

KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT SELF-MEDICATION AMONG UNIVERSITY STUDENTS IN MALE'.

MARIYAM SAMEERA

THE MALDIVES NATIONAL UNIVERSITY

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UNIVERSITY STUDENTS IN MALE’.**

MARIYAM SAMEERA

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of Bachelors in Primary Health care

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The Maldives National University

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DECLARATION

Name: Mariyam Sameera

Student Number: 000025908

I hereby declare that this Project is the result of my own work, except for quotations and summaries which have been duly acknowledged.

Signature:

Date:

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ABSTRACT

Self-medication is a common practice around the world. It is often defined as the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms. This study aimed to identify the knowledge, attitude and practices of self-medication among University students in Male’. A cross sectional descriptive study was carried out among 120 students chosen through convenient sampling from Maldives National University. Data was collected using a pretested self-administered questionnaire about demographic details, knowledge, attitude and practices of self-medication. Statistical analysis was done using SPSS version 20. The major findings of the study showed that almost all the study participants practiced self-medication. It has also shown that the most common groups of drugs used for self-medication were painkillers, vitamins, antibiotics and anti-allergies. Moreover, majority of the students believed that self-medication is more convenient and time saving when compared to consulting a doctor. Although self-medication is difficult to eliminate, interventions can be made to discourage this practice and ensure safer usage of drugs. The interventions that can be made include better patient education and implementing strict regulatory policies against selling pharmaceutical drugs without prescription.

Keywords: *Self-medication, over-the-counter, non-prescription, attitude, practice*

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LIST OF ABBREVIATIONS

WHO- World Health Organization

OTC- Over-the counter

CAM- Complementary Alternative Medicine

SPSS- Statistical Package for Social Sciences

KAP- Knowledge Attitude and Practice

MNU- Maldives National University

CHAPTER 1

INTRODUCTION

1.1 Background to the study

Self-medication is an emerging issue around the world, and the irrational use of drugs is a major cause of concern particularly in Maldives. According to WHO (2015) self-medication is “The selection and use of medicines by individuals to treat self-recognized illnesses or symptoms”. Medicines for self-medication are often called as over-the-counter (OTC) medicines or non-prescription medicines. In some countries these medicines are available from pharmacies as well as from supermarkets and shops.

On 20th January 2015, Maldives has introduced a drug policy which disallows selling non-OTC medicines and controlled drugs to customers. However, this policy has not yet being implemented effectively. Since, these medicines are still being sold to customers without prescription.

The irrational use of medicines is a challenge in both developed and developing nations. In developed nations like the US, there are growing concerns about the use of OTC and non-OTC medicines by the students during exams (Alamalak et al., 2013). Moreover, a report by Hugh C. McBride has stated that high school students use Methylphenidate (Ritalin) during exams to improve performance and attention (McBride, n.d.) Several studies have

been done in different countries regarding self-medication. However, no such study has yet being studied on Maldives. Therefore this study aims to explore the knowledge, attitude and practice about self-medication among University students in Male' Maldives.

1.2 Problem Statement

Despite being in the list of a developing country, Maldives has made exemplary progress in providing health services and accessibility of the pharmaceuticals to its citizens. However, the non-medical use or abuse of prescription drugs is a huge problem and a matter of concern. Today, majority of the people particularly in Maldives depends on non-prescription drugs and they just buy them from pharmacies without any proper instructions from healthcare providers. Even though self-medication is a useful tool to treat minor ailments, improper self-medication practice or medication abuse leads to serious adverse drug reactions and possibly fatal consequences. A pioneering number of researches indicate that self-medication could cause bacteria resistance to such antibiotics and may precipitate the emergence of multiple resistant organisms that would be difficult to treat and this has caused increased morbidity. Countless studies have been conducted in various countries on the extent of OTC drug use. However, studies on this issue have not yet being rewarded on Maldivian context. Therefore, it is believed that there is an urgency to address these issues and make the community more aware of this problem.

1.3 Objectives of the Study

1.3.1 General Objective

To assess the self-medication practices among university students and to identify factors that contributes towards the use of self- medication.

