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Effectiveness of Awareness Programme on Knowledge Regarding Ill Effects of Self-Medication Among Mothers Of Under-Five Children

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ABSTRACT

Self-medication is the selection and use of non-prescription medicines by individuals' own initiatives to treat self-recognized illnesses or symptoms. The trend of using drugs on their own that is self-medication has been increasing in developing countries as well as in developed countries in recent years. It is practiced significantly worldwide even though its type, extent and reasons for its practice may vary. Minor ailments like sore throat, fever, cough and diarrhoea can be relieved with self-medications such as paracetamol or other traditional remedies, without seeking for consultation from general practitioners. Parents usually take the responsibility to come up with some kind of treatment for their children.

Aim: To explore the socio-demographic profile of the parents and to determine the effectiveness of awareness programme on knowledge of ill effect of self-medication among mothers of under-five children.

Material and methods: The evaluative, quasi experimental research design was adopted

60 Subjects (30 subjects in experimental group and 30 subjects in control group) were recruited by non-probability convenience sampling technique among mothers of under five children. The data gathering was carried out with a structured knowledge questionnaire. The collected data was optimized and analysed by using descriptive statistics and inferential statistics.

Results: The result shows that the mean post-test knowledge score (22.83) was higher than the mean pre-test score (12.16). The calculate t- value (t = 19.92) is more than the table value (t = 2.05) and found to be statistically significant at 0.05% level of significance in the experimental group. It revealed that there is an enhancement of knowledge indicating the effectiveness of health teaching programme on ill effects of self-medication. The chi-square analysis showed that the computed chi-square value was less than table value in all the socio-demographic variables in the .experimental and control group. But in relation to occupation there is an association with the level of knowledge in the control group.

Conclusion: The study findings revealed that, the health teaching programme was highly effective in improving knowledge of mothers of under five children on effects of self-medication and preventives measures for adverse effects of self-medication.

Key words: Effectiveness, health education, knowledge, self-medication, mothers of under- five children, urban area.

1. INTRODUCTION

Parents generally give drugs to treat their children sickness. The trend of using drugs on their own that is self-medication has been increasing in developing countries as well as in developed countries in recent years[1]

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Drugs use without consulting any physician or health care provider for treating or preventing the ailments is self-medication[2]. According to World Health Organization self-medication is the use and selection of medicines by individuals to treat self-recognized illnesses or symptoms. The International Pharmaceutical Federation (IPF) has defined self-medication as non-prescription drugs use by individuals on their own initiative[3]. Drugs purchase and use without an authorized prescription or using previous prescription also comes under self-medication. It also included the use of leftover medicines which are stored at home and medicines advised by family members or friends[4].

The practice of self-medication is as old as mankind. The nature and extent of self- medication increasingly varies with different cultural context and social educational influences[5]. Knowledge on self-medication is of great concern in case of children as children are considered to be more vulnerable regarding the use of medicines. In developing countries children constitute a large percentage of the population and they are more vulnerable and susceptible to different diseases[6]. It is observed that in developed countries people practice self-medication predominantly with non-prescription over the counter drugs whereas most developing countries have a high burden of irrational drug use. The reason behind is the poorly enforced drug utilization policies due to which individuals have access to both prescription and non-prescription medications[7].

Children are given medications by their parents [8]. When children become sick the first response by most of the parents is to self-medicate them[9]. Majority of the parents in both developed and developing countries prefer to treat their child's common ailments like fever, cough/ cold and diarrhoea without consulting a physician. Analgesics, antipyretics, anti-inflammatory agents, cough and cold preparations are amongst the commonly practiced self-medications[7]. Self-medication is defined as the inappropriate use of drugs without consulting health care providers and is largely confined to the developing world.

Several studies have shown the inappropriate self- medication of antibiotics for disorders that are largely self-limiting such as common cold or diarrheal diseases. This inappropriate and irrational use of drugs is thought to be a contributive factor in the emergence of drug resistance[3]. The reasons for self- medication vary between societies and cultures[8]. Various contributory factors towards self-medication are a higher educational level, availability of left over drugs from previous prescriptions, the presence of chronic diseases, less serious ailments, long waiting times, and the need to avoid the cost of a visit to the doctor[6].

