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# A STUDY TO ASSESS THE KNOWLEDGE REGARDING ILLEFFECTS OF THE SELF-MEDICATION AMONG CLIENTS ATTENDING OPD IN SELECTED HOSPITAL AT LALBAGH, MURSHIDABAD

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## ABSTRACT

*Self-medication refers to the use of drugs or home remedies by individuals to treat self-diagnosed conditions without consulting a healthcare professional. This practice is especially common in communities where access to medical care is limited, or where people seek to avoid the time & cost associated with professional consultations. This study aims to assess the knowledge regarding ill effects of self-medication among clients attending OPD. A Cross-sectional study was conducted with structured questionnaire among 50people who are attending OPD in Lalbagh SD Hospital, Murshidabad with different socio-economic backgrounds from the age group between 18-60. In the area 67% clients are involved in self-medication. In presence study among 50 clients', we found that 8% client's has adequate knowledge,36% client's has moderate knowledge, and 6% client's has poor knowledge about self-medication. The research study shows 40 % clients are taking pain killers, 32% clients are taking antacid, 18% clients are taking anti -biotic among 50 OPD clients. Mostly females (68%) are involved in self-medication comparative to men. Most important cause for self-medication is neglect (40%) and easy availability of drugs along with time consuming and easy availability of drugs (18%) without prescription. The growing trend of self-medication highlights the urgent need for increased public awareness about the safe use of medications, better regulation of drug sales, and stronger community health education. Encouraging responsible behaviour—such as reading drug labels, consulting pharmacists, and avoiding the use of prescription medications without proper advice—can help reduce the associated risks.*

**Keywords: Knowledge, Self-medication, Ill-effects**



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## INTRODUCTION

Self-medication as a part of selfcare is a global phenomenon, which is a pressing concern about the health care system in many countries.[1] It is the practice of individuals treating their ailments and health conditions without professional medical consultation, has become increasingly prevalent in communities around the world. Driven by factors such as accessibility to over-the-counter medications, rising healthcare costs, time constraints, and a perceived understanding of one's own health, many people opt to manage their symptoms independently.[2] While this approach can offer benefits such as reduced pressure on healthcare systems and immediate relief for minor illnesses, it also carries significant risks. These include incorrect self-diagnosis, drug misuse, adverse drug interactions, and the growing threat of antimicrobial resistance. Understanding the patterns, motivations, and implications of self-medication within a community is essential for developing effective public health strategies.[3]

The prevalence of self-medication in developing countries ranges from 12.7% to 95% whereas the prevalence in western countries has been reported as low as 3%. The prevalence of self-medication has been increasing for all kinds of drugs, especially in developing countries.[2]

According to data from India , the rise in self-medication is a result of family members illness rising health care cost and limited asses to health care facilities particularly rural areas .[3] As per the data prevalence of self-medication in various countries shows African countries (81%), Europe (68%), Nepal (59%), Sudan (73%0 , Kuwait (92%) ,and India (31%) respectively.[3]

This study aimed to determine the prevalence of self-medication among Saudi patients to identify potential factor that could influence self-medication practice to identify sources of information about medication used and to identify reason for self-medication.[4]

According to data from INDIA , the rise in self-medication is result of family members illness rising health care cost & limited access to health care facilities , particularly in rural areas , lack of family support , lack of time , distance between medical facilities financial constrains prolonged wait time for doctors prior illness treated with self-medication & rising cost of medical professional are among the cause of self-medication.[5]

## RESEARCH PROBLEM

A study to assess the knowledge regarding ill effects & influencing factors of self-medication among clients attending OPD in Lalbagh S.D. Hospital, Murshidabad

## OBJECTIVES:

- To assess the knowledge regarding ill effects of self-medication, among clients attending OPD in Lalbagh S.D. Hospital


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## MATERIAL AND METHODS

- Research approach – nonexperimental quantitative approach.
- Research design -descriptive research design
- Research setting – Lalbagh S.D. hospital
- Population –
- Target population – Clients who are attending OPD of different hospitals in Lalbagh.
- Accessible population- OPD clients who are attending Lalbagh S.D. hospital
- Sampling technique- convenient sampling technique
- Sample- OPD Clients who meet the inclusion criteria
- Sample size – 50 clients attending OPD
- Sample criteria-
- Inclusion criteria-

✓ OPD client
✓ Able to understand and speak Bengali
✓ Age group –18-60 years

- Exclusion criteria-

✓ Client who has no interest in being a sample
✓ Client with major illness,e.g. cancer
✓ Psychiatric illness

- Data Collection: Structured Interview schedule and assessment of knowledge by questionnaires.

