

ASSESS THE SELF MEDICATION PRACTICES AMONG STAFF NURSES**MANISHA C. GHOLAP^{a1} AND VAISHALI R. MOHITE^b**

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^aE-mail: manishacgholap@gmail.com^bE-mail : kinsprincipal@rediffmail.com**ABSTRACT**

Self medication is an area where governments and health authorities need to ensure that it is done in responsible manner, ensuring that safe drugs are made available over the counter and the consumer is given adequate information about the use of drugs and when to consult a doctor. Study objectives are to assess the prevalence and reasons of self medication and its distribution among staff nurses working at Krishna Hospital, Karad & to determine the association between socio - demographic variables and self medication practices. A descriptive approach is used for 168 staff nurses. A structured questionnaire was administered to the staff nurses. The collected data was analyzed by using descriptive analysis by Instat software. Majority (79.16%) of the respondents are practicing self medication for pain related complains 153 subjects (91.07%) have reported prevalence of self medication related to minor ailments & 90 subjects (53.57%) to antibiotics. 135 (80.30%) respondents reported self knowledge for prevalence of self medication, 151 (89.80%) have reported that there is no any side effects after taking self medication. There was no significant association between conditions for which medication practiced, type of drugs used for self medication and socio-demographic variables. High prevalence's of self medication among staff nurses indicates they have the knowledge regarding management of minor ailments on their level.

KEYWORDS : Self Medication Practices, StaffNurses, Prevalence

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.(Talevi, 2010 and Souza et al. 2011).

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.

Internationally, self medication has been reported as being on the rise which was proved by Barros et al., 2009. during their study; their epidemiological sectional study included 1,509 working nurses from two public hospitals in Rio de Janeiro, Brazil. The self-medication prevalence was 24.2%. The reasons for self medication mentioned in various literatures are mild illness, previous experience of treating similar illness, economic considerations and lack of availability of healthcare personnel.

There is a need for healthcare professionals like nurses in hospital wards to make conscious effort to investigate possible use of non-prescribed drugs by patients who were admitted in the hospital and nurses themselves and a need for a more rigorous medication history taken when patients are to be admitted to unearth use of over-the-counter, herb, and prescription medicines that are not known to the physician/pharmacist prior to admission. Investigator feels that there is need to explore the prevalence's among staff nurses to self medication and improve their role in self medication. (Durgawale, 1998; Schlafer et. al., 1997)

MATERIALS AND METHODS

Objectives of the study were to determine the

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prevalence of self medication among staff nurses, to assess the factors responsible for self medication prevalence's and to determine the association between socio - demographic variables and self medication practice.

Descriptive approach with descriptive survey design was used for study. Study was conducted in Krishna Hospital, Karad during month of September 2011 to October 2011. Population of the study were Staff nurses working at different departments of Krishna Hospital, Karad. Total Sample for the present study comprised of 168 staff nurses. Sampling Technique used was convenience sampling technique.

A validated structured questionnaire was used to assess the self medication practices. Section A, Consisted of demographic data which included the variables like age, gender, Religion, type of family, Years of experience, Influence of mass media and the area which they belong to. Section B consisted of practice related questionnaire about self medication. This part consisted of 10 questions. The self medication practices were measured in terms of questions giving multiple options. Those who place a tick mark (✓) against the appropriate answer were given score "one. The content was validated by ten experts from the field of medical surgical nursing. The reliability of the tool is computed by using split half technique with raw score method. The reliability coefficient was found to be $r=0.9$.

RESULTS AND DISCUSSIONS

Table 1 shows majority (115) 68.45% of the subjects were below the age group of 30 years. Majority (146)86.90% of the subjects were female. Majority (97) 57.73% subjects were with GNM qualification. 92 (54.76%) subjects were belongs to Hindu religion.159 (94.64%) subjects were working as staff nurse. Majority 103 (61.30%) subjects were unmarried. 124 (73.80%) subjects reported that they have nuclear family. Maximum 56 (33.33%) respondents were residing in rural area. 141 (83.92%) respondents were having less than 20 years work experience.

Table 1: Distribution of Demographic Variables of Staff Nurses

Socio demographic Variables		Frequency	Percentage
Age	Less than 30	115	68.45
	More than 30	53	31.54
Gender	Male	22	13.09
	Female	146	86.90
Educational Status	ANM	11	6.5
	GNM	97	57.73
	BSCN	60	35.71
Religion	Hindu	92	54.76
	Muslim	10	5.95
	Christian	66	39.28
Occupation	Staff nurse	159	94.64
	Staff in Charge	9	5.3
Marital Status	Unmarried	103	61.30
	Married	65	38.69
Income of Family	<10000	66	39.28
	10000-20000	43	25.29
	>20000	59	35.11
Type of Family	Nuclear	124	73.80
	Joint	44	26.19
Place of Residence	Rural	56	33.33
	Urban	41	24.40
	Semi urban	71	42.26
Experience	<20 years	141	83.92
	> 20 years	27	16.07

Table 2: Distribution of Subjects According To Reasons For Self Medication

Reason	No of subjects	Percentage
Minor ailments	153	91.07
Financial constraint	4	2.38
Know what to do	124	73.18
Service not available	4	2.38
Lack of escort	3	1.78
Time saving	53	31.54
Ease and convenience	21	12.5
Drug Dependency	2	1.19
No specific reason	4	2.38

Prevalence related to the reason for self medication indicates that majority of subjects 91.60% were practicing self medication for minor ailments, 73.80% were taking self medications because they were aware about symptoms and there treatment. Among all only 2.30% subjects were following self medication practices due to financial constraint and because service not available. It was noted that 1.10% of subjects were drug dependent.

