

# Self Medication Practice among the People Residing in Hilly Area

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**Abstract:** The study was aimed to study the practice of Self Medication among the people residing in hilly area and To find out the reasons of self medication of study population. **Methodology-** The present study was carried out in hilly areas of Patan Taluka in Satara District. Out of 13 P. H. Cs. in Patan Taluka, Kalgaon P. H. C. was selected randomly and all households in Nivi village selected randomly were included in this study. There were 143 households in the village and all heads of families were the study subjects who were interviewed using pretested and validated questionnaire. **Results-** Prevalence of practice of self medication was 87. 4% in the study area. As only heads of families were most of them were males (77. 62%) and rest of female. Only in absence, females were interviewed surprisingly all study subjects were illiterate. the reasons for self medication among study subjects showing multiple reasons like economic, ignorance and relief from previous drug were major reasons for self medication 97. 6%; 92%;98. 4% respectively ,however very few were stated the reason as absence of health services. (11%). Health worker in villages were the major source of information for them (87. 2%), followed by other staff of health centre (32%) and chemist (28%). Majority of the study subject practiced traditional system of self medication 95. 2%, followed by modern system (allopathic) of medicine (92. 8%) the common conditions practiced for self medication in descending order as fever (100%), cough (87. 2%), headache (85. 6%) and diarrhea (55. 2)

**Keywords:** Self Medication, Practices, Hilly Area, people

## 1. Introduction

Concept of treating oneself is being practiced since the day's yore. However the innovative nature and the desire to refer new things in life make human victim of self-medication and its related hazards. Urge of self-care, feeling of sympathy towards the family members in sickness, lack of health services, poverty, ignorance, misbelieves; extensive advertisement and availability of drugs in other than drug shops are responsible for growing trend of self-medication. To reduce the burden on health care services which are often accessible, in rural and remote areas WHO also promotes practice of self-medication [1].

Self-medication is defined as the selection and use of medicines by individuals (or a member of the individuals' family) to treat self-recognized or self-diagnosed conditions or symptoms.

However, self-medication is far from being a completely safe practice, in particular in the case of non- responsible self-medication. There are potential risks of self-medication practices such as incorrect self-diagnosis, delays in seeking medical advice when needed, infrequent but severe adverse reactions, dangerous drug interactions, incorrect manner of administration, incorrect dosage, incorrect choice of therapy, masking of a severe disease and risk of dependence and abuse. [11].

Medicines today can restore your health and improve the quality of your life; on the other hand if it is not used correctly, it can cause serious harm to your body. Very

many people end up in hospital and fail to get better because they have not taken or used their medicines properly. World Health Organization acknowledges the existence of a valid role of self-medication. Lack of drug information and accessibility to over-the-counter drugs without any health professional guide contributed to the high incidence of self-medication. Enforcement of regulations in drug distribution and provision of appropriate health education to the community at large is critical.

Self medication is the medication that is taken on patients own initiative or on advice of a pharmacist or lay person. [2] This desire of taking drugs and treating self is an age-old practice. However it may play havoc, when a person starts taking medicine on Her/his own, forgetting that some drugs are toxic [3] Every person has many prescribers of the drug viz. are his/her physician, friends, well wisher, and Her/himself also. The present study was carried to investigate the problem and factors responsible for this practice in hilly areas of Patan taluka.

## 2. Aims and Objectives

- 1) To study the practice of Self Medication among the people residing in hilly area.
- 2) To find out the reasons of self medication of study population.

## 3. Materials and Methods

The present study was carried out in hilly areas of Patan Taluka in Satara District. Out of 13 P. H. Cs. in Patan

Taluka, Kalgaon P. H. C. was selected randomly and all households in Nivi village selected randomly were included in this study. There were 143 households in the village and all heads of families were the study subjects who were interviewed using pretested and validated questionnaire. Help of social workers and village leaders was taken to seek co-operation. Data was completed and analyzed using suitable statistical tests.

**4. Results**

Prevalence of study sample was 87. 4% in the study area. As only heads of families were most of them were male (77. 62%) and rest of female. Only in absence females were interviewed. Surprisingly all study subjects were illiterate.

