

# Self Medication or Self Care: Implication for Primary Health Care Strategies

Pages with reference to book, From 297 To 298

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## Abstract

To determine the frequency of self-medication, a cross-sectional study was conducted in a Karachi district by selecting households through systematic random sampling. Health seeking behaviour for childhood illnesses and assessment of the magnitude and reasons for self-medication were done by interviewing mothers/caretakers. Five hundred households were visited, of which 158 fulfilled the criteria of having one sick child in the previous month. Medication without prescription was given to 51.3% children, mostly consisting of unidentified drugs or analgesics/antipyretics. Good past experience (61.3%) with the medicine was the main reason for self-medication. The use of medicines by health professionals was the main reason influencing parents for self-medication to their children. Self-medication is difficult to eliminate, but interventions can be made to discourage use of inappropriate and harmful drugs (JPMA 45:297,1995).

## Introduction

Self-treatment starts from diagnosing a problem, choosing medication or treatment and ends by administering it without professional assistance<sup>1</sup>. Thus different definitions have been suggested<sup>2,3</sup> which emphasize legitimate utilization of non-prescribed medicines. Self-medication practice varies in different geographical areas<sup>4,5</sup>, socio-economic circumstances<sup>6,7</sup> and in different perceived diseases<sup>8-10</sup>. It is usually employed for self-limiting diseases or for those taken to be harmless. Professional care is sought when results do not meet the users' expectations<sup>11</sup>. Besides people resort to self-medication, because it has helped them in the past. Self-medication is traditionally implicated as hazardous<sup>12</sup> and always discouraged. Self-care aspect of self-medication has not attracted the attention of researchers and programme planners specially related to Primary Health Care (PHC). However, a number of strategies like oral rehydration therapy, early assessment of pneumonia, early nutritional assessment and intervention, are recommended as first level care and are expected to be employed by mothers or lay persons. This community-based study was carried out to identify the health seeking behaviour of mothers/caretakers for childhood illnesses and assess the magnitude and reasons for self-medication.

## Material and Method

A cross-sectional study was done to determine the pattern of self-medication in one district of Karachi with slum and non-slum areas by selecting the households through systematic random sampling. Of 500 households selected, 342 had children less than 12 years of age. One hundred and fifty-eight households were finally included in which at least a child was ill during last month. Mothers or guardians/caretakers of the children were interviewed by a questionnaire. Data was analyzed by using EPHINFO.

## Results

Of the 158 children included in the study, 81 were self-medicated. The mean age of children was 4.3 (SD 3.5) years. They suffered from acute respiratory infectious diarrhoea, (40.5%) and vomiting (33.5%), fever (17.7%) and various other problems (8.3%). Mean duration of illness was 5 days. The immediate response to illness in 63% children was by giving medicines within 3 days. Traditional remedies were used in 20.9% whereas 16.5% opted to “wait and see”. Later almost all of them (96.8%) received medicines. Half (51.3%) the children were given medicines without any valid prescription (self medicated), 11.5% on the suggestion of shopkeepers, 9.0% by family members and 3.2% by influence of advertisements. Medicines were mainly suggested either by prescription or verbally by doctors in 55.1% and other health personnel in 14.7% cases. Self-medication to children was done because of a good previous response to medicines (61.3%), to save time and money (21.3%) and inaccessibility of doctors (15.0%). Except for antibiotics (10.8%) and anti-diarrhoeal/anti-emetics, (11.3%), most of the drugs were not hazardous (Table).

**Table. Types of drugs used for self medication.**

<b>Types of drugs used</b>	<b>Percentage of self-medicated children</b>
<b>Unknown</b>	<b>34.4</b>
<b>Analgesic/Antipyretic</b>	<b>25.2</b>
<b>Anti-diarrhoeal/Anti-emetic</b>	<b>11.3</b>
<b>Antibiotics</b>	<b>10.8</b>
<b>Cough syrup</b>	<b>8.6</b>
<b>Antihistamine</b>	<b>7.0</b>
<b>Any others</b>	<b>2.7</b>

Self medication was significantly associated with illiteracy and rural origin of families ( $P < 0.0001$ ). Infants were more self-medicated specially for diarrhoea as compared to other illnesses. More antipyretics, analgesics and anti-diarrhoeals were used than the other medicines.

### **Discussion**

The practice of self-medication is known all over the world. Literature describes an excess of indiscriminate use of antibiotics and anti diarrhoeals by health professionals. The lay-man self-prescribes on the basis of a good past experience or to save time, economic reasons or inaccessibility to doctors. Complete eradication of this practice would not be possible, but offering a more appropriate alternative system could discourage the use of harmful drugs, both by health professionals and consumers. Self-care system as preached through primary health care needs the attention of policy planners and programme managers. Early identification of signs of dehydration and pneumonia, personal hygiene, improved nutrition, family planning and first aid can all be the in-package of the self-care system. A project in Nepal based on these concepts has shown promising results<sup>13</sup>. More operational projects in different areas should be started based on the concepts of self-care, instead of

traditionally criticizing self-medication practices.

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