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SELF-MEDICATION IN YOUTH: A SURVEY IN JAIPUR

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ABSTRACT

To obtain baseline data on self-medication with over the counter drugs in Jaipur and moreover to gain information on variables that influence self-medication. The data was collected via face to face structured interview of respondents in pharmacies of Jaipur using structured questionnaire from February 2012 to March 2012. A sample of 273 patients was collected from the selected pharmacies. The individuals who came to the pharmacy to buy drugs were selected but those who came to buy medicines on behalf of others were excluded from the study. The results were based on the data captured from 273 respondents. Weakness and tiresome was the most common ailment suffered by 84.98% for which they usually take multivitamins. Headache was the second ailment for which 77.65 % respondents self-medicate followed by fever, cough and cold and others. The ailment for which respondents don't prefer much medicine was constipation. The study revealed that time constraint is the most influencing variable for self-medication and common family practice is the variable which influenced least for self-medication.

KEYWORDS

Over-the-counter medicines, Self-medication, Youth.

INTRODUCTION

The World Health Organization defines self-care as "what people do by them-self to keep their health, prevent and treat illness". The frame of self-care includes self-medication and responsible self-medication. Idvis Eltayeb *et al*, 2005 stated that self-medication is defined as the selection and use of medicines chosen by the patient for the treatment of symptoms that the patient has perceived by him. Self-medication is the use of over the counter medicines and a range of different alternatives medicines such as food supplements, herbal remedies and traditional products home remedies. Self-medication with drugs is an economical choice of treatment for common self-limiting illness. Barar, 2005 mentioned that over the counter drugs are forms of self-medication. Most of the people when they fall sick despite of consulting a physician they consult a pharmacist or friends, family and neighbors for medication. Kasilo OJ, 1991 stated that every patient has atleast two prescribers his own doctor and himself. While many have additional prescribers in the form of family, well-wishers doctors etc. Jones R.V.H, 1976 cited the common reasons for self-medication are inaccessibility of health care facilities, economic constraints and previous experience of illness. Mohamed Saleem T.K *et al*, 2011 found that self-medication tends to be higher with a higher education, those with intermediate income. He also stated that self-medication was more likely to be used than prescribed medication to treat headaches, fever, sore throats and tonics were more frequently without taking prescription. Al-Motassemet *al*, 2008 stated the most common reasons for self-medication were the ailments were to minor to see a doctor, long waiting time to be seen by doctors and avoiding cost of doctor's visit. Dedy Almasdy and Azmi Shariff (2011) stated that self-medication patterns differ among diverse population and are influenced by many factors such as gender, age, education knowledge etc. Hussain and Sawalha (2008) stated that lack of time was the main reason for self-medication. Kilwein, JH (1989), Dean K (1989), Lee A, *et al* (2001), Lau JT *et al* (2000), Sleath B *et al* (2001), Nancy V *et al* (1997), Somsen GA (1998) and Cocks M. Dold A (2000) stated that a considerable population practiced self-medication and it is affected by socio-demographic (age, gender, education etc.) and socio-economic factors.

OBJECTIVES

1. To obtain baseline data on self-medication with over the counter drugs.
2. To gain information on factors that influence self-medication.
3. To give ranking to the variables that influence practices of self-medication.

METHODOLOGY

The study was conducted in 60 pharmacies located in Jaipur between February 2012 and March 2012. Pharmacist in-charge were explained the need of the study and it was assured that the confidentiality of information will be maintained. Respondents were encouraged to participate in the study and the target number was 5 respondents per pharmacy.

Jaipur is the capital of Rajasthan with an estimated population of approximately 36 lakhs. The pharmacies of Jaipur were stratified in five major geographical areas: East, West, North, South and Center. Jaipur has approximately 150 pharmacies and 40% of the pharmacies were selected on random basis. The sample frame was defined as any respondent who suffered from any disease and visited any of the 60 pharmacies within vicinity of Jaipur. The respondents who were interviewed aged between 18 to 30 years. Where people asked for medicine on behalf of someone else were not included in the study.

