

**FACTORS CONTRIBUTING TO SELF MEDICATION AMONG OPD  
PATIENTS AT KABWOHE HEALTH CENTRE IV**

**A RESEARCH REPORT SUBMITTED TO**

**UGANDA NURSES AND MIDWIVES EXAMINATIONS BOARD**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS**

**FOR THE AWARD OF A DIPLOMA IN NURSING**

**TUSINGWIRE DOTIA**

**RESEARCH STUDENT**

**MAY, 2018**

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## **ABSTRACT**

Self-medication is a common practice in both rural and urban settings, in old people with chronic illness and young people; Self-medication lends irrational drug use, drugs resistance, and severe disease development. The study seeks to determine the factors contributing to self-medication among patients at outpatient department at Kabwohe Health Center IV. It was a cross sectional study using quantitative method of data collection. It was conducted at Kabwohe H C IV located in Sheema District in southwestern Uganda. The study involved patients attending OPD at Kabwohe H C IV. Simple random sampling was used to recruit patients into the study. Microsoft excel was used to analyze data and it was presented in form of frequency distribution tables, pie charts and bar graphs. The study involved 89 participants attending OPD at Kabwohe H C IV, majority of the participants (86.5%) were aged less than 35 years and females were slightly more than males. The reasons for self-medication included; non availability of doctors at the health facility as the main factor for self-medication (95%), knowledge of diagnosis (84%), lack of time (75%) and financial problems (74%). Self-medication remains a challenge at Kabwohe H C IV. Patients should be health educated on the advantages and disadvantages of self-medication. The DHO Must strength policy implementation on the use of drugs to reduce the burden of irrational drug use that increase the cost of purchasing the wasted drugs, and increasing drug resistance. DHO, site in charges must conduct routine clinical audit on patient care to identify missed opportunity in care, develop action plan to address challenges in service delivery.

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## **DEDICATION**

This book is dedicated to the Almighty God, who has always been a constant source of support and encouragement during the challenges of my whole college life, I also dedicate it to my parents Mrs. Asiimwe Jolly, Dad Mr. Batsikana Deogracious and lastly but not least to my daughter Karungi Tracy.

## **ACKNOWLEDGEMENT**

This research has been an outcome of support from people who deserve special thanks.

In a special way I want to thank the Almighty God and the family of Mr. and Mrs. Batsikana Deogracious for their unending support.

I wish to convey this gratitude to my supervisor, MS. Nankinga Clare, for her guidance that has been instrumental for satisfactory accomplishment of this report as well as the entire administration of Kampala International University Teaching Hospital for the good education background.

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## **ABBREVIATION**

|       |                                                   |
|-------|---------------------------------------------------|
| DHIS  | : District health information system              |
| DHO   | : District Health officer                         |
| DHT   | : District Health Team                            |
| GIT   | : Gastro Intestinal tract                         |
| H C   | : Health center                                   |
| IPTp  | : Intermittent presumptive treatment in pregnancy |
| REC   | : Research and ethics committee                   |
| MOH   | : Ministry of health                              |
| OPD   | : Outpatient department                           |
| ORS   | : Oral Rehydration salt                           |
| UNMEB | : Uganda Nurses and Midwives Examination Board    |
| USD   | : USA Dollar                                      |

## **OPERATIONAL DEFINITIONS**

**Self-medication:** 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.

**Health worker:** Health workers are people whose job is to protect and improve the health of their communities.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Introduction

This chapter includes the background of information on self-medication, the problem statement of the study, objectives of the study, research questions, and justification of the study.

#### 1.2 Background

Self-medication is the use of medications without prior medical consultation regarding indication, dosage, and duration of treatment is referred to as self-medication as stated by (Jafari, F., 2015). A study in Taiwan by Lee *et al.*, (2017), to determine the prevalence of self-medication in the past years among the adolescents surveyed was 45.8%, and the most frequently reported drugs for self-medication included no steroidal anti-inflammatory drugs or pain relievers, cold or cough medicines, analgesics and antacids. The results showed that participants with lower medication knowledge, lower self-efficacy, lower medication literacy, and who consumed tobacco or alcohol were more likely to engage in inappropriate self-medication.

A recent study in Togo by Kombate *et al.*, (2017), determining self-medication prior to consultation in dermatology were reported in 74.4% patients prior to admission to dermatology units. 8.9% had used medical prescription only and 91.1% had used self-medication only or associated with medical prescription. 67.7% practiced self-medication only or associated with medical prescription for their dermatologic disease before consultation in dermatology unit. In another study by Sapkota *et al.*, (2010) in southwest Nigeria, to determine self-medication with antibiotics for the treatment of menstrual symptoms showed that, 86% of participants experienced menstrual symptoms, and 39% reported using analgesics to treat them.

In a study by Helal *et al.*, (2017) in Uganda to determine self-medication in northern Uganda, the most frequently reported causes of self-medication were no need to visit the doctor for a minor disease, knowledge from previous experience, unavailability of health services, and source were Pharmacy clerks, neighbors and family were the most frequently reported sources for self-medication compared to friends and classroom colleagues and old prescription, their own decision represented, and the Internet constituted.

According to a study by Ouedraogo *et al*, (2015), in Uganda to determine the prevalence self-medication in rheumatology was at 71.92% and factors associated with self-medication where back pain for which patients in 57.6% of patients, drugs were bought from the pharmacy in 97% of cases, the main channel of self-medication was word of mouth 43.4%, the drugs used were mainly anti-inflammatory drugs that is diclofenac at 54.54% and ibuprofen at 57.57%. Ten patients were unaware of the risks of self-medication. In a study in Tanzania in Kilosa district by Chipwaza, B *et al.*, (2014)., Self-medication with anti-malarial was a common practice in rural communities, despite the reported decline of malaria, the common reported reasons for self-medication were shortages of drugs at health facilities, long waiting time at health facilities, long distance to health facilities, inability to pay for health care charges and the freedom to choose the preferred drugs.

