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EXTENT OF SELF-MEDICATION PRACTICES AMONG PATIENTS ATTENDING RURAL AND URBAN HEALTH TRAINING CENTRE ATTACHED TO TERTIARY LEVEL HOSPITAL AND MEDICAL COLLEGE, UDAIPUR

Community Medicine

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ABSTRACT

Aims- Prevalence and pattern of Self-Medication practices among patients attending Rural and Urban health training centre attached to tertiary level hospital and medical college, Udaipur.

Methodology- Hospital based cross sectional study done among 350 patients who attended OPD at RHTC and UHTC attached to tertiary level hospital and medical college, Udaipur. Predesigned, pretested, semi-structured questionnaire was used.

Results- At UHTC prevalence of self medication practice found to be 65.5% and at RHTC it is found to be 52.7%. Analgesic/Antipyretics (75.7%) most commonly used drug as self-medication.

Conclusion- In spite of several health facilities available nearby, self medication still continues to be a common practice among both rural and urban population.

KEYWORDS

SELF MEDICATION, RHTC (RURAL HEALTH TRAINING CENTRE), UHTC (URBAN HEALTH TRAINING CENTRE

INTRODUCTION-

Self-medication has traditionally been defined as "the consumption of drugs, herbs or home remedies on one's own initiative, or on the advice of another person, without consulting a doctor.[1] In developing countries like India most episodes of illnesses are treated by self-medication, because of easy availability of a wide range of drugs commercially coupled with inadequate health services result in increased proportions of drugs used as self-medication compared to prescribed drug.[2]Grave danger of self-medication is that it often gives temporary, superficial relief and masks symptoms possibly indicative of a serious problem. Secondly some might actually be ineffective, e.g. taking antibiotics for viral illness and self-medication is one of the causes for the ever life threatening increased drug resistance for various antimicrobials.[3]

MATERIAL AND METHODS-

1) It was a hospital based cross sectional study, carried out for a period of 6 months (Jan 2017 to June 2017) among 350 study subjects from OPD of RHTC and UHTC(200 subjects selected from UHTC and 150 subjects selected from RHTC) attached to a tertiary level hospital and medical college, Udaipur. All the individuals aged 18 years and above who have given written and informed consent were selected as study subjects from OPD Predesigned, pretested, semi-structured questionnaire was used. questionnaire contained questions like Socio-demographic profile of subject (i.e. age, gender, education status etc), whether they have self-medicated ever, symptoms for which self-medications used, Commonly used drugs for self-medication, knowledge about drug (like dose, duration, side effect), Source of information about the drugs.

RESULTS-

Table 1: AGE WISE DISTRIBUTION OF STUDY SUBJECTS

Age Group in years	UHTC (%)	RHTC (%)	Total
18-25(Young adult)	29(14.5%)	18(12%)	47(13.4%)
26-40(Adulthood)	56(28%)	71(47.3%)	127(36.3%)
41-60(Middle age)	97(48.5%)	44(29.3%)	141(40.3%)
>60(Older age)	18(9%)	17(11.3%)	35(10%)
Total	200(100%)	150(100%)	350(100%)

Table 2: SEX WISE DISTRIBUTION OF STUDY SUBJECTS

Sex	UHTC (%)	RHTC (%)	Total (%)
Male	133(66.5%)	77(51.3%)	210(60%)
Female	67(33.5%)	73(48.7%)	140(40%)
Total	200(100%)	150(100%)	350(100%)

Table 3: EDUCATION WISE DISTRIBUTION OF STUDY SUBJECTS

Education	UHTC (%)	RHTC (%)	Total (%)
Illiterate	21(10.5)	70(46.7)	91(26)
Primary school	18(9)	37(24.7)	55(15.7)
Middle school	35(17.5)	16(10.7)	51(14.6)
High school	47(23.5)	14(9.3)	61(17.4)
Graduate & above	79(39.5)	13(8.7)	92(26.3)
Total	200(100)	150(100)	350(100)

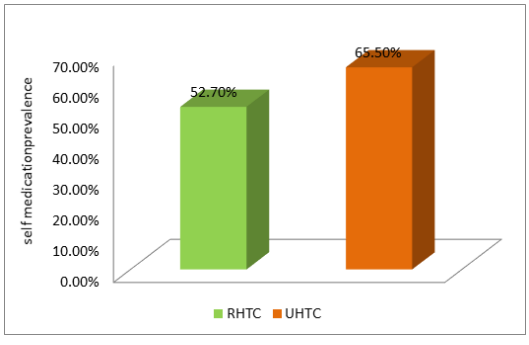

Fig.1: Bar Diagram Showing Self Medication Prevalence

At UHTC prevalence of self medication practice found to be 65.5% and at RHTC it is found to be 52.7%. Self medication was significantly more common at UHTC as compared to RHTC (p value was 0.01).

