

Prevalence of Self Medication Practices in a Rural Population: An Institutional Based Study

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ABSTRACT

Background: Self-medication can be defined as obtaining and consuming drugs without the advice of a physician either for diagnosis, prescription, or surveillance of treatment. There is a lot of public and professional concern about the irrational use of drugs in self-medication. The present study was conducted to assess prevalence of self-medication practices in a rural population.

Materials and Methods: It is a community based cross-sectional study conducted to assess prevalence of self-medication practices in a rural population. The study period was 3 months, and the sample size was 320. The data was collected. The knowledge regarding self-medication and the reasons for use were meticulously enquired. The data analysis was done using statistical software IBM SPSS version 21.

Results: Among the total 320 participants 48.12% were male and 51.87% were female. Most of the participants (38.75%) were between 31-40 years of age. Overall, out of 320 participants, 44.68% of them reported that they had self-medication in the past. The reasons for self-medication, 30.76% stated previous good experience followed by multiple reasons (16.78%) and the use during emergency for minor illnesses (14.68%).

Conclusion: The present study concluded that 44.68% of the participants reported that they had self-medication in the past. The reasons for self-medication, 30.76% stated previous good experience followed by multiple reasons (16.78%) and the use during emergency for minor illnesses (14.68%).

Keywords: Self-Medication, Rural Area, Prevalence.

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INTRODUCTION

The World Health Organization (WHO) has defined self-medication as the use of drugs to treat self-diagnosed disorders or symptoms, or the intermittent or continued use of a prescribed drug for chronic or recurrent disease or symptoms.¹ Self-medication is an age-old practice. Urge of self-care, feeling of sympathy towards family members in sickness, lack of health services, poverty, ignorance, misbeliefs, extensive advertisement, and availability of drugs in other than drug shops are responsible for growing trend of self-medication. WHO is promoting practice of self-medication for effective and quick relief of symptoms without

medical consultations and reduce burden on health care services, which are often understaffed and inaccessible in rural and remote areas.² According to world self-medication industry, it is one of the most essential tools used by a person suffering from a common illness, which does not necessitate doctor's visit. It is usually considered as first choice remedy for early disease symptoms and is a part of patient's medical behaviour.³ In developing countries reported SM prevalence rates are much higher with e.g. 84% in Pakistan, 78% in Saudi Arabia, 67% in Nigeria and 79% in India.⁴⁻⁷ According to some studies, it was found that the burden of self-

medication with antibiotics is higher in developing countries than in developed countries.⁸ The increased advertising of pharmaceuticals increases concerns of incorrect self-diagnosis, drug interaction, and use of drugs other than for the original indication.⁹ The present study was conducted to assess prevalence of self-medication practices in a rural population.

MATERIALS AND METHODS

It is a community based cross-sectional study conducted to assess prevalence of self-medication practices in a rural population. Before the commencement of the study ethical approval was taken from the Ethical Committee of the institute and written consent was taken from the patient after explaining the study. Males and females above the age group of 18 years were included for study. The Study period was 3 months, and the sample was selected by using Systematic Random Sampling. The sample size was 320. The data was collected by interviewing, using a predesigned and pretested proforma. Information was collected regarding demographic data and about self-medication use. The knowledge regarding self-medication and the reasons for use were meticulously enquired. The data analysis was done using statistical software IBM SPSS version 21.

Table 1: Demographic details

Variables	N (%)
Gender	
Male	154(48.12%)
Female	166(51.87%)
Age groups (yrs)	
18-30	86(26.87%)
31-40	124(38.75%)
41-50	69(21.56%)
51-60	41(12.81%)

Table 2: Prevalence of self-medication

Prevalence of self-medication	N (%)
Present	143(44.68%)
Absent	177(55.31%)
Total	320(100%)

Table 3: Reason for self-medication

Reason for self-medication	N (%)
Previous good experience	44(30.76%)
Multiple	24(16.78%)
Emergency	21(14.68%)
Quick relief	18(12.58%)
Poor quality care by govt doctors	12(8.39%)
Loss of wages	7(4.89%)
No time	4(2.79%)
High cost by private doctors	8(5.59%)
Economic	5(3.49%)

RESULTS

Among the total 320 participants 48.12% were male and 51.87% were female. Most of the participants (38.75%) were between 31-40 years of age. Overall, out of 320 participants, 44.68% of them reported that they had self-medication in the past. The reasons for self-medication, 30.76% stated previous good experience followed by multiple reasons (16.78%) and the use during emergency for minor illnesses (14.68%).

DISCUSSION

Self-medication is more likely to be inappropriate if used by poorly informed people. The extent of depth of knowledge regarding OTC (over the counter) use in a community needs to be assessed. Previous studies have shown the prevalence of self-medication as 37% in urban population and 17% in rural population in India, whereas 12.7% to 95% in other developing countries.¹⁰⁻¹²

In India, other studies also have shown a higher prevalence of self-medication like in rural Maharashtra (81.5%), Haryana (73%), Delhi (92.8%).^{13,14} The study of Maharashtra (29.1%) and Hyderabad (30.5%) reported lower prevalence.^{15,16}

Rural SM prevalence in the study done by Jogdand et al was 49% in Lohagaon, Maharashtra, India.¹⁷

In Sri Lanka, the prevalence rate in rural areas was higher than in urban areas.¹⁸ In the rural area of Town Sahaswan in Northern India reported high treatment costs in hospitals were the primary reason for practicing self-medication.¹⁹

A study conducted in a rural area of Bhopal reported a high cost of consultation followed by mild illness/doctor's advice not needed were common reasons.²⁰ The most common reason for the self-medication in the study of Limaye was having an old prescription and saving time¹⁶ and in the study of Keshari were time-saving, high cost of consultation, and minor illness.²¹ The study of rural Maharashtra reported economic and nonavailability of health care facilities were major reasons for self-medication.²²

According to the study of Balamurugan and Kumar lack of time to visit a doctor and minor illness/mild disease were common reasons.^{23,24}

Moreover, herbal and homeopathic medications are considered safe and devoid of adverse effects, but the risk of possible drug interactions is always prevalent with their use.²⁵

Misdiagnosing the illness by physicians, allergic reactions, intake of insufficient dosage, habituation to antacids, cough syrups and pain relievers, increased risk of stroke due to analgesic intake in patients with blood pressure and congenital anomalies and birth defects in unborn babies of pregnant women are some of the other disadvantages associated with self-medication.²⁶

CONCLUSION

The present study concluded that 44.68% of the participants reported that they had self-medication in the past. The reasons for self-medication, 30.76% stated previous good experience followed by multiple reasons (16.78%) and the use during emergency for minor illnesses (14.68%).

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