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Factors Influencing Self Medication Practice among Students Attending Bachelor of Medicine and Bachelor of Surgery at Kampala International University, Ishaka Bushenyi District, Western Uganda.

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ABSTRACT

Self-medication use has led to antibiotic resistance in the society which is a serious health problem worldwide. This study is aimed to assess the prevalence, factors and drugs and sources of drugs involved in self-medication practice among students attending bachelor of medicine and bachelor of surgery at Kampala international university, Ishaka Bushenyi district, western Uganda. The crosssectional descriptive study method was processed using questionnaires in different clinical classes at KIU WC. In total 150 students completed the questionnaire and were included in the study. This study showed 141/150(94%) prevalence of self-medication. Self-medication reasons were classifying illnesses as minor (26.7%), emergency use (14.3%), less expensive, prior knowledge and ease of access which all registered the same percentage (%13.5), time-saving (13%), and privacy (4.7%). Stressful conditions and peer influence registered the least number of respondents (3 and 1 respectively). Not self-medicating reasons included severe illness (6 respondents), and preferring hospital to pharmacies and drug retail shops (3 students). Respondents accessed drugs mostly from pharmacies (64%) and drug retail shops (42%). Pain killers (62%) and antibiotics (56%) were most commonly self-medicated. Being single (88%) and young (21 - 25) years (64) showed high rate of self-medication. No statistically significant difference existed between genders. In adjusted analysis, being in advanced years of study were associated with increased odds of self-medication. Whilst professional exposure to drugs and knowledge of their treatment of disease remains the fundamental contributor to self-medication among students, the peculiar demands of their work environment including, excessive work schedules, issues of confidentiality are factors that further worsen the situation. There is a high rate of self-medication amongst students in advanced years of study. Medical services access significantly reduced the chances of self-medication. Vital medical services need to be extended to the university students to receive information on medicines, diagnosis, prescription and treatment. More studies should evaluate the impact of a high rate of self-medication among these students.

Keywords: Self-medication, drugs, drug abuse, students, medicine.

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INTRODUCTION

Self-medication is a fairly common practice among medical students due to a variety of factors such as ease of availability, exposure to medical settings and pharmacological knowledge. It is estimated that more than 50% of antibiotics worldwide are purchased privately without a prescription note from immense OTC drug outlets, pharmacies, and from street venders in the informal sector [1-5]. Irrational self-medication practice may increase health risks such as misdiagnosis, drug resistance and interaction, delays in seeking medical advice, adverse drug reactions and polypharmacy [6-10]. This study aims at determining the factors associated with self-medication among students attending bachelor of medicine and surgery in Kampala international university, western campus, Ishaka Bushenyi district, Uganda.

METHODOLOGY

Study design

The research was a cross-sectional study using quantitative and qualitative approaches. Study area This study was conducted from KIU WC in Ishaka Bushenyi district in western Uganda.

Study population

The study population is all students attending bachelor of medicine and bachelor of surgery in clinical years in KIU WC in Bushenyi district in Western Uganda which has a population of 1000 without disabilities that would hinder comprehension of the questionnaire in use.

It comprises of students of various tribes including banyankole, banyoro, batoro, baganda, basoga, bakonjo, bakiga, among others. They are averagely educated with a few upgrading and most of them fresh from high school.

Sample size determination

The sample size was determined by Fishers' formula (1962) $n = z_2 pq/d_2$

z = standard deviation at desired degree of accuracy which is 95% z = 1.96

P = proportion of target population estimated to have similar characteristics .50% (constant) or 0.5 is to be used therefore p=0.5 because of unknown incidence of which is being measured.

q = standard 1.0 - p = 0.5.

d = degree of accuracy. 8.0% was used.

On substitution of the formula,

1.962 x 0.5 x 0.5 0.082

Hence, n = 150

Sample population

The sample population participants comprised of both male and female students of clinical years above 18 years attending bachelor of medicine and bachelor of surgery at KIU WC in Ishaka Bushenyi district in western Uganda.

Sampling method

Stratified random sampling was used where by the sample population was examined on the basis of the level of class

Inclusion criteria

All students aged 18 years and above who were attending bachelor of medicine and bachelor ofsurgery at KIU WC in Ishaka Bushenyi district western Uganda in their clinical years and consented to the study were included in the study.

Exclusion criteria

All students aged below 18 years and those 18 years and above who were attending bachelor of medicine and bachelor of surgery at KIU WC in Ishaka Bushenyi District western Uganda but did not consent were excluded from the study. All students who are not in the clinical years.

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Data collection procedure

Data was collected from the respondents by use of self-administered questionnaires and interview schedule. I considered the method to be most appropriate for data collection as per the study design. Three research assistants' were trained to help in data collection process especially in those students who could not understand some questions in the questionnaire.

