

Research Article

Prevalence of self-medication practices among urban slum dwellers in Hyderabad, India

Sushma Katkuri*, Pooja Chauhan, Kotina Shridevi, Prashant Kokiwar, Varun Gaiki

Department of Community Medicine, Malla Reddy Institute of Medical Sciences, Hyderabad, Telangana, India

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*Correspondence:

Dr. Sushma Katkuri,

E-mail: katkurisushma@gmail.com

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ABSTRACT

Background: In a number of developing countries many drugs are dispensed over the counter without medical supervision. In this case, self-medication provides a lower cost-alternative for people who cannot afford the cost of clinical service. Objectives of the study was to assess the prevalence of self-medication among urban slum dwellers and to find out factors influencing self-medication.

Methods: A community based cross-sectional was done in the field practice area of Department of Community medicine. All the residents of selected slum who >18 years of age were selected. A total of 200 participants were randomly selected.

Results: The prevalence of self-medication was very high (73%). Majority of the study participants preferred allopathy medicine (84%). Pharmacist was the main source of information for practicing self-medication (67%).

Conclusions: Health education sessions should be conducted to create awareness about side effects of self-medication. Strict laws should also be formulated by the concerned authorities that without prescription of doctors no medicine should be given to anybody at the pharmacy.

Keywords: Self-medication, Over the counter drug, Urban

INTRODUCTION

One form of self-care is self-medication. The Merriam - Webster dictionary defines self-medication as, 'Medication of oneself especially without the advice of a physician'. Self-medication is on the rise and a number of reasons could be enumerated for this rise. The shift in the pattern of disease towards chronic ones (from 30% to 80% in 40 years) with attendant shift from cure to care is often mentioned. The inadequacies (failure) of health care system with its misdistribution of drugs, rising cost and the issue of curative stance of drugs are worth mentioning.¹

In a number of developing countries many drugs are dispensed over the counter without medical supervision. In this case, self-medication provides a lower cost-

alternative for people who cannot afford the cost of clinical service.² 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.³⁻⁵

Grave danger of self-medication is that it often gives temporary, superficial relief and thus masks symptoms possibly indicative of a more serious problem. Secondly some might actually be ineffective, e.g. taking antibiotics for viral illness.⁶

Pharmacists and pharmacy attendants play an important role in fostering self-medication among the public.⁷ So the present study was conducted to find out the

prevalence of self-medication and various factors contributing to it.

Objectives of the study were to assess the prevalence of self-medication among urban slum dwellers and to find out factors influencing self-medication and to find out various sources for self-medication.

METHODS

It was a community based cross-sectional study. The present study was conducted in an urban slum area located in Shapur nagar, Hyderabad. This area was chosen for the purpose of study, as it is a field practice area Department of community medicine, of Malla Reddy Institute of Medical sciences.

Duration of the study was 20th December 2014 to 27th December 2014. Sampling Technique was Convenient sampling. All the residents of selected slum who >18 years of age were selected. A total of 200 participants were randomly selected. For the purpose of the study, certain operational terms were defined.

- Self-medication was defined as the use of over-the-counter or prescription drugs, whether modern or traditional, for self-treatment, without prior consultation with a doctor.
- Medication was defined as any substance used for treatment or prevention of disease. It included modern scientific medications as well as medications from other healthcare systems.

METHODS

A predesigned, pretested and structured questionnaire assessing the practices and determinants of self-medication and the attitude was administered after taking informed consent.

Ethical aspects

Institutional ethics committee permission of MRIMS was obtained. Informed consent was taken from every participant. At the end of the interview participants were given health education regarding self-medication.

Statistical analysis

Data was entered and analyzed in Microsoft Excel.

RESULTS

Maximum of the study participants were in the age group of 31-60 years (50%). Majority of the respondents were females(64%) because of availability of them during the time of study. Near about 22% were illiterate and 27.5% studied till high school and only 4% were post graduate.

It was observed that 2% of the participants were in class V, 25% in class IV, and 27% in class I (Table 1).

Majority of the respondents were practicing self medication (73%) (Table 2).

Table 1: Socio-demographic profile of study participants.

Age	Frequency
18-30 years	91 (46)
31-60 years	99 (50)
>60 years	10 (5)
Gender	
Male	72 (36)
Female	128(64)
Education	
Illiterate	44(22)
Primary school	8 (4)
Middle school	38(19)
High school	55 (28)
Intermediate	17(9)
Graduate	30 (15)
Post graduate	8 (4)
Social Class	
Class 1	54(27)
Class 2	43(22)
Class 3	48(25)
Class 4	50(25)
Class 5	4(2)
Total	200

Table 2: Majority of the respondents were practicing self-medication (73%).

