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RESEARCH ARTICLE

A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE REGARDING SELF-MEDICATION AMONG PATIENTS VISITING OUTPATIENT DEPARTMENT IN A SELECTED HOSPITAL OF DELHI

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Abstract

A Descriptive study was conducted to assess the knowledge and practice regarding self-medication among patients visiting outpatient department in a selected hospital of Delhi. A sample of 100 patients was selected using convenient sampling technique. A structured knowledge questionnaire and self-expressed checklist was administered to assess the knowledge and practice regarding self-medication. The data analysis and interpretation were done using descriptive and inferential statistics. Most of the patients visiting outpatient department had average knowledge regarding self-medication and 99% of the patient considered self-medication as an acceptable practice. There was no correlation found between knowledge and practice regarding self-medication.

Introduction:-

Self-medication is one of the major health concerns worldwide and World Health Organization (WHO) has laid emphasis on correctly investigating and controlling it. World Health Organization has defined self-medication as "use of pharmaceutical or medicinal products by the consumer to treat self-recognized disorders or symptoms, the intermittent or continued use of a medication previously prescribed by a physician for chronic or recurring disease or symptom, or the use of medication recommended by lay sources or health workers not entitled to prescribe medicine. There is much public and professional concern regarding self-medication practices, which have dramatically increased in the last few decades, especially in the developing countries. Easy availability of a wide range of drugs and inadequate and inequitable health services result in increased proportions of drugs to be used as self-medication in developing countries like India. There are many benefits and risks that have led to the increase in self-medication among people. It has been observed that inappropriate and uncontrolled self-medication results in increased resistance of pathogens, wastage of resources, and health hazards such as adverse drug reactions and drug dependence. But if done appropriately, self-medication can save the time spent in waiting to consult a doctor and can readily relieve acute

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medical problems and emergencies, may be economical and can even save lives in many conditions. The dangers associated with self-medication are resistance to microorganisms in the body that causes sickness, drug abuse and addiction, instant relief with long term side effects and it can also lead to death. It can also make the body resistant to antibiotics and can cause withdrawal symptoms. Individuals should know the medication's method of use, efficacy and their management. A holistic approach should be taken to improve the use of self-medication through public education, training of health care professionals and strict pharmaceutical regulations on public advertising and drug use. Individuals should know the medication's method of use, efficacy and their management.

Objectives:-

1. To assess the knowledge regarding self medication among patients visiting out-patient department.
2. To determine the practice regarding self-medication among patients visiting out-patient department.
3. To find association between selected demographic characteristics and the level of knowledge regarding self-medication among patients visiting out-patient department.
4. To find relationship between level of knowledge and practice regarding self-medication among patients visiting out-patient department.

Assumptions

1. The patients visiting outpatient department have some knowledge regarding self-medication.
2. The patients visiting outpatient department do practice self-medication to some extent.

Delimitations

The study is delimitated to:

1. The patients visiting outpatient department of selected hospital of Delhi.
2. The age limit selected for the research study was more than and equal to 20years.

Materials and Methods:-

Research design:

A Descriptive research design was selected for the study to assess the knowledge and practice regarding self-medication among patients visiting outpatient department in a selected hospital of Delhi

Setting of the study:

The present study was conducted at outpatient department of a selected Hospital, Delhi.

Population:

The target population of the study consisted of patients in a selected hospital, Delhi.

Sample and sampling technique:

A sample of 100 patients was selected using convenient sampling method.

Development of the tool

The Structured Knowledge Questionnaire and a Self-Expressed Checklist were developed to assess the knowledge and practice regarding self-medication among patients visiting outpatient department in a selected hospital of Delhi. It consisted of three parts:

Part A-Socio-Demographic characteristics

Consisted of 10 items on background information of the subjects such as age, gender, religion, education, occupation, marital status, common system of self-medication, common conditions of self-medication, source of information and self-medication during Covid 19.