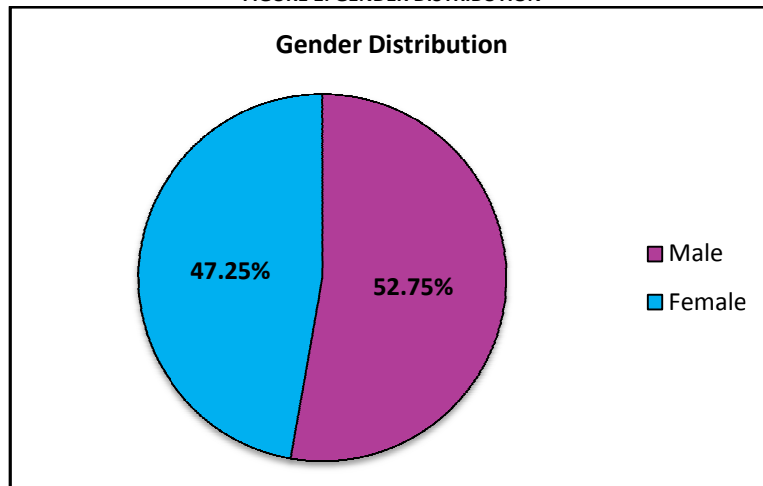
A questionnaire was developed using structured questionnaire. The questionnaire has three parts; Part A consisted of demographic data (gender, age, education level, whether studying working or non-working); Part B had information on the ailments that patient suffered mostly within last 30 days before day of interview and Part C emphasized on the reasons for self-medication. The questionnaire was distributed among 300 respondents out of which 273 were analyzed rest 15 were incomplete questionnaire as the respondents noticed certain difficulty in answering and 12 respondents didn't practice self-medication at all.

DATA ANALYSIS AND INTREPRETATION

The demographic factors like differentiation of gender, classification of age, education level of respondents, occupation of the respondents, different ailments were analyzed using bar charts and pie charts. The impact of the variables was analyzed using scaling technique. Likert-type Scales was used to analyze the impact of variables and on self-medication. It consisted of a number of statements which expressed either a favorable or unfavorable attitude towards the given statement to which the respondent were asked to reply. The respondent indicated his degree of agreement or disagreement with each statement in the instrument. Each response was given a numerical score, indicating its favorableness or un-favorableness, and the scores were then summed to measure the

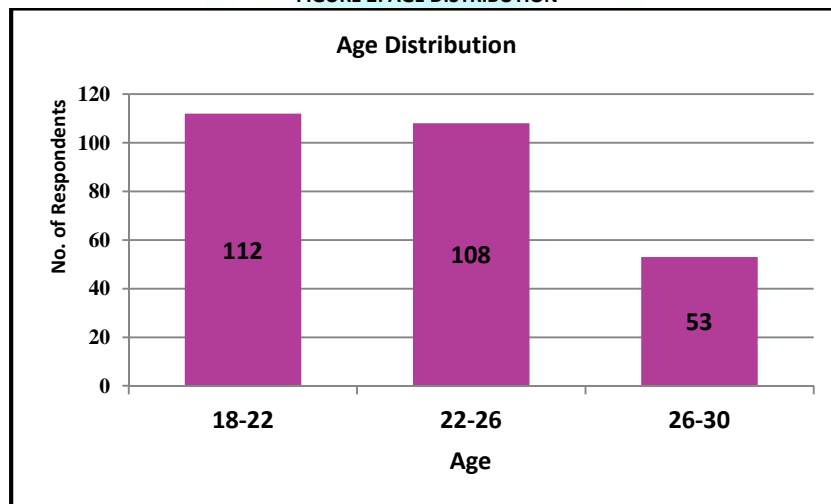
respondent's attitude. In other words, the overall score represents the respondent's position on the continuum of favorableness and un-favorableness towards an issue.

FIGURE 1: GENDER DISTRIBUTION



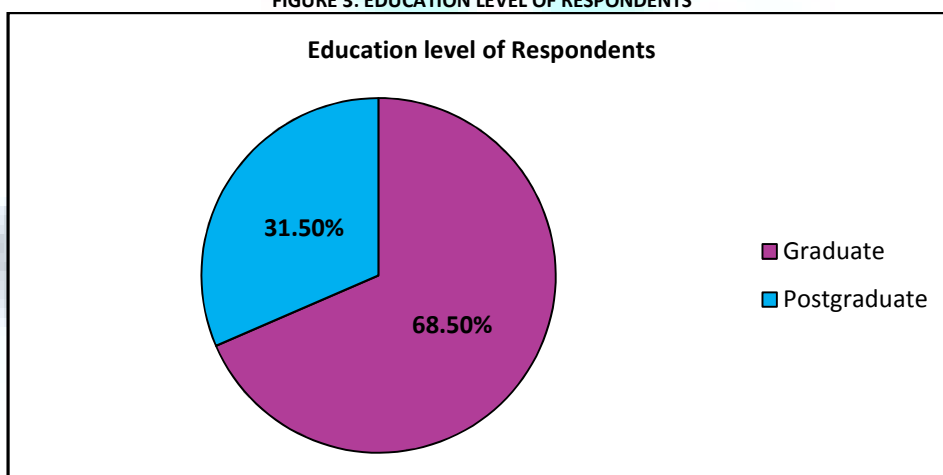
The total pharmacies that were included for study were 60 out of 150 (40%), and out of 300 questionnaires 273 respondents' questionnaires were analyzed. Of the total sample 144 i.e. 52.75% were men and remaining 129 i.e. 47.25% were females.