Children less than five years of age are commonly suffered by diarrhoea, respiratory tract infections and other self-limiting illnesses. Usually, parents administer drugs for these diseases without seeking professional advice, and as such are indulging in self-medication[7].

AIM OF THE STUDY: To explore the socio-demographic profile of the parents and to determine the effectiveness of awareness programme on knowledge of ill effect of self-medication among mothers of under-five children.

HYPOTHESES

H_1: There will be significant increase in posttest knowledge scores as compared to pre- test knowledge scores regarding ill effects of self-medication and preventive measures for adverse effects of self-medication among mothers of under-five children.

H_2: There will be a significant association between pre-test knowledge score and the selected demographic variables of mothers of under-five children in the experimental and control group.

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2. MATERIAL AND METHODS

The evaluative, Quasi-experimental research design was adopted. The study was carried out in the two pre nursery school one in experimental group and another one in control group, Mysore. Out of 85 subjects, 60 subjects were selected by using by non- probability convenience sampling technique. Subjects those who are having children of age group 0- 5 years, willing to participate in the study, available at the time of data collection and able to read and write Kannada and English language were included. Subjects those who are working as a health care professionals and not feeling well during a period of data collection were excluded. Formal written permission was obtained from the Head Mistress of Pre-nursery schools, Mysore. Primarily, the investigator surveyed the selected area to identify the number of Pre-nursery schools. The subjects were approached during their free time. Each of them was informed about intention of the study and obtained written consent with their anonymity and confidentiality of data. Pre-test was conducted using self-administered knowledge questionnaire. An health awareness program was conducted for 45 minutes regarding effects of self-medication and preventives measures for adverse effects of self-medication. Post test was conducted after seven days of awareness program to assess the effectiveness of the program. About 30 to 45 minutes was spent by each subject for answering the questions.

3. FINDINGS

Sixty (60) subjects were participated in the study for final analysis. Where, majority of the subjects, 13 (43.3%) of the subjects were in the age group of 25-30 years in experimental group where as in control group majority of the subjects 16 (53.3%) of the subjects were in the age group of 25-30 years. Nearly more than three quarter percentage of subjects 28(93.3%) and 27 (90%) were belongs to Hindu religion in experimental and control group respectively. 11(36.6%) and 9 (30%) of the subjects studied upto secondary education in experimental and control group respectively. In relation to occupation, 25 (83.3%) and 21 (70%) of the subjects were home maker in experimental and control group respectively. 13(43.3%), 13(43.3%), and 19 (63.3%) of the subjects were belongs to nuclear, joint family in experimental and control group respectively. It is observed that 21(70%) and 25 (83.3%) of the subjects had one under-five child in the family in experimental and control group respectively. 15 (50%) & 12 (40%) of the subjects had income of 5001-10,000 & 10,001-15,000 rupees per month in experimental and control group respectively. It is observed that, 19 (63.3%) & 20 (66.6%) of the subjects responded “no” for administering medication without consenting doctor in experimental and control group respectively. In relation to reason for self-medication, 6 (54.54%) and 5(50%) of the subjects had lack of time, economical constraint, high consultation fees of doctors in experimental and control group respectively. Regarding source of information for use of self-medication, majority of the subjects 6 (54.54%) and 5(50%) used previous prescriptions in experimental and control group respectively. In relation to the previous exposure to health education, majority of the subjects 27 (90%) and 29 (96.6%) of the subjects were responded “no” in experimental and control group respectively.

The result shows that the mean post-test knowledge score (22.83) was higher than the mean pre-test score (12.16). The calculate t- value ($t = 19.92$) is more than the table value ($t = 2.05$) and found to be statistically significant at 0.05% level of significance in the experimental group. It revealed that there is an enhancement of knowledge indicating the effectiveness of health teaching programme on ill effects of self-medication.