Data analysis

The analysis was performed using the Statistical Package for Social Sciences (SPSS).

Ethical Consideration

The study was conducted upon ethical approval from Kampala International University Western campus. An introductory letter was obtained from the administrator of school of Medicine and dentistry in which copy of it was presented to the ED KIU-TH, to get permission for collecting the information. The purposes and objectives of the study clearly explained, privacy and confidentiality during and after the study were maintained. Codes use instead of student names to foster confidentiality.

RESULTS

Table 1: Age distribution of respondents

Respondents	Frequency	Percentage (%)
21 - 25	96	64
26 – 30 yrs.	45	30
31 – 45 yrs.	9	6
Total	150	100

The modal age distribution was 21-25 year group, which accounted for 64% of respondents, 26-30 years for 30% and only 9 respondents were between 3-45 years. Table 2: Gender Distribution of Respondents

Respondents	Frequency	Percentage
Male	78	52
Female	72	48
Total	150	100

From table 2, it is obvious that of the total 150 respondents, 78 representing 52% are male whilst the rest, 72 representing 48% are female. The male to female ratio in the study sample can be said to be very narrow with males being slightly higher than females by only 4 respondents.

Respondents	Frequency	Percentages (%)
Single	132	88
Married	15	10
Divorced	1	1
Separated	2	1
Total	150	100

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The results in table 3 show that majority of the respondents 132 (88%) are single. Those that are married account for 15 (10%). Only 1 indicated a divorced relationship whereas 2 were separated. **Table 4: First action when ill/self-medication**

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Respondents	Frequency	Percentages (%)	
Self-medicate	141	94	
Consult a Doctor	6	4	Dama 12
No response	3	2	Page 12
Total	150	100	

It is very clear in table 4 that of the total sample of 150 respondents, a predominant majority of 141 that account for 94% admitted that they self-medicate whereas only six (6) respondents consulted a doctor or physician first. Three (3) respondents did not respond.

Tuble of received any meateur advice from a physician in the pase of years			
Respondents	Frequency	Percentages (%)	
Yes	9	6	
No	141	94	
Total	150	100	

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The results showed that most respondents 141 (94%) did not receive any medical advice from any physician since the past five years. In other words, only 9 (6%) out of the entire sample of 150 received such advice. Apparently, this could be a further indication and attestation to the effect that truly, there is a high rate of self-medication among respondents.



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The results in figure 2 above include multiple responses. In other words, the sample of 150 respondents had the option to indicate more than one response or reason that in their opinion account for, or predispose them to self-medication. A total of 440 such responses were thus recorded. The highest response was that the illness was mild/not serious enough to merit seeing a physician 118 (26.7%). Emergency use recorded 63 (14.3%).Next in order of hierarchy is the fact that respondents considered it less expensive, prior experience and ease to access of which all of them recorded the same number of 60(13.5%). The next in succession was time saving 57 (13%) and privacy 21(4.7%). The least number of respondents was registered in stressful conditions and peer influence with 3 and 1 respondents respectively.

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DISCUSSION

We found the prevalence of self-medication was 94% accounted for by 141 who participated in the study, this is very higher compared o a study carried out in Northern Uganda post-conflict region, where 75.7% respondents performed antimicrobial self-medication [11]. This variation in the prevalence could have arisen from the difference in the study populations and the socio-economic status. With this rate at which the practice is being carried out many students lives are being exposed to immense danger due to unknown drug reactions in different students with some drugs and resistance emergency is an issue of great concern. The increase in self-medication was due to a number of factors like considering the disease not severe enough to require a physician (mild illness) that is 26.7% (96/150), emergency use (14.3%), less expensive, prior knowledge and ease of access all contributing to 13.5%, saving time (13%), need for privacy (4.7%) and finally stressful conditions and peer influence registering the least number of respondents that is 3 and 1 respectively. One of the most common reasons for indulging in self-medication includes less severity of the illness not requiring medical consultation 26.7% (96/150). In accordance with result in the study prior familiarity and the nonseriousness (minority) of the illness were the top two reported factors for self-medication [12], the patient's emergency use of the drug was also identified as one of the major factors for self-medication accounting for 14.3%% of the respondent students in a study conducted.

CONCLUSION

Prevalence was higher among students attending bachelors of medicine and surgery at Kampala international university as 94% the most common cause being patients viewing their illnesses as minor (26.7%) and sources of the drugs are pharmacies in 64% of the respondents. Majority of the student respondents interviewed reported that severity of the illnesses is a great factor, for a decision to be made whether to seek medical care or buy drugs. Analgesics 62% and antibiotics 56% were the most used drugs in the study, which were used to self-medicate.

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