
SHORT COMMUNICATION**Prevalence of Self Medication in an Urban Slum Area in Maharashtra***Saritha Susan Vargese^{1*}, PM Durgawale², Philip Mathew³*

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Abstract:

Background: Self medication is defined as medication taken on the patient's own initiative or on the advice of pharmacist or any other lay person. It is one of the leading causes for the ever threatening drug resistance for various antimicrobials. *Objective:* To assess the prevalence of self medication in an urban slum in western Maharashtra. *Methodology:* A cross-sectional study was conducted among all the families registered under the urban health training centre. Data was collected from the head of the families using a pretested modified questionnaire. It included the prevalence, source and reasons for the self medication. Percentages were calculated. Consent was obtained. *Results and Discussion:* Majority of the families (68%) in this study practiced self medication like in studies conducted by Toan et al in Vietnam and Durgawale PM in Maharashtra. All the families approached a nearby medical shop for the drugs. In the study area 58.8% reported the reason for self medication that the disease was not serious and that there was lack of time to go to a hospital (41.2%). *Conclusion:* The prevalence of self medication is very high in the community. So immediate steps should be taken to decrease the easy availability of drugs and health education should be conducted to create awareness regarding the consequences of self medication, and reduce the danger of

drug resistance.

Key words: urban slum, self medication, Maharashtra.

Introduction:

Self medication is one of the leading causes for the ever threatening increased drug resistance for various antimicrobials [1]. In a number of developing countries many drugs are dispensed over the counter without medical supervision. In this case, self-medication provides a lower cost-alternative for people who cannot afford the cost of clinical service [2]. In developing countries like India easy availability of wide range of drugs coupled with inadequate health services result in increased proportion of drugs used as self medication compared to prescribed drugs [3]. Grave danger of self medication is that it often gives temporary, superficial relief and thus masks symptoms possibly indicative of a more serious problem. Secondly some might actually be ineffective, e.g. taking antibiotics for viral illness [1].

Objective:

- 1) To assess the prevalence of self medication in an urban slum in western Maharashtra.
- 2) To study the reasons and sources for self medication.

Methodology:

A cross-sectional study was conducted in an

urban slum which comes under the urban health training centre of Department of Community Medicine of Krishna Institute of Medical Sciences, Karad. All the families registered under the urban health training centre (400) were included in the study. Data was collected from the head of the families using a pretested modified questionnaire. The questionnaire covered the prevalence, source and reasons for the self medication. A verbal consent was obtained from all the participants. A house-to-house visit was made and the information was collected by the investigator by interviewing the head of the families by using pretested pro-forma after an informed consent. Data was fed on excel sheet and cleaned. Percentages were calculated. Self medication is defined as medication taken on the patient's own initiative or on the advice of pharmacist or any other lay person [1]. A slum was defined as a compact settlement with a collection of poorly built tenements, mostly of temporary nature, crowded together usually with inadequate sanitary and drinking water facilities in unhygienic conditions [4]. Ethical approval was obtained from the Institutional Ethical Committee.

Results:

In the study area, 44% of the subjects were less than 30 years, 36% were in the age group 30-44 years. 88% of the head of the households were males and 12% were females. Majority (68%) were illiterate 28% studied up to primary level and the remaining 4% up to secondary level. The prevalence of self medication was 68.0% in urban slum area and all the families who practiced self medication went to medical shops for their medical needs.

Table 1: Reasons for self medication

Reason	No.	%
Condition not serious	160	58.8
No time	112	41.2
Financial constraints	0	0
Total	272	100

The main reasons for self medication (Table 1) were given as their perception of the disease being not serious (58.8%) and not having time to go to a health centre (41.2%).

Discussion:

Self-medication involves the use of medicinal products by the consumer to treat self-recognized disorders or symptoms, or the intermittent or continued use of a medication prescribed by a physician for chronic or recurring diseases or symptoms [5]. World Health Organization reports a number of potential risks like incorrect self-diagnosis; failure to seek appropriate medical advice promptly; incorrect choice of therapy; failure to recognize special pharmacological risks; rare but severe adverse effects etc [5]. A study conducted among college students in the southern part of Ethiopia showed that 38.5% of the persons with perceived illnesses practiced self-medication [6] which was much less than the study area may be because of the literacy status. Prevalence of self medication has been found among 81.5% individuals in a rural area in Maharashtra [1] and 77% in a study sample of the hospital staff in a tertiary care hospital in Maharashtra excluding medical professionals which was higher than the study sample, [3].

Major reasons for practicing self medication in earlier study has been economic (58.5%) or non availability of health care facilities (29.3%) in Maharashtra where as our study subjects have reported the disease being not serious for self medication [1] and non availability of time.

In our study all subjects have gone to a medical shop to get medicines as a medical shop has been available close to the urban slum community whereas major sources of procurement of drugs have been chemist shops (36.1%) and other shops (54.18%) including pan shop and grocery shop in a rural area in Maharashtra and 97.5% respondents in another study conducted in hospital staff excluding doctors have obtained medicines from the nearby chemist (97.5%) a few have got drugs from friends and left over medicines at home (2.5%) [1, 3].

Conclusion:

Self medication is increasing at an alarming pace and it is an important factor for the increased prevalence of drug resistance. This study throws light on the high prevalence of self medication in an urban slum community where majority are illiterate. So health education sessions on hazards of self medication should be conducted, especially in the urban slums where

majority are illiterate. The government should make sure that adequate health care facilities are available for the urban areas also, where more than 50% lives in the slums.

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