### **1.3 Problem Statement**

A study by (Ocan M *et.al*,2015) to explore self-medication in developing counties including Uganda, out of the 34 published studies, only 20.6 % established determinants of antimicrobial self-medication, the majority of studies at 79.1 % reported self-medication for symptoms

related to infections of; respiratory tract, gastrointestinal system, eye, ear, urinary system, skin and malaria. A study in Kampala Uganda revealed that, 75% reported to have self-medicated with antimicrobial agents. (Ocan M *et al.*, 2014). Kabwohe Health center IV is faced with a challenge of self-medication. Despite, MOH policies recommending to treat only malaria positive confirmed by laboratory, the District Health Information System data shows that from Oct 2016 to sept 2017, 227 patients with malaria negative results received antimalarial drugs. (Dec 2017 DHIS2 data).

#### **1.4 Broad Objective**

Factors contributing to self-medication among OPD patients at Kabwohe Health Center IV.

#### **1.5 Specific Objectives**

1. To assess patients' social demographic factors contributing to self-medication among OPD patients at kabwohe health center IV.
2. To determine patient related factors contributing to self-medication among OPD patients at Kabwohe Health Centre IV.
3. To determine health facility challenges contributing to self-medication among OPD patients at Kabwohe Health Centre IV.

#### **1.6 Research Questions**

1. What are the patient's social demographic factors contributing to self-medication among OPD patients at kabwohe health center IV?
2. What are the patients related factors contributing to self-medication among OPD patients at Kabwohe Health Centre IV?
3. What are the health facility challenges contributing to self-medication among OPD patients at Kabwohe Health Centre IV?

## **1.7 Justification for the study**

According to Ocan M *et.al*, (2015) in a study done in Uganda, 81% of patients diagnosed with malaria first take antibiotics bought over counters. It is after they have failed to improve that they then seek care from a qualified medical personnel. The DHIS 2 data shows that from Oct 2016 to sept 2017, 227 patients with malaria negative results received antimalarial drugs. Different geographical regions have different factors contributing to increase in self-medication among patients, there is no study that has been carried out in southwestern Uganda particularly at Kabwohe Health Centre IV. Therefore, the findings are to inform in charge, DHO the factors contributing to self-medication at Kabwohe H C IV. The findings generated in the research will be used by health facility in charge, DHO to inform and reinforce the current policies on treatment of only malaria positive cases.

### **1.7.1 Nursing practice**

The study findings will help nurses to become active advocates on effective continued practice and campaigns, through health education about the practice of self-medication.

### **1.7.2 Nursing education**

The study findings will inform UNMEB of the changes to be incorporated into the nursing curriculum to enhance teaching and learning of the student nurses on the practice of patients towards self-medication.

### **1.7.3 Nursing research**

The study findings will be used as reference by other researchers with the same interests in assessing the practice of self-medication among patients.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

## **2.1 Introduction**

This chapter includes the social demographic factors, patient's related factors and health facility challenges contributing to self-medication

## **2.2 Social Demographic Factors Contributing To Self-Medication**

According to Helal *et al.*, (2017) in a study in Mansoura Egypt on Self-Medication in University Students, the social demographic factors contributing to self-medication were, females at 78.1%, married at 91%, the medical sector represented 52% while 48% were nonmedical; about 60% were in their last grade with the most frequent education of their father and mother being university and higher level leavers

According to Eticha, *et al.*, (2014) in a study in Ethiopia, on self-medication had a mean age of participants at 28.65 years and most (42.6%) of them were in the age group of 25–35. The majority 73.7% of the study participants were males. More than half (53.0%) of the respondents graduated from college or university while 85 (31.4%) had secondary school education. The majority (44.8%) of the respondents were students and 101 (37.4%) and a total self-medicated people was at 22.6% had chronic disease(s), 7.8% and 5.2% were pregnant and breastfeeding mothers, respectively.

In another study in urban poor communities in Accra Ghana by Awuah RB *et al.*, (2018), the reason for self-medication was poor economic status. Patients in poor economic status were more likely to self-medicate than those with high economic status.

In a study by Namusoke *et al.*, (2012) in Uganda Kampala, to assess the validity of self-reported data on the use of self-medicated anti-malarial IPTp, a total of 284 pregnant participants were screened between September 2008 and July 2009, 80.9% of the participants were resident in Kampala district, 18.1% were from nearby (approximately 10 to 20 km) Wakiso district, with the remainder from further away (approximately 20 to 40 km) in Mukono and Luwero districts. Most 64.2% participants had some form of employment as businesswomen or self-employed

individuals. Skilled workers, including professionals were 11.3% while 13.2% had no formal employment and the median age of the participants was 23 years

Also in study by Ocan M *et al.*, (2014) in Uganda to determine the patterns and Predictors of Self-Medication in Northern Uganda the socio demographic factors were 74% (n= 662) were females. More than half of the respondents 58.9% were peasant farmers, of which 36.2% earn between 10,000–50,000 Uganda shillings (USD 04–20) every month. The respondents were mostly less educated with 53.6% having attained only primary level of education. Of the 892 respondents, 75.7% reported to have self-medicated with antimicrobial agents. The rate of self-medication was higher among; male respondents as compared to the females and respondents who had attained secondary school level of education.

### **2.3 Patients Related Factors Contributing To Self-Medication**

According to Helal *et al.*, (2017) in a study in Mansoura Egypt on Self-Medication in University Students, About 61% of students reported that their current health condition was good while only 45.1% were careful regarding their degree of care about health, and most 77.5% stored drugs at their home pharmacy. The study also stated that, the most frequent conditions that are suitable for self-medication from the students' opinion were cold 70.1%, headache 58.9%, sore throat 35.8%, intestinal colic 32.2%, and then cramps 31%. About 59% of students mentioned that the self-medicated drugs solved the symptom.

According to Selvaraj *et al.*, (2014) in a study in India, participant's reasons for self-medication were mainly due to mild nature of illness and time constraints. Another study in Indonesia among chronic patients of hypertension, sometime send their friends to get medicine from drug shops, pharmacies and this are over the counter medication of self-medication as documented by Rahmawati R *et al* (2017) .

According to Donkor, *et al.*, (2012) in a study in Ghana to analysis of the frequency of self-medication using the same antibiotic showed the following pattern: 14% practiced self-

medication at intervals of 1 week; 30% practiced self-medication at intervals of 1month; 18% practiced self-medication at intervals of 3months; 15% practiced self-medication at intervals of 6 months; 21% (89) practiced self-medication at intervals of 12 months; and 2% practiced self-medication at intervals beyond 12 months. The main medical conditions treated in self-medication by the respondents were cold, cough, fever and abdominal pains.

