



A STUDY ON HEALTH SEEKING BEHAVIOUR AND SELF MEDICATION PRACTICES AMONG ADOLESCENT SLUM DWELLERS OF GUWAHATI, ASSAM

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ABSTRACT **BACKGROUND:** Adolescents (10-19 years) are a vulnerable group in need of health information and services for their betterment. They are exposed to various vulnerabilities regarding health especially those living in slums. Self medication is defined as the use of medications without prescription for self treatment.
OBJECTIVES: To study health seeking behaviour and self medication practices among adolescent slum dwellers of Guwahati.
MATERIALS AND METHODS: A Cross Sectional Study was carried out during October to December 2017 using pretested, predesigned pro forma covering 150 adolescent slum dwellers of Guwahati.
RESULTS: Majority (51%) of the adolescents were of age group 15-19 years. Males were 62%. Family perception was the major hindrance (22%) in seeking health care. 28% practised self medication.
CONCLUSION: Further work-up is needed in the field of adolescent health services to make them aware of various health-care facilities.

KEYWORDS : Health Seeking Behaviour, Self Medication Practices, Adolescent, Slum.

INTRODUCTION:

Adolescence (10-19 years age) is the period of transition to 'adulthood' from 'childhood'. The National Population Policy-2000 has recognized adolescents as undeserved vulnerable group in need of health information and services for their betterment. In the WHO South-East Asia (SEA) Region, they constitute 22% of the total population (around 350 million). According to UNICEF, adolescents constitute 21.4% of total Indian population. They are exposed to various risks and vulnerabilities, regarding physical, mental, social and reproductive health. Every year 2.6 million adolescents die due to preventable causes, maximum (97%) in low & middle socio-economic countries. The causes of death among adolescent girls include irregular menstruation, premature abortion, sepsis etc., whereas among boys, injury-related deaths are the leading causes of deaths in the SEA Region. There are various barriers mainly in the developing world that prevent poor households from seeking health care such as socio-cultural, lack of knowledge & awareness, financial, distance and language. These barriers lead to low demand for and use of services by all age groups including adolescents, leading to increased morbidity and mortality among poor. Other reasons include previous unsatisfactory contacts with professional caregivers, cultural attitudes, issues of confidentiality, a belief that nothing or no one can help, lack of knowledge, stigma, embarrassment and socialization.

Self medication according to World Health Organization is defined as "use of pharmaceutical or medicinal products by the consumer to treat self recognized disorders or symptoms, the intermittent or continued use of a medication previously prescribed by a physician for chronic or recurring disease or symptom, or the use of medication recommended by lay sources or health workers not entitled to prescribe medicine".¹ It is a well recognized form of inappropriate drug use. Self medication is one of the most influential theories of causation of drug abuse & addictions. Although, responsible self medication practice is promoted by World Health Organization, citing the reason of affordability and scarcity of health care services, benefits of self medication are less as against its adverse effects like drug interaction, adverse drug reactions, development of addiction in certain drug usage and development of antibiotic resistance. The reasons for self medication include lack of doctors, increasing cost of treatment, ignorance, illiteracy, misbeliefs, easy availability of drugs over the counter and poor socio economic status. It can lead to serious health hazards such as adverse drug reaction and prolonged morbidity. Prevalence of self medication in India varies widely from 27.6% to 81.5%.²⁻⁴ This study was taken up with aim of assessment of health seeking behaviour and self-medication practices among adolescent slum dwellers of Guwahati, Assam.

MATERIALS AND METHODS:

The Cross Sectional Study was carried out from 1st October to 30th

December 2017 amongst 150 adolescent slum dwellers of Guwahati. A pre designed pre tested schedule was used. Proper approval was obtained from the appropriate authority prior to the study. The sample population was selected through simple random sampling. Data were collected via schedule and analyzed in MS Excel.

RESULTS:

Fig1. shows distribution of adolescent slum dwellers according to age. Majority (51%) belonged to age group 15-19 years and 49% belonged to 10-14 years.

Fig1. Distribution of adolescent slum dwellers according to age

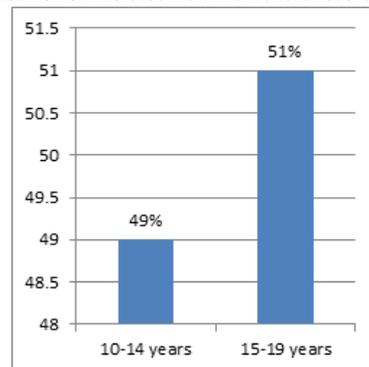


Fig2. shows distribution of adolescent slum dwellers according to gender. Males were 62% while females were 38%.

Fig2. Distribution of adolescent slum dwellers according to gender.

