



A Prospective Study on Reasons behind Self Medication Practice in a Rural Area of Kerala

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Abstract

Self-medication practice is the use of medication without the prescription of health care professionals. The major problems associated with this practice are serious health hazards like drug resistance, drug side effects, wastage of resources, and death. Drug related problems include under treated indications and those happening during drug selection such as drug duplication, inappropriate dosage form, drug interaction, contraindications and wrong drugs. The main purpose of this study is to assess the reasons for this practice. Our study was a community based cross

sectional study conducted among 250 people in Eraviperoor Grama panchayath for a period of 6 months. The salient findings of our study was that the reasons for self medication practice were considering the disease as minor, previous experience, quick relief, peer/family pressure, presence of healthcare professionals in family other than physician, lack of time/transportation/nearest hospitals.

Keywords

Self medication, self medication practice (SMP), reasons, simple disease, quick relief

Introduction

According to WHO, self medication is the use of medications without prior medical consultation regarding indication, dosage, and duration of treatment. Reasons for self medication practice are perception of symptoms as mild, similarity of symptoms with past illness, need for quick relief, difficulty to afford and access the present health care system, dissatisfaction on health care system service, long waiting time, irrelevant and unauthorized information obtained by reading materials and medical books, advice from health care professionals/ friends/ traditional healers, own experience, internet/media. The main purpose of this study is to assess the reasons for SMP and knowledge about the hazards of self medication practice [1].

There are many reasons for increasing self medication practice. An important factor is that after proper medical diagnosis and with only occasional medical advice, modern consumers (patients) wish to take a greater role in the maintenance of their own health and are often competent to manage uncomplicated chronic and recurrent illness (not merely short term symptoms), e.g. use of histamine H2-receptor blocker, topical corticosteroid, antifungal and oral contraceptive [2,3]. They are understandably unwilling to submit to the inconvenience of visiting a doctor for what they rightly feel they can manage for themselves, given adequate information [4]. Self-medication is very common and a number of reasons could be enumerated for it [5]. Other reasons responsible for the growing trend of self-medication are urge of self-care, feeling of sympathy toward family members in sickness, lack of time, lack of health services, financial constraint, ignorance, misbelieves, extensive advertisement and availability of drugs from places other than pharmacies [6,7,8].

Factors which strengthen this SMP include being unmarried, presence of medication at home, accessibility of pharmacies, peer pressure and previous experience of SMP. These factors also serve as the predictors of SMP. Very important mechanisms to decrease the practice are strengthening of the community awareness on the side effects of self medication practice and regulation of pharmacies. Thus, integrated efforts of individuals, communities, health facilities, and the regulatory bodies are highly important [9].

Our objective was to assess the reasons behind self medication practice (SMP).

Results

A. Reasons behind SMP According to Gender

As shown in Table 1, among the total population of 250 people, 43% participants were males and 57% were females.

As seen in Table 2, among the population majority of male and female participants preferred self medication because they consider the symptoms as minor. Lack of time and need for quick relief were the other commonly reported reasons. High treatment cost, previous experience with disease or self medication, presence of healthcare professionals in family, lack of transportation were the reasons reported by females over males. More than males (10%), there were female participants (12%) who didn't take any self medication.

B. Reasons behind SMP among Different Age Groups

As shown in Table 3, among the 250 population, 26% were young aged, 31% were middle aged adults, 43% were elderly people.

As depicted in Figure 1, Figure 2 and Figure 3, among all the age groups, majority of participants reported minor ailment as the reason for self

medication. In 15-35 age group, lack of time (23%) and need for quick relief (19%) were the other commonly reported reasons for SMP. In 35-55 age group, lack of time (17%) , need for quick relief (10%) and lack of transportation (9%) were the other commonly reported reasons while the 55-75 age group reported need for quick relief (26%) and presence of health care professionals in family (8%) as other common reasons. There were people who didn't take any self medications (2% among young, 7% among middle aged, 8% among elderly).

C. Reasons behind SMP According to Marital Status

As seen in Table 4, among the 250 study population, 83% were married, 16% were unmarried, 1% was widowed.

As shown in Table 5, minor ailment was the major reason reported among all the marital groups. Among married and unmarried people, need for quick relief and lack of time were the other common reasons. While widowed participant reported lack of transportation as another reason for SMP. There were married people more than unmarried people who didn't take any self medication.

