rate and age of the samples ($\chi^2= 0.54$), gender ($\chi^2= 0.80$), education ($\chi^2=0.43$), occupation ($\chi^2= 0.89$), monthly income ($\chi^2= 0.91$), distance at which medical shop is situated ($\chi^2= 0.77$), presence of medical professional at home ($\chi^2= 0.27$), distance at which health center is located ($\chi^2= 0.83$), opinion from the pharmacist ($\chi^2= 0.28$) and lack of time ($\chi^2= 0.27$).

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