1.3.2 Specific Objectives

- To determine the level of awareness regarding self-medication among University students in Male’.
- To assess the extent of self-medication practices among university students.
- To identify the factors that contributes towards the use of self-medication among university students.

1.4 Research Questions

1. What is the level of knowledge about self-medication among students?
2. What are the factors that contribute towards the use of self-medication?

1.5 Significance of the study

Adequate education and information on self- medication can be conveyed effectively once the objectives of this study are accomplished. The results of this study would provide vital information to the Ministry of Health and Gender and also other medical institutions, about the knowledge, attitude and practices of self-medication among university students and also factors contributing to the use of self-medication. Furthermore, this study would be beneficial to other health facilities as a guideline to change patient’s behavior and attitude. To the future researchers, this study can provide baseline information on the recent status of self-medication among university students in Male’.

1.6 Scope of the study

Student population is chosen, because they represents a large number of youth population and a segment of highly-educated members of the society that have better access to healthcare-related information. Moreover, youth population is more opt for practicing self-medication rather than seeking prescribed medications.

1.7 Definition of terms

Self-medication: The use of medicines for self-treatment without consultation with a doctor

Medication: Any substance used in treatment, cure, prevention or diagnosis of disease or to enhance general well-being

Over the counter drugs: Medicines which are being sold to consumers without a prescription from healthcare professionals.

Socio-Demographic: A group defined by its sociological and demographic characteristics

Non-prescription: Available for sale without prescription from a health professional

Adverse drug reaction: Unexpected or dangerous effects of a drug.

Antibiotic resistance: Occurs when an antibiotic has lost its ability to effectively control or kill bacterial growth.

Ailments: A physical disorder or illness, especially of a minor or chronic nature.

Pathogens: Disease causing organisms.

Anti-emetics: A drug that is effective against nausea and vomiting.

Irrational: Use of medicines in a way that is not acceptable.

CHAPTER 2

REVIEW OF LITERATURE

1.1 Self-medication

With the discovery and accessibility of pharmaceuticals for the management of various diseases, the act of self-medication has become a common practice in today's era. Moreover, it is a growing trend of self-care which has its positive and negative influences. Self-medication is the use of medication by a patient on his own initiative or on the advice of a Pharmacist or a lay person instead of consulting a medical practitioner WHO guidelines, (as cited in Kayalvizhi & Senapathi, 2010).

Studies reveals that self-medication with over-the-counter drugs have been on a rapid rise. Many people use self-medication as a treatment for minor ailments. However, self-medication has several potential risks which results in the wastage of the resources, increase resistance of pathogens and generally cause serious health hazards such as adverse drug reaction, prolong suffering and drug dependence (Mehta & Sharma, 2014).

Self-medication is widely practiced in both developed and developing countries. However, it is common especially in economically deprived communities. If practiced correctly, self-medication has positive impacts on individuals and healthcare systems. Self-medication

could ease the demand on doctors and make people more health conscious. Moreover, it allows patients to take responsibility and build confidence to manage their own health, thereby, promoting self-empowerment. However, if abused, it could delay accurate diagnosis and appropriate treatment, and could cause toxicity, side-effects, drug interaction and unnecessary expenditure (Hughes et al., 2001).

1.2 Factors that affect self-medication (Age, Gender, Education, and Income)

The decision for self-medication may be influenced by different factors such as education, income, age, society, law, lack of knowledge etc (Klemenc-Ketis, 2010). Studies revealed that there are an increase in trends of self-medication particularly among the youth population and also have found that educated people have a greater tendency to practice self-medication than illiterates (Afolabi, 2008). A study conducted in Kerala indicated that the practice of self-medication was more in men than in women, especially those in the third and fourth decades of life (Saleem et al., 2011).

Moreover, a study conducted in Nepal shows that, a greater proportion of urban respondents and respondents aged below 40 years practiced self-medication. And it was found that more male patients used self-medication compared to females. The better socioeconomic status of men in Nepal, their better earning power, and the higher educational level are probably among the reasons for self-medication. Furthermore, it was found that self-medication was more common among younger generation. The greater prevalence of self-medication among younger generation could be due to the better educational level (Shankar et al., 2002).