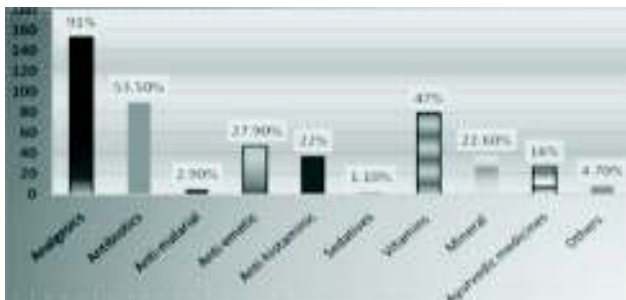


Figure 1: Distribution of Subjects According To Types of Drug Used For Self Medication

With regard to the type of drugs used in self medication practices noted that majority 91% subjects were using analgesics, 53.50% subjects were using antibiotics, 47% reported that they were using vitamins and hardly 1.10% and 2.90% were using sedatives and anti malarial drugs as self medication respectively.

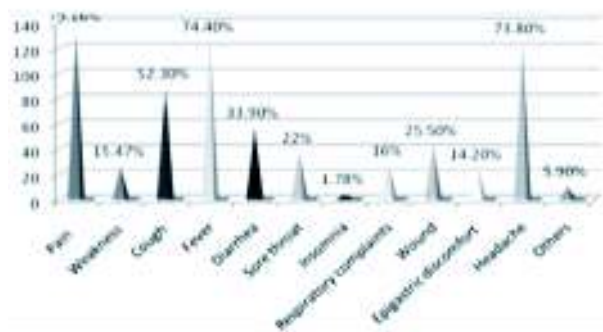


Figure 2: Distribution of subjects according to complains for which they are taking self medications

Prevalence of self medication practices for Pain was found high among respondents, (79.16%); followed by self medication practices were common for complain of fever (74.40%) and headache (73.80%). Less prevalence was noted for complain of insomnia (1.78%).

Figure 1 & 2 shows prevalence of Self Medication practices in which majority 133 (79.16%) subjects were reported that they are taking self medication for pain related complains; whereas only 3 (1.78%) have reported taking self medication for Insomnia. While comparing the history of self medication it was noted that 100% subjects are practicing self medication among which 131 (77.96%) subjects were practicing self medication for more than 6 months. 153 subjects (91.07%) have reported prevalence of self medication related to minor ailments verses 2 (1.19%) as drug dependency. Comparing the source of information 135 (80.30%) respondents reported self knowledge for prevalence of self medication as they are professional health care workers, minimum 4 (2.30%) has approached to chemist for information. While comparing frequency of self medication majority 116(69%) reported that they take self medication whenever required. 151 (89.80%) have reported that there is no any side effects after taking self medication.131 (77.90%) have agreed that they are spending less than 100 Rs. Per month on self medication.

In this study it was noted that there is significant relation with age of the subject and the practices of self medication. History of self medication for more than 6 months is more common in age group of more than 30 years 84.90% comparing to the age group less than 30 years 74.78% these findings are similar to the findings of study conducted in Nepal.

The finding indicates that self medication was more prevalent among female gender 80.13% comparing to the male gender 63.63%; these findings are similar to the findings of a population-based study was carried out in the municipality of Bambuí, Brazil to determine the prevalence of self-medication and its associated factors.

In the present study, no significant association was found between the prevalence of self medication and socio-demographic variables.

CONCLUSION

The findings of the study showed that majority (79.16%) of the respondents were practicing self medications for complains like pain and 1.78% were practicing self medication for Insomnia. There is no association between complains for which self medication is

practiced and the selected socio demographic variables. (Table 2) Majority (91.07%) of the respondents were practicing self medication for minor ailments where as 73.80% respondents were knowing what to do, minimum i.e. 2.30% respondents were practicing self medication for financial constraints as well as lack of escort. 80.30% of the respondents used self knowledge for taking self medication, 20.80% respondents used their previous prescriptions to obtain medication, where as 9.52% respondents were influenced by advertisements in electronic media for use of medication.

The high prevalence's of self medication among staff nurses indicates that staff nurses have the knowledge regarding management of minor ailments on their level still it is required to provide continuing education regarding new medications and there complications.

In the past few years self-medication has spread widely throughout the world. This is partly due to the fact that people are increasingly taking responsibility for their own health. On the other hand, social security is less and less able to cover the growing expenses and so backs up the idea of self-medication out of a financial consideration. A number drug has been re-categorized from prescription drugs to OTC (over the counter) recently.

This often serves the interests of manufacturers too as OTC drugs can be advertised. Consequently, patients with milder symptoms do not need to see a doctor: they can turn to the pharmacist for advice and medication for their ailment. It means that the advisory function of the pharmacist is becoming more prominent and the doctor has more time left for the severe cases.

A major concern in health care is the excessive consumption of drugs. It can only be controlled if the patient has no access to drugs except through the pharmacy. This is the only way to prevent potential interactions too.

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