

ORIGINAL RESEARCH

A study on self-medication in peri-menopausal women

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ABSTRACT

Background: World Health Organization (WHO) defines Self-Medication as ‘the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms’ or by health personnel such as the self-prescription of drugs not prescribed by a doctor. **Methodology:** A Cross-Sectional observational study was done with the help of a semi-structured detailed questionnaire in English and Hindi which was filled by the subjects. **Results:** Out of the total 103 responses, 59 (57.3%) women were working whereas 44 (42.7%) were non-working Peri-menopausal females. There were 54 (91.5%) working and 36 (81.8%) non-working females who had taken medication without proper prescription for them. Most common reason for self-medication was fever (83.3%) for both the groups. Most of the women got these self medicines by directly requesting it from the pharmacy [64 (71.9%)]. Majority of the peri-menopausal females [85 (89.5%)] didn’t go to a doctor because of the non seriousness of the symptoms. **Discussion:** In our study out of the total 103 participants, 59 were working females and 44 were non-working females. Working females took a larger amount of allopathic and homeopathic medicines while the non-working females took more ayurvedic and unani medicines. Also more number of working females were aware of the risks associated with self-medication as compared to the non-working females. **Conclusion:** The result reflects the various differences in pattern, attitude and behavior of peri-menopausal women on the practice of self-medication. In our study both working women and housewives of peri-menopausal age group were found to be indulged in self-medication which may lead to incorrect diagnosis. Most common reason for self-medication was fever and the drugs used were the anti-pyretics. Study also reveals need of education related to safe use of medicines, strict regulatory actions regarding over the counter availability of drugs.

Keywords: Housewives, Self-medication, Working women

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INTRODUCTION

World Health Organization (WHO) defines Self-Medication as ‘the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms’ or by health personnel such as the self-prescription of drugs not prescribed by a doctor. (1) The use of medications without prior medical consultation regarding indication, dosage, and duration of treatment is referred to as “Self-medication”.

World Medical Association states that there are two types of medicines-

1. Prescription and 2. Non-prescription

Former are available on prescription from physician. They have many complications such as toxicity,

various ADRs. Latter are over the counter drugs not requiring physician’s consultation and their usage is known as “Responsible self medication”.

Self-medication is an important public health problem, with varied prevalence across the world. The high prevalence of self-medication in India is one of the important factors contributing to the development of antimicrobial resistance. Self-medication without medical guidance can lead to inappropriate, incorrect, or undue therapy, missed diagnosis, delays in appropriate treatment, pathogen resistance, and increased morbidity.

The growing trend of self-medication can be attributed to various factors like the urge for self-care, sympathy toward sick family members, inaccessible

health services and non-availability of drugs, time and financial constraints, ignorance, misbeliefs, extensive advertisement and availability of drugs in places other than drug shops.(2)

This study focused on the pattern and attitude of women towards self-medication and influence of working atmosphere and exposure of Peri-Menopausal women on self-medication.

The Peri-menopausal age group in Indian Women is defined as 44.69 ± 3.79 years (~41 to 49 years of age). (3)

METHODOLOGY

A Cross-Sectional observational study was done with the help of a semi-structured detailed questionnaire in English and Hindi which was filled by the subjects. After taking permission from the Institutional Ethics Committee, study was conducted in the Department of Pharmacology, for those patients who give their consent to participate in the study. The data obtained was analyzed by using Microsoft excel software. Variables like age, education, marital status, occupation and mass media exposure were studied. Practices of self-medication among peri-menopausal women were analyzed.

These women of Peri-Menopausal age group were divided in 2 groups-

- Group A: Housewives
- Group B: Workingwomen

Inclusion Criteria

1. Peri-menopausal working females
2. Peri-menopausal housewives

(Peri-Menopausal Age-Group is around ~41 to 49 years)

Exclusion Criteria

1. Peri-menopausal women not giving informed consent.

RESULTS

Out of the total 103 responses, 59 (57.3%) women were working whereas 44 (42.7%) were non-working Peri-menopausal females. (Figure1). Amongst the working females the majority of them had an occupation of a Doctor (27.9%), followed by a teacher (13.1%) and a Professor (9.8%).