**Table 1:** No. of household taking Self Medication

	Frequency	Percentage
Yes	125	87. 40%
No	18	12. 60%
Total	143	100%

**Table 2:** Reasons For Self Medication

Reasons for self medication	No. of Household	Percentage
Economic	122	97. 60%
Services not available	13	11%
Effectiveness of the drug	123	98. 40%
Ignorance	115	92%
Others	9	7%

Table no. 2 depicts the reasons for self medication among study subjects showing multiple reasons like economic, ignorance and relief from previous drug were major reasons for self medication 97.6%; 92%; 98.4% respectively, however very few were stated the reason as absence of health services (11%).

**Table 3:** Source of Information about medication

Source of Information	Frequency	Percentage
Chemist	35	28%
Advertise	2	1. 60%
Health workers	109	87. 20%
Health center	40	32%
Other source	1	8%

It is evident from table no. 3 that health worker in villages were the major source of information for them (87. 2%), followed by other staff of health centre (32%) and chemist (28%).

**Table 4:** Type of Medication

Type	Frequency	Percentage
Ayurvedic	8	6. 40%
Allopathic	116	92. 80%
Homeopathic	15	12%
Traditional	119	95. 20%
Others	93	74. 40%

Majority of the study subject practiced traditional system of self medication 95. 2%, followed by modern system (allopathic) of medicine (92. 8%)

**Table 5:** Common conditions for which Self medication practiced

Common condition	Frequency	Percentage
Fever	125	100%
Headache	107	85. 60%
Malaise	38	30. 40%
Abdominal pain	87	69. 60%
Cough	109	87. 20%
Cold	9	7. 20%
Vomiting	45	36%
Diarrhoea	69	55. 20%
Weakness	14	11. 20%
Other symptom	3	2. 40%

It shows the common conditions practiced for self medication in descending order as fever (100%), cough (87. 2%), headache (85. 6%) and diarrhea (55. 2). It is obvious from table no. 6 that the medications were stored commonly in bags, tin, and in open cup-board which is unsafe.

**Table 6:** Storage Place For Medication

Storage Place	Frequency	Percentage
Bag	53	42. 40%
Cupboard ( Shelf)	24	19. 20%
Tin	51	40. 80%
Open	2	1. 60%

**5. Discussion**

A very high prevalence in self medication is seen high among the people residing in hilly area in present study. However other studies have shown prevalence of 14% to 100%. The studies carried out by Dr. V. D. Phalake (81. 51%), Dr. Neekita D. (77%), Dr. P. M. Durgawale (100%) are comparable with the present study having prevalence of 87. 4%.

In the studies by Dr. P. M. Durgawale and Dr. V. V. Patil studied in urban slum and rural area respectively was much less; may be due to presence of urban health training centre and subcentre respectively. In studies by Dr. P. M. Durgawale, in urban slum while Seed Et. al and Dr. V. D. Phalake found self medication practice was mainly due to economic reasons 60. 56%, 86%, 58. 48% respectively, this is less than the present study 97. 6%

In present study it was found that relief from previous drugs were practicing due to which is clearly in excess of that of other studies [3] [6] , which may be attributed to different study. Main sources of information about medication was health workers in village (87. 2%) followed by other staff of health centre and chemist in present study (table no. 3) which was in consistent with others [4] [5]

As shown in the table no. 4 traditional system of medicine was practiced by majority of respondents (95. 2%) followed

by Allopath (92. 8%) system which is in with knowledge of traditional system. They get from an sisters which was their first contact care followed by allopathy system. These finding are in consistent with Dr. P. M. Durgawale (78. 95%) [3], Dr. V. D. Phalake (78. 7%) [6], Kumar T. (69%) [7], Neekita D. (87%) [4]

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Common elements for which self medication was practiced were fever, headache, cough, and diarrhea which is similar to finding of other studies [3] [8]) Majority of responders store the drugs in an unsafe conditions like bag (42. 4%), tin (40. 8%) which was similar found by others [3] [10] except other study [4](89%), stored in safe place which may be due to study carried out among the hospital staff having different level of awareness about drugs.

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