



Study on perception and practice about self medication among the women of selected rural area of West Bengal.

Authors

Debdatta Mandal¹, Kasturi Mandal²

¹Assistant Professor, College of Nursing, Asia Heart Foundation, Kolkata, India

²Professor, College of Nursing,, Asia Heart Foundation, Kolkata India.

ABSTRACT

Background: According to William Osler, a great feature which distinguishes man from animals is the desire to take medicine¹. **Objectives:** To assess the perception and practice about the self medication patterns among the women. **Methods:** A non – experimental descriptive study conducted on Perception and Practice about self medication among the women of selected rural area. Data were collected by semi structured interview schedule from 200 rural women of 18 years or above of selected rural area of West Bengal. Sample were selected by the non – probability purposive sampling technique. **Results:** Among the 200 sample 146 women practiced the self medication. Maximum of the participant (87%) had perception regarding meaning of self medication. Maximum (64.38%) of the participants used the self medication they wanted quick relief from the problems. Maximum participants (94.52%) used the self medication according to advice of medicine shop keepers. Study findings revealed that perception of self medication was significantly associated with the educational status as evidenced by chi square value [X^2 (df=6) = 14.34, $p < 0.05$]. It also revealed that reason of practice of self medication was significantly associated with the educational status [X^2 (df=30) = 114.74, $p < 0.05$] and occupation [X^2 (df=10) = 25.14, $p < 0.05$]. And checking the name and expiry date of the drug during self medication both were also associated with the educational status [X^2 (df=6) = 33.79, $p < 0.05$] & occupation [X^2 (df=6) = 31.51, $p < 0.05$]. **Conclusion:** This study reflects that most of the women had wrong perception regarding self medication due to low educational status. It was facilitated by the easy availability of drugs and information from previous prescriptions

Keywords: Perception, Practice, Self medication, Women

INTRODUCTION:

Health is a difficult concept to define. There are two opposing models in the concept of Health and disease. Patients understand their illness within their own conceptual framework, which includes their own beliefs, thoughts and feelings. They process that information and then make their own decision and act².

According to WHO³ humans experience symptoms, label them, do something about the symptoms, or do not, consider themselves either to be ill or not to be ill, do or do not seek out and accept treatment, etc. All of these have influence on patients' future decision regarding medication taking and health related behaviors.

According to WHO (2000)⁴ on their Guidelines for the regulatory assessment of medicinal products for use in self medication stated that —self medication involves the use of medicinal products by the individuals to treat self recognized disorder or symptoms, or the intermittent or continuous use of a medication prescribed by a physician for chronic or recurring diseases or symptoms.

According to A. I. Filho Loyola et al. and L.G. Paulo and A. C. Zanini^{5,6} Self-medication was also defined as the consumption of medicinal products with the purpose of treating diseases or symptoms, or

even promoting health, without a prescription provided by a medical professional. The prevalence of the practice of self-medication depends on many factors like nature of the disease, educational qualification of the person, non availability of the specialized person (during travelling or such conditions), etc.

Grover A, Kumar R, Jindal SK⁷ also stated in their study of Socio-demographic determinants of treatment-seeking behavior among chest symptomatic that 87% of the chest symptomatic initiated medication on their own for getting relief and this percentage was significantly more in urban people (93.9%) compared to rural subjects (80.6%).

C.M. Hughes et al.(2001)⁸ stated that —It is common for people to feel unwell, and human beings have an inherent tendency to use herbs, potions, medications, etc. for treating themselves. Everyday people throughout the world act on their own for their health; they practice self-care. In some instances, they do so through self-medication, which is now increasingly being considered as a component of self-care.

According to O.A. Abosede (1984)⁹, Self medication, despite its negative outlook by some was regarded as an important component of primary health care (PHC). It was a common practice even in places where health professionals are easily accessible. Self medication gets enhanced with increasing literacy and it was even encouraged so as to have self – reliance for curative, preventive, promotive and rehabilitative care.

An article was published in Indian Journal of Community Medicine (2012)¹⁰ on Self Medication Pattern of housewives in a city of Northern India. The study shows that 73% of housewife practice self medication. The self medication was based on the previous prescription – 49%, advertisement in newspaper and television – 26%, friends – 17% and others – 8%. These study shows that self-medication is quite prevalent among the housewives belonging to the middle income group and that most of them are educated too. A majority of housewives are not aware of the fact that adverse effects can occur if medication is taken without doctor's advice and it is necessary to check the expiry date of medicine. So more and better education of both the public and health professionals is required to avoid complications arising from this practice.

Women are mainly practiced the self – medication and their perception and practice about the self medication are wrong. They have lots of superstitious belief, myth and ignorance about the self medication. There is no systemic research conducted to assess the prevalence of self – medication among the women in the West Bengal. Thus self – medication seems to be a field of modern pharmaceuticals where the information is insufficient. Number of conduction of survey on perception and practice of self medication among the women of rural area of West Bengal is very less. So, the present study is undertaken to study the perception and practice about the self medication among the women of the selected rural area of West Bengal.