Count of Occupation

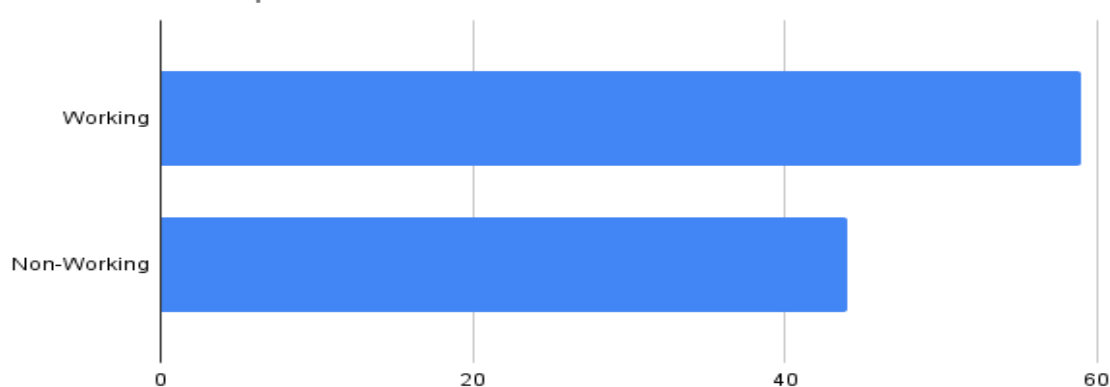


Figure 1 (Occupation)

Around 55% were in the age group of 40-45 years and approximately 44% were in the group of 46-50 years. (Figure2). And out of them 91 (89.2%) were married, 11 (10.8%) were unmarried and around ~1% were divorced.

Count of Age

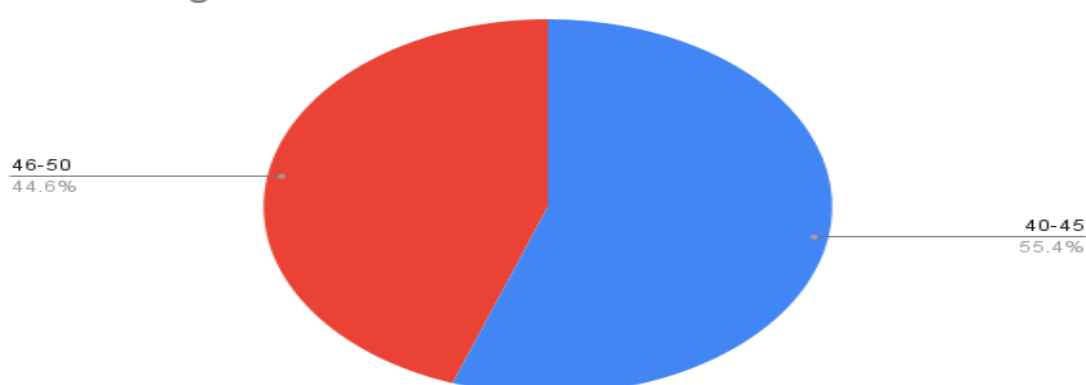


Figure 2 (Count of age)

There were 54 working females and 36 non-working females who had taken medication without proper prescription for them. Out of these women who took self medication, around 76 women (74.5%) were taking regular medicines for lifestyle and hormonal disorders like thyroid (54.3%), hypertension (42%) and diabetes (28.4%).

Amongst the medicines taken as Self-medication, 82 (92.1%) females had Allopathic medicines, 38 (42.7%) had Homeopathic medicines, 25 (28.1%) had Ayurvedic medication and only around ~4% had

Unani medicines. The type of medications varied for working and non-working females. The working females took a larger amount of allopathic medicines [49(83%)] as compared to the non-working females [33(75%)]. Similar was the case with Homeopathic medicines also (38.9% for working and 34% for the non-working women). But the Ayurvedic and the Unani medicines were consumed more by the housewives (29.5% and 6.8% respectively) in comparison to the working females (20.3% and 1.6% respectively).