According to Ocan *et al.*, (2014) in a study in Northern Uganda a study showed that 13 participants obtained antimicrobial agents from drug outlets. On average respondents reported to be taking 5 tablets/capsules of the antimicrobial agents per day for three days. Of all the antimicrobial drugs used in self-medication during the recent illness, about 80.3% of the dose obtained was completed. This is a case of un regularity drug outlets, where, drugs are obtained without a prescription. In countries where the sale of medication is regulated like France, patients are not able to access medication without a prescription and the only documented self-medication case France Guiana region are among illegal gold miners by Douine M *et al.*, (2018).

#### **2.4 Health Facility Challenges Contributing To Self-Medication**

According to Babatunde *et al.*, (2016) in a Study in South-West Nigeria among health workers in a tertiary institution showed the drug types normally bought and used without prescription were: analgesics at 38.2%, antibiotics at 19.0%, anti-malarials at 13.3%. Majority at 53.4% had no difficulty buying non prescribed drugs from the pharmacies and patent medicine outlets.

According to Sapkota *et al.*, (2010) in a study in southwest Nigeria on Self-medication with antibiotics for the treatment of menstrual symptoms showed that, 86% of participants experienced menstrual symptoms, and 39% reported using analgesics to treat them. Overall, 24% of participants reported self-medicated use of antibiotics to treat the following menstrual symptoms: cramps, bloating, heavy bleeding, headaches, pimples/acne, and moodiness, tender

breasts, backache, joint and muscle pain. Factors associated with this usage were: lower levels of education

According to Chipwaza, *et al.*, (2014) in a study in Tanzania, Self-medication with anti-malarial was a common practice in rural communities of Kilosa district in Tanzania despite the reported decline of malaria, the common reported reasons for self-medication were shortages of drugs at health facilities, long waiting time at health facilities, long distance to health facilities, inability to pay for health care charges and the freedom to choose the preferred drugs. Also according to Kombaté, *et al.*, (2017) in a study in Togo on Factors associated with self-medication prior to consultation in dermatology were female sex, duration of dermatologic disease more than one year, and having developed the following 3 types of skin diseases: adnexal dermatoses, keratinization disorders, and fungal skin infections. High education level was a protective factor against self-medication.

According to Eticha, *et al.*, (2014) in a study in Ethiopia, the most often requested category of drugs by self-medicated respondents were analgesics/antipyretics at 20.8%, GI drugs at 17.5%, respiratory drugs at 14.9%, oral rehydration salt (ORS) at 14.2%, vitamins at 11.1%) and antimicrobials at 8.4%. Recent study in Uganda one by Russell *et al.*, (2017), have documented the need for self-medication in chronic disease illness HIV, Okello *et al.*, (2016) documented need for self-medication for Non communicable disease like hypertension and weeks *et al.*, (2015) also self-administered misoprostol can be appropriately taken by study participants In a study by Muyinda H *et al.*, (2015) on Stock-outs, uncertainty and improvisation in access to healthcare in war-torn Northern Uganda. Noted the health facility challenge of stock out of drugs contributing to self-medication.



## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter includes the methodology used to determine factors contributing to self-medication among patients at kabwohe healthy center IV Sheema district.

#### **3.2 Study Design and Rationale**

A cross sectional study using quantitative methods of data collection was used to determine factors contributing to self-medication and this was opted so as to provide comprehensive information about the study.

#### **3.3 Study Setting and Rationale**

The study was conducted at Kabwohe H C IV located in Sheema District located in southwestern Uganda, Sheema District is bordered by Buhweju District to the north, Mbarara District to the east, Ntungamo District to the south, Mitooma District to the southwest and Bushenyi District to the west. Kibingo where the district headquarters are located lies approximately 33 kilometers (21 miles), by road, west of Mbarara the largest city in Ankole sub-region. Kabwohe HC IV was chosen because it of its high number of patients attending OPD that always report a history of self-medication.

#### **3.4 Study Population**

The study included all patients attending OPD at Kabwohe H C IV, during the study period for the first time in the month and those re-attending in the month and those referred from other facilities.

##### **3.4.1 Sample Size Determination**

Sample size was estimated using the Kish Leslie (1965) for cross-sectional studies.

$$n = \frac{Z^2 Pq}{d^2}$$

Where n= sample size estimate of patients for the study.

d- Represents precision of the study, a precision of 10%

Z- Represents a standard critical value of 1.96 representing at 95% confidence

P- Assuming the proportional of patients self-medicating =0.63

q- Represents 1-p the proportional of patients not self-medicating= 0.37

$$\text{Therefore; } n = \frac{1.96^2 * 0.63 * 0.37}{0.1^2} = n=89 \text{ participants}$$

### **3.4.2 Sampling Procedure**

Simple random sampling was used to recruit participants into the study. Each sampling unit had an equal chance of being included in the sample. Sampling generally done without replacement as this approach allows for a wider coverage of sampling units, and as a result smaller standard errors, would not make sense to enroll same person twice

### **3.4.3 Inclusion Criteria**

The study included all patients 18 years and above attending OPD at Kabwohe Health center IV for the first time in the month with the most recent illnesses and all re attendances in the month.

### **3.4.4 Exclusion Criteria**

The study excluded all patients below the age of 18 years, those who were not able to consent, patients with gross hearing problems and elderly because they may have had re-call bias.

## **3.5 Definitions of Variables**

Variables are characteristics that take place on two or more values.

### **3.5.1 The independent variable of the study**

Patient's self-medication and it was by asking patients at facility if they had used anything for treatment before coming to the facility.

### **3.5.2 The dependent variables of the study**

Patients' demographic factors which included age, sex, address, level of education and occupation which contributed to self-medication.

Patients' related factors; these were the reasons given by each individual that could force him or her to practice self-medication without blaming anyone.

Health facility related factors; these were the factors created from health facilities that were reported by patients to have forced them to practice self-medication.

### **3.6 Research Instruments.**

The research instrument used was a structured questionnaire in English language which consisted of both closed and open ended questions. Before collecting data, pre-testing of questionnaires was done at Bushenyi H C IV in Bushenyi district for validity and reliability.

### **3.7 Data Collection Procedures**

The researcher introduced herself and explained the purpose of the procedure after which the participants signed a consent form before participating in the study indicating their willingness.

The participants were asked questions from the questionnaire to collect data. All information obtained from participants was kept confidential.