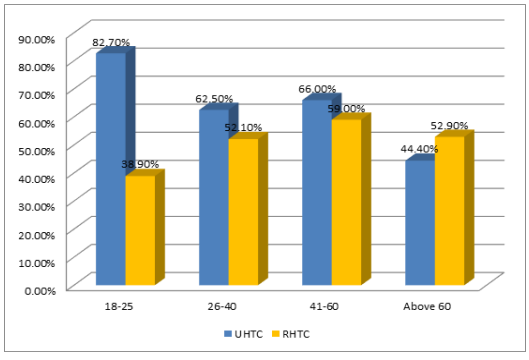

Fig.2: Bar Diagram Showing Age Group Wise Self Medication Practice

At UHTC age group of 18-25 years recorded the highest rate of self medication (82.7%) and at RHTC highest rate of self medication (59%) in age group of 41-60 years. Self medication practice was found more common among graduate and above group (73.9%).

Table 4: REASON FOR SELF MEDICATION

Reasons for self-medication	UHTC/ RHTC	
	UHTC (n=131) (%)	RHTC (n=79) (%)
Cost saving	41 (31.3)	8 (10.1)
Convenience	68 (51.9)	34 (43)
Time saving	36 (27.5)	11 (13.9)
No doctors nearby	10 (7.6)	15 (19)
Quick relief	42 (32.1)	10 (12.7)
High consultation by private doctors	16 (12.2)	5 (6.3)
Emergency use	9 (6.9)	3 (3.8)

Note: Response for symptoms is not mutually exclusive

Major reasons for self medication at UHTC was found to be convenience (51.9%) and cost saving(31.3%) while at RHTC major reasons for self medication was found to be convenience (43%), No doctors nearby (19%).

Table 5: SYMPTOMS FOR SELF MEDICATION

Symptoms	UHTC/RHTC	
	UHTC (n=131) (%)	RHTC (n=79) (%)
Cough/Rhinitis/Rhinorrhoea	108(82.4)	32(40.5)
Headache	87(66.4)	32(40.5)
Tooth ache	5(3.8)	3(3.8)
Muscle/joint pain	82(62.6)	48(60.8)
Insomnia	19(14.5)	23(29.1)
Gastric/digestive problems	16(12.2)	40(50.6)
Weakness	12(9.2)	3(3.8)
Skin symptoms	15(11.5)	34(43)

Note: Response for symptoms is not mutually exclusive

Of all the symptoms for which self medication was done, majority of respondents at UHTC suffered from cough/cold (82.4%), headache (66.4%) and at RHTC majority of respondents suffered from joint pain (60.8%), gastric problems (50.6%).

Table 6: Commonly Used Drugs For Self Medication

Commonly used drugs	UHTC (n=131) (%)	RHTC(n=79) (%)
Analgesics / Antipyretics	116(88.5)	43(54.4)
Antibiotics / Antimicrobial	33(25.2)	19(24.1)
Antacids	10(6.7)	8(10.1)
Antihistaminics	14(10.7)	9(11.4)
*Others	9(6.9)	7(8.7)

Note: Responses for commonly used drugs are not mutually exclusive

Majority of the respondents at UHTC used Analgesic/Antipyretics (88.5%) followed by antibiotics (33%) for self-medication and similarly at RHTC majority of the respondents used Analgesics/ antipyretics (54.4%) followed by antibiotics (24.1%).