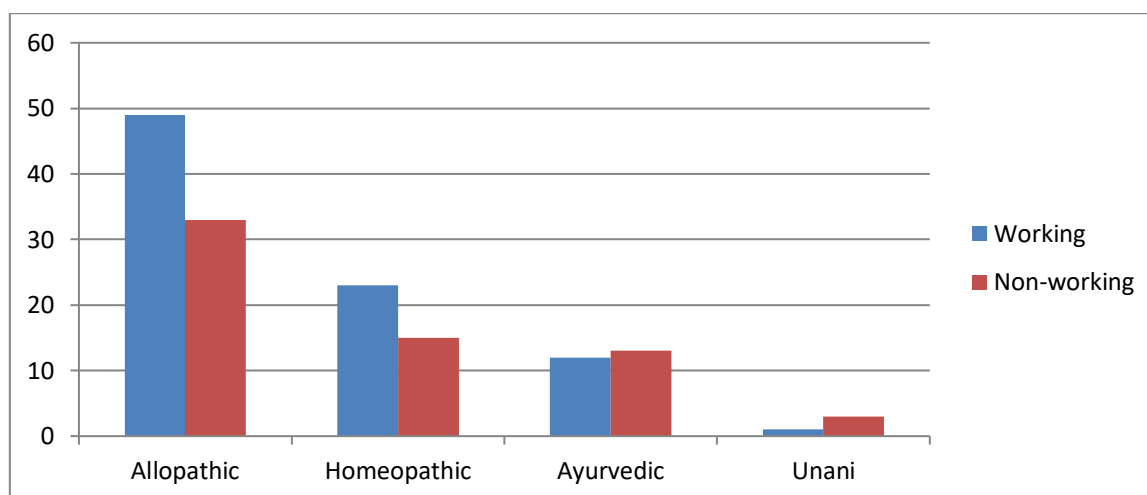


Figure 3 (Type of medication)

Most of the women got these self medicines by directly requesting it from the pharmacy [64 (71.9%) {39 out of 64 were working females while 25 were non-working females}], others took them from the previous prescriptions which were written for them [61 (68.5%) {35-Working and 26 Non-working}].

Around 34 women (38.2% {16 Working and 18 Non-working females}) took it from the prescription written for their friends or family. 64% women {38 Working and 19 Non-working} took self-medication because the medicines were already available at their

homes and about 54 women (60.7%) {30 Working and 24 Non-working} took it on the advice of some friend or family member.

In the working women category, internet was the most common source (94.9%), followed by television (88.1%), newspaper (83%), radio (81.35%) and magazines (76.2%). While the non-working group had television as the most commonly used source (86.3%) followed by internet (79.5%), newspaper (56.8%), radio (43.1%) and magazines (38.6%).

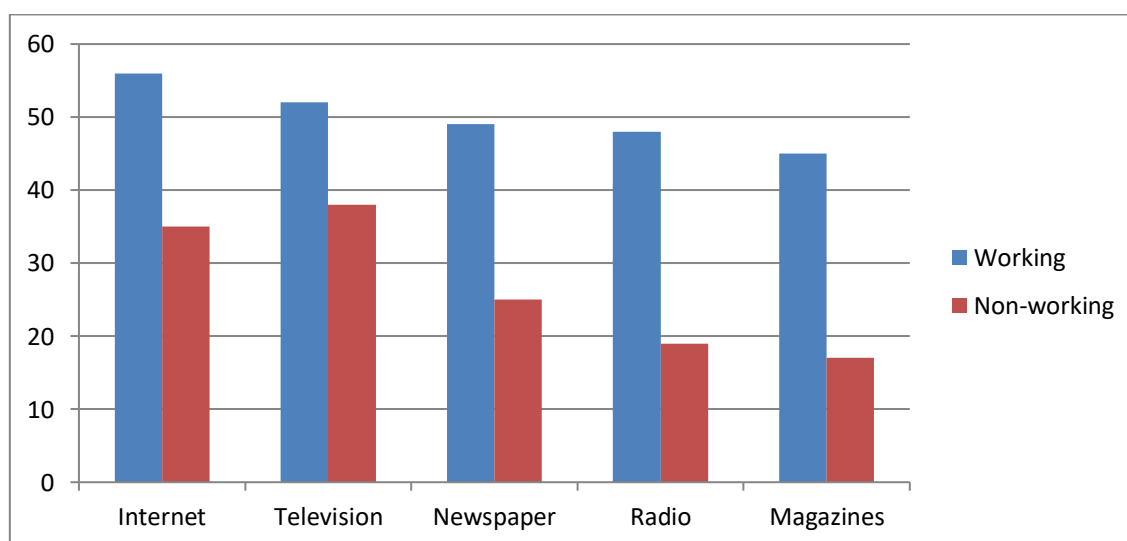


Figure 4 (Source of information)

Most common reason for self-medication in our study was fever (83.3%) for the working women and headache (70.4%) for the non-working females. Other reasons were dysmenorrhea (71.1% for working and 38.6% for non-working females), abdominal pain (67.7% for working and 59% for non-working females) and loose motions (69.4% for working and 59% for non-working females).

For 96.8% of the peri-menopausal women, the condition improved after taking self-medication. But around 66 women (71%) faced some unwanted effects after taking the medication. The most common unwanted effects were constipation (68.1%), anxiety (48.6%), increased heart rate (37.5%) and sedation (31.9%).

For majority women (88.3%), these unwanted effects subsided automatically while 37.5% of women had to stop the medicines.

Out of all the responses received only 56 (94.9%) working women and 32 (72.7%) non-working women checked the expiry date of the drug, while only 14 working women and 8 non-working women read the leaflet about drug information.