#### **3.7.1 Data Management**

The questionnaire was pretested at Bushenyi H C IV among 25 participants, it was then double checked for missing information, and then the results were entered into Microsoft excel after which they were presented in form of frequency distribution tables, pie charts, and bar graphs. The respondents were given serial numbers not names for the purposes of maintaining confidentiality. The researcher ensured that all questions on the questionnaire are answered correctly by the respondents during the interview. The researcher ensured that the answers are

accurate, filling in was uniform and completeness of the questionnaires was done by double checking for missing information, before entry into Microsoft excel.

### **3.7.2 Data Analysis**

The raw data was entered into microsoft excel and checked for completeness. It was then analyzed using Microsoft excel after which it was presented in form of frequency distribution tables, pie charts, and bar graphs.

### **3.8 Ethical Considerations**

Permission was sought from the supervisor, she reviewed the research report and cleared it for submission and then again permission was sought from the school's research and ethics committee then, facility internal review boards (IRB) committee of KIU. Permission to carry out the study was also sought from the DHO of Sheema District, and the in charge of Kabwohe H C IV, also a written consent was obtained from every patient.

### **3.9 Limitations of the Study**

The limitations of the study included financial costs as a student, some patients declined to respond to some questions probably due to negative attitudes towards research or fear that they may be exposed to the authority. There was limited time for the study as the researcher needs to spare some time for other school programs.

### **3.10 Dissemination of Results**

The study findings will be presented to the school of nursing Kampala international university, a research report was presented to the KIU library, and abstracts to be presented in the Uganda Nurses And Midwives Examination Board (UNMEB) for an academic award, a copy will be filed at Kabwohe Health Center IV administration as a reference, DHO and DHT also obtained a copy and a researcher retained a copy of the booklet.

## **CHAPTER FOUR**

## RESULTS

This chapter presents the results which were obtained after data analysis, data was collected from 89 participants using questionnaires, and the aim of the study was to identify the factors contributing to self-medication in Kabwohe H C IV Sheema district, the results presented below starting with the social demographic factors

### 4.1 Socio demographic characteristics of respondents

**Table1 Socio-demographic characteristics of the respondents**

| <b>Socio-demographic characteristics</b> | <b>n</b>  | <b>(%)</b> |
|------------------------------------------|-----------|------------|
| <b>Age</b>                               |           |            |
| 18- 24,                                  | 24        | 27         |
| 25-30                                    | 29        | 33         |
| 31-35                                    | 18        | 20         |
| 36 years and above                       | 18        | 20         |
| <b>Mean Age in years(SD)</b>             | 29.9(8.4) |            |
| <b>Sex</b>                               |           |            |
| Female                                   | 50        | 56         |
| Male                                     | 49        | 44         |
| <b>Tribe</b>                             |           |            |
| Banyankole                               | 67        | 75         |
| Baganda                                  | 4         | 5          |
| Bakiga                                   | 13        | 15         |
| Others                                   | 3         | 3          |
| <b>Marital status</b>                    |           |            |
| Married                                  | 54        | 60         |
| Single                                   | 34        | 38         |
| Widow                                    | 2         | 2          |
| <b>Religion</b>                          |           |            |
| Catholic                                 | 36        | 41         |
| Moslem                                   | 4         | 5          |
| Protestant                               | 42        | 47         |
| Pentecost                                | 6         | 7          |
| Seventh day Adventist                    | 1         | 1          |
| <b>Occupation of respondent</b>          |           |            |
| Civil servant                            | 5         | 6          |
| Not employed                             | 36        | 41         |
| Self employed                            | 16        | 17         |
| Peasant                                  | 32        | 36         |

|                        |    |    |
|------------------------|----|----|
| <b>Education level</b> |    |    |
| Never went to school   | 10 | 11 |
| Primary                | 31 | 35 |
| Secondary              | 37 | 42 |
| Tertiary               | 11 | 12 |

The result in table 1, above showed that majority of the participants 77(86.5%) were aged less than 35 years and female were slightly more than male 50(56%). The biggest tribe attending to Kabwohe H C IV were Banyankole 67(75%) then Bakiga 13(15%), however, the married were more than two third 54(60%) of the total participants, with protestants as the majority 42(47%) more than the catholic 36(41%) and the unemployed, peasant were 36(41%), 32(36%) as respectively, however, slightly more than a half 48(54%) had attended secondary education.

#### 4.2. Patients level related factors contributing to self-medication

**Table 2, Reasons for self-medication among participants reporting at Kabwohe H C IV**

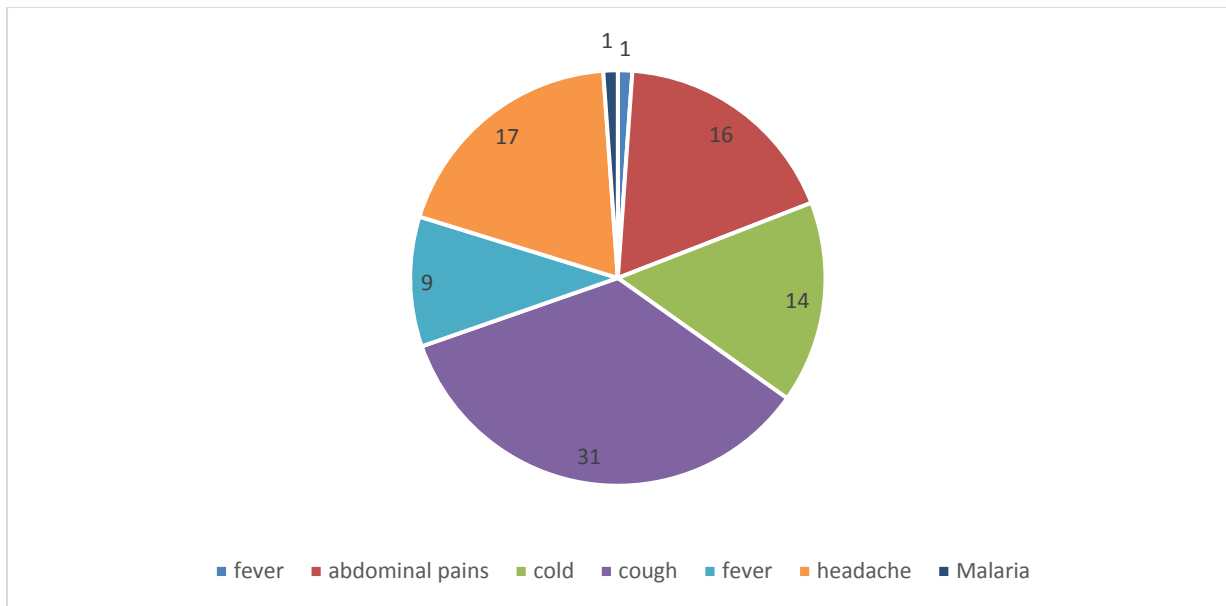
| <b>The reasons for self-medication</b> | <b>n</b> | <b>%</b> |
|----------------------------------------|----------|----------|
| Financial problem                      |          |          |
| Yes                                    | 66       | 74       |
| No                                     | 23       | 23       |
| Mild sickness or chronic illness       |          |          |
| Yes                                    | 63       | 71       |
| No                                     | 26       | 26       |
| Lack of time                           |          |          |
| Yes                                    | 67       | 75       |
| No                                     | 22       | 25       |
| Knowledge of diagnosis                 |          |          |
| Yes                                    | 75       | 84       |
| No                                     | 14       | 14       |
| Non-availability of doctor             |          |          |
| Yes                                    | 85       | 95       |
| No                                     | 4        | 5        |

