

Self medication practice among pregnant women attending antenatal clinic in selected hospitals in Jos, Nigeria

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Abstract

A considerable proportion of pregnant women are exposed to drugs that have potential harm to their fetus. The aim of this study was to evaluate the self-medication among pregnant women attending antenatal in Jos. A convenience sampling was used to draw 120 participants from three selected hospital. Results reveal a high prevalence of self medication (85%) among the study group. Reasons for self medication were that, doctors are scarce and expensive to see, prior experience about the drug and illness is minor. The most frequently used category of drugs in this study was analgesic followed by antimalarial, vitamins, antacid, antibiotics and herbal remedies. It was concluded that dangers of using drugs in pregnancy should be emphasized during antenatal classes and women should not be allowed to have access to prescriptions.

Keywords: Self-medication, drugs, pregnant women, antenatal clinic, Jos.

INTRODUCTION

Self-medication is a universal challenge that requires attention because of the potential threat not only to the woman but also to her unborn child. In most developing countries such as Nigeria where the health system is not efficient, the likelihood that women will self medicate is high. There is increasing evidence that self-medication among pregnant women are common in many developing nations (Abasuibong et al., 2012). Self medication can be defined as the use of medication by a patient on his own initiative or on the advice of pharmacists or lay person instead of consulting a medical practitioner (WHO, 2008). Many drugs are contraindicated in pregnancy and not many women know which drug is dangerous to them and their unborn child. Scarcity of Medical personnel and difficulty in seeing the available once has been identified as one of the reasons for self-medication in Nigeria. (Emmanuel et al.,2011). Achieving the millennium development goal 4 and 5 means that maternal and child health must be given the attention it deserves. Controlling self-medication among pregnant women could go a long way to reduce incidence of drug related abortion, congenital malformation and maternal and child mortality related to drug misuse. Evaluation of self medication and understanding the determinants of self-medication will be useful in planning an effective program for controlling it.

Statement of the problem

Every day, about 2,300 under-five and 145 women of child bearing age are lost in Nigeria, making the country the second largest contributor to the under-five and maternal mortality rates in the globe. (UNICEF, n.d). There are very few programs for the control of self medication despite its adverse impact on pregnancy (Aasiubong et al., 2012). Although self-medication is not a direct cause of maternal and child mortality, consequences of self-medication could lead to

abortion and subsequently death. If this high maternal and child mortality most be significantly reduced, more attention must be focused on health promotion activities of women and children such as control of self-medication. There are several Studies on self-medication in Nigeria but very scanty studies were conducted among pregnant women in this area. Therefore, this study attempted to evaluate self-medication Practice among Pregnant women in Jos.

Specific objectives

1. To determine the prevalence of self medication among pregnant women.
2. To reveal reasons for self medication among pregnant women.
3. To identify the common cause and illness/symptoms that necessitates self medication.
4. To identify drugs commonly used in self medication.
5. To describe the relationship between age, educational level and self-medication.

Significance of study

The findings from this study provide baseline information about the current prevalence of self-medication and related factors. This is useful in planning a health education program that can be implemented during antenatal sessions and public enlightenment.

Research hypothesis

- H₀₁: There is no significant relationship between age and self medication among pregnant women.
H₀₂: There is no significant relationship between educational level and self medication among pregnant women.

LITERATURE REVIEW

Self-medication is a global phenomenon that occurs in “people of all socio-demographic categories” (Sachan et al., 2012). The prevalence rate is high all over the world, up to 68% in European countries. (Bretagne et al.,2006). The prevalence rates are higher in some countries. For example, Klemen et al. (2010) reported a prevalence of 93% in Slovenia among students. Rohit et al.(2010) reported a prevalence of 87% in north India, while Emmanuel et al. (2011) reported an incidence of 76.2%. Furthermore, in a study of pregnant women in Ibadan, Nigeria revealed that 63.8% of women self medicate (Yusuf and Omarusehe, 2011). These figures suggest that prevalence of self-medication is high in many regions of the globe. However, low prevalence rates of self-medication were reported among pregnant women in Uyo, Nigeria (27.6%), Southern India (30.5) and Addis Ababa, Ethiopia (12.4%) by Abasuibong et al. (2012), Kulkarni et al. (2012) and kebede et al. (2009) respectively.

Reasons for self medication by pregnant women have been identified by many studies, some of which include prevention of abortion, treatment of insomnia, nausea and vomiting, infection and prevention of anaemia (Abasuibong et al., 2012). Others include high cost of consultation of private Doctors (Kalkarni et al., 2012), non seriousness of illness, emergency use and prior experience about illness (Sachan, 2012). Conditions associated with self medication includes include fever, pain, infection, insomnia (Abasuibong et al., 2012) and malaria (Emmanuel et al 2011).