Part B-Structured Knowledge Questionnaire

Consisted of 20 items on knowledge regarding self-medication. For every correct answer the score was 1 and incorrect was 0.

The possible range of knowledge scores to be obtained by patients was from 0-20. Hence, their scores were interpreted as:

14-20: Good knowledge
7-13: Average knowledge
0-6: Inadequate knowledge

Part C- Self Expressed Checklist
Consisted of 11 items to check the practice on self-medication.
The possible range of practice scores to be obtained by patients was from 0-11. Hence, their scores were interpreted as:
7-11: Acceptable practice
0-6: Non-acceptable practice

Content validity and Reliability of the tool
In order to obtain the content validity of tool, it was submitted to the experts and was requested to judge the items on the basis of relevance, clarity, feasibility and organization of items included in the study. Necessary modifications were incorporated based on their suggestions.

The reliability of the Structured Knowledge Questionnaire and Self-Expressed Checklist was established at 0.75 and 0.72 respectively, using Karl Pearson's formula.

Pilot study
Pilot study was conducted on 10 patients on 8th February 2021 at General OPD of a selected hospital of Delhi. The study was found to be feasible.

Procedure for Data collection
1. After the formal administrative permission obtained from the selected hospital ofDelhi.
2. The patients who were visiting OPD were taken as sample.
3. The investigator introduced her to the subjects and took a written consent from them.
4. The Structured Knowledge Questionnaire and Self-Expressed Checklist was given in Hindi and English language to patients in order to assess the knowledge and practice regarding self-medication which took around 10-15 minutes for each patient.

Data Analysis and Interpretation
The data was analyzed using both descriptive and inferential statistics.
1. Frequency and Percentage Distribution to be computed for describing the sample characteristics.
2. Mean, Mean percentage, Median and Standard Deviation of knowledge score of patients.
3. Chi- square test to examine the association between the between the Knowledge score of patients visiting Outpatient Department and selected demographic variables.
4. Karl Pearson Coefficient of Correlation of Knowledge score and Practice score of patients visiting Outpatient Department.

Result:-

The analysis of the data revealed that majority of the patients i.e. 80 (80%) had average knowledge, 16 (16%) had good knowledge and only 4(4%) had inadequate knowledge regarding self-medication. 99(99%) patients had acceptable practice score and only 1 (1%) had non-acceptable practice score. There was a significant association between knowledge score and selected demographic variables i.e. age and education among patients at $p<0.005$ level of significance. There was no correlation found between knowledge and practice of self-medication among patients

Table 1:- Frequency and Percentage Distribution of Socio-demographic variables of patients

N=100.

S.No	Socio-demographic variables	Frequency (f)	Percentage (%)
1	**Age**		
	a)20-29	37	37
	b)30-39	26	26
	c)40-49	22	22

	d)50 and above	15	15
2	**Gender**		
	a) Male	52	52
	b) Female	48	48
3	**Religion**		
	a) Hindu	57	57
	b) Muslim	14	14
	c) Sikh	15	15
	d) Christian	12	12
	e) Others	02	2
4	**Education**		
	a) Illiterate	02	2
	b) Matriculation	22	22
	c) 12^{th} class	29	29
	d) Graduate and above	47	47
5	**Occupation**		
	a) Government Services	19	19
	b) Private Services	30	30
	c) Own business	27	27
	d) Unemployed	24	24
6	**Marital status**		
	a) Single	31	31
	b) Married	59	59
	c) Separated/Divorced	04	4
	d) Widowed	06	6
7	**Common System of Self-medication**		
	a) Allopathy	47	47
	b) Homeopathy	28	28
	c) Herbal Products	25	25
8	**Common conditions of self-medication**		
	a) Fever	28	28
	b) Pain	11	11
	c) Acidity	15	15
	d) Diarrhea	05	5
	e) Cough and Cold	13	13
	f) Vomiting	04	4
	g) Vitamins/Minerals	09	9
	h) Proteins	07	7
	i) Never taken for any of the above conditions	07	7
	j) Any other	01	1
9	**Source of information**		
	a) Drug Commercials	13	13
	b) Acquaintances	14	14
	c) Previous Prescription	27	27
	d) Prescription issued to others	04	04
	e) Self Decision	23	23
	f) Internet	15	15
	g) Others	04	4

10	**Self-medication during Covid 19** a) Yes b) No	 43 57	 43 57

Table 2:- Frequency and percentage distribution of patients visiting Outpatient Department according to Knowledge score

N=100.