The table 2, above presents the reasons for self-medication as majority of participants 85(95%) reported non availability of doctors at health facilities as the main factor for self-medication, knowledge of diagnosis 71(84%), lack of time 67(75%), financial problem 66(74%) and mild sickness or chronic illness 63(71%).

**Table 3, Patients conditions contributing to self-medication among participants reporting at Kabwohe H C IV**

| <b>Patients Conditions for self-medication</b> | <b>n</b> | <b>%</b> |
|------------------------------------------------|----------|----------|
| Cold                                           |          |          |
| Yes                                            | 75       | 84       |
| No                                             | 14       | 16       |
| Cough                                          |          |          |
| Yes                                            | 58       | 65       |
| No                                             | 31       | 35       |
| Fever                                          |          |          |
| Yes                                            | 79       | 89       |
| No                                             | 10       | 11       |
| Headache                                       |          |          |
| Yes                                            | 72       | 81       |
| No                                             | 17       | 19       |
| Abdominal pains                                |          |          |
| Yes                                            | 73       | 82       |
| No                                             | 16       | 18       |
| Malaria                                        |          |          |
| Yes                                            | 88       | 99       |
| No                                             | 1        | 1        |

The table above represents patients' conditions self-medicated on where by majority of the participants 99% malaria, 89% reported fever, 84% cold, 82% abdominal pains, 81% headache and 65% reported cough.

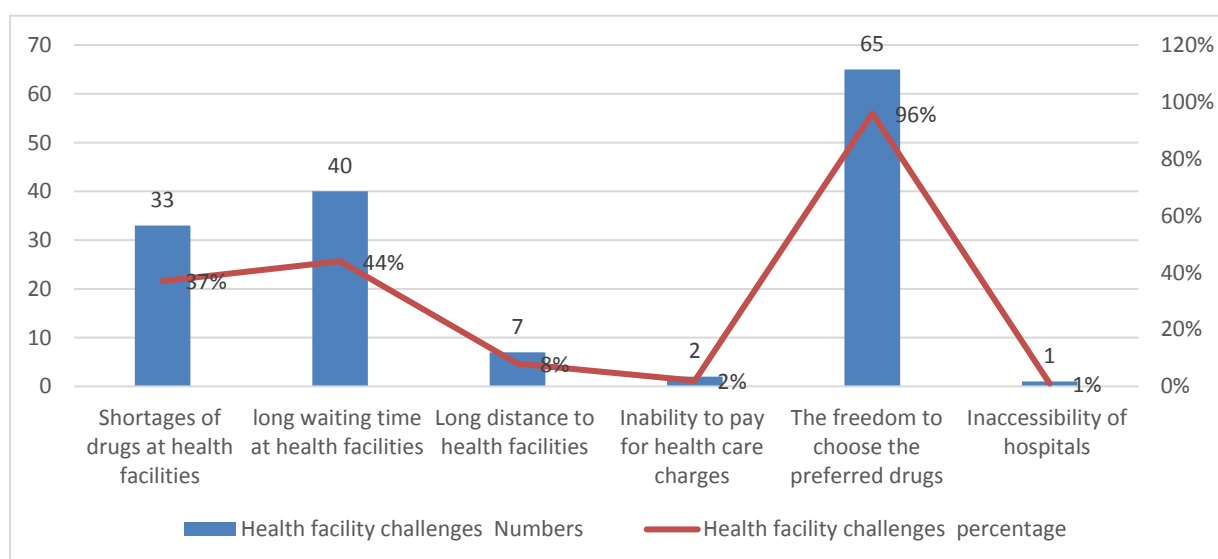


**Figure 1: Showing the medical condition contributing to self-medication as reported by participants attending at Kabwohe H C IV**

The pie chart above represents the medical conditions contributing to self-medication where by the biggest percentage of respondents reported cough 31%, headache at 17% and abdominal pains 16%.

#### **4.3. Health facility challenges contributing to self- medication**

The figure below presents health facility challenges contributing to self-medication as reported by participants, all participants were asked if each factor contributed to self-medication independent of the other, the highest factor contributing to self-medication was freedom to choose the preferred drugs 86(96%), long waiting time at health facilities 40(44%), shortage of drugs at health facilities 33(37%), those that contributed little were long distance to health facilities 7(8%), in ability to pay for health care charges 2(2%), inaccessibility to hospitals 1(1%).



**Figure 2: Showing Health facility level factors in numbers and percentages contributing to self-medication among participants reporting at Kabwohe H C IV.**

## CHAPTER FIVE

### DISCUSSION

#### 5.1 Introduction

This chapter presents the interpretations and discussion of results objectively in relation to the study back ground, problem statement and literature review. It also presents conclusions and recommendations.