Table 7: Source Of Information For Self Medication

Sources of Self-medication	UHTC (n=131) (%)	RHTC (n=79) (%)	Total (210) (%)
Pharmacy/chemist	121 (92.4)	59 (74.7)	180 (85.7)
Friends/ neighbors	28 (21.4)	14 (17.7)	42 (20)
Family	19 (14.5)	16 (30.3)	35 (16.7)
TV/ Radio advertisement	19 (14.5)	0 (0)	19 (9)
Own experience	72 (55)	20 (25.3%)	92 (43.8)

Note: Responses for sources are not mutually exclusive

Chemists (85.7%) were the most important source for self-medication including RHTC & UHTC, followed by own experience (43.8%)

Table 8: KNOWLEDGE ABOUT DRUG WHICH IS USED AS SELF MEDICATION

Knowledge about drug	UHTC(n=131) (%)	RHTC(n=79) (%)	Total(n=210) (%)
Dose	23(17.6)	9(11.4)	32(15.2)
Duration	13(9.9)	0(0)	13(6.2)
Side Effect	6(4.6)	0(0)	6(2.8)
All	2(1.5)	0(0)	2(0.9)
Nothing	103(78.6)	70(88.6)	173(82.3)

Only 2.85% respondents aware about side-effects of self-medicated drugs while 82.3% knew nothing (like dose, duration, side effect) of drug which they were taking as self-medication.

Majority of the respondents (54.8%) never read the information on the drug wrapper before consuming self-medication. It also showed that 40% of the respondents practicing self-medication never check expiry date. 29% respondents considered self-medication practice is a part of self-care and 30.5% of the respondents felt that self-medication is useful/good. It also shows that 11.9% of the study subjects practicing self-medication are in favour of practicing self-medication in future too.

DISCUSSION-

Previously Aqeel T et al carried out a cross sectional study to evaluate the prevalence and associated factors of self-medication among urban and rural population of Islamabad, Pakistan and they found to 68.3% are practicing self-medication in urban area and 54% in rural area.[4]

The present study showed that major reasons for self medication at UHTC was found to be convenience(51.9%) and cost saving(31.3%) while at RHTC major reasons for self medication was found to be convenience(43%) and No doctors nearby (19%) similarly a previous study found the major reasons for self-medication in a study by Azhar M et al with 364 respondents are minor illness 91%, convenience 53% RHTC majority of respondents suffered from joint pain(60.8%), gastric problems(50.6%).[5]

The present study showed that of all the symptoms majority respondents at UHTC suffered from cough/cold (82.4%), headache (66.4%) while at RHTC majority of respondents suffered from joint pain(60.8%), gastric problems(50.6%) , in a previous study Keshari SS et al conducted a study in 2014 Uttar Pradesh reported showed that major symptoms for which self-medication practiced were fever 72.6%, headache 40%.[6]

The present study showed that chemists 85.7% were the most important source for self medication including RHTC & UHTC, followed by own experience 43.8. Similarly a study done by Abeje G et al in 2013 found major source of information for self-medication was pharmacist/drug store 56%, left over drugs 16% and opinion of relatives of friends/relatives 4.7%.[7]

In The present study shows that majority of the respondents at UHTC (88.5%) and RHTC (55.4%) used Analgesic/Antipyretics. Similarly Haseeb A et al conducted a study in 2015 in rural areas of Pakistan in which the most common consumed drug category for self-medication is analgesics 93%, antipyretics 69% and antibiotics 52%.[8]

The study shows that only 2.85% respondents aware about side-effects of self-medicated drugs. Similarly a study by Balamurugan E et al in coastal regions of Pondicherry among 200 participants found that 93.5% of the study subjects were not aware of side effects of drugs consumed for self-medication.[9]

The study shows that majority of the respondents 54.8% never read the information on the drug wrapper before consuming self-medication practices. It also shows that 40% of the respondents practicing self-medication never check expiry date. These results comparable with a study done by Pankaj G et al in Mumbai found that only 21.4% of the respondents checked for expiry date of the drugs before using them.[10]

Another study done by Ira IJ et al in 2014, Bangladesh found nearly 50% of the respondents check expiry date regularly, 24% of the respondents sometimes and 25% never check expiry date.[11]

The study shows that 11.9% of the study subjects practicing self-medication are in favour of practicing self-medication in future too. In contrary to present study Selvaraj K et al in 2013, urban Puducherry reported that 90% of the respondents felt like using self-medication in future too.[12]

CONCLUSION-

In spite of so much advances in medical treatment and several

government schemes to promote health seeking behavior of population, self medication still continues to be a common practice among both rural and urban population. Health education to people regarding responsible self-medication is necessary to prevent misuse and adverse effect of self medication. Involvement of community level health workers in educating the people will be very beneficial in this regards.

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