FIGURE 2: AGE DISTRIBUTION



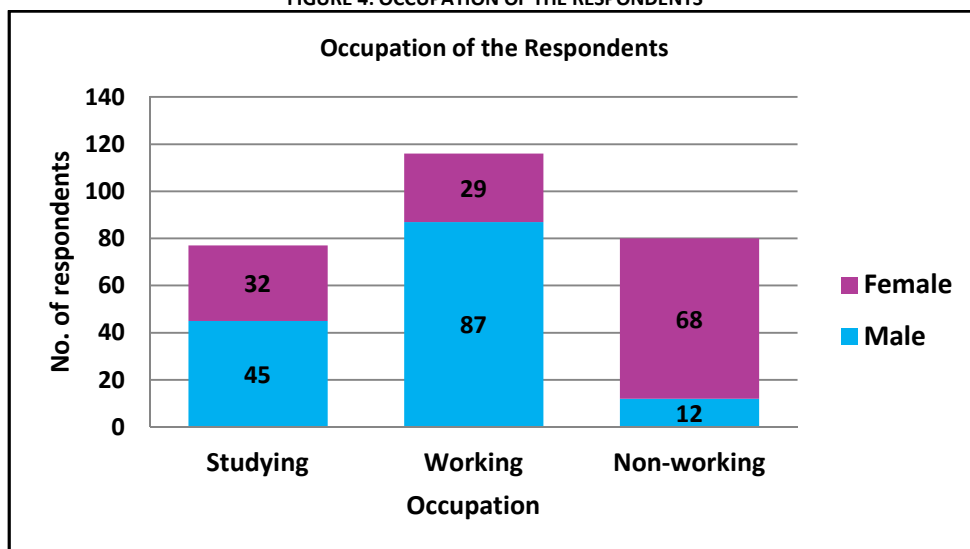
The age distribution of 273 respondents is shown in Figure 2. 112 (41.03%) respondents belonged to the age group of 18-22 years, 108 (39.56%) were between 22-26 years and remaining 53 (19.41%) were in the age group of 26-30 years.

FIGURE 3: EDUCATION LEVEL OF RESPONDENTS



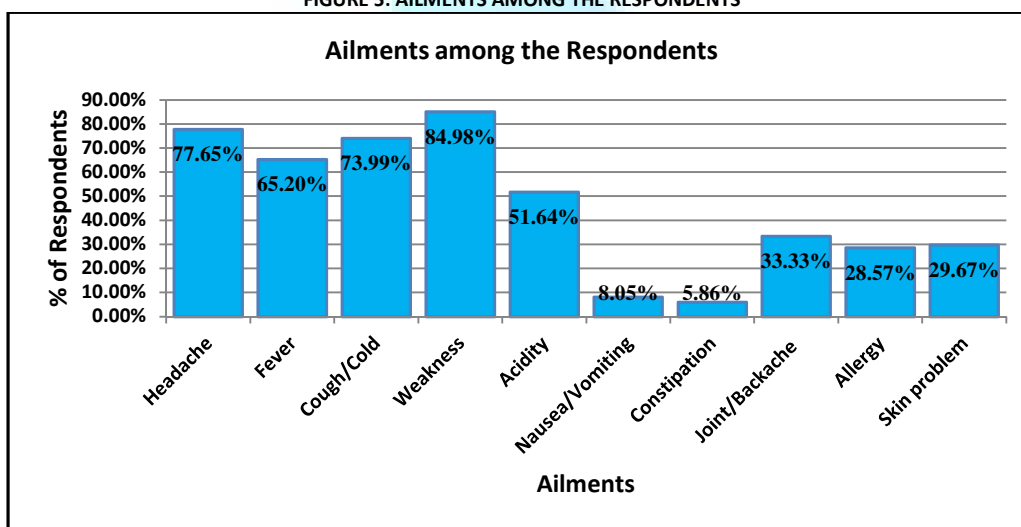
The data was collected from literate people and among them two levels of education was taken, Graduates which represented 68.50% (187 respondents) of the sample and Post-graduates were 31.50% (86 respondents) of the sample.

