

## STUDENTS CORNER

### Self-Medication Practice Among the General Community Of An Urban Squatter Settlement Near PNS Shifa Karachi

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#### ABSTRACT:

**Objective:** To assess the frequency of self-medication amongst the residents of urban squatter settlement near PNS Shifa Karachi and to assess the factors leading to this practice.

**Materials and Methods:** This cross-sectional descriptive study was conducted in the city of Karachi. The subjects were the community in general. A total of 60 subjects were enrolled and were either interviewed face-to-face or were asked to fill out the questionnaire relating to their self-medication practice.

**Results:** Out of 60 subjects, 38 (63.3%) preferred the practice of self-medication. Minor ailment was the main reason for self-medication, 27 (45%) subjects responded headache as the most common reason and paracetamol was the most frequently used drug for self medication. It was used by 44 (73.3%) of the subjects

**Conclusion:** The practice of self medication is high in the community and there is a need to develop awareness of self-medication practice in the public along with restrictions for the pharmacies providing drugs without prescriptions.

**Key words:** Self medication, Community, urban squatter, frequency, Karachi

#### INTRODUCTION:

In 1995, the WHO committee on national drug policies stated; "Self-medication is widely practiced in both developed and developing countries<sup>1</sup>. Medications maybe approved as being safe for self-medication by the National Drug Regulatory Authority, after considering the socio-economical status of the community. Most of these medicines are normally used for the prevention or treatment of minor ailments or symptoms, which usually do not justify medical consultation and are classified as over the counter drugs (OTC). In some chronic or recurring illnesses, after initial diagnosis and prescription, self-medication is possible but the role of doctor's advice is very important.<sup>2</sup> The concept of self-health management includes behavior such as health maintenance, and illness prevention, self-diagnosis, self-treatment, symptom evaluation, and consultation with a variety of informal and formal health care practitioners.<sup>3</sup> Most of the illnesses are handled by some form of self-treatment and are not brought to the attention of a health care professional.<sup>4</sup> Self-medication has been a natural tendency of human beings at all times. Wherever individual falls sick, they try to take something for relief. There is a historical background of self-medication that, people either apply or take something to feel better.<sup>5</sup> They try everything; a plant, animal or mineral origin extract or mixtures to combat their sickness present in their environment. This is usually reasoned to be due to lack of education, lack of time, consultation fee, travelling time, minor illnesses etc. with this background this study was carried out to access the frequency of self medication in the community

amongst the residents of urban squatter settlement in area of Karachi.

#### MATERIALS AND METHODS:

A cross-sectional descriptive study was conducted in Karachi after the departmental approval in August 2013 in urban squatter settlement adjacent to PNS Shifa DHA-II Karachi. A total of 60 subjects were chosen at random and consent was taken. One to one interview was done by utilizing a questionnaire<sup>6</sup> to determine their practice of and to deduce reasons towards their use of self-medication. Any queries regarding the questionnaire and study were answered beforehand. Inclusion criteria for the study were consenting subjects between the ages of 20 -40 years of either gender. The data obtained from the study was analyzed with SPSS version 15.

#### RESULTS:

Our study showed that among the 60 respondents (29 males, 31 females), the practice of self medication was high and minor ailments were the reason of self medication. Education level 10 subjects (16.8%) had some sort of primary education while 13 (21.7%) had no formal education. Other levels of education were 5 (8.3%) matriculates, 12 (20%) intermediates, 19 (31.7%) who had done bachelors and 1 (1.7%) who had a master degree (Table-1).

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
2nd grade	1	1.7	1.7	1.7
4th grade	1	1.7	1.7	3.3
5th grade	6	10.0	10.0	13.3
8th grade	1	1.7	1.7	15.0
9th grade	1	1.7	1.7	16.7
Bachelors	19	31.7	31.7	48.3
Illiterate	13	21.7	21.7	70.0
Intermediate	12	20.0	20.0	90.0
Masters	1	1.7	1.7	91.7
Matric	5	8.3	8.3	100.0
Total	60	100.0	100.0	

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**Medical illness sufferers**

26 (43.3%) respondents out of 60 were suffering from some kind of medical illness.

**Measures taken for illness**

There were measures taken by subjects for their respective illnesses. 29 subjects (48.3) preferred to visit a physician, 27 (45%) self-medicated and 4 (6.7%) did not take any medication..