Only 64 (65.3%) of the Peri-menopausal women had knowledge about Branded and Generic medicines. Out of these 47(79.6%) were working females and 16 (36.3%) were non-working females. And about 38 working women preferred generic medicines, while 22 working women chose branded medicines. On the other hand, 13 non-working females chose generic medicines and 24 of them chose branded medicines. Only 13.4% (3% working and 10.4% non-working) of the women considered Self-medication to be a righteous practice, while about 82 women (53 working and 29 non-working) were aware of the risks associated with self-medication.

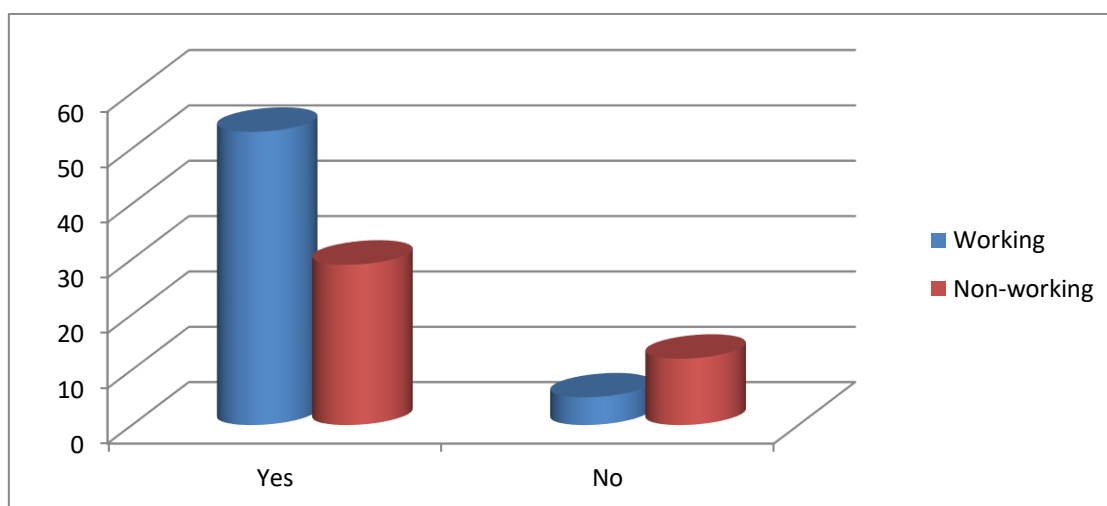


Figure 5 (Awareness about risks of Self-medication)

Most of the peri-menopausal females (62.1% working and 27.3% non-working females) didn't go to a doctor because of the non seriousness of the symptoms. Other reasons for 16.8% working and 14.7% non-working females were no proper facilities (lines in the OPD), Non-availability of doctors for 12.6% working and 17.8% non-working females, and lack of money for 8.4% working and 16.8% non-working females.

DISCUSSION

In our study out of the total 103 participants, 59 were working females and 44 were non-working females. Working women took more self-medication than non-working women.

Around~75% women were already on regular medicines for lifestyle diseases like thyroid, hypertension and diabetes.

Working women took a larger amount of allopathic and homeopathic medicines while the non-working females took more ayurvedic and unani medicines. Most of them got it directly from the pharmacy as an Over the Counter drug.

Working females had internet as the most common mass media source of exposure, while the non-working females had television as the most common source.

The reason for self-medication in working females was fever and for the non-working females, it was headache. Therefore the most commonly taken medications were Anti-pyretics and Analgesics.

More percentage of the working women checked the expiry date as well as the drug information leaflet. But around ~10% of non-working females and only 3% of the working females considered self-medication to be a righteous practice.

Also more number of working females were aware of the risks associated with self-medication as compared to the non-working females.

Most of the females didn't see a doctor because of non-seriousness of symptoms.

CONCLUSION

Self-medication is very common amongst peri-menopausal women due to lack of time, easy

availability of medicines, workload and non-availability of healthcare facilities every time.

In our study both working women and housewives were found to be indulged in self-medication related to variety of symptoms which may lead to misdiagnosis.

Most common reasons for self-medication were fever and pain and the drugs used were anti-pyretics and analgesics. The study reveals that the working environment and exposure influence the pattern and attitude of women towards self-medication. Working women were more aware of safe self-medication and concern about expiry date of the drug, drug leaflet, adverse drug reactions and drug interactions.

Study reveals need of education related to safe use of medicines and strict regulatory actions regarding over the counter availability of drugs.

Ethical Approval

Ethical approval was obtained from institutional ethics committee.

Informed Consent

Informed consent was obtained from participants.

Declaration Of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Limitations

Convenient sampling was done

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