However, the most extensive survey of the South Australian population in 2004 found that Complementary and Alternative Medicines (CAMs) were used by 52.2% of the respondents with better-education, higher income, women in the 25-44 years of age group living in a metropolitan area. This study says that OTC use was not associated with age, gender, education level and tertiary education in any of the four waves (MacLennan et al., 2006).

1.3 Knowledge of Self-medication

Several studies have been conducted in different countries in order to find out the prevalence and the extent of self-medication among university students. In these studies some respondents accept the fact that self-medication is harmful while others think that self-medication is useful in many ways. Therefore, this shows the aspect of absence of appropriate knowledge.

A cross sectional study about student's attitude towards the use of over the counter (OTC) medicines during exams in Saudi Arabia reveals that most of the students were aware of OTC medication safety concerns. While majority (85.2%) was aware of the fact that long term use of OTC medicine like aspirin, ibuprofen and paracetamol will result in serious side effects. Moreover, approximately 36.7% of the respondents agreed that herbal and natural products for memory and attention would not result in any adverse effects on the human body (Almalak et al., 2013).

In a study conducted to assess awareness and knowledge about self-medication shows that about 82% of the respondents stated that their level of knowledge regarding OTC medications was moderate to low. Eighty one percent of the participants said that they would stop using the OTC drug if it did not work within the proposed time frame, while a

small number of them would increase (7%) or decrease (5%) the dose. It is noteworthy that out of the 58 participants who were on regular prescription medications, only 35% agreed that OTC drugs could interfere with the prescribed ones, while the rest either 27% disagreed or were unsure (Azhar et al., 2013)

A study carried out in southwestern Ethiopia revealed that more than 80% of persons explained that they had no idea about the potentially dangerous effects of modern drugs when used without the advice of health professionals (Suleman et al., 2009). Therefore, this reveals that people do not have appropriate knowledge about the medicines and its adverse reactions. However, lack of knowledge of the medicines dosage and frequency of intake can potentially lead to adverse drug reactions that might ultimately cause fatal consequences. Moreover, it might lead to delay in the diagnosis and treatment of a disease condition. Therefore, patients who are frequently relying on self-medication should be educated about the potential risks and adverse effects.

1.4 Attitudes towards self-medication

In a study that was undertaken to evaluate the knowledge, attitude and practice of self-medication among first-year medical students, it shows that the majority of the respondents (76.9%) had a positive attitude towards self-medication and they favored self-medication saying that it was acceptable, while 14.9% felt it was unacceptable (James et al., 2005). Moreover, 85% of the respondents in India had positive attitudes towards self-medication practices. (Kayalvizhi & Senapathi, 2010).

However, unlike other studies, a study conducted among University students of Ethiopia indicated that out of 283 respondents, only 104 (36.70%) agreed with the practice of self-medication while majority of the respondents 148 (52.30%) disagreed. Surprisingly, 31

(11.00%) of the respondents had no comment on the practice of self-medication (Gutema et al., 2011).

A study carried out in Malaysia showed that majority of the respondents (42.2%) strongly agreed that self-medication with OTC drugs was a better option compared to obtaining prescribed medications from a doctor while, 21.8% respondents strongly disagreed (Azhar et al., 2013). Moreover, another study carried out in a medical college of Nepal, shows that only 2 (2.7%) students strongly agreed that self-medication would be harmful if they are taken without proper knowledge of drugs and disease whereas, majority 47 (62.7%) students stated that they doesn't believe it to be harmful (Mehta & Sharma, 2015).

A positive finding as a good behavior among students was found in a study conducted in among college students in India. It was revealed that almost all of the students (96.5%) were conscious about the expiry date of drugs and used them only after checking it. Moreover, in this study it was found that the common sources of information for self-medication were found to be different among medical and non-medical students, as previous experience was the leading source of information for medical students, whereas for non-medical students, the main source of information were the family members and chemists. This is an obvious difference as medical students are more aware of uses of drugs, as they study about them in their medical curriculum when they are taught pharmacology (Uppal et al., 2014). Another study carried out among students shows almost similar result for the source of information. In this study, the pharmacy stores 60 (68.18%) were the most common source of information while, family members and friends were the source of information for the 24 (27.27%) of the respondents and 4 (4.54%) of students had taken medicine that was remained during prior illness (Patel et al., 2013). Moreover, a

study conducted in South India indicates that 80.82% students self-medicate using doctors prescriptions provided during their previous illness. While 36.98% students stated their source of information was from the pharmacist (Kayalvizhi & Senapathi, 2010). Furthermore, a study has shown that almost three quarter of the subjects sought for advice regarding OTC medications and 61% of them obtained this advice from the pharmacists, while 33% from friends or family and 28% from the doctor (Azhar et al., 2013).