##### 5.1.1 Socio demographic characteristics of respondents

In this study, the results revealed that three quarters of the participants were less than 35years, this is in agreement with a study done in Egypt among students from the city of Mansoura (Helal, R. M.,201&). Our study had participants with low levels of education just like a study done in Northern Uganda by Ocen M *et al.*, (2014), and also a study done in Tanzania by Chipwaza, B *et al.*, (2014), however not in agreements with study done in Egypt by Helal, R. M.,(2017), and were already married so their income was very low limiting them to seek medical consultation, they were more females than males. females are the one that look after children, usually first buy drugs from drug shops also quick remedy and this is noted in study by Chipwaza, B *et al.*, (2014) in rural communities of Kilosa district Tanzania, however, this is in disagreements with studies conducted in Northern Uganda by Ocan M *et al.*, (2014) where males were the majority of the participants. Three quarters of the population were Banyankole because the study was carried out in Ankole region and they are the indigenous. Self-medication was probably due to increased social responsibilities and because most of them were not employed, they lack money to attend to hospitals for consultation. Majority of the participants three quarters were Christians and these included; protestants, Catholics, Pentecostals and seventh day Adventists. Uganda is a Christian country with majority of the

population being christians. Majority of the participants almost 100% were of informal employment that is to say non employed, self-employed and peasant farmers, peasants have also been noted to be majority in a study by Chipwaza, B *et al.*, (2014) in Kilosa Tanzania. Due to the fact that majority had no formal employment, they tend to self-medicate more because they cannot manage to pay for consultations in private hospitals. They do self-medication due to the fact that they lack knowledge on the diseases they are suffering from thinking they are minor illnesses and they also lack knowledge about the effects of drugs they take without prescription, however, lack of knowledge on the dangers of self-medication many to be generalized as studies have documented self-medication even in health workers in south-west Nigeria by Babatunde, O. A *et al.*, (2016) and they gave a believable reason like lack of time and knowledge of diagnosis. Some patients in this study also gave similar reasons however this were not health workers.

## **5.2. Patients level related factors contributing to self-medication**

Participants reported the following as their reasons for self-medicating.

Majority of the participants about three quarters were practicing self-medication because they lack money to seek medical consultations from the hospitals as most of them were not employed. The reason for poor economic status is more of a perceived one, most facilities even Kabwohe is a government health facility where patients are not requested to pay for any service, and however, this has been documented in another studies in urban poor communities in Accra Ghana by Awuah RB *et al.*, (2018), in Northern Uganda health care is also free however patients self-medicate. Mild illnesses and chronic illnesses were the most reasons for self-medication as they could see them as they don't necessitate them to visit the doctor or else because of the chronic illnesses they tend to take drugs that they have been taking for the same illness. Chronic patients of diabetic, hypertension, HIV known the drugs they are taking, sometime send their friends to get medicine from drug shops, pharmacies and this are over the

counter medication as documented in studies of self-medication among people living with hypertension by Rahmawati R et al (2017), Furthermore, participants reported that they lack time to go to the hospitals more especially government facilities where by when they go there they need to wait for long time because of many patients compared to the health workers working upon them hence self-medicating. Participants were also found to have knowledge about the diagnosis either from the past experience or else from the neighbors' experience hence reporting that no need to visit the doctor for prescription. Almost 100% of the participants reported non availability of Doctors at health facilities so that even if they go there, there is nothing to gain rather they go to clinics or pharmacies and they purchase drugs of their choice. The most common illnesses reported by participants that were self-medicated on included; cough and cold, fever, headache, abdominal pains and malaria which they said they are the most common illnesses they suffer from and are minor so they reported to have knowledge about the drugs to treat those illnesses from the past experience so no need to visit the hospital for prescription by the doctor. A study by Jafari *et al.*, (2015) to determine Self-Medication among the Elderly in Kermanshah-Iran. Global also noted the main reason for self-medication as cold, pain and in Northern Uganda the study about self-medication by Ocan M *et al.*, (2014) noted fever as the main reason for self-medication

### **5.1.2 Health facility challenges contributing to self- medication**

Health facility challenges included; shortage of drugs at the health facilities, a third of the clients mentioned it as their major reason for self-medication, these clients travel long distances to inaccessible health facilities and when they find that facilities do not have drugs, and they resort to self-medication.

Shortage of drugs in Uganda has not been particularly documented in southern Uganda however it was documented in Northern Uganda (Muyinda H *et al.*, 2015) as affecting the access in the war tone region, southern Uganda has been having relatively good stocks of drugs

and it is not evident that shortage of drugs has happen, however, this does not mean that it does not happen.

In this study, we also noted, long waiting time mentioned by the participants as a reason for self-medication, these clients do not have formal employment, they are young and not educated, they usually do not find reasons for why they should wait at health facilities and after experiencing frustration as a result of waiting long, they consider next time to self-medicate.

Majority of the participants reported that they practice self- medication because they have the right to choose the preferred drugs, the right to choose the preferred drug is often take in error, patients have to seek medical attention from a qualified health worker than health worker discusses with him the diagnosis thereafter the patients chooses the preferred medication, however most patients, perceive it as a right to walk to the drug shop or pharmacy and choose the medication you want, with no guidance of a health workers. Unable to access medication has been documented in France Guiana region among illegal gold miners by Douine M *et al.*, (2018), in Uganda this is not such inaccessibility, patients are free to access free medication even in transit to another countries, the main obstacle would be distance, but, Kabwohe H C IV is in region where even community health workers examine and distribute free treatment to communities as studied by Kitutu FE *et al.*, (2017)

## **5.2 Conclusion**

- Self-medication remains a public health challenge especially at Kabwohe H C IV.
- It is mainly among the youth i.e. those below 35 years of age make up the biggest percentage.
- It noted, that, after patients self-medicate, majority visit a health unit providing an opportunity for health education on advantage and disadvantage of self- medication.

## **5.3 Recommendations**

- The DHO Must strength policy implementation on the use of drugs to reduce the burden of irrational drug use that increase the cost of purchasing the wasted drugs, and increasing drug resistance.
- DHO, site in charges must conduct routine clinical audit on patient care to identify missed opportunity in care develop action plan to address challenges in service delivery

#### **5.4 Implications to nursing practice**

According to the study findings, nurses should become active advocates on effective continued practice and campaigns, through health education about the practice of self-medication.

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### **Appendix I consent forms**

**Study Title:** Factors Contributing To Self-Medication among Patients in OPD at Kabwohe Health Centre IV

**Principal Investigator(s): TUSINGWIIRE DOTIA**

## **INTRODUCTION**

Good morning/afternoon. My name is \_\_\_\_\_. I am an interviewer from Kampala International University. This is kindly to request you to participate in the study by answering the questions on the questionnaire. There are no financial benefits you are entitled to by participating in this study. However, all information found useful will be communicated to the authorities concerned and management of kabwohe health center IV for better and quality health services. High level of confidentiality will be observed.

