A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING SELF-MEDICATION AMONG STUDENTS AT SELECTED DEGREE COLLEGES OF JODHPUR

Jyoti Poonawat* and Mohammed Rizwan

*Nursing Tutor, Government College of Nursing, Jodhpur, Rajasthan, India.
1M.Sc. Nursing, Medical Surgical Nursing-Critical Care, MKINS, Jodhpur, Rajasthan, India.

ABSTRACT

Self-medication is a human behavior in which an individual uses a substance or any exogenous influence to self-administer treatment for physical or psychological ailments. In this study, researcher wants to drag attention towards the various aspects involved in the prevalence of self-medication among students of nursing, pharmacy, arts and education department. AIM OF THE STUDY: Assess the knowledge, attitude and practice regarding self-medication among students. MATERIAL AND METHOD A descriptive study was carried out to assess the knowledge, attitude and practice of 200 students selected by purposive sampling, from each department of Nursing, Pharmacy, Arts and Education of selected degree colleges, Jodhpur. Data were collected by using a structured questionnaire including socio-demographic characteristics, knowledge, attitude, and practice associated with different aspects of self-medication and analyzed by using descriptive and inferential statistics. RESULT: It was found that majority (56%) of the Students had average knowledge with mean knowledge score 15.09±2.78 and mean percent 59.64%, majority (90.5%) of the students had Negative Attitude and majority (65%) of the students had Poor Practice regarding Self-medication. It was found that there is no relation between the knowledge, attitude and Practice regarding self-medication among students. However, the majority of the demographic variable of the students indicates no significant association between level of knowledge, attitude and practice except parent’s occupation with the level of knowledge and family income with attitude at the level of $p \leq 0.05$ level.

CONCLUSION: Self-care is not always effective especially when done inappropriately or irresponsibly. Health educational programs should be launched in favour of responsible self-medication as well should also be added in student’s curriculum.

INTRODUCTION

Self-Care is the ability of individuals, families and communities to promote health, prevent disease, and maintain health and to cope with illness and disability with or without the support of a health-care provider (WHO, 2013). Self-care is not always effective, and this does not only apply to medication wrongly taken because it is left over from old prescriptions, or discontinued or
changed in an arbitrary and inappropriate manner, but also self-medication or do-it-yourself medicines [1].

Self-medication is a human behavior in which an individual uses a substance or any exogenous influence to self-administer treatment for physical or psychological ailments [2]. Self-medication is a growing trend of ‘self-care’, which has its positive and negative aspects. Globally, self-medication is been reported as being on the rise. About 47.6% prevalence of self-medication has been reported in 2011 WHO survey. Prevalence of self-medication in developing countries is in the range between (12.7% to 95%) where people are not only using non-prescription drugs but also prescription drugs, as self-medication products, without supervision [3].

In several studies, it has been found that inappropriate self-medication results in wastage of resources, increases resistance of pathogens and generally entails serious health hazards such as adverse drug reactions, prolonged suffering and drug dependence. On the other hand, if done appropriately, self-medication can readily relieve acute medical problems, can save the time spent in waiting to see a doctor, may be economical and can even save lives in acute conditions. It is now accepted that self-care in the form of responsible self-medication can be beneficial for patients, healthcare providers, the pharmaceutical industry and governments. The World Health Organization has emphasized that self-medication must be correctly taught and controlled. Responsible self-medication has been advocated by the WHO for the treatment and prevention of condition/symptoms that do not require medical consultation.

Rising prevalence of self-medication is a matter of serious concern. Several studies and reviews on self-medication practices have been published in different regions of the world in the past decade, each stressing on the high prevalence of self-medication among different sections of people such as nursing, pharmacy, and university students. The investigator observed paucity of research in her region regarding knowledge, attitude, and practice of self-medication hence she felt dire need to do research on it [5].

OBJECTIVES OF THE STUDY

- To assess the knowledge regarding self-medication among students.
- To assess the attitude regarding self-medication among students.
- To assess the practice regarding self-medication among students.
- To find out the association between the level of knowledge regarding self-medication and selected socio-demographic variables among students.
- To find out the association between the level of attitude regarding self-medication and selected socio-demographic variables among students.
- To determine the correlation between knowledge, attitude and practice regarding self-medication among students.

