Original Article

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# Self Medication Practices Among Residents of Slum Areas of Qasimabad, Hyderabad

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## ABSTRACT

**Background:** Self medication is the practice of treating ailments with medicines which are available without prescription. There is a lot of public and professional concern about the irrational use of drugs.

**Objectives:** To assess self medication practices among residents of urban slum areas of Taluka Qasimabad, District Hyderabad & to determine the underlying factors for it.

**Study Design:** A community based descriptive cross sectional study

**Place and duration of Study:** This study was carried out among residents of peri-urban areas of Taluka Qasimabad, District Hyderabad from 15th October 2012 to 15th December 2012.

**Materials and Methods:** Study tools, sample size & sampling technique: Data was collected through questionnaire based interviews from responders. Three hundred & eighty five responders were selected by convenience sampling.

**Data Analysis:** The prevalence of self medication was calculated in percentage. The qualitative & quantitative variables were analyzed in SPSS version 16 by applying various tests of significance.

**Results:** Total three hundred & eighty five respondents participated in the study; among them 207 were practicing self medication. 57% of the subjects were in age group 18-30 years (p=0.04). There was male preponderance (90.3%) showing significant association with self medication practice (p=0.01). Easy availability of medicines was the main reason for self practice (62.8%); various analgesics were the most commonly used drugs (58.5%).

**Conclusions:** Self medication is the common practice among peri-urban residents; availability of low cost drugs is one of the most important determinants for this practice.

**Key words:** Self Medication, Determinants, Socio Demographic Factors.

## INTRODUCTION

The self medication has been a natural practice among human beings since very old times. The earliest of this phenomenon has been reported in Egypt in the year 2000BC [1]. Self-medication can be defined as taking drugs to treat self-diagnosed disorders or symptoms[1]. It is also explained as the intermittent or continued use of a prescribed drug for chronic or recurrent disease or symptoms[2].World Health Organization's Expert Committee on National Drug policies observed self medication of drugs as being very common especially in illiterate communities of the underdeveloped countries[3].Globally, the trend of self medication varies from lower to higher rates depending upon various demographic as well as locally prevailing drug policies. It is the fact that medicines are the complex chemical compounds having side effects; they can interfere not only with human body functions, but also with other drugs which are taken concomitantly [4]. Therefore, only a qualified doctor can prescribe a drug after assessing the overall physiology of a particular person. The self medication may lead to hazardous outcomes including drug resistant pathogens[5], over & under dosaging[6], masking of many fatal diseases[7] & many others. It is therefore very essential to know the prevalence of this practice within communities so that a proper estimation can be made regarding giving health education to the masses on this issue.

## MATERIALS AND METHODS

**Study Setting and Study Design:** It was a community based descriptive cross sectional study conducted in slum areas of Taluka Qasimabad, District Hyderabad. The total population of this area was twelve thousand, two hundred & seven. It is divided into Phase II Kachi Abadi, Shedi Goth, Qadir Nagar, Duabo & Sahrish Nagar. The people residing in these areas were mostly illiterate & their source of earning was doing labor.

**Study Population & Sample Size:** We selected three hundred & eighty five persons belonging to different areas of the urban slum of Taluka Qasimabad. The subjects who were of age 18 years or above, inclusive of males as well as females were selected for the study. A convenience sample of three hundred & eighty five participants was selected for the study.

**Data Collection and Analysis:** The principle investigator herself collected the data on a pre-formed close ended questionnaire including few open ended questions & a check list of the medicines taken by responders. The variables of interest included age, gender, level of education, reasons for self medications, duration of sickness for taking medicines, diseases/ symptoms for which medicines were most commonly taken.

**Data Analysis:** The data management & analysis was done in SPSS version 16. The qualitative variables were analyzed by applying Chi-squared test. The association

of quantitative variables was assessed by mean & standard deviation & was analyzed by applying student t-test. P-value < 0.05 was taken as the level of significance.

# RESULTS

1. Among three hundred eighty & five participants, 207 (53.76%) were practicing self medication.
2. One hundred & eighteen respondents were between age 18-30 years (57%); while fifty seven were between age 30-42 years (27.5%) & remaining 32 (15.5%) were older than forty two years (Chart I).The mean age among self medication group was found as 28.5 years with standard deviation of 2.8 years around the mean age. Age was significantly associated with occurrence of self medication (p=0.04).
3. Regarding gender distribution in study population, among two hundred & seven responders practicing self medication, 187 (90.3%) were males while twenty (9.7%) were females (p=0.01)(Chart II).
4. Ninety eight percent of the responders were illiterate while 2% were primarily educated. Lack of education showed a strong statistical association with self medication(p=0.001)