### **Statement of consent.**

I certify to the best of my knowledge that I have read and understood the purpose of the study and voluntarily agree to participate.

Participant's signature:

Witness' signature

Date:

Date:

Contact of researcher

Contact of supervisor

Tusingwiire Dotia

Nankinga Clare

0705560045

Thank you for your participation.

## **Appendix II Questionnaire**

Serial Number \_\_\_\_\_ Date of interview

Instructions

Dear respondents,

Please read the instructions carefully and answer all questions that follow. All information will be kept confidential. Please tick in the correct box provided or write where applicable in the space provided

1. Demographic data

- a. Age [    ] years
- b. Tribe
- c. Marital status [    ] Married, [    ] single, [    ] Divorced, [    ] Widow
- d. Religion \_\_\_\_\_
- e. Occupation \_\_\_\_\_
- f. Level of education [    ] primary, secondary, [    ] Tertiary, [    ] university

2. Patients level related factors contributing to self-medication

a. The reasons for self-medication

- I. financial problem [    ] Yes, [    ] NO
- II. mild sickness or chronic illness [    ] Yes, [    ] NO

Which illness \_\_\_\_\_

- III. lack of time [    ] Yes, [    ] NO

Why \_\_\_\_\_

- IV. knowledge of diagnosis [    ] Yes, [    ] NO
- V. non-availability of doctor [    ] Yes, [    ] NO

b. The main medical conditions treated in self-medication by the respondents were

- I. cold [    ] Yes, [    ] NO
- II. cough [    ] Yes, [    ] NO
- III. fever [    ] Yes, [    ] NO
- IV. abdominal pains [    ] Yes, [    ] NO

3. Health facility challenges contributing to self- medication

- a. shortages of drugs at health facilities [    ] Yes, [    ] NO
- b. long waiting time at health facilities [    ] Yes, [    ] NO
- c. long distance to health facilities [    ] Yes, [    ] NO
- d. inability to pay for health care charges [    ] Yes, [    ] NO
- e. the freedom to choose the preferred drugs [    ] Yes, [    ] NO
- f. Inaccessibility of hospitals [    ] Yes, [    ] NO