HYPOTHESIS OF THE STUDY

- H1: There will be significant association between the level of knowledge regarding self-medication with selected socio-demographic variables among students.
- H2: There will be significant association between the attitude regarding self-medication with selected socio-demographic variables among students.
- H3: There will be significant association between the practice regarding self-medication with selected socio-demographic variables among students.
- H4: There will be significant correlation between knowledge and attitude of students regarding self-medication among students.
- H5: There will be significant correlation between knowledge and practice of students regarding self-medication among students.
- H6: There will be significant correlation between attitude and practice of students regarding self-medication among students.

OPERATIONAL DEFINITION

Knowledge: It refers to the correct response of students about information regarding self-medication gained in terms of scores through questionnaires.

Attitude: It refers to the way of response towards self-medication of students in terms of scores gained through Likert’s rating scale.

Practice: It refers to the self-reported usage of medications by students in terms of scores gained through checklist.

Self-medication: It refers to obtaining and consuming medicines without consultation, diagnosis, prescription or treatment.

Degree College: It refers to an institute of higher education after school, facilitating academic programs and awarding degree on its completion.

Students: It refers to the individuals studying in selected college of Jodhpur.

ASSUMPTION

Students may have some knowledge regarding self-medication. The knowledge regarding self-medication may vary with the selected demographic
variables among students. The attitude towards self-medication may vary with the selected demographic variables among students. The practice regarding self-medication may vary with the selected demographic variables [6].

**DELIMITATION**

The study is limited to the students studying at selected degree college.

**RESEARCH METHODOLOGY**

**Research Approach:** Quantitative research approach.

**Research Design:** Descriptive survey design.

**RESEARCH VARIABLE**

**Research variable**

In this study, the research variables are the knowledge, attitude, and practice regarding self-medication.

**Demographic variable**

In this study, the demographic variables are age group, gender, religion, department, residential area, parent’s occupation, and family monthly income.

**Population**

In this study, the population involved students of Nursing, Pharmacy, Arts, and Education departments of selected degree colleges, Jodhpur.

**Sampling Size**

In this study, the sample consists of 200 students. 50 from each department of Nursing, Pharmacy, Arts, and Education of selected degree colleges, Jodhpur.

**Sampling Technique**

Non-probability purposive sampling technique.

**Reliability of the Tool**

The reliability was established by using Cronbach’s Alpha reliability estimates for the structured knowledge questionnaire was \( r = 0.68 \) for 30 items, for the attitude statements was \( r = 0.64 \) for 15 items, and for practice statements the reliability was \( r = 0.62 \) for 10 items part B.

**RESULTS**

Table 1 depicts that the students participated in study, according to different department:

- Age respondents group of nursing 20-25 (37, 74%), pharmacy below 12 (39, 78%), arts below 20 (40, 80%) and education 20-25 (36, 72%).
- Gender respondents group of nursing & arts 50% of male female, pharmacy male (48, 96%) and education male (47, 94%).

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- Religion respondents group of nursing Hindu (27, 54%), pharmacy (43, 86%), arts (48, 96%) and education (28, 56%).
- Residential area respondents group of nursing urban (36, 72%), pharmacy rural (38, 76%), arts urban (31, 72%) and education rural (39, 78%).
- Parents occupation respondents group of nursing & arts other (44, 88%), pharmacy other (43, 86%), and education other (46, 92%).
- Monthly income respondents group of nursing above 30,000 (18, 36%), pharmacy below 10,000 (18, 36%), arts 10,000-20,000 (18, 36%) and education below 10,000 (14, 28%).

Table-2 depicts that

- In nursing majority (56%) of the students had Average Knowledge followed by 44% Poor Knowledge and no one had Good Knowledge regarding Self Medication.
- In Pharmacy majority (58%) of the Students had Average Knowledge followed by 40% Poor Knowledge and remaining 2% had Good Knowledge regarding Self Medication.
- In Arts majority (52%) of the Students had Average Knowledge followed by 48% Poor Knowledge and no one had Good Knowledge regarding Self Medication.
- In Edudation majority (56%) of the Students had Average Knowledge followed by 44% Poor Knowledge and no one had Good Knowledge regarding Self Medication.

In combined majority (56%) of the Students had Average Knowledge followed by 44% Poor Knowledge and remaining 1% had Good Knowledge regarding Self Medication.

The calculated Pearson Chi-squared value \( (\chi^2 = 3.536) \) and \( p = 0.739 \) is greater than 0.05. Hence, there is no significant difference found in between level of knowledge regarding self-medication in the students of different department.