D. Reasons behind SMP According to Educational Status

Table 6 shows the distribution of educational

status among the study population. Among 250 participants, 2% were illiterate, 55% were under graduates, 39% were graduates, 2% were post graduates and 2% were professionals.

As depicted in Figure 4, simple disease was the major reason reported behind SMP among all the educational groups. Need for quick relief, lack of time, previous experience with disease or self medication were the other common reasons behind SMP among under graduates. Among graduates, other common reasons were need for quick relief and lack of time. No SMP was seen among 11 under graduates and 18 graduates.

E. Reasons behind SMP According to Work Status

As seen in Table 7, among 250 study population, 47% were unemployed, 22% were self employed, 23% were private employed, 2% were Government employed and 6% were retired people.

Table 8 shows the reasons behind SMP according to work status. Simple disease was the most common reason behind SMP among all the employment groups. Need for quick relief and lack of time were the other common reasons behind SMP among the population. There were 3 students, 10 unemployed and employed, 5 private employed, and 1 Government employed who didn't take any self medications.

Tables

Table 1: Distribution of gender

S. No	Gender	Frequency	Percentage
1	Male	108	43
2	Female	142	57
	Total	250	100

Table 2: Reasons behind SMP according to gender

Reasons	Male	Female
Simple disease	96	118
High treatment cost	2	10
Previous experience with disease or self medication	7	18
Need quick relief	44	55
Peer or family pressure	1	0
Lack of time	32	40
Know about drugs or self medication	1	7
Lack of hospitals in nearest places	2	1
Accessibility of pharmacy	1	6
Presence of health care professional in family	9	13
Lack of transportation	2	13
Dissatisfaction by health care professionals	0	0
No self medication	11	18

Table 3: Distribution of age

S. No	Age group	Frequency	Percentage
1	15-35	66	26
2	35-55	78	31
3	55-75	106	43
	Total	250	100

Table 4: Distribution of marital status

S. No	Marital status	Frequency	Percentage
1	Married	207	83
2	Unmarried	42	16
3	Divorced	0	0
4	Widowed	1	1
	Total	250	100

Table 5: Reasons behind SMP according to marital status

Reasons	Married	Unmarried	Widowed
Simple disease	173	37	1
High treatment cost	10	2	0
Previous experience with disease or self medication	19	3	0
Need quick relief	67	27	0
Peer or family pressure	1	0	0
Lack of time	50	22	0
Know about drugs or self medication	4	4	0
Lack of hospitals in nearest places	3	0	0
Accessibility of pharmacy	6	0	0
Presence of health care professional in family	13	7	0
Lack of transportation	12	2	1
Dissatisfaction by health care professionals	0	0	0
No self medication	25	4	0

Table 6: Distribution of educational status

S. No	Educational status	Frequency	Percentage
1	Illiterate	5	2
2	Under graduate	138	55
3	Graduate	98	39
4	Post graduate	4	2
5	Professional	5	2
	Total	250	100

Table 7: Distribution of work status

S. No	Work status	Frequency	Percentage
1	Unemployed	118	47
2	Self employed	54	22
3	Private employed	58	23
4	Govt. employed	5	2
5	Retired	15	6
	Total	250	100

Table 8: Reasons behind SMP according to work status

Reasons	Student	Un employed	Self Employed	Private Employed	Government Employed	Retired
Simple disease	31	74	38	53	13	5
High treatment cost	2	5	3	1	0	1
Previous experience with disease or self medication	5	7	3	8	1	1
Need quick relief	25	35	12	23	3	1
Peer or family pressure	0	0	1	0	0	0
Lack of time	18	18	14	19	3	0
Know about drugs or self medication	4	2	0	1	1	0
Lack of hospitals in nearest places	0	1	0	1	1	0
Accessibility of pharmacy	0	3	2	0	1	1
Presence of health care professional in family	7	4	2	8	1	0
Lack of transportation	0	10	4	1	0	0
Dissatisfaction by health care professionals	0	0	0	0	0	0
No self medication	3	10	10	5	1	0