4. Where do you get the drugs \_\_\_\_\_

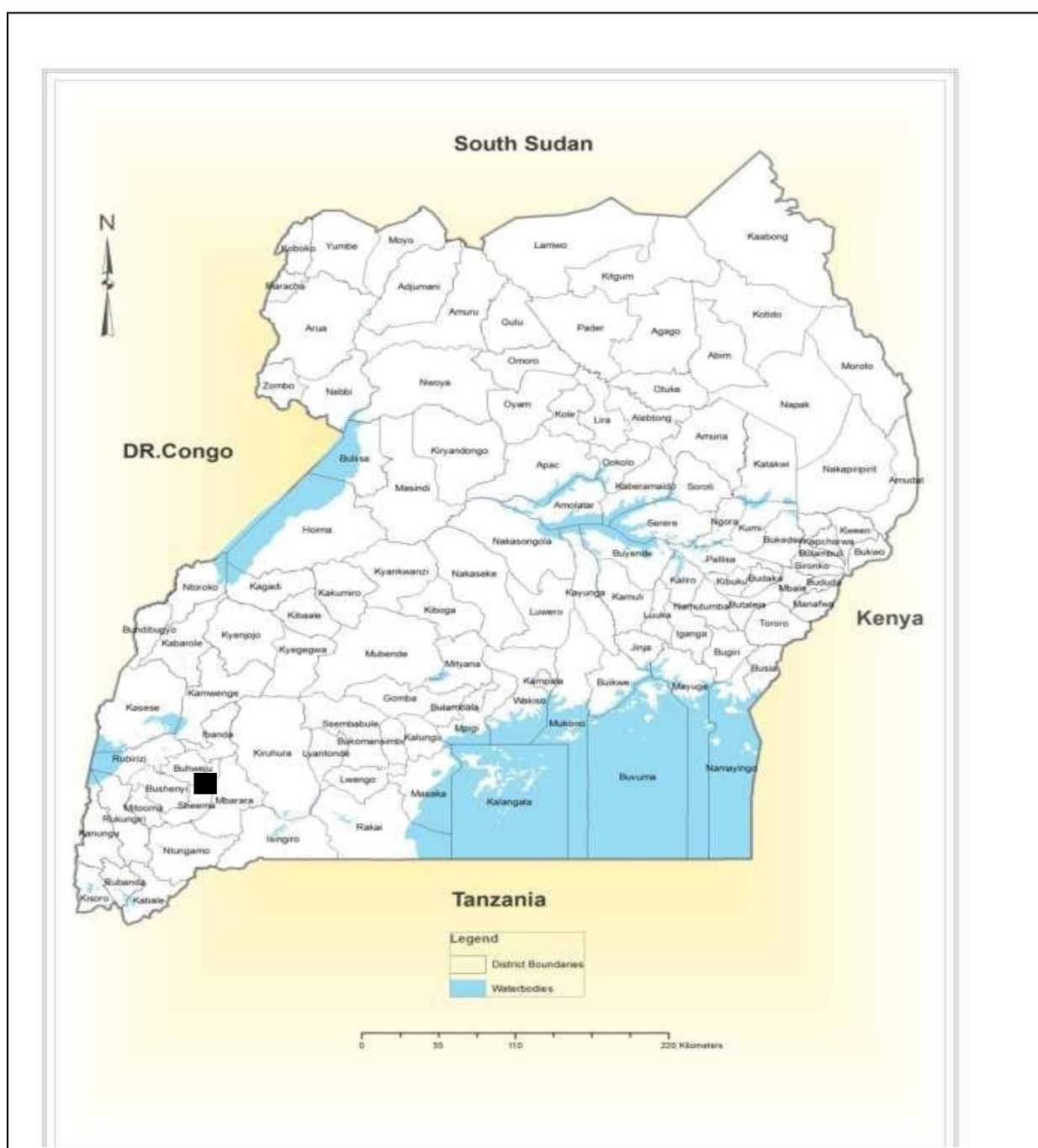
### Appendix III: Letter of approval

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p><b>KAMPALA INTERNATIONAL<br/>UNIVERSITY<br/>WESTERN CAMPUS</b><br/><small>EXPLORING THE HEIGHTS</small></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p style="text-align: right;">School of Nursing Sciences,<br/>P.O.BOX 71 Bushenyi, Ishaka<br/>Tel: +256 (0) 701 975572<br/>E-mail: <a href="mailto:akabanyoro@gmail.com">akabanyoro@gmail.com</a><br/>Website: <a href="http://www.kiu.ac.ug">http://www.kiu.ac.ug</a></p> |
| <p><b>Office of the Dean - School of Nursing Sciences</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                            |
| Date: 09 <sup>th</sup> /Feb. /2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            |
| <p>To: <u>THE INCHARGE</u><br/><u>KABWOHE HEALTH CENTRE</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                            |
| <p>Dear Sir/Madam,</p> <p><b>RE: TUSINGWIRE DOTIA                      DNS/E/7108/163/DU</b></p> <p>The above mentioned is a student of Kampala International University – School of Nursing Sciences undertaking Diploma in Nursing Science – Extension and she is in her final academic year.</p> <p>She is recommended to carry out her data collection within two weeks from the time of approval as a partial requirement for the award of the Diploma in Nursing Science.</p> <p>Her topic is: <b>FACTORS CONTRIBUTING TO SELF MEDICATION AMONG PATIENTS AT OPD AT KABWOHE HEALTH CENTRE IV</b></p> <p>Any assistance rendered to her will be highly appreciated.</p> <p>Thank you in advance for the positive response.</p> <div style="text-align: center;"><p>.....<br/><b>Baluku Yosiah</b><br/><b>RESEARCH COORDINATOR</b><br/>Tel: +256782-835901/756-013899<br/>Email: <a href="mailto:balyos766@gmail.com">balyos766@gmail.com</a></p></div> |                                                                                                                                                                                                                                                                            |

KABWOHE HEALTH CENTRE  
KABWOHE MUNICIPALITY  
**12 FEB 2018**  
**CLINICIAN**  
PO BOX 26 KABWOHE

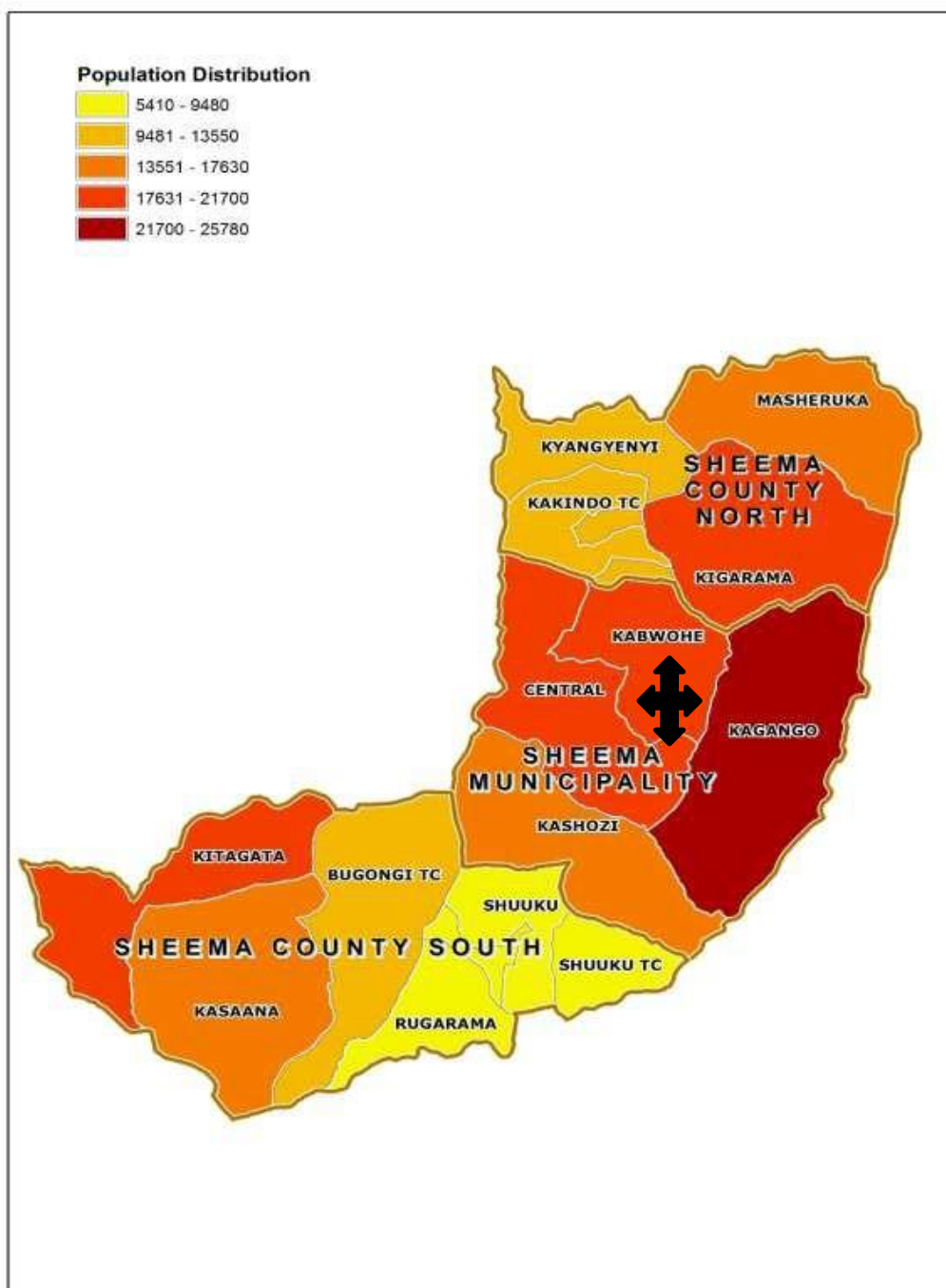
Received on 12/2/2018  
By  
Dr. Aionmyishir

## Appendix IV: Map of Uganda showing Sheema District



**KEY: ■ SHEEMA DISTRICT**

**Appendix v: Map of Sheema District showing Kabwohe Health Centre IV**



KEY:  KABWOHE HEALTH CENTRE IV