1.5 Practices of self-medication

A study conducted among university students of Karachi, it was revealed that 76% of students have involved in the act of self-medication. (Zafar et al., 2008). In another study it was found that more than 80% of students used self-medication as their first line of treatment. (Uppal et al., 2014). Thus, it reveals that self-medication is a common practice among university students.

A study under taken to determine the knowledge, attitude and practice of self-medication among second year under-graduate medical students in India shows that 77 (79.4%) students sometimes practiced self-medication while 11 (11.3%) stated they usually practiced and 9 (9.3%) stated that they have never been involved in self-medication. Moreover in this study it was found that 44 (45.4%) believed that they were able to cure their disease by the self-implemented medication. The most common ailments in which the students self-medicated include headache (41.2%), followed by fever (21.6%) and cough and cold (16.5%). Furthermore it is noteworthy that analgesics were most common group of drugs used for self-medication (62.9%) by the students. And it was stated that 91 students did not faced any adverse drug reaction due to self-medication while 6 students

had faced adverse effects in the form of sedation, nausea, vomiting and headache. (Thadani, Salman, & Ahmed, 2013).

A study conducted in Malaysia to determine the use of nonprescription medications by the general public in the Klang Valley shows that out of 400 respondents 74.5% (298 respondents) had used self-medication. This indicates that self-medication is a common practice in Klang Valley. Moreover, of the 298 users, 205 bought medications for their own while the other 93 used the medications bought by someone else. (Chua & Sabki, 2011). Another study conducted to evaluate the perception, attitude and practice of Self-medication among business students in South India, 56.63% respondents stated that time saving was the main reason for self-medication while 12.8% of respondents said that self-medication gives quick relief and 8.09% stated it is easy and convenient. Moreover, in this study most common symptoms for which students self-medicate include fever (36%), headache (35%), cough, cold and sore throat (20%). Most of the respondents had positive attitude in self-medication for minor illness. However, symptoms of minor illness may cause major illness if not diagnosed properly as most of the fatal diseases have symptoms like fever, body ache, and headache (Kayalvizhi & Senapathi, 2010).

A similar type of study which was conducted to determine the knowledge, attitude and practice of self-medication among medical students in Nepal also showed that the majority of the students self-medicated for the symptoms like headache, cold and fever. (Mehta & Sharma, 2015). Thus, as reported in different findings, headache, fever, cough/common colds are the commonest minor ailments/symptoms for which University students get treatments by practicing of self-medication. In the same study when asked about the immediate response when they fall sick, majority 27(36%) of the students stated that they

would consult a doctor while 22(29.3%) said they would self-medicate, whereas, 22(29.3%) students said they would ask suggestion and 9(12%) students would wait till symptoms disappear. (Mehta & Sharma, 2015).

In a study conducted to evaluate self-medication awareness and attitude among Malaysian urban population it was seen that minor illness was the most common (91.2%) reason for the self-medication. However 12 participants (3.9%) used OTC drugs for severe illness as well. Almost half of the population stated that self- medication was more convenient (53%), while (51%) stated that it was easier to access and (42%) of respondents said they self-medicate because it saves time when compared to consulting a doctor. About 43% of the participants also thought that consulting a doctor were unnecessary as the condition that required self-medication, was a minor problem (Azhar et al., 2013).