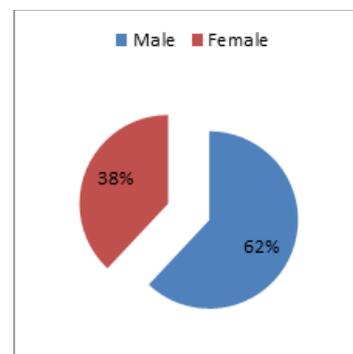


Table1. Distribution of adolescent slum dwellers according to type of health problems

Major health problems	Number	Percentage
Physical	45	30
Sexual	33	22
Psychological	22	14.7
Behavioural	20	13.3
None	30	20

Table1. shows distribution according to type of health problems. Majority (30%) had physical problems, 22% had sexual problems, 20% had no problems, 14.7% had psychological problems and 13.3% had behavioural problems.

Table2. Distribution of adolescent slum dwellers according to health seeking behaviour (N=120)

Problems	Family members	Quack	Doctor	Don't seek help
Physical	12(10)	8(6.7)	20(16.7)	5(4.2)
Sexual	10(8.3)	6(5)	5(4.2)	12(10)
Behavioural	3(2.5)	3(2.5)	6(5)	8(6.7)
Psychological	4(3.3)	3(2.5)	2(1.7)	6(5)

Figures in brackets show percentage

Table2. shows distribution of adolescent slum dwellers according to health seeking behaviour. For physical problems majority (16.7%) seek care from doctor but for sexual, behavioural and psychological problems majority don't seek help.

Table3. Distribution of adolescent slum dwellers according to major hindrances in seeking health care

Major hindrances	Number	Percentage
Family perception	33	22
Inconvenient timings	21	14
Lack of privacy	13	8.6
Inadequate knowledge	38	25.4
Cost factor	24	16
Transportation problems	18	12

*Multiple response

Table3. shows distribution of adolescent slum dwellers according to major hindrances in seeking health care. Majority (25.4%) cited inadequate knowledge, 22% cited family perception, 16% cited cost factor, 14% cited inconvenient timings, 12% transportation problems and 8.6% cited lack of privacy as major hindrances in seeking health care.

Table4. shows distribution of adolescent slum dwellers according to practice of self medication. About 72% didn't practice self medication while 28% practised self medication.

Table4. Distribution of adolescent slum dwellers according to practice of self medication.

Practice self medication	Number	Percentage
Yes	42	28
No	108	72

Table5. shows distribution of adolescent slum dwellers according reasons for self medication. Majority (36%) cited quick relief, 28% cited time factor, 24% cited easy availability of medicines and 12% cited self confidence as reason for self medication.

Table5. Distribution of adolescent slum dwellers according to reasons for self medication.

Reasons for self medication	Number	Percentage
Quick relief	54	36
Self confidence	18	12
Time factor	42	28
Easy availability of medicines	36	24

DISCUSSION:

Adolescents are a vulnerable group in need of health information and health services for their betterment. They are exposed to various vulnerabilities, regarding physical, mental, social and reproductive health especially those living in slums. There are various barriers mainly in the developing world that prevent poor households from

seeking health care such as socio-cultural, lack of knowledge & awareness, financial, distance and language. These barriers lead to low demand for and use of services leading to increased morbidity and mortality. Self medication is defined as the use of medications without prescription for self treatment. It can lead to adverse drug reactions, drug abuse and addictions. In our study, majority (51%) adolescent slum dwellers were of age 15-19 years. Males were 62%. Physical health problems were seen in 30% adolescents. Main hindrances in seeking health care were inadequate knowledge (25.4%) and family perception (22%). For physical problems majority (16.7%) seek care from doctor but for sexual, behavioural and psychological problems majority don't seek help. About 28% practised self medication. Major reason cited for self medication was quick relief (36%).

A study by Kumar R et al in Chandigarh among adolescents showed that majority (81%) of the adolescents reported having some health problem during last three months prior to the survey; predominant (60%) problems were psychological and behavioural in nature. (Kumar R et al 2008)

A study by Goud TG et al in Karnataka showed that that the prevalence of self medication was 38%. (Goud TG et al 2014)

In a study by Pranav V et al among urban slum dwellers, prevalence of self medication was found to be 47%. Community pharmacists (87%) were the main source of information on medications. (Pranav V et al 2017)

CONCLUSION:

The study shows that health seeking behaviour among adolescent slum dwellers is poor. Further work-up is needed in the field of adolescent health services and made available to them from the ground level. The focus must be to make them aware of various health-care facilities for their various problems and issues. Identification of various problems faced by the adolescents as well as the spectrum of barriers faced by them need to be done at an early stage mainly by the parents and teachers, in order to make an early treatment availability. There is a need to educate adolescents about self medication, about its adverse effects and to ensure safe practices. Strict policies need to be implemented on the advertising and selling of medications.

LIMITATIONS: Due to constraints of resource and time the study was limited to adolescent slum dwellers of Guwahati only.

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CONFLICT OF INTEREST: No conflicts of interest.

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