Self-medication	Frequency
Yes	146(73)
No	54(27)
Total	200

It was observed that majority of the study participants preferred allopathy medicine (84%) followed by Ayurvedic (9%), homeopathy (4%) and others such as Yunani (4%). The study participants mentioned that pharmacist was the main source of information for practicing self-medication (67%) and previous consultation (21%). The common conditions for which they practiced self-medication was fever (39%), common cold (21%), cough (17%) and headache (12%) (Table 3).

Majority of the study participants said it was time saving (42%) if take self-medication because of their busy routine schedule they don't time to go sit for long for consultation in a hospital. Near about 31% said as they suffer with mild illness so doctor consultation not required (Table 4).

Table 3: Distribution of study participants as per practices related to self medication.

Type of medicine	Frequency
Allopathy	167(84)
Ayurvedic	18 (9)
Homeopathy	8 (4)
Other	7(4)
Total	200(100)
Source of information	
Pharmacist	131 (67)
Previous consultation	42 (21)
Friend	5 (3)
Television	3 (2)
Internet	5 (3)
Books	0 (0)
Traditional Healer	14(7)
Total	200
Common Conditions	
Fever	78(39)
Cold	42(21)
Cough	34(17)
Body pains	11(6)
Head ache	23 (12)
Diarrhoea	6 (3)
others	6 (3)
Total	200

Table 4: Distribution of study participants as per reasons for using self-medication.

Reasons	Frequency
Time saving	83(42)
Mild illness	61(31)
Monetary constraints	56(28)
Total	200

Table 5: Distribution of study participants regarding awareness about side effects of self-medication.

Awareness	Frequency
Yes	94 (47)
No	106 (53)
Total	200

Table 6: Distribution of study participants regarding checking of expiry date.

Expiry Date	Frequency
Yes	185 (93)
No	15(8)
Total	200

Near about 53% were not aware about the side effects of self-medication while 47% were aware about it (Table 5).

Maximum number of study participants were having a habit of checking the expiry dates of medicines (93%). This shows that they were aware about the significance of harmful effects if any expired date drug is taken (table 6).

DISCUSSION

In present study maximum of the study participants were in the age group of 31-60 years (50%) were as in another studies maximum in the age group of 26-35years,(61%), 35-45 years (32%), 21-40years (40%) respectively.⁸⁻¹⁰ Majority of the respondents were females (64%) because of availability of them during the time of study which was similar to another study where females were contributing to 65%.⁹ Near about 22% were illiterate in present study which was similar to another study where it was found to be 23%.¹¹ In a study done by Pavan and et al it was observed to be more (33.33%).⁸ In the present study it was observed majority of the respondents were practicing self medication (73%), in another study the prevalence of practicing self-medication is less than present study where it is (30.5%) and 55.9%.^{8,9} were as in a study done by Aqueel et al, it is 68.3%.¹¹ In the present study Allopathy medicine was practiced by majority of the study participants (84%) which was similar with other studies where allopathy medicine was the first preference by the study participants (77.77%), (15.2%).^{8,11} The study participants mentioned that pharmacist was the main source of information for practicing self-medication (67%) and previous consultation (21%) which is similar with other studies where (42.1%) said pharmacist was main source of information followed by previous consultation (25.4%).⁹ Pavan et al mentioned that in there study doctor was the main source of information(61%).⁸ The common conditions for which they practiced self-medication was fever (39%), common cold (21%), cough (17%) and headache (12%) in the present study were as in study done by Pavan et al, pain (88%) was the main complaint for which they were using self-medication followed by cough and fever (89%). In another study pain was the main reason to practice self-medication (31%).⁹

The results in the present study showed time saving (42%) was the main reason to practice self medication because of their busy routine schedule they don't have time to go sit for long for consultation in a hospital which was not similar with present study such as financial constraints (49%), was the main reason, and it was observed same in another study (19.3%).^{9,10} Maximum number of study participants were having a habit of checking the expiry dates of medicines (93%) in the present study which was not similar with another study where awareness about checking of expiry of drugs was poor (4.2%) and 79% don't know about the checking of expiry dates of drugs.

CONCLUSION

Self medication is highly prevalent among the urban slum dwellers as drugs are easily available at the medical store and they can easily take the medicine without the prescription of the doctor which is wrong practice on part of the community as they are not aware about the harmful effects of drugs at time. To create awareness about the side effects due to self medication, health education sessions should be conducted. Strict laws should also be formulated by the concerned authorities that without prescription of doctors no medicine should be given to anybody at the pharmacy.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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