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TABLE 1
EFFECTIVENESS OF AWARENESS PROGRAMME REGARDING ILL EFFECTS OF SELF-MEDICATION AND PREVENTIVE MEASURES FOR ADVERSE EFFECTS OF SELF-MEDICATION AMONG MOTHERS OF UNDER-FIVE CHILDREN IN EXPERIMENTAL AND CONTROL GROUP.

SL.NO	Group	Test	Mean	SD	Mean Difference	Paired 't' value
1	Experimental group	Pre-test	12.16	4.79	10.67	19.92 S*
		Post-test	22.83	4.49		
2	Control group	Pre-test	13.16	4.30	0.67	2 NS
		Post-test	13.83	3.78		

The table-1 shows that the paired t- test computed between pre and post-test level of knowledge as statistically significant. The calculated' value 19.92 is greater than table value $p<0.05$ level of confidence. It revealed that there is an enhancement of knowledge indicating the effectiveness of awareness program regarding ill effects of self-medication and preventive measures for adverse effects of self-medication. Hence research hypothesis stated that there is a significant increase in post-test knowledge scores as compared to pre- test knowledge scores regarding ill effects of self-medication and preventive measures for adverse effects of self-medication among mothers of under-five children was accepted.

The chi-square analysis showed that the computed chi-square value was less than table value in all the socio-demographic variables in the .experimental and control group. But in relation to occupation there is an association with the level of knowledge in the control group.

DISCUSSION

A report of findings is never sufficient to convey their significance. The meaning that researchers give to the results plays a rightful and important role in the report. The discussion section devoted to a thoughtful and insightful analysis of the findings, leading to a discussion of their clinical and theoretical utility.

Major participants were of age group 25-30 years. This might be due to the fact that participants in this age group were considered to be more active and showed more concerns to get information and knowledge about their child's health. The present study reveals that subjects with low to moderate monthly income usually practiced more self-medication to their child. This might be influence due to high consultation fee of doctors and more family responsibilities or burden in the family. This finding contrasts with that studied in Germany where self-medication practice was more in families with high income[9]

Present study reveals that self-medication was high in children above three years of age. This was most likely that majority of participants were in belief that it was safe to use the medicine in children above the age of three years. This is probably due to the awareness among subjects and their confidence and also for emergency purpose [10].

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Fever, cold and diarrhoea were found to be most common in which mothers usually self-medicate their children. In other studies, above mentioned conditions were also reported as most common symptoms in children for which parents providing self-medication[11].

Reasons that enforced \mothers to self-medicate their child were also investigated. A common reason was lack of time, possibly this might be due to working status of both parents and they could not get enough time to visit doctor/health care personnels/health care system. Other reasons included were economical constraint, high consultation fees of doctors as seen in another study conducted in Sudan [10].

Regarding source of information for use of self-medication, majority of the subjects used previous prescriptions. This finding is similar to other studies conducted by Shehnaz SI et al.[12].

4. CONCLUSION AND RECOMMENDATIONS

The parental liberal self-medication practice should be considered as alarming problem. Parents' knowledge on the diseases and treatments seems to be inadequate, and their self-medication practice was inappropriate. The main reasons for parental self-medication were expensive consultation fees and long waiting time in clinics/hospital. People of all socio-demographic categories practice self-medication. People residing in urban prefer using self-medication than consulting a physician despite of their locality to the health centre/government hospital which provides free drugs and health services. For self –medication, drugs are available through pharmacists are preferred due to abundance of medical shops nearby and easy availability which is major factor responsible for irrational use of drugs in self-medication. So, strict legislation is required to prevent drug distribution without prescription.

5. RECOMMENDATIONS

Healthcare practitioners should involve household members in focused awareness on self-medication and its negative implications in order to encourage them to serve as change agents against the practice by mothers/parents. Health services should be more accessible and responsive to the needs of the population. Health professionals, especially community health personnels need to educate people on the benefits and risks of self-medication to encourage responsible self-medication. Community awareness programs, educational interventions should be conducted about side effects of self-medication. Periodic studies on knowledge, attitude of people may give an insight towards self-medication.

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