1.6 Conceptual Framework and Measurement of variables

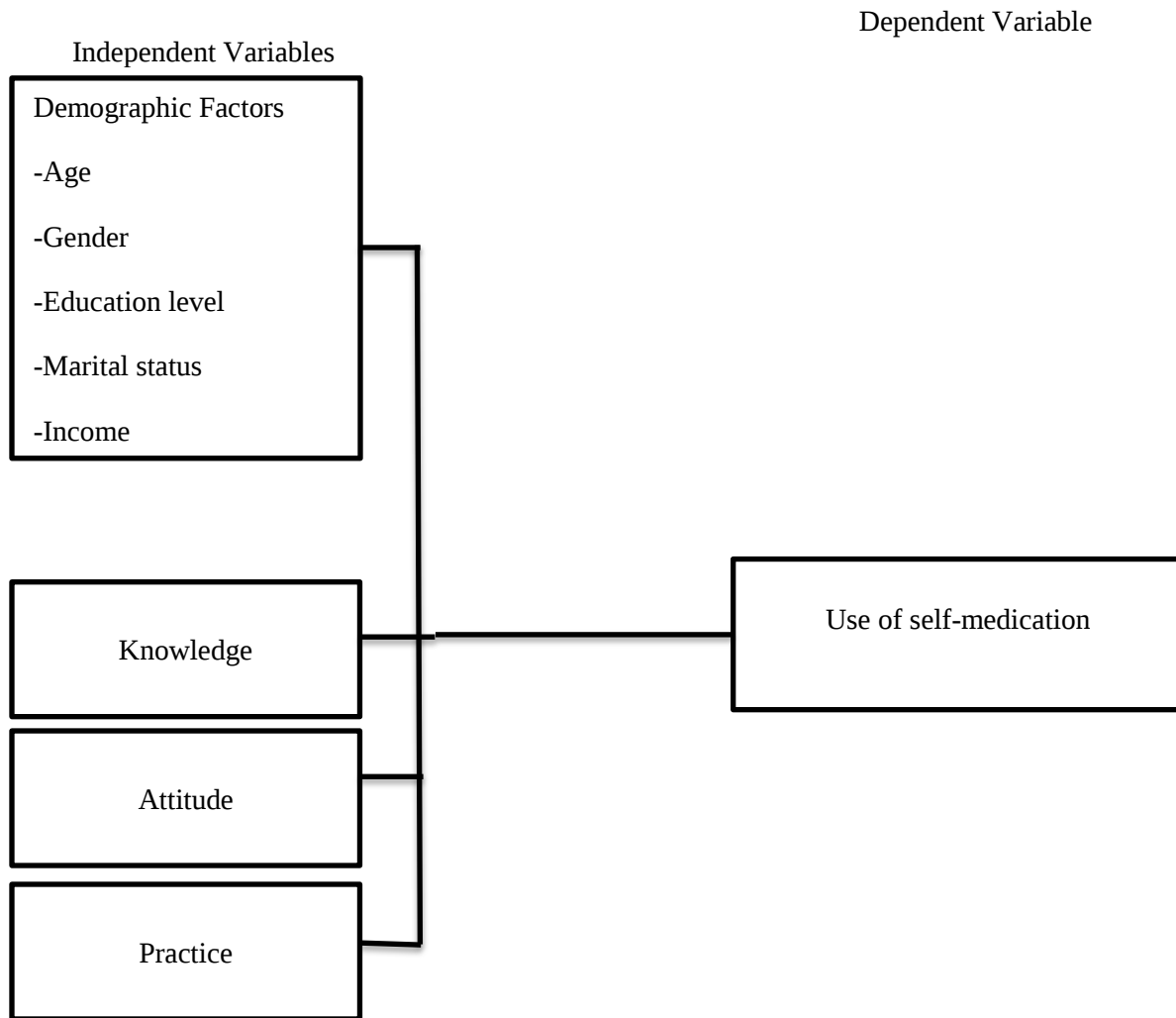


Figure 2.1: Conceptual Framework

The conceptual framework shows the dependent variable and independent variable of this study. The dependent variable is the use of self-medication and independent variables include; age, gender, education level, marital status and income. There are four main categories that affect the use of self-medication it includes; demographic factors, knowledge, attitude and practices of students towards self-medication.

CHAPTER 3

METHODOLOGY

3.1 Research Design

This study is a cross sectional descriptive study conducted in order to determine the knowledge, attitude and practices of self-medication among university students in Male'. Cross sectional studies are most appropriate to measure prevalence for all factors under investigation. Moreover, this type of studies is relatively quick and easy to conduct.