**Medication taken without doctor's advice**

In response to taking medication without doctor's advice within the past 2 months, 37 subjects (61.7%) responded as 'yes' i.e. they did take advice from the doctor and 23 (38.3%) responded as 'no.'

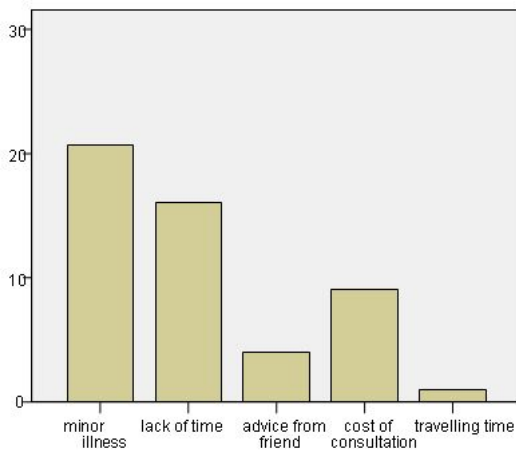
**Preference of self-medication instead of doctor visit**  
38 (63.3%) subjects preferred taking self-medication over visiting a doctor.

**Reasons for not consulting a doctor**

30 subjects (50%) reasoned as not having a serious illness i.e. minor illness and that is why they did not consult the doctor (as shown in Fig-1). 16 subjects (26.7%) documents lack of time, 9 (15%) were drawn back by the cost of consultation. 4(6.7%) preferred taking advice from a friend followed by only 1 subject (1.7%) withheld by the travelling time.

**Fig-1:**

**Reasons for not consulting a Doctor**



**Reasons for Self-Medication**

Minor ailment was the main reason for self-medication in 21 subjects (35%). This was followed by 19 respondents (31.7%) as lack of time for consultation, 6 (10%) as easy availability of drugs, 4 (6.7%) to avoid consultation charges. 3 subjects (5%) for each reason of being habitual and not having to notice any side effects to date. Prior experience of illness played a role for 2 respondents (3.3%). For urgent use and having prior knowledge of pharmacology, both reasons were responded by 1 subject (1.7%) each.

**Sources used to get knowledge of a medicine**

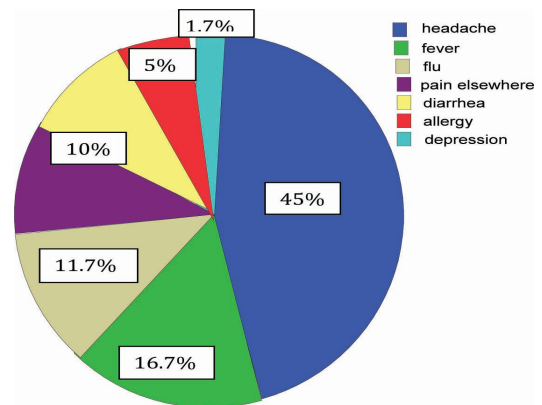
About 39 individuals (65%) get their knowledge from family/ friends/ neighbours. Pharmacist played a role for 14 (23.3%) and 4 (6.7) get their advice from traditional healers. 3 subjects (5%) responded as getting knowledge from other sources.

**Common problems/ symptoms leading to self-medication usage**

Headache being the most common symptom 27 (45%), fever coming in next 10 (16.7%) and flu 7 (11.7%) (Fig-2). Followed by pain elsewhere and diarrhea with 6 subjects (10%) each. 3 subjects (5%) responded as allergy being their main symptom and 1 (1.7%) displayed depression as the cause.

**Fig. 2:**

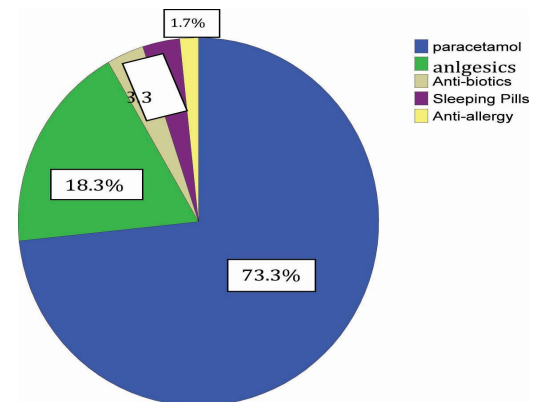
**Common problems/ symptoms leading to Self-medication**



Drugs commonly used for self-medication Paracetamol is the most commonly used drug by 44 respondents (73.3%), followed by other analgesics by 11 respondents (18.3%). Least common were antibiotics and sleeping pills by 2 individuals (3.3%) each. Only 1 individual (1.7%) responded for most common use of anti-allergic drugs (Fig-3).