Table-3 depicts that -

- In Nursing and Pharmacy majority (92%) of the students had Negative Attitude followed by 8% had Uncertain and no one had Positive Attitude regarding Self Medication.
- In Arts majority (90%) of the students had Negative Attitude followed by 10% had Uncertain and no one had Positive Attitude regarding Self Medication.
- In Education majority (88%) of the students had Negative Attitude followed by 12% had Uncertain and no one had Positive Attitude regarding Self Medication.
Table 1. Frequency and percentage distribution of demographic variables in different department of students (N=200)

<table>
<thead>
<tr>
<th>Socio-demographic variable with Frequency and percentage</th>
<th>Respondents Groups</th>
<th>Nursing (n=50)</th>
<th>Pharmacy (n=50)</th>
<th>Arts (n=50)</th>
<th>Education (n=50)</th>
<th>Combined (n=200)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency &amp; %</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 20</td>
<td>12</td>
<td>24%</td>
<td>39</td>
<td>78%</td>
<td>40</td>
<td>80%</td>
</tr>
<tr>
<td>20 to 25</td>
<td>37</td>
<td>74%</td>
<td>10</td>
<td>20%</td>
<td>10</td>
<td>20%</td>
</tr>
<tr>
<td>Above 25</td>
<td>1</td>
<td>2%</td>
<td>1</td>
<td>2%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>25</td>
<td>50%</td>
<td>48</td>
<td>96%</td>
<td>25</td>
<td>50%</td>
</tr>
<tr>
<td>Female</td>
<td>25</td>
<td>50%</td>
<td>2</td>
<td>4%</td>
<td>25</td>
<td>50%</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hindu</td>
<td>27</td>
<td>54%</td>
<td>43</td>
<td>86%</td>
<td>48</td>
<td>96%</td>
</tr>
<tr>
<td>Muslim</td>
<td>22</td>
<td>44%</td>
<td>7</td>
<td>4%</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Christian</td>
<td>1</td>
<td>2%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Residential area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>14</td>
<td>28%</td>
<td>38</td>
<td>76%</td>
<td>19</td>
<td>38%</td>
</tr>
<tr>
<td>Urban</td>
<td>36</td>
<td>72%</td>
<td>12</td>
<td>24%</td>
<td>31</td>
<td>62%</td>
</tr>
<tr>
<td>Parents occupation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Professional</td>
<td>4</td>
<td>8%</td>
<td>3</td>
<td>6%</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>2</td>
<td>4%</td>
<td>4</td>
<td>8%</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>44</td>
<td>43%</td>
<td>43</td>
<td>86%</td>
<td>44</td>
<td>88%</td>
</tr>
<tr>
<td>Monthly Income</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below ₹ 10000</td>
<td>3</td>
<td>6%</td>
<td>18</td>
<td>36%</td>
<td>7</td>
<td>14%</td>
</tr>
<tr>
<td>₹ 10000 to 20000</td>
<td>14</td>
<td>28%</td>
<td>15</td>
<td>30%</td>
<td>18</td>
<td>36%</td>
</tr>
<tr>
<td>₹ 20000 to 30000</td>
<td>15</td>
<td>30%</td>
<td>9</td>
<td>18%</td>
<td>12</td>
<td>24%</td>
</tr>
<tr>
<td>Above ₹ 30000</td>
<td>18</td>
<td>36%</td>
<td>8</td>
<td>16%</td>
<td>13</td>
<td>26%</td>
</tr>
</tbody>
</table>

Table 2. Frequency and Percentage Distribution of students of different department by their Level of Knowledge regarding Self Medication (N=200)

<table>
<thead>
<tr>
<th>Level of Knowledge</th>
<th>Respondents Groups</th>
<th>Nursing (n=50)</th>
<th>Pharmacy (n=50)</th>
<th>Arts (n=50)</th>
<th>Education (n=50)</th>
<th>Combined (n=200)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Poor</td>
<td>22</td>
<td>44%</td>
<td>20</td>
<td>40%</td>
<td>24</td>
<td>48%</td>
</tr>
<tr>
<td>Average</td>
<td>28</td>
<td>56%</td>
<td>29</td>
<td>58%</td>
<td>26</td>
<td>52%</td>
</tr>
<tr>
<td>Good</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>2%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Chi-Square Value: $X^2(6) = 3.535; ~p=0.739; NS$