## RESULT

**Table 1:** Frequency & percentage distribution of the OPD clients who are taking self-medication at Lalbagh S.D. Hospital (N=75)

| Category | Characteristics | Frequency | Percentage |
|---|---|---|---|
| Self-medication | Yes | 50 | 67 |
| | No | 25 | 33 |


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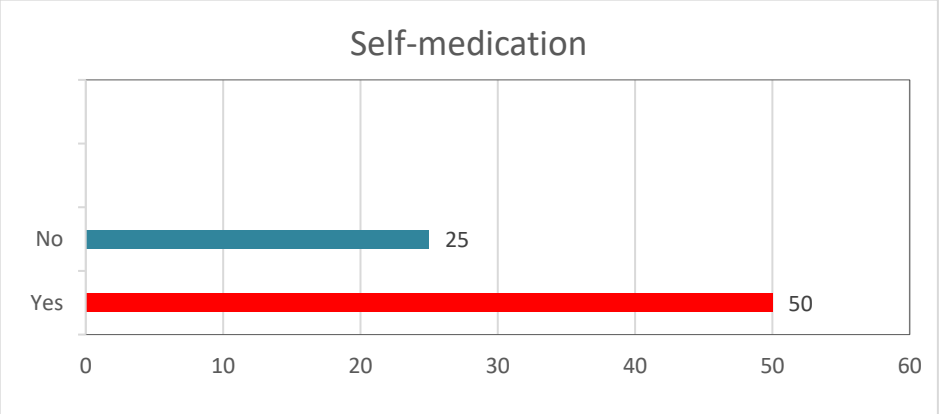


**Fig 1: Frequency & percentage distribution of the OPD clients who are taking self-medication at Lalbagh S.D. Hospital**

**Table 2:** Frequency & percentage distribution of the demographic characteristics of the OPD clients at Lalbagh S.D. Hospital according to their age, gender, educational status, occupation, habitat, religion. (n=50)

| Category | Characteristics | Frequency | Percentage |
|---|---|---|---|
| Age | 18-39 | 38 | 76% |
| | 40-60 | 12 | 24% |
| Gender | Male | 16 | 32% |
| | Female | 34 | 68% |
| Educational status | Illiterate | 01 | 02% |
| | Primary | 20 | 40% |
| | Madhyamik | 08 | 16% |
| | Higher secondary | 13 | 26% |
| | Graduate | 08 | 16% |
| | Post-graduate & above | 00 | 00% |
| Occupation | Housewife | 31 | 62% |
| | Unemployed | 01 | 02% |
| | Agriculture | 03 | 06% |
| | Private service | 07 | 14% |
| | Government service | 01 | 02% |
| | Business | 07 | 14% |
| Habitat | Urban | 07 | 14% |
| | Rural | 43 | 86% |
| Religion | Hindu | 23 | 46% |
| | Muslim | 27 | 54% |
| | Others | 00 | 00% |