**Fig. 3:**

**Drugs commonly used for Self-medication**



### **Number of tablets taken at a time**

Most individuals take 1 or 2 tablets at a time i.e. 28 subjects (46.7%). 3 respondents (5%) took 3 tablets at a time, and 1 (1.7%) took more than 4 at one time.

### **Time gap given between doses**

About 15 individuals (25%) give a gap of more than 6 hours, followed by 5 or 6 hours by 11 (18.3%) each. 7 subjects (11.7%) responded as giving a time gap of 4 hours, 5 (8.3%) as 3 hours, 4 (6.7%) as 2 or less than 1 hour each and 3 subjects (5%) as giving a gap of 1 hour.

### **Awareness of side effects of self-medication**

Awareness of side effects due to self-medication, was documented by 26 individuals (43.3%) whereas, 8 (13.3%) responded as 'I don't know' and the 26 had no awareness whatsoever.

### **Experience of I/V drips without consultation**

The result of this was equal i.e. 30 subjects (50%) had experienced I/V drips without consultation and the same number of individuals had not.

### **Relief from I/V drip experience without consultation**

29 respondents (48.3%) showed that they did had relief when experiencing drips without consultation whereas, 31 (51.7%) had no relief.

### **DISCUSSION:**

Self-medication can be defined as use of medicine without prescription by people on their own initiative.<sup>7</sup> Self-medication is practiced universally and is higher in low and middle-income countries.<sup>8</sup> Its prevalence is 68% in European countries<sup>9</sup>, 31% in India<sup>10</sup>, 59% in Nepal<sup>11</sup>, going as high as 92% among the adolescents of Kuwait.<sup>12</sup> In contrast, our study showed that 63.3% preferred taking medication on their own rather than visiting the doctor. In our study, about 78.3% individuals had some sort of education and yet, their practice in self-medication was comparatively high, showing there is a direct correlation between education and self-medication. It has been reported in studies that 76% of medical students in Karachi self-medicate.<sup>8, 13, 14</sup> Similarly, a study conducted amongst the medical and non-medical university students in Karachi showed that the frequency of self-medication is 80%.<sup>15</sup>

A study that took place in Nepal reported that 59% respondents had taken some form of self-medication during the preceding six months. Correlating with our study in which 61.7% responded as self-medicating in the past 2 months, a very high percentage in deed. About half of the subjects reasoned as not having a serious illness leading to their practice of self-medication. This was followed by many other reasons such as; lack of time, cost of consultation, travelling time, free availability of drugs etc. Abay and Amelo in an Ethiopian study showed that the two major reasons for self-medication were prior experience and non-seriousness. A very high percentage i.e. 65% answered as getting

advice from friends/ family and neighbours regarding their medication and some took medicine in a dosage more than normal because of some psychological disorders. Followed by 23.3% who got knowledge from the medical stores. A very small percentage of persons at medical stores actually give the appropriate medication when consulted.<sup>18</sup> Cohen showed in his study that 62.5% of the population was compelled by relatives and friends to take home remedies to relieve pulpalgia instead of going to dentists.<sup>19</sup>

Most commonly self-medication was done for headaches (45%) and hence, analgesics such as paracetamol (73.3%) is the most widely used drug for self-medication. In Nepal, fever and headache were the most commonly reported symptoms along with Paracetamol and analgesics being the most commonly used drug and class of drugs respectively. A Nigerian study also revealed analgesics to be the highly used medication for self treatment.<sup>20</sup> Among university students of Karachi, headache (62.3%) once again proved to be the main symptom along with use of pain killers (65.7%).

More than half of the respondents (56.7%) were not aware of the side effects that could result from self-medication. Self medication increases the chances of illicit use of drug<sup>21</sup>, drug dependency and most of all masking the sign and symptoms of underlying disease hence, complicates the problem, creating drug resistance and delaying diagnosis.<sup>22-26</sup>

### **CONCLUSION:**

The frequency of self-medication practice among the general population is very high, predominantly within the educated persons. Measures must be taken to create widespread awareness of the effects of self-medication. Prescription drug should not be made available for over-the-counter use. Facilitation of healthcare to all can reduce this practice at a mass scale. Self-medication is a very risky problem that must not be ignored.

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