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A Study to Assess the Knowledge on Self Medication Antibiotics Among Adults in Selected Community Area

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ABSTRACT

Background and Aims: About 67.3% of participants had self-medicated with antibiotics in the past six months in the community residents in Addis Ababa. The majority of participants (82.3%) purchased antibiotics without a Prescription from pharmacy/drug store .To assess the knowledge on self medication-antibiotics among adult in Community area.

Material and Method: This present study was a descriptive, cross-sectional survey which was performed for a period of two months in Chengalpattu district, Tamil Nadu. The questionnaire consisted of fifteen questions split across four sections. Adult Community people were included in the study. 62 participants enrolled in the study after informed consent was obtained. A scoring system was developed to analyse the responses.

Result: The data collection for the main study was done. The collected data was tabulated and analyzed. Descriptive and inferential statistics were used. The mean value is 8.82 and the standard deviation is 3.39. The study show that 19% of the community people are in good knowledge, 57% of the community people are in average knowledge and 24% of the community people are in poor knowledge.

Conclusion: This study helped us to realize and improve the knowledge gap which is persistent amongst community people in chengalpattu district, Tamil Nadu.

Keywords: Antibiotics, Community people, Usage of drug.

INTRODUCTION

Self-medication with antibiotics (SMA), which is defined as using antibiotics to treat symptoms or diseases without a doctor's prescription or advice, is a major contributor to antibiotic misuse and may hasten the emergence of antibiotic resistance.According to a review study, SMA has a strong correlation to the rise of human pathogen resistance.Additionally, improper use of antibiotics through self-medication can result in serious negative consequences like antibiotic resistance, drug-drug interactions, and drug toxicity, which can result in death. SMA is widespread due to lax implementation

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of the prescription-only restrictions in both developing and wealthy nations.According to studies, SMA affects a large portion of the population in several nations.Country ranges, for instance, in Southeast AsiaIn the Middle East, the ranges are from 19% to82%, or 7.3% to 85.59%.Previous studies found that 38.8% of the populace in low and middle income countries (LMICs) used antimicrobials for self-medication.Furthermore, a comprehensive analysis conducted in Ethiopia found that the incidence of self-medication ranged from 17% to77.1%, and that using drugs inappropriately was linked to an increase in the prevalence of self-medication with antibiotics.As a result, these practises will cause major health issues, such as the development of antibiotic resistance. Antibiotics were frequently sold over the counter in neighbourhood pharmacies.The influence of the pharmacy owner in maximising profit and lax regulatory systems were the main causes of the non-prescription selling of antibiotics in various research involving pharmacy workers in Qatar and Saudi Arabia.In Ethiopia, it has also been noted that professional dispute and customer pressure play negative roles in the misuse of drugs.Therefore, to stop the selling of antibiotics without a prescription, strict regulatory enforcement and public education are both necessary.

STATEMENT OF THE PROBLEM

To assess the knowledge on self medication-antibiotics among adult in Community area.

OBJECTIVES OF THE STUDY:

1. To assess the knowledge on self medication antibiotics among adult in community areas.
2. To associate the knowledge on self medication antibiotics among adult in community areas with the selected demographic variables.

MATERIAL AND METHOD

The study adopted on qualitative research approach. The study was conducted in Manamai, Chengalpattu district, Tamil Nadu. The inclusion criteria were people who are willing to participate in the study, People who are at the time of data collection, those who are able to understand tamil. The tool had two parts : Part 1 Questionnaire on demographic variables. Part 2 Questionnaire to identify the level of knowledge among adults in community area.

The data collection was done in 2 weeks through survey. The study was initiated after obtaining prior permission from Chettinad College of Nursing Principal,Class coordinator for respective years and got approval from IHEC .

RESULTS AND DISCUSSIONS

Table 1: Distribution of demographic variables among community people:

SI. NO	*Demographic Variables*	*Classification*	*Frequency*	*Percentage*
1.	Gender	a). Female	42	67.7%
		b). Male	20	32.3%
2.	Age	a). < 20	6	9.7%
		b). 20 – 39	38	61.3%
		c). 40 – 59	18	29.0%
3.	Marital Status	a). Married	34	54.8%
		b). Single	28	45.2%
4.	Level of Education	a). Diploma graduate	11	17.7%
		b). Elementary school	10	16.1%
		c). Junior high school	8	12.9%
		d). Postgraduate	17	27.4%
		e). Senior high school	16	25.8%