3.2 Population and Sample

The target population for this study was students of Maldives National University (MNU). University students were chosen because this age group is more opt for practicing self-medication. There were a total of 4532 students. Considering 95% confidence level, 5% confidence interval 354 students was the sample size. However, due to time constraints 34% of the sample size was used in this study that is 120 participants. Convenience sampling was taken from the students enrolled at 9 faculties by approaching students who were conveniently accessible from each faculty.

3.3 Instrumentation

A self-administered questionnaire was distributed amongst the participants after explaining the purpose of the study. The questionnaire was divided into four sections. The section A contained demographic details of the respondents. Section B consisted of the questions

regarding the knowledge of the respondents about self-medication. The series of questions in this section were assessed using both dichotomous and Likert-scale questions. The section C contained questions related to the attitudes towards self-medication. These questions were dichotomous questions. The section D consisted of questions regarding the practices of self-medication. The questions in this section was assessed using dichotomous, multiple choice and Likert scale questions. No data was requested in the questionnaire that could lead to the identification of the participants. (Refer **Appendix A** for Questionnaire)

3.4 Data Collection Procedures

The data's for this survey was collected during October 2015. Data were gathered using structured self-administered questionnaire. The survey was conducted in different faculties of Maldives National University. Pretesting was done through collecting data from 10 students who were not included in the sample. Data collected was entered and analyzed using Statistical Package for Social Sciences (SPSS) version 20. Tests run for the analysis were frequency test and percentages. Frequency test was run in order to obtain the frequency of each items contained in the questionnaire.

3.5 Validity and Reliability of the research

The validity and reliability of the instrument is very important to decrease the error in the study. Therefore the reliability of the instrument was proven by pretesting and it was done in order to bring further changes in the questionnaire before it was finalized. Therefore, identified errors and mistakes in the questionnaire were improved. The objectives of the study were explained to the study participants prior to data collection, and their consents were obtained, and the questionnaires were filled only by those who agreed. (Refer **Appendix B** for Consent Form).

3.6 Framework for Data Analysis

Table 3.1: Framework for Data Analysis

Objective	Question	Sources of Data	Types of Data	Techniques of Analysis
1. To determine the level of awareness regarding self-Medication among University students in Male’. 2. To assess the extent of self-medication practices among university students in Male’. 3. To identify the factors that contributes towards the use of self-medication among university students in Male’.	What is the level of knowledge about self-medication among students? What are the factors that contribute towards the use of self-medication?	Convenient sample taken among the students of MNU in Male’	Primary Data	SPSS

CHAPTER 4

DATA ANALYSIS AND RESULTS

1.7 Demographic characteristics of the participants

Table 4.1: Demographic Details

Variables	Frequency (n=120)	Percentage (%)
Age		
15 to 24 years	93	77.5
25 to 34 years	26	21.7
35 to 44 years	1	0.8
Total	120	100
Gender		
Male	44	36.7
Female	76	63.3
Total	120	100
Education Level		
O' Level	32	26.7
A' Level	66	55
Diploma	16	13.3
Advanced Diploma	2	1.7
Degree	4	3.3
Total	120	100
Marital Status		
Married	28	23.3
Single	91	75.8
Divorced	1	.8
Total	120	100
Employment Status		
Employed	28	23.3
Self-employed	9	7.5
Un-employed	83	69.2
Total	120	100

The results of the study showed that self-medication was alarmingly high among the University students in Male'. Even though the results showed the participants had the proper knowledge of self-medication, it is a common practice among all the participants. The following tables illustrate the results of this study.

About 93 (77.5%) respondents were between the age group 15-24 years, 26 (21.7%) belongs to the age group 25-34 years. However, only 1 (0.8%) belongs to the age group 35-44 years. The mean age was 23.12 and SD was 2.03. Among 120 participants, majority 76 (63.3%) were females and 44 (36.7%) were males. The education level of the respondents showed that total 32 respondents have completed their O' Level while 66 studied A' Level. Moreover, 16 respondents completed diploma and 2 respondents completed advanced diploma whereas, the rest 4 respondents completed their bachelor's degree. Majority of the respondents were single. Out of 44 male respondents 12 of them were married while 32 were single. However, among the 76 females 16 were married, 32 of them were single and one respondent was divorced. Among the sample population, 83 respondents were unemployed, 28 were employed and 9 of them were self-employed. More number of females was employed than males.