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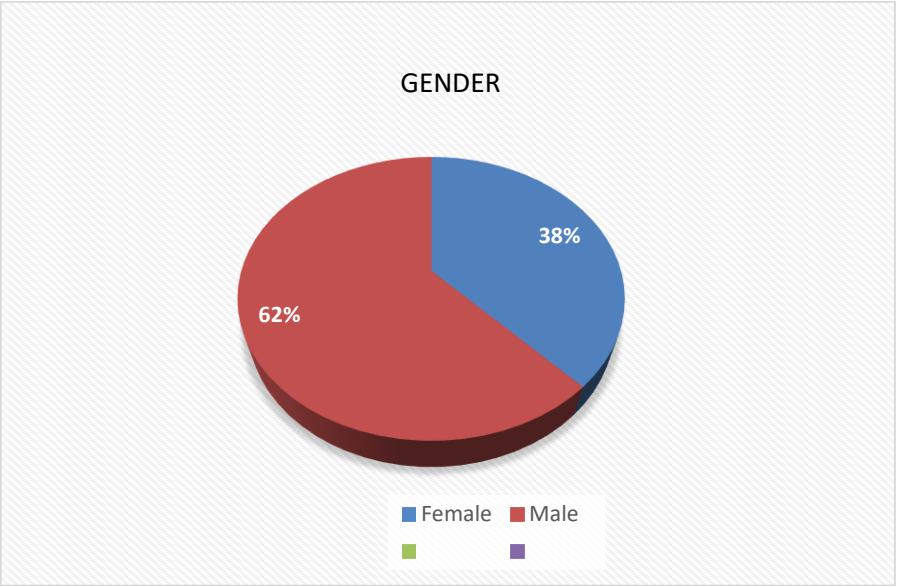


**Fig 2: Pie Diagram showing percentage distribution of OPD patients in terms of gender**

**Table 3:** Frequency & percentage distribution about illness/symptoms for self-medication & illness before self-medication among OPD clients at Lalbagh S.D. Hospital according to diseases or symptoms for self-medication, duration of illness before using self-medication.

n=50

| Variables | Characteristics | Frequency | Percentage |
|---|---|---|---|
| The disease or symptoms for self-medication | Respiratory tract infection | 02 | 04% |
| | Fever | 26 | 52% |
| | Diarrhea | 04 | 08% |
| | Headache | 15 | 30% |
| | Abdominal pain | 03 | 06% |
| | Others | 00 | 00% |
| Duration of illness before using self-medication | Within 24 hours | 22 | 44% |
| | 1-7 days | 26 | 52% |
| | 1-4 weeks | 02 | 04% |
| | 5-12 weeks | 00 | 00% |
| | Above 12 weeks | 00 | 00% |


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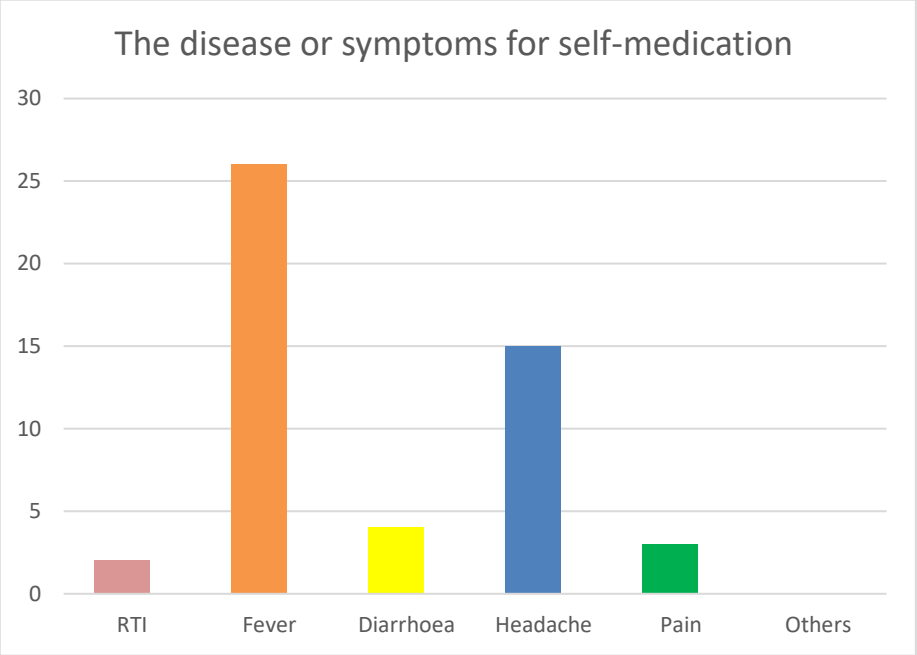


**Fig 3: Bar diagram showing frequency & percentage distribution about illness/symptoms for self-medication & illness before self-medication among OPD clients at Lalbagh S.D. Hospital according to diseases or symptoms for self-medication, duration of illness before using self-medication.**