OBJECTIVES OF THE STUDY:

The result was computed using descriptive and inferential statistics based on the objectives of the study as follows –

- To identify the perception about the self medication patterns among the women .
- To identify the practice of the self medication patterns among the women.
- To find out the association between perception about the self medication patterns and the selected factors among women.
- To find out the association between the practice of the women regarding self medication and selected factor of the women.

METHODS

Study Setting: The study was conducted at Takipur village of Aushgram Block of Burdwan District of West Bengal from 19.11. 2013 to 5.12.2013.

Study Design and Population: For the present study descriptive research design was adopted. In this study population was women of the rural area who are 18 years and above 18 years of age.

Study Tool & Technique: For the present study, semi structured interview schedule on perception and practice of self medication among the women was adopted. It consisted of 48 items to collect the information from rural women regarding perception and practice on self medication pattern. And it was validated by 7 expertes. Interviewing technique also adopted for this study.

Sample and sampling Technique:

In present study 200 women who were 18 and more than 18 years of age of the selected rural area of West Bengal was chosen as the sample by Non-probability purposive sampling technique.

Sampling criteria: The inclusion criteria for selection of the participant were

The women whose age was 18 years and above.

The women stayed in rural area of West Bengal.

The women who were present at the time of data collection.

The women who were willing to participate in the study.

Study Procedure:

The final study was conducted at Takipur village of Aushgram Block of Burdwan District of West Bengal from 19.11. 2013 to 5.12.2013. The sample size for the final study was 200. The data were collected as planned.

Approval was obtained from the ethic committee of Narayana Hrudalaya Rabindranath Tagore International Institute of Cardiac Sciences. The formal administrative permission was sought from CMOH of Burdwan District and BMOH of Aushgram Block of Burdwan District, West Bengal. Self introduction and establishment of rapport with the women and their family member was done. To obtain free and frank responses, the purpose of the study was explained to each women separately and the women were assured about the confidentiality of their responses.

The consent was taken from the women for their willingness to take part in the study. The data collection was done by door to door visit according to the suitability of the time of the women. The researcher collected the data regarding perception and the practice about self medication from the women.

Statistical Analysis:

Descriptive statistics (Frequency and percentages) was adopted to explain the sample characteristics, perception on self medication pattern and practice of self medication among the women. Where as Inferential statistice (Chi Square test) was used to explain the association between perceptopn of self medication pattern and selected factor. And it also used for describe the association between practice of self medication pattern and selected factor.

RESULTS :

A total of 200 women of rural area participated in the study, of which 73% of participants did the self medication. Maximum (28%) of them were within 18 – 27 years of age group. Maximum (28.5%) of them studied up to V- VIII class as shown in FIGURE – 1.

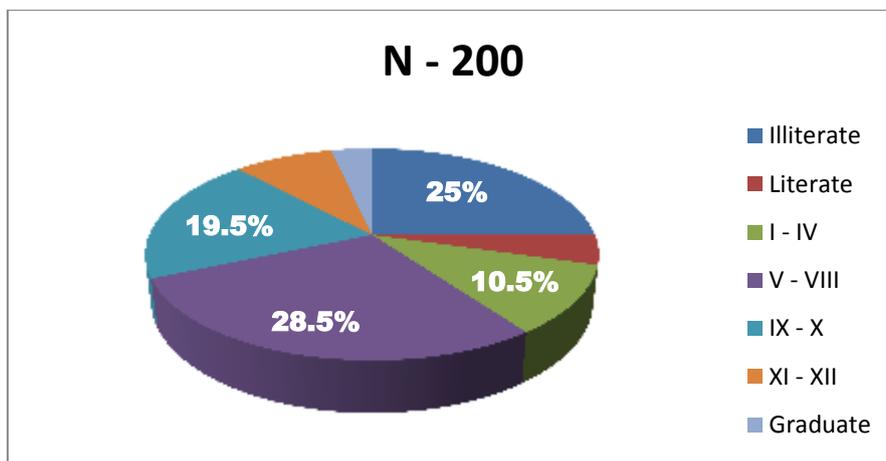


Fig. 1: Distribution of participant according to educational status.

Findings related to perception of the participants:

87% of participants were perception regarding meaning of self medication is — medicine is taken by own without advice of health personnel. 100% of the participants were agreed with the perception on advantages of the self medication were quick relief, saving the time, avoiding the long waiting at the clinic and reducing the high cost of medical consultation. 100% of the participant agreed with the perception on disadvantages of self medication were using wrong drug, misdiagnosis of the illness, drug abuse and drug dependency, harm to mother and foetus, harmful for the treatment of the children and the side effect of the children (0 – 6 months of age) during breast feeding. 100% of the participant agreed with the allopathy medication had more side effect. Whereas 62.5% of the participant were agreed with the Ayurvedik medication had less side – effect.

Findings related to practice of the participants:

48.62% of the participant used the self medication more than four times during last six month before study. 64.38% of the participant used the self medication due to quick relief from the problem. Whereas 78.08% of the participant used the self medication when they were in emergency condition. 89.08% of the participant used the self medication for the acidity. Whereas 96.58 % of participants out of 146 used the commonest for indigestion as shown in FIGURE – 2.