Knowledge Score	Range of Knowledge Score	Frequency	Percentage (%)
Good Knowledge	14-20	16	16
Average Knowledge	7-13	80	80
Inadequate Knowledge	0-6	04	4

Table 3:- Mean, Median and Standard deviation of knowledge score of patients visiting Outpatient Department

N=100.

Area	Score range	Mean	Median	Standard Deviation
Knowledge	0-20	11	11	2.632

Table 4:- Frequency and percentage distribution of patients visiting Outpatient Department according to Practice score

N=100.

Area	Score range	Frequency	Percentage (%)
Non-Acceptable	0-6	1	1
Acceptable	7-11	99	99

Table 5:- Mean, Median and Standard deviation of practice score of patients visiting Outpatient Department

N=100.

Area	Score range	Mean	Median	Standard Deviation
Practice	0-11	8	8	1.141

Table 6:- Association between knowledge score of patients and selected demographic variables

N=100.

S.No	Socio-demographic variables	Good	Average	Inadequate	df	Chi-square Value	Table value
1	**Age**						
	a) 20-29	5	31	1			
	b) 30-39	4	21	1			
	c) 40-49	3	19	0	6	13.353^{*}	12.59
	d) 50and above	1	9	5			
2	**Gender**						
	a) Male	7	44	1	2	0.104^{NS}	5.99
	b) Female	6	40	2			
3	**Religion**						
	a) Hindu	7	46	4			
	b) Muslim	2	12	0	8	4.802^{NS}	15.57
	c) Sikh	2	13	0			
	d) Christian	4	8	0			
	e) Others	0	2	0			
4	**Education**						
	a) Illiterate	0	1	1			
	b) Matriculation	0	22	0	6	15.702^{*}	12.59
	c) 12^{th} class	7	20	2			

	d)Graduate & above	8	38	1			
5	**Occupation**						
	a) Government Service	3	14	2			
	b) Private Service						
	c) Own business	5	23	0	6	4.177^{NS}	12.59
	d) Unemployed	6	23	0			
		3	20	1			
6	**Marital status**						
	a) Single	1	24	5			
	b) Married	5	48	5	6	3.112^{NS}	12.59
	c) Separated/ Divorced	1	3	0			
	d) Widowed	0	5	3			
7	**Common System of Self-medication**						
	a) Allopathy						
	b) Homeopathy						
	c) Herbal Products	5	40	2	4	2.97^{NS}	9.49
		4	23	1			
		7	17	1			
8	**Common conditions of self-medication**						
	a) Fever	1	25	1			
	b) Pain	1	10	0			
	c) Acidity	5	11	1			
	d) Diarrhea	1	3	0			
	e) Cough & Cold	3	9	2			
	f) Vomiting	0	4	0	18	14.677^{NS}	28.87
	g) Vitamins/Mineral	1	6	0			
	h) Proteins	1	6	0			
	i) Never taken for any of the above condition	1	7	0			
	j) Any other	1	0	0			
9	**Source of information**						
	a) Drug commercials	2	10	1			
	b) Acquaintances	3	10	0			
	c) Previous prescription	4	23	1			
	d) Prescription issued to others	2	2	3	12	9.432^{NS}	21.03
	e) Self Decision	1	22	0			
	f) Internet	3	9	3			
	g) Others	0	4	0			
10	**Self-medication during COVID 19**						
	a) Yes	7	34	2	2	0.0415^{NS}	5.99
	b) No	9	44	4			

*significant at $p<0.05$ level of significance
NS- Not significant at $p<0.05$ level of significance

Table 7:- Karl Pearson Coefficient of Correlation of Knowledge and Practice score of patients visiting Outpatient Department

N=100.