**Table 4:** Frequency & percentage distribution according to Types of drug & source of information for self-medication & outcome of treatment among OPD clients of Lalbagh S.D. Hospital. (n=50)

| Variables | Characteristics | Frequency | Percentage |
|---|---|---|---|
| Type of drugs | NSAIDs | 20 | 40% |
| | Antibiotics | 05 | 10% |
| | Antacid | 16 | 32% |
| | Cough syrup | 09 | 18% |
| Source of knowledge about medication use | Friends | 10 | 20% |
| | Internet | 11 | 22% |
| | Previous prescription | 29 | 58% |
| | Journals | 00 | 00% |
| Outcome of treatment | Cure illness | 15 | 30% |
| | Preventing the illness | 20 | 40% |
| | Improve the illness | 15 | 30% |


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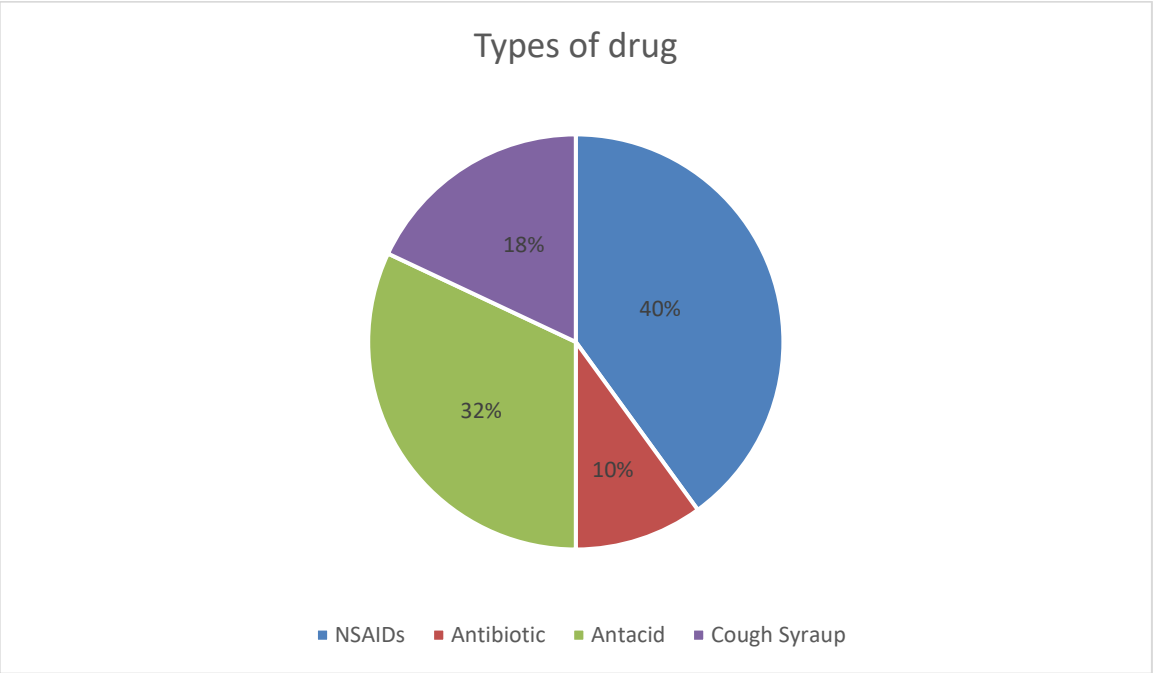


**Fig 4: Frequency & percentage distribution according to reason, source of drug & information for self-medication & outcome of treatment among OPD clients of Lalbagh S.D. Hospital.**

**Table 5:** Reasons of self-medication in the samples studied

N=50

| Variables | Frequency | Percentage |
|---|---|---|
| No need to visit a doctor for simple illness | 20 | 40 |
| Previous experience | 9 | 18 |
| Time saving | 2 | 4 |
| Availability of medication | 5 | 10 |
| Most affordable & cost effective than vising doctor | 8 | 16 |
| Crowd avoidance | 3 | 6 |
| Lack of doctor for nearby health centre | 1 | 2 |
| Safer | 2 | 4 |