1.8 Knowledge on self-medication

Table 4.2: Participants level of knowledge on self-medication

Question	Response	Frequency	Percentage
Do you know which medicines are available without prescription?	Yes	65	54.2
	No	55	45.8
There is no risk for myself for self-medicating with pharmaceutical drugs?	Yes	47	39.2
	No	73	60.8
Buying medicines on my own is better than waiting at long queues for consultation?	Agree	48	40
	Disagree	72	60
Do you know whether there is any regulation in Maldives against selling pharmaceutical drugs without prescription?	Yes	52	43.3
	No	68	56.7

Majority of the participants had a quiet good knowledge on self-medication and were aware of the safety concerns of medications. Moreover, most of the participants stated that self-medication has no risk to them therefore, buying medicines on their own is better than waiting at long queues for consultation.

Table 1.3: Participants level of knowledge on self-medication

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total	Percentage (%)
Based upon my past experience with medicines, I self-medicate on my own	14	47	20	23	16	120	100
Through self-medication, the risk that I take is high	24	37	16	34	9	120	100
There is no need to visit a doctor for minor illnesses.	33	34	17	19	17	120	100
I may suffer from severe allergic reactions from the medicine I use through self-medication	19	39	17	22	23	120	100
If I am cured by a medicine through self-medication then I will not consult doctor	34	46	8	26	6	120	100

Above table shows that 47 participants agreed that they self-medicate based on their past experience with medicine, while 23 participants disagreed to this statement. However, this shows that self-medication is a very common practice among university students in Male'. Twenty four (24) participants strongly agreed that through self-medication the risk they take is high and the majority 37 participants also agreed to this statement and 34 participants' stated that they disagree, moreover 9 participants strongly disagreed to this while 16 participants were unsure. Majority (34) participants agreed that there is no necessity to visit a doctor for minor illnesses. Most of the participants agreed that they may suffer from a severe allergic reaction from a medicine they use through self-medication. However, 46 participants agreed that if they are being cured by a medicine through self-medication then they will not consult a doctor.

1.9 Attitude towards self-medication

Table 4.4: Participants views towards use of self-medication

Question	Response	Frequency	Percentage
Self-medication would be harmful if taken without proper knowledge	Yes	111	92.5
	No	9	7.5
OTC drugs are more useful than prescribed medicine	Yes	30	25.0
	No	90	75.0
I can stop use of medicine on my own after symptom disappears	Agree	81	67.5
	Disagree	39	32.5
I seek advice from pharmacist before buying medicine	Yes	93	77.5
	No	27	22.5

Majority 111 (92.5%) of the participants said that self-medication would be harmful if they are taken without proper knowledge of drugs and disease while the rest 9 (7.5%) participants said it is not harmful. Thirty participants (25.0%) stated that OTC drugs are more useful than prescribed medications whereas the majority 90 (75.0%) participants said prescribed medicines were the better option. Among 120 participants 81 (67.5%) agreed that they can stop using medicines on their own after the symptoms disappear while 39 (32.5%) disagreed on this statement. Majority of the participants 93 (77.5%) said that they seek advice from the pharmacist before buying medicines whereas 27 (22.5%) participants said that they do not ask any instructions from the pharmacist.

Table 4.5: Percentage of participants who followed label instructions

Details	Response	Frequency	Percentage
Name of the medication	Yes	111	95.7
	No	9	4.3
Expiry Date	Yes	104	89.7
	No	16	10.3
Indications	Yes	86	34
	No	74.1	25.9
Dosage	Yes	93	80.2
	No	27	19.8

*Multiple Responses

Majority of the participants 111 (95.7%) said that they always read the name of the medication they use. Hundred and four (89.7%) participants stated that they check the expiry date of the medicine they buy while 16 (10.3%) of the participants stated that they do not check the expiry date. Moreover, 86 (34%) of the participants said that they read the indications as well, while 74.1 (25.9%) participants said that they do not read the indication. Additionally, 93 (80.2%) of the participants stated that they do check the dosage of the medicines whereas 27 (19.8%) said they do not check the dosage while they use medicines.