SI. NO	*Demographic Variables*	*Classification*	*Frequency*	*Percentage*
5.	Area Residents	a).Rural	62	100%
		b).Urban	0	0%
6.	Monthly Income	a).8000	19	30.6%
		b).10000	24	38.7%
		c).15000	9	14.5%
		d).20000	10	16.1%
7.	Do you know what are antibiotics	a). Yes	46	74.2%
		b). No	16	25.8%
8.	What are antibiotics used for ?	a). Virus Infection	28	45%
		b). Bacterial Infection	30	48%
		c). Others (specify)	4	7%

Table 2: Distribution of level of knowledge among community people regarding self medications antibiotics

Si.no	*Level Of Knowledge*	*Frequency*	*Percentage*	*Mean*	*Standard Deviation*
1.	Good Knowledge	12	19%	8.82	3.39
2.	Average Knowledge	35	57%		
3.	Poor Knowledge	15	24%		

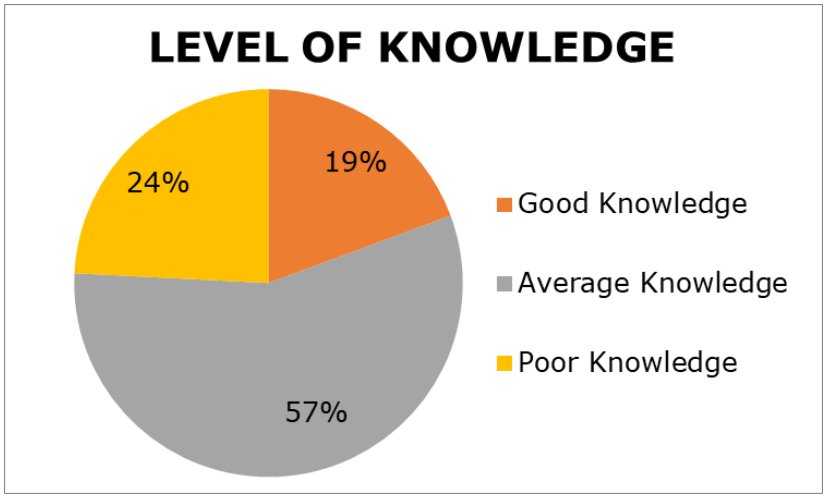

Table 3: Distribution of association between the level of knowledge and demographic variables of community people

Sl. No	*Demo-graphic*	*Classification*	*Level of Knowledge*			*Df*	*X2*	*P value*
			Good Knowl-edge	*Average Knowl-edge*	*Poor Knowl-edge*			
1.	Gender	Female	9	24	9	2	0.71104	5.99 NS
		Male	3	11	6			

Sl. No	*Demo-graphic*	*Classification*	*Level of Knowledge*			*Df*	*X2*	*P value*
			Good Knowl-edge	*Average Knowl-edge*	*Poor Knowl-edge*			
2.	Age	<20	0	4	2	4	3.019715957	9.49 NS
		20 – 39	9	19	10			
		40 – 59	3	12	3			
3.	Marital status	Married	7	17	8	2	0.079155983	5.99 NS
		Single	5	16	7			
4.	Level of Education	Diploma graduate	3	6	2	8	15.18055343	15.51 NS
		Elementary school	5	3	1			
		Junior high School	0	7	1			
		Post graduate	3	10	4			
		Senior high school	1	9	7			
5.	Area Residents	Rural	12	35	15	2	0	5.99 NS
		Urban	0	0	0			
6.	Monthly Income	8000	4	12	3	6	1.633370231	12.59 NS
		10000	5	13	6			
		15000	1	5	3			
		20000	2	5	3			
7.	Do you know what are antibiotics	No	3	1	8	2	6.034400172	5.99 S
		Yes	9	23	14			
8.	What are antibiotics used for	Bacterial Infection	6	17	10	4	1.443180574	9.49 NS
		Virus Infection	6	18	5			
		Others	0	0	0			

It shows the mean (8.82) percentage, standard deviations (3.39) for the aspects level of knowledge among community people. Overall percentage for level of knowledge among community people found to be 19% of the participants were in good knowledge, 57% of the participants were in average knowledge and 24% of the participants were in poor Knowledge.

It shows the gender, age, marital status, level of education, area residents, monthly income, do you know what are antibiotics and what are antibiotics used for are belongs to significant or non-significant of following demographic variables.

* Level of Significance is 5% (.05);

** DF= Degree of Freedom; NS= Not Significance; S= Significance

CONCLUSION

The study finding revealed that a study to assess the knowledge on self medication antibiotics among adults in selected community area, Chengalpet district, Tamil Nadu, India. We have conducted a study topic on study to assess the knowledge on self medication antibiotics among adults in selected community area and 60 sample were collected.

Conflict of interest : nil

Sources of funding : self

Ethical clearance : Chettinad Academy of Research and Education , Institutional Human Ethics Committee on 30.03.2022.

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