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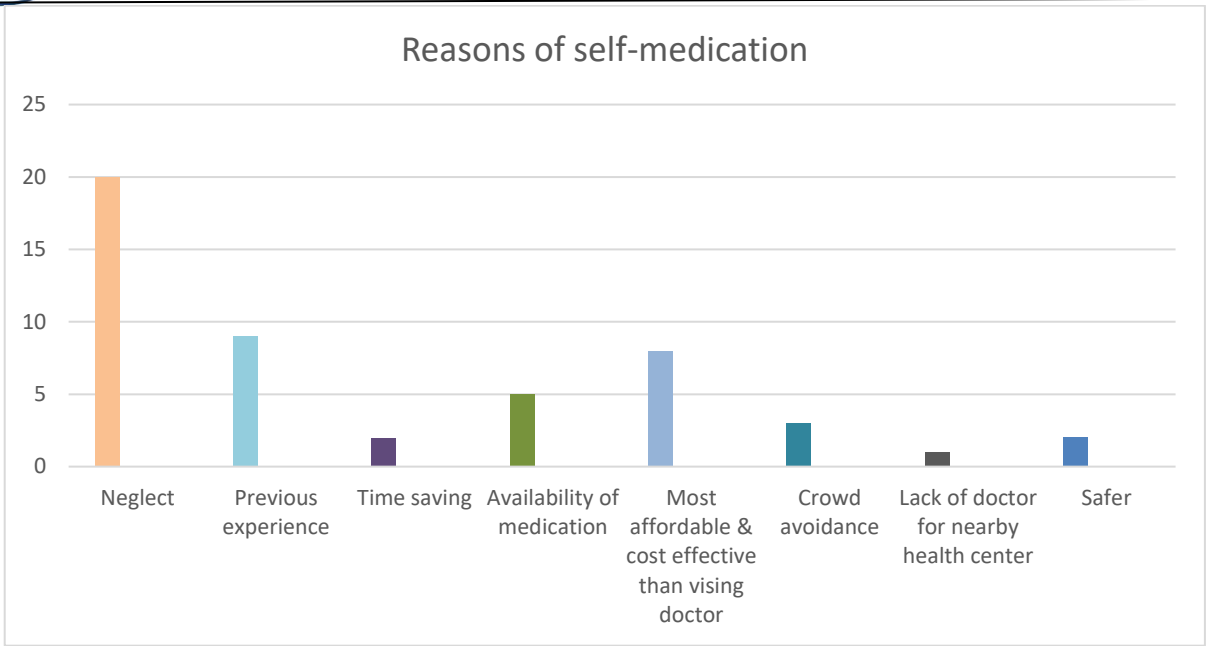


**Fig 5: Reasons of self-medication in the samples studied**

## DISCUSSION

Among 75 clients, 50 clients are taking self-medication and 25 people are not taking self-medication. Among 50 clients who are taking self-medication to 25-35 years age group and 24% of the clients belong to 35-45 years age group. 32% of the clients are male and 68% of the clients are female. From the samples, we have collected 43% of the clients belong to rural area and 07% of the clients are belongs to urban areas. Among 50 clients 8% of clients have adequate knowledge & 36% clients have moderate knowledge.

In the presence study among 50 clients, we found that 8/ clients have adequate knowledge, 36% clients have moderate knowledge, and 6% clients have poor knowledge about self-medication. The research study shows 40 % of clients are taking pain killers, 32% are taking antacid, 18% are taking anti -biotic among 50 OPD clients. In this research study, among 50 clients' females are taking self - medication (34). The source of knowledge of taking self-medication is from previous prescriptions, about 58% of clients.

## CONCLUSION

Self-medication is a common practice in many communities, often driven by factors such as easy access to over-the-counter drugs, lack of healthcare facilities, financial constraints, and a desire for quick relief. While it offers convenience and can reduce the burden on healthcare systems, improper self-medication poses serious risks, including drug resistance, masking of serious illnesses, incorrect dosing, and harmful drug interactions. To ensure safe use, public awareness must be increased, regulations strengthened, and healthcare professionals engaged in educating individuals about the potential dangers.


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Ultimately, promoting responsible self-medication alongside accessible healthcare services is essential for maintaining community health and safety.

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