Drugs commonly used for self-medication includes analgesics, vitamins antibiotics and herbs (Yusuf and Omarusehe, 2011; Abasuibong et al., 2012 and Emmanuel et al., 2011).

METHODOLOGY

Study design

A cross-sectional descriptive study was adopted for the study.

Study Population

The population of study was women that attended antenatal clinic at the time of study. Participation was on a voluntary basis.

Sample size and sampling technique

A total of one hundred and twenty volunteers participated in the study. They were drawn from the three facilities based on convenience.

Instrument for data collection

A questionnaire that was tested for reliability (coefficient of 75%) and pilot tested was used to collect data. The questionnaire was used as an interview guide for the women who cannot read and write.

Data analysis

Data was analyzed using frequency tables and percentages, descriptive statistics and chi-squared analysis.

Ethical consideration

Ethical clearance was obtained from the three facilities where the participants were drawn. Verbal informed consent was obtained. Participants were assured of confidentiality and anonymity.

RESULTS

Table 1. Sociodemographic characteristics of respondents

AGE	FREQUENCY (N=120)	PERCENTAGE (100%)
15-20	20	16.6
21-25	45	37.5
26-30	22	18.3
31-35	18	15.0
36-40	11	9.16
>40	4	3.33
EDUCATIONAL LEVEL		
Tertiary education	50	41.6
Secondary education	29	24.2
Primary education	28	23.3
Others	13	10.8
OCCUPATION		
Government employee	25	20.8
Employed by private business	28	23.3
Student	15	12.5
Self employed	30	25.0
Unemployed	22	18.3

Table 1 shows the sociodemographic characteristics of respondents. Majority of the respondents (37.5%) are between the age of 21-25, 22 respondents 18.3% are between 26-30 years old, 20 respondents (16.6%) are younger in age between 15-20years, 18 respondents (15.0%) were between 31-35, 11 respondents (9.16%) falls between 36-40 years of age while 4 respondents (3.33%) are >40 years and they are the oldest of all the respondents. It was also reveal that 41.6% of respondent have tertiary education, 24.2% have secondary education 23.3% have primary education while 10.8% of the respondent are illiterate or can only read and write but did not go to primary or secondary school. Moreso, table 1showed that 20.8% of the pregnant women are government employee, 23.3% are employed by private business, 12.5% of the pregnant women are students, 25.0% are self employed by private business, 12.5% of the pregnant women are students, 25.0% are self employed while 18.3% are unemployed.

Table 2. Practice of Self Medication by Pregnant Women

PRACTICE	FREQUENCY	PERCENTAGE
practice	102	85.0%
Do not practice	18	15.0%
TOTAL	120	100%

Table 2 showed that 85% of the pregnant women practice self medication while 15% do not practice self medication.

Table 3. Illnesses in which respondents seek self medication to treat

ILLNESSES	FREQUENCY	PERCENTAGE
Headache/fever	60	33.3%
Malaria	58	32.2%
Gastrointestinal disorders	18	10.0%
Infections	12	6.6%
Common cold and cough	25	13.8%
Others	7	3.8%

Table 3 above shows the Common illnesses (multiple responses were made) in which respondents self medicate; this include 60 (33.3%) of respondents self medicate when they have headache/fever, 58 (32.2%) of respondents self medicate when they have malaria, 18 (10%) of respondents self medicate when they have gastrointestinal disorders, 12 (6.6%) respondents self medicate when they have infections while 25 (13.8%) self medicate when they have common cold and cough and the rest of the respondents 7(3.8%) self medicate with other disease e.g. wound and pile.

Table 4. Drugs Commonly Used in Self Medication

DRUGS	FREQUENCY	PERCENTAGE
Analgesics	70	24.1%
Antimalarias	68	23.4%
Vitamins	50	17.2%
Antacid	42	14.5%
Antibiotics	48	16.5%
Herbal remedies	12	4.1%

Table 4 showed that among the drugs commonly used in self medication, 24.1% (70) used analgesics, 23.4% (68) used anti-malarial, 17.2% (50) used vitamins, 14.5%(42) used antacid, 16.5% (48) used antibiotics and 4.1% (12) used herbal remedies (multiple responses were made)

Table 5. Reasons for practicing or not practicing Self Medication by Pregnant Women

RESPONSE	FREQUENCY	PERCENTAGE
Doctors are scarce and expensive to see	22	18.3%
Prior experience about the drug	27	22.5%
Illnesses are minor	42	35.0%
No response	16	13.3%
It is dangerous	5	4.1%
It is not good	8	6.6%
TOTAL	120	100%

Table 5 showed reasons for self medication by pregnant women 42 (35.0%) said illnesses are minor 27 (22.5%) says the self medicate because of prior experience about the drug, 22 (18.3) says doctors are scarce and expensive to see, 5 (4.1%) says it is dangerous, 6.6% says it is not good while 16 (13.3%) did not respond.