Variables	**Mean**	**Standard Deviation**	**'r' value**
Knowledge	11	2.632	

Practice	8	1.141	-0.18417

Observations of contemporary and past annotations on the topic

The discussion has been presented in context with the objective and findings of the study conducted in the context with the findings revealed by the other researches.

The present study revealed that 80% had average knowledge, 16% had good knowledge and 4% had adequate knowledge regarding self-medication which is similar to the study conducted by Awada S, Diab B, Khachman D, Zeidan R, Slim H, Zein S.et al who conducted a cross sectional study to assess the knowledge and practice of self-medication among Lebanese population in 2020. Sample size was 40 participants. The findings of the study showed that there was high level of practice but inadequate knowledge among the respondents.

A similar study was conducted by Karmacharya A, Uprety B, Pathiyil R, Gyawali S. They conducted a descriptive cross- sectional study to assess the knowledge and practice of self-medication among undergraduate medical students of Lumbini Medical College in 2018. The sample size was 356 students. The findings showed that undergraduate medical students had average knowledge about self- medication and more than 80% of them practiced self-medication.

In the present study there was no correlation found between the knowledge and practice of self-medication which was similar to the study conducted by Makeen H, Albarraq A, Banji O, Taymour S, Meraya A, Alqhatani S who conducteda cross sectional descriptive study to assess the Knowledge and Practice towards self - medication in a rural population in South Western Saudi Arabia in 2019. The sample size was 500. Study findings showed no correlation between knowledge and practice of self-medication among the respondents.

Limitations

1. The study was conducted on a small sample and in the selected hospital of Delhi which limits the generalization of the findings of the study.
2. The findings of the study were purely based on the written responses of study subjects and were subject to response set bias from the respondents.

Recommendations:-

1. A similar study can be replicated on a larger sample to help validate and generalize the findings to the entire population of a region or a part of the country.
2. A comparative study can be conducted to ascertain the prevalence, causes and effects of self-medication in rural and urban populations.

Implication of the study

1. The study throws light on the need to educate public regarding the advantages and disadvantages of self-medication.
2. It is the duty of a community health nurse to motivate the public to be aware of certain medications which can be administered in case of emergency that are acceptable.
3. Nursing administrators can conduct workshops and conferences to increase awareness among nurses and nursing students about the self-medication.

References:-

1. World Health Organization. Guidelines for the regulatory assessment of medicinal products for use in self-medication. Geneva: World Health Organization; 2000.
2. Kumar V, Mangal A, Yadav G, Raut D, Singh S. Prevalence and pattern of self medication practices in an urban area of Delhi. Medical Journal of DY Patil University. 2015;8:16-20.
3. Bennadi D. Self-medication: A current challenge. Journal of Basic Clinical Pharmacology. 2013;5:19–23.
4. Ahmed MN, Dr. Sulaiman HK. Self medication practice among patients attending a sample of primary health care centres in Erbil city. Journal of education and practice. 2016;7(24): 73-74.
5. Awada S, Diab B, Khachman D, Zeidan R, Slim H, Zein S. Self medication practices and knowledge among Lebanese population. Dr. Sulaiman Al Habib Medical Journal. 2020;2(2):56-64.
6. Makeen HA, Albarraq AA, Banji OJ, Taymour S, Meraya A, Alqhatani S, Banji D. Knowledge, attitudes and

practices toward self-medication in a rural population in South Western Saudi Arabia. Saudi Jaournal of Health and Sciences. 2019;8:54-59

7. Karmacharya A, Uprety B, Pathiyil R, Gyawali S. Knowledge and Practice of Self-medication among Undergraduate Medical Students. Journal of Lumbini Medical College.2018;6(1):21-26.