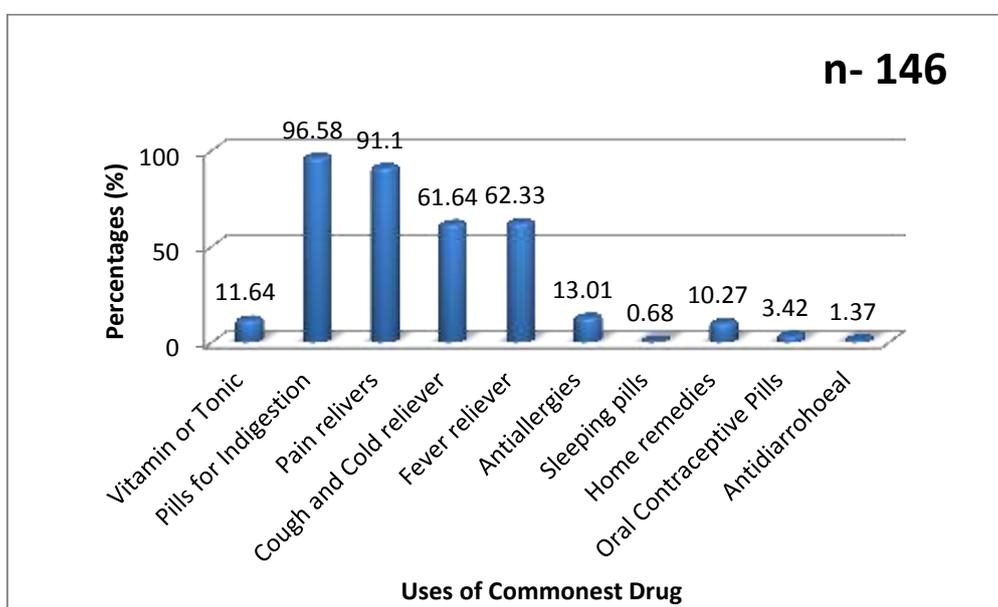


Fig.2: Distribution of Participant according to uses of commonest drug.

94.52% of the participant used the self medication according to advice of medicine shop keeper. 60.27% of the participant experienced that the outcome of self medication were cured/ prevented or improved the health condition.

72.6% of the participant used the allopathy drug for the self medication. 54% of the participant did not check the name of the drug. Whereas 57% of the participant did not check the expiry date of the drug during self medication.

Findings related to association:

Study findings revealed that perception of self medication was significantly associated with the educational status as evidenced by chi square value [X^2 (df=6) = 14.34, $p < 0.05$]. It also revealed that reason of practice of self medication was significantly associated with the educational status [X^2 (df=30) = 114.74, $p < 0.05$] and occupation [X^2 (df=10) = 25.14, $p < 0.05$]. And checking the name and expiry date of the drug during self medication both were also associated with the educational status [X^2 (df=6) = 33.79, $p < 0.05$] & occupation [X^2 (df=6) = 31.51, $p < 0.05$]. Practice of checking of expiry date of self medication has an

association with Educational status [X^2 (df=6) = 31.59, $p < 0.05$], Occupation [X^2 (df=2) = 16.06, $p < 0.05$] and Per capita per month income [X^2 (df=4) = 12.79, $p < 0.05$].

DISCUSSION:

In the present study ,maximum percentages (59.59%) of the participant used self medication due to Financial restraint, 2.74% save the time and 64.38% for quick relief. In this study 96.58% of the participant used pill for indigestion for their self medication. In the similar study, conducted by the Henry James Shailendra S. Handu, Khalid A.J. Khaja Sameer Otoom Reginald P. Sequeira¹¹ had been found that the self medication helps in time saving (45.5%), no need to visit doctor for minor illness (25.4%), economical (14.9%), quick relief (11.9%), learning opportunity (7.5%) and crowd avoidance (2.2%). The most common drug group used for the self medication was analgesics (81.3%).

The present study found no significant association between perception of self medication and selected factors such as age in years, occupation and monthly income but there is significant association between perception of self medication and educational status. In another similar studies conducted by Joyce H You, Flora Y Wong, Frank W Chan and Eng – kiong Yeoh¹² many factors have been found to be associated with perception score of self medication such as age and educational status. And they also found that there is no association with gender, monthly income and presence of chronic illness.

The nursing personnel working in the hospital setting and community setting provide individual or group teaching to the individual comes in contact. The study shows that there is many scope of —Health education‖ for creating awareness among the women about the disadvantages of self medication and importance about the consultation with the health personnel regarding proper medication. As well as community must be provided the right services. Hence, the present study enriches Community Health Nursing Practices.

CONCLUSION:

This study reflects that self medication is the common practice among the women. They have wrong perception regarding self medication pattern due low educational status. Financial restraint, saving of the time and for the quick relief from the problem they have practiced self medication. It was facilitated by the easy availability of drugs and information from previous prescriptions.

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