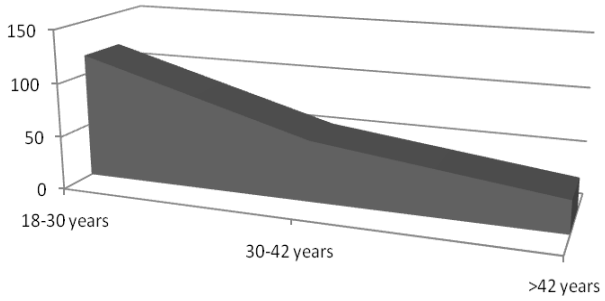


**Chart No.1: Age-wise distribution of self medication among study population**

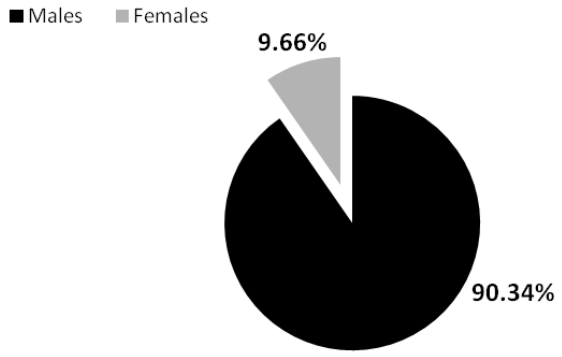


**Chart No.2: Gender distribution among those practicing self medication**

5. The most common reason given for practicing self medication was easy availability of low cost medicines (62.8%); the other reasons included lack of money for seeking health care (19.8%); family persuasion (5%) & getting information from friends & through advertisements (8.2%).(Table I).
6. The most commonly used drugs were analgesics (58.45 %); other drugs included antibiotics (18.84%), cough syrups (12.56%) & combination of various drugs (10.14%). Majority of the responders (87%) were used to take medicines after two days of beginning of symptoms (Chart III).
7. Majority ie 87.6% of those who were taking over-the –counter drugs did not have knowledge about the expiry dates of drugs.

**Table No.I: Reasons of Practicing Self Medication**

| Reasons of Self Medication | Frequency | % age |
|---|---|---|
| Easy availability of medicines | 130 | 62.8% |
| Unaffordability | 41 | 19.8% |
| Family persuasion | 19 | 9.2% |
| Information from friends/ advertisements | 17 | 8.2% |
| Total | 207 | 100% |

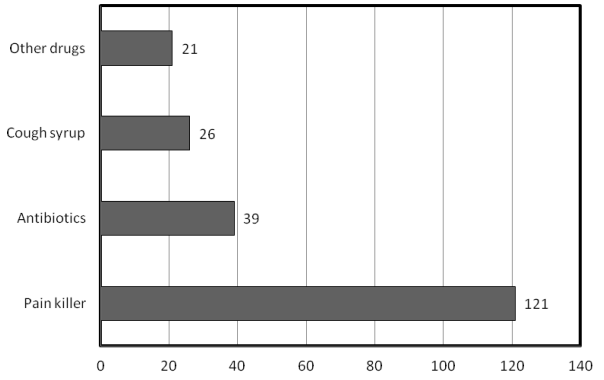


**Chart No.3: Drugs community self medicated in study population**

# DISCUSSION

Self medication of drugs is a serious public health problem especially in the situation when it is adopted by poor & illiterate communities. It is observed that people are now a days dealing with most of their ailments without consulting either a doctor or a pharmacist[8]. Indirectly, this attitude of masses indicates that nowadays people are keen to accept more personal responsibilities for their health status[9]. Globally, self-medication has been reported as being on the rise. In developing countries people are not only using non-prescribed drugs but also prescription drugs, as self-medication products, without supervision by a doctor. The current study was conducted with the purpose of estimating the frequency of this practice among

residents of slum areas. It highlighted that 53.76% of the participants were involved in this practice. A study carried out with the same objective showed prevalence of self medication as 42 per cent[10]. The reason for this difference was that our study covered the slum areas while the latter study was carried out among students of a university in Islamabad. Very few studies regarding self medication have been conducted in Pakistan especially in the rural & peri-urban populations; one of such studies also confirmed high rates of this practice at around 51per cent[11]. Another study in Palestine indicated that the proportion of patients who were seeking self medication for various symptoms was approximately 60%[12]. The age below thirty years was the most strong determinant for practice of self medication (p=0.04); the same finding was also report in another study[11]. In our study there was males' preponderance (p=0.01) ; the reason for males' majority was that they were socially allowed to move about & were free to buy medicines. The same was the finding in other studies showing males as practicing self medication at a higher rate[13]. The most common reason for indulging in self medication among subjects was easy availability of drugs (62.8%). Many studies concluded that easy availability of a wide range of drugs over-the-counter coupled with inadequate health services resulted in increased proportions of drugs used as self medication compared to prescribed drugs[14]. Another study revealed a big role of pharmacists in promoting this practice among low educated persons; the pharmacists offer alternate low cost drugs to the masses, resulting in high rates of self medication in the communities[15]. This aspect may also be linked to inability of the poor people to seek health care & bear the burden of purchasing the costly medicines. Low socio-economic status was also seen as the most common factor responsible for high prevalence of self medication[12]. This was also endorsed by our study showing 19.8% of the responders opting for self selected medicines on the basis of non-affordability for costly medicines. (Table:I). Strikingly, in our study we found few general practitioners available in the nearby vicinity, but still local residents in the area opted for not to consult with those practitioners. It has also been shown by recent studies that familiarity and easy access to certain pharmaceuticals & low economic status were determinants for self medication[16]. Our study revealed analgesics (58.45 %), antibiotics (18.84%) & cough syrups (12.56%) as most commonly self prescribed drugs. A few studies revealed antibiotics as the most commonly self selected medicine[6,17]. A serious issue associated with this was that of antibiotic resistance developing over time with such indiscriminate use[17,18]. The most common reason for self-medication was previous satisfactory experience with particular drugs (50.1%)[19] . A very serious issue unmasked in our study was that majority (87.6%) of those who were taking over-the –counter drugs did not know even about the expiry dates of the medicines consumed by them. It may be attributed to illiteracy; we found that 98% of the responders were illiterate while 2% were primarily educated. Lack of education showed a strong statistical association with self medication (p=0.001). It was the reason that the major gaps in essential medicine access in Pakistan driven by poverty & weaknesses in the health care system as well as weak pharmaceutical regulations has been recently reported[20].

## CONCLUSION

Self medication is not an uncommon practice among slums. Education & awareness plays a significant role in setting trend in using the local pharmacy in case of sickness. Socio-economic status besides other factors plays an important role in setting such types of trends.

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