Table 3. Frequency and Percentage Distribution of students of different department by their attitude regarding Self Medication (N=200)

<table>
<thead>
<tr>
<th>Level of attitude</th>
<th>Respondents Groups</th>
<th>Nursing (n=50)</th>
<th>Pharmacy (n=50)</th>
<th>Arts (n=50)</th>
<th>Education (n=50)</th>
<th>Combined (n=200)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Negative</td>
<td>46</td>
<td>92%</td>
<td>46</td>
<td>92%</td>
<td>45</td>
<td>90%</td>
</tr>
<tr>
<td>Uncertain</td>
<td>4</td>
<td>8%</td>
<td>4</td>
<td>8%</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>Positive</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Chi-Square Value: $X^2(3) = 0.640; p=0.887; NS$

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Table 4. Frequency and Percentage Distribution of students of different department by their Level of practice regarding Self Medication (N=200)

<table>
<thead>
<tr>
<th>Level of practice</th>
<th>Respondents Groups</th>
<th>Nursing (n=50)</th>
<th>Pharmacy (n=50)</th>
<th>Arts (n=50)</th>
<th>Education (n=50)</th>
<th>Combined (n=200)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Poor</td>
<td></td>
<td>32</td>
<td>64%</td>
<td>30</td>
<td>60%</td>
<td>34</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td>18</td>
<td>36%</td>
<td>17</td>
<td>34%</td>
<td>13</td>
</tr>
<tr>
<td>Good</td>
<td></td>
<td>0</td>
<td>0%</td>
<td>3</td>
<td>6%</td>
<td>3</td>
</tr>
</tbody>
</table>

Chi-Square Value  $X^2(6) = 5.132; p=0.527; NS$

- In combined majority (90.5%) of the students had Negative Attitude followed by 9.5% had Uncertain and no one had Positive Attitude regarding Self Medication.
- The calculated Pearson Chi-squared value ($\chi^2 = 0.460$) and $p=0.887$ is greater than 0.05. Hence, there is no significant difference found in between attitude regarding self-medication among students of different department.

Table-4 depicts that -
- In nursing majority (64%) of the students had Poor Practice followed by 36% Average Practice and no one had Good Practice regarding Self Medication.
- In Pharmacy majority (60%) of the students had Poor Practice followed by 34% Average Practice and remaining (6%) had Good Practice regarding Self Medication.
- In Arts majority (68%) of the students had Poor Practice followed by 26% Average Practice and remaining (6%) had Good Practice regarding Self Medication.
- In Education majority (68%) of the students had Poor Practice followed by 36% Average Practice and remaining (2%) had Good Practice regarding Self Medication.
- In combined majority (65%) of the students had Poor Practice followed by 32% Average Practice and remaining (4%) had Good Practice regarding Self Medication.
- The calculated Pearson Chi-squared value ($\chi^2(6) = 5.132$) and $p=0.527$ is greater than 0.05. Hence, there is no significant difference found in between level of practice regarding self-medication in the students of different department.

DISCUSSION
The hypothesis made in the study is there is significant association between the level of knowledge, attitude and practice regarding self-medication with selected socio-demographic variables among students indicates no significant association between level of knowledge, attitude and practice except parent’s occupation with the level of knowledge and family income with attitude at the level of $p < 0.05$ level.

The four assumption were made in this study. The first one was the finding of the study reveals that students had average knowledge regarding self-medication. The second assumption was knowledge regarding self-medication may vary with the selected demographic variables among students such as age, gender, religion, department, residential area and family income (monthly) of the students indicates no significant association with level of knowledge except parents occupation. The third assumption was negative attitude towards self-medication may vary with the selected demographic variables such as among students such as age, religion, department, residential area and Parents occupation of the students indicates no significant association with attitude except family income (monthly). The fourth assumption was poor practice regarding self-medication may vary with the selected demographic variables such as age, gender, religion, department, residential area, parents occupation and family income (monthly) of the students indicates no significant association with level of practice.

CONCLUSION
The finding shows that the Students had average knowledge, Negative Attitude and Poor Practice regarding Self-medication. It was found that there is no relation between the knowledge, attitude and Practice regarding self-medication among students. However, the majority of the demographic variable of the students indicates no significant association between level of knowledge, attitude and practice except parent’s occupation. Health educational programs should be launched in favour of responsible self-medication as well should also be added in student’s curriculum.
REFERENCES

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