Figures

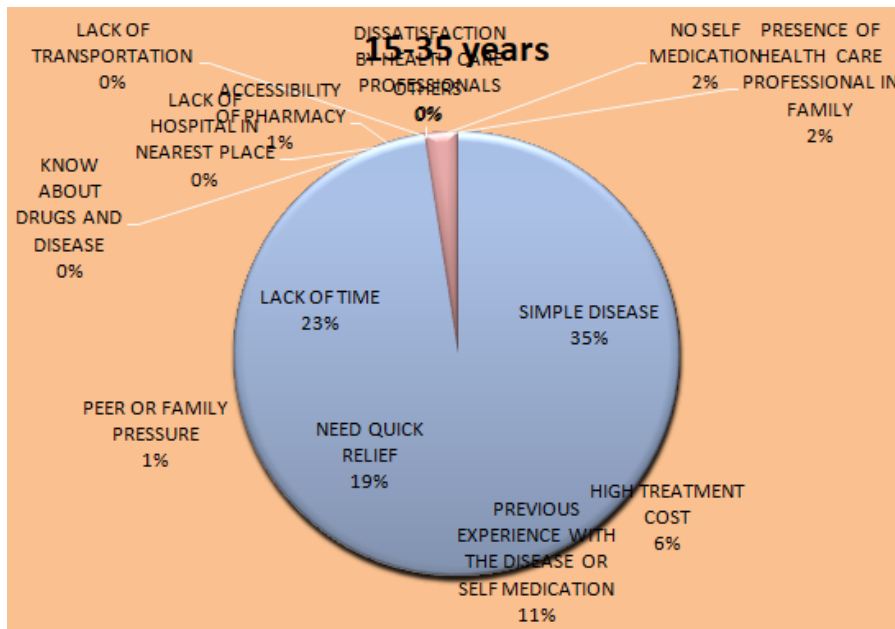


Figure 1: Reasons for SMP in 15-35 age group

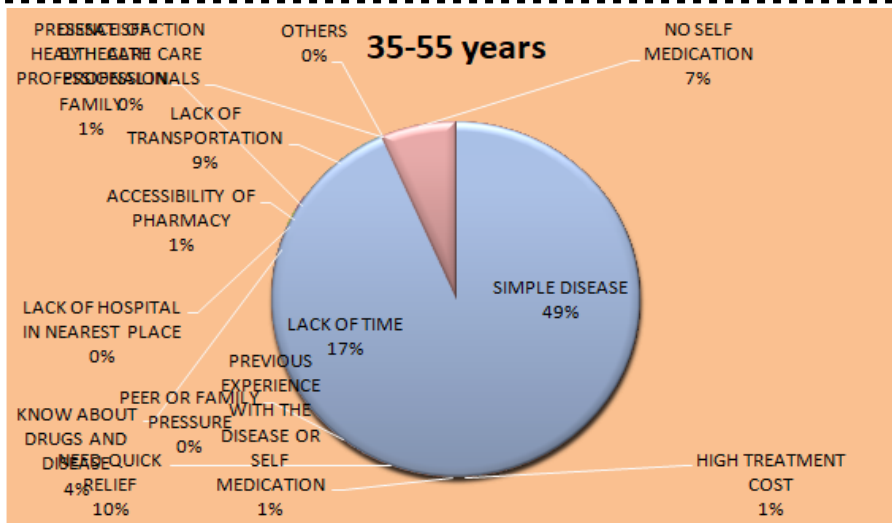


Figure 2: Reasons for SMP in 35-55 age group

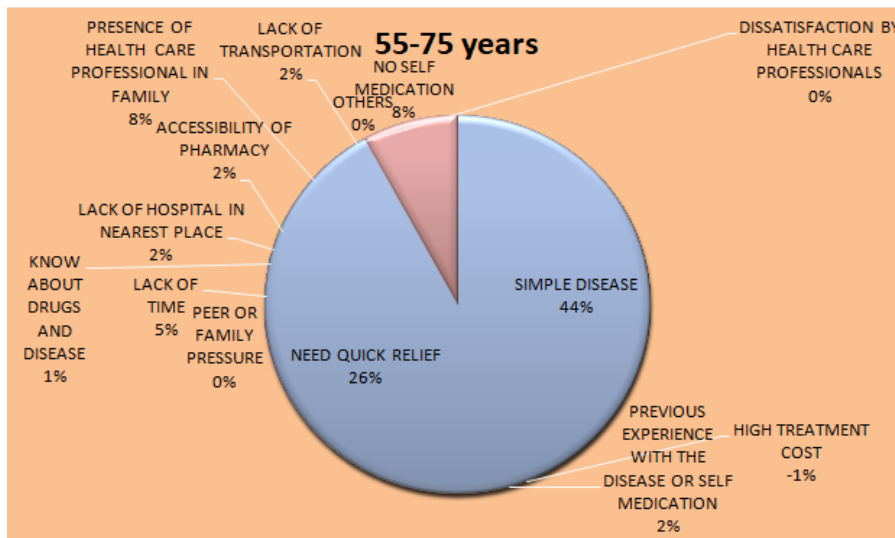


Figure 3: Reasons for SMP in 55-75 age group

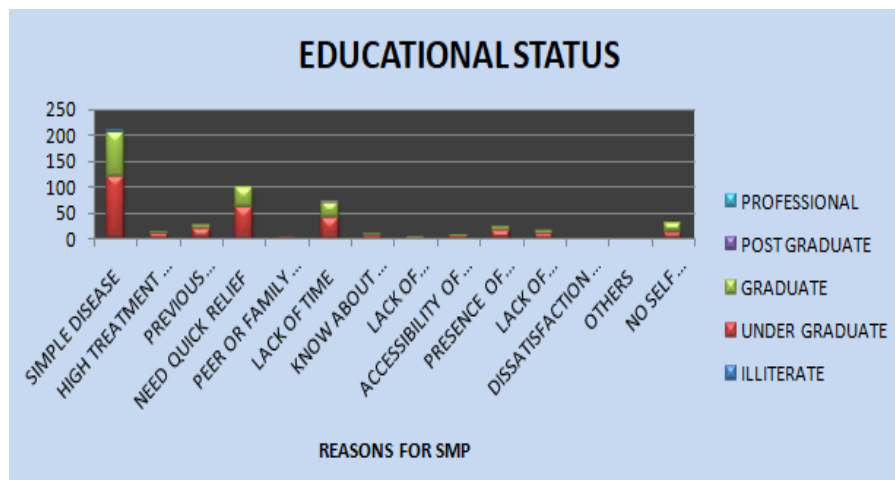


Figure 4: Reasons behind SMP according to educational status

Discussion

In our study we found that SMP is more among younger people. In our study, highest prevalence of self medication use was seen among under graduates of young adults, middle aged adults and graduates of elderly people. This was supported by a cross sectional study conducted by *Kumar et al* in March 2013 to study the prevalence and practice of SMP in an urban area by interviewing 236 persons using pretested questionnaire which concluded that prevalence of self medication is more among younger people. Reasons behind this were increased knowledge related to drugs and diseases as well as lack of time [10-13].

Regarding reasons for SMP, minor ailments, previous experience with disease or self medication, lack of time, need for quick relief, peer or family pressure were the common reasons. This was supported by the findings from a cross sectional survey conducted among 200 participants by *Balamurugan et al* in a coastal area of India. [14].

Materials and Methods

- A. **Study Design:** Cross sectional study
- B. **Study Setting:** Eraviperoor Grama Panchaya
- C. **Study period:** 6 months (November 2019-April 2020)
- D. **Study population:** The study population consisted of 250 people which included illiterates, under graduates, post graduates and graduates of young, adult and elderly age group.
- E. **Inclusion and exclusion criteria**

Inclusion criteria

- Individuals treating self recognized illness and symptoms