Table 6. Number of times pregnant women visited a physician

RESPONSE	FREQUENCY	PERCENTAGE
I see a doctor whenever I am sick	49	40.8
I see a doctor occasionally	53	44.1
I don't see a doctor at all	18	15.0
TOTAL	120	100

Table 6 above shows that 49 (40.8%) of the respondents claim that they see a doctor whenever they are sick, 53 (44.1%) see doctors occasionally while 18 (15.0%) claim they did not see doctors at all.

Table 7. Cross tabulation of age against self medication

AGE (years)	PRACTICE	DO NOT PRACTICE	TOTAL
15-20	19	1	20
21-25	42	3	45
26-30	16	6	22
31-35	15	3	18
36-40	9	2	11
>40	1	3	4
TOTAL	102	18	120

$\chi^2 = 20.08$, d.f.=5, critical value= 11.070, $p < 0.05$

The chi-square analysis of table 7 indicated that the relationship between age and practice of self medication is statistically significant because calculated chi-square is greater than the critical value. There H_{01} is rejected.

Table 8. Cross tabulation of education against self medication

EDUCATION	PRACTICE	DO NOT PRACTICE	TOTAL
Tertiary education	42	8	50
Secondary education	25	4	29
Primary education	25	3	28
Others	10	3	13
TOTAL	102	18	120

$\chi^2 = 1.31$, d.f.=3, critical value=7.815, $p > 0.05$

Analysis in tables 8 reveals that there is no significant relationship between educational level and practice of self medication because the calculated chi-square is less than the table value. Therefore, H_{02} is accepted.

DISCUSSION OF FINDINGS

Results obtained from this survey shows that most of the respondents are between the ages of 21 and 25 years (37.5%) with a mean age of 23 years. Most of the women (89.1%) had formal education with 44.1% employed. Findings also revealed that 84.9% see a doctor whenever they are sick or occasionally when sick while the rest (15.0%) do not see a doctor at all. This means that apart from those that will not like to see a doctor; there are some that see a doctor only when they feel it is necessary or convenient for them.

The statistical test in table 7 suggested that practice of self-medication is different across ages. The younger a person is, the higher the tendency of self-medication. This finding is consistent with Kulkarni et al. (2012) and Baig (2012). On the other hand, self medication was not significantly associated with levels of education among the study group.

Prevalence of self-medication among the study population was high (85%). This agrees with what was reported by Abasuibong et al.(2012), Yusuf and Omarusehe (2011) and Emmanuel et al (2011) where they all reported a high prevalence of self-medication.

Pregnant women in Jos practice self medication because doctors are scarce and expensive to see(18.3%) prior experience about the drug,(22.5) illness is minor (35%). Reasons for not breast feeding are that drugs are dangerous (4.1%), and it is not good (6.6%). These findings are consistent with the position of Kulkarni et al. (2012), Sachan (2012) and Emmanuel et al. (2011). Self-medication can be effectively controlled if women are given proper education about the danger of taking a drug that is not prescribed by a Doctor. Further, women should not be allowed to access prescription sheet because if they do, they are likely to self-medicate with the previous prescription.

Common illnesses in which respondents self medicate include, headache/fever (33.3%), malaria (32.2%), gastrointestinal disorders (10%), infections (6.6%) common cold and cough (13.8) and a few (3.8%) self medicate with other disease like wound and pile. The most frequently used category of drugs in this study was analgesic followed by anti malarial, vitamins, antacid, antibiotics and herbal remedies. These findings are consistent with most findings highlighted in the literature review. The implication is that women need to be urgently informed and reminded during antenatal classes not to indulge in self medication but rather see a Doctor whenever they have any health concern no matter how minor it is.

CONCLUSION

Prevalence of self medication among pregnant women attending antenatal clinic in Jos is high. Reasons for self medication were that, doctors are scarce and expensive to see, prior experience about the drug, illness is minor, drugs commonly involved in self medication are analgesic, anti malarial, vitamins, antacid, antibiotics and herbal remedies. Common illnesses in which respondents self medicate include, headache/fever, malaria, gastrointestinal disorders, infections, common cold and cough and other disease like wound and pile. It is recommended that, the effects of drugs in pregnancy and self medication should be taught during antenatal visits and women should not be allowed to have access to prescription.

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