FIGURE 4: OCCUPATION OF THE RESPONDENTS



The occupation of the respondents was studied. There were 77 students out of which 32 were females and 45 were males, 116 respondents were working which had 87 males and 29 females, 80 were non-working which had maximum females i.e. 68 and 27 males. The respondents who were non-working were students who were waiting for their results.

FIGURE 5: AILMENTS AMONG THE RESPONDENTS



These days due to hectic work schedules people are not able to give time to their health and moreover cause of impurities in food proper nutrition is not reached to the body and weakness/ tiresome is always there. When asked from the respondents that for which ailment they maximum visited pharmacy store their reply was weakness/tiresome suffered by 232 respondents followed by headache suffered by 212 respondents. Common cough and cold was suffered by 202 respondents followed by fever suffered by 178 respondents. Acidity was the 5th common ailment suffered by 141 respondents the reasons being sifting towards junk foods. Joint pain and backache was suffered by 91 respondents. Common skin ailments like sunburn, pimples etc. was suffered by 81 respondents for which they visited their nearby pharmacy store. Allergy was also among the ailments suffered by 78 respondents. Nausea/vomiting and constipation were the ailments for which respondents rarely visited pharmacy stores; the count of the respondents was 22 and 16 respectively.

TABLE 1: SELF-MEDICATION VARIABLE

	LIKERT SCALE					Weighted Score	Total Score	Percentile	Rank
	1	2	3	4	5				
Common Family Practice	20	63	43	72	75	938	1365	68.72%	5
Safe to use	26	40	53	81	73	954	1365	69.89%	4
Lack of time	23	41	45	73	91	987	1365	72.30%	1
Media influence	24	39	56	73	81	967	1365	70.84%	3
Confidence in medication	19	42	59	65	88	980	1365	71.79%	2

Self-medication practice was very common among the youth of Jaipur. As per the response 72.30 % percentile respondent feel that lack of time was the major variable which influenced people for self-medication. When asked with patients informally they said that the time spent in travelling to see a doctor, the time spent in the waiting area to visit a doctor is very much. Nowadays people are very busy in their life and they have no time to visit doctor for these common illness. They prefer to ask pharmacist about the medicines for these common illness.

In the response of second parameter 71.79 % percentile respondent admitted their confidence in self-medication was reason for their self-medication. People these days are getting conscious about their health and self-care. They prefer to have good knowledge about medicines that help them to improve their health and even help them to take care of their health at the time of common illness. They keep medicines at home so that they can take them at the time of illness. They were very confident about their self-medication practices which they had been practicing.

As per the third parameter, 70.84 % percentile respondent said the media influence is also a major influencing variable for self-medication. Media these days is penetrating everywhere, in all sectors. The frequency of OTC medicines advertisements has been increasing since a decade. These advertisements aware people about different products launched in the market might be in any sector. These advertisements also aware people about different medicines launched in market which help people for self-medication and self-care. These advertisements influence people to practice self-medication.

With the 69.89 percentile respondents feel that OTC medicines are safe to use than prescription drugs. The prescription medicines have more adverse effects on body rather than over-the-counter drugs. Respondents have a feeling of safety to use over-the-counter medicines.

The last parameter where 68.72 percentile respondents said that practicing self-medication is their common family trend. Their family members influence them to practice self-medication and they even get the knowledge of medication from their relatives, parents and siblings.

CONCLUSION

The prevalence of self-medication with over-the-counter drugs in Jaipur, Rajasthan is high but, this cannot reflect the trends in whole Rajasthan state. Self-medication tends to be higher among the youth with higher educational qualification and intermediate income. Disprin, Paracetamol and other NSAIDs were drugs commonly used for self-medication. Self-medication was more likely to be used than prescribed medicine to treat weakness, headache, fever, acidity, cough and cold etc. Bearing in mind the high practice of self-medication campaigns must be carried out to educate the population about the use of many medicines available in the market. The health care professionals, specially physician and pharmacist must take an active participation to educate people about self-medication.

Future studies can be done with more variables with socio-demographic and socio-economic factors. The same study if conducted in rural areas will render different results.

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