- Patients with Diabetes mellitus, Thyroid disorders and Hypertension.

- Patients with age group of above 15 years consented to participate by filling a questionnaire .
- Residents of Eraviperoor Gramapanchayath

Exclusion criteria

- Patients with an age group below 15 years.
- Patients with hepatic disease and patients undergone major surgeries.
- Pregnant women and lactating mothers
- The residents who are absent on the day of survey
- Differently abled people

F. **Sample Size:** 250 patients/population.

G. **Study Variables:** Socio-demographic variables- Age, gender, education, occupation, socio economic status, reason for self medication.

H. **Data Collection Technique:** The study was conducted after the approval from the Institutional Ethics Committee. Participants will be asked to fill a questionnaire which is prepared in English and translated into the local language to determine their drug use behavior through face-to-face interviews .

I. **Data Collection Tools:** Data collection proforma.

J. **Statistical Analysis:** The statistical analysis was performed using Microsoft Excel 2010.

Conclusion

From this study we found that simple disease was the mostly reported reason behind SMP. Lack of time and need for quick relief were the other common reasons reported by the participants. Presence of health care professionals in the family, previous experience with the disease or self medication, high treatment cost were also the uncommon reasons reported by specific categories of people.

Acknowledgement

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Ethics Statement

The study was conducted after getting approval from Institutional Ethical Committee of Nazareth College of Pharmacy with the reference no: NCPD/2019/01.

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