1.10 Practices of self-medication

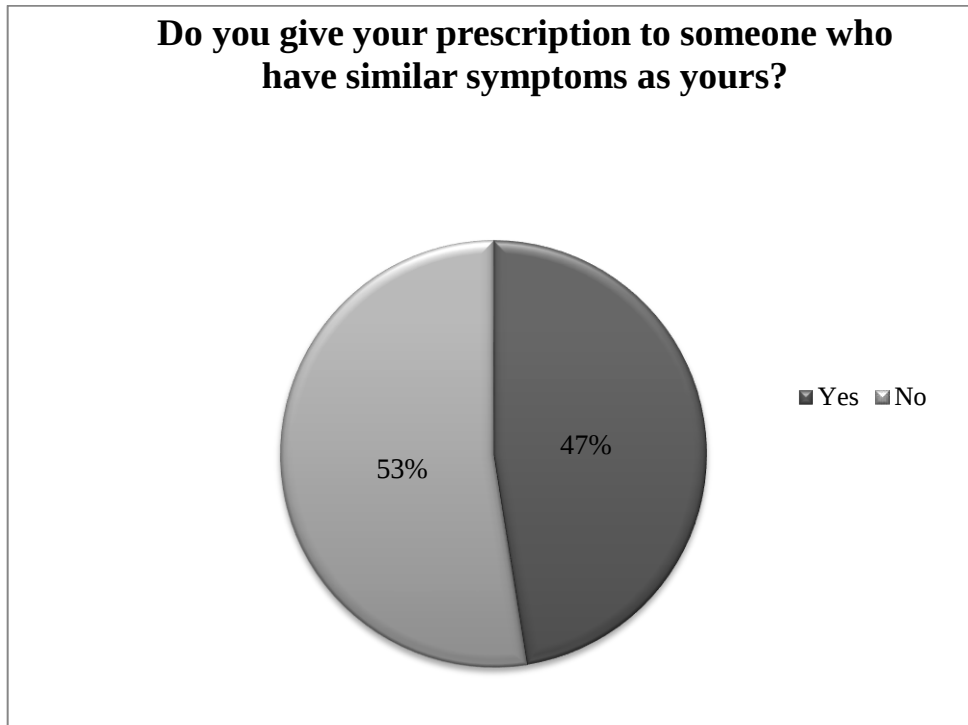


Figure 4.1: Percentage of students who give their prescription to others with similar symptoms

The above figure shows the percentage of participants who give their prescription to others who have similar symptoms as them. Among 120 participants 47% of them stated that they give their prescriptions to others with similar symptoms while 53% said that they do not give their prescription to others.

Table 4.6: Commonest drugs used to self-medicate

Medicines	N (%)
Painkillers	95 (79.2)
Antibiotics	46 (38.3)
Vitamins	74 (61.7)
Anti-allergies	18 (15.0)
Anta-acids	14 (11.7)
Others	4 (3.3)

*Multiple Responses

The most common group of drugs used by students for self-medication are Painkillers 95 (79.2%), Vitamins 74 (61.7%), Antibiotics 46 (38.3%), Anti-allergies 18 (15.0%) followed by Anta-acids 14 (11.7%) and others 4 (3.3%) which includes anti-emetics.

The table indicates that out of 120 participants, 102 (85%) use medication for fever.

Table 4.7: Main symptoms for self-medication

Symptoms	Frequency	Percentage
Fever	102	85
Common cold	95	79.2
Body Pain	63	52.5
Diarrhea	21	17.5
Abdominal Pain	33	27.5
Nausea and Vomiting	43	35.8
Headache	87	72.5

*Multiple Responses

Moreover, a huge number of students used medication for common cold 95 (79.2%) as well. Other conditions include Body pain 63 (52.5%), Diarrhea 21 (17.5%), Abdominal pain 33 (27.5%), Nausea and vomiting 43 (35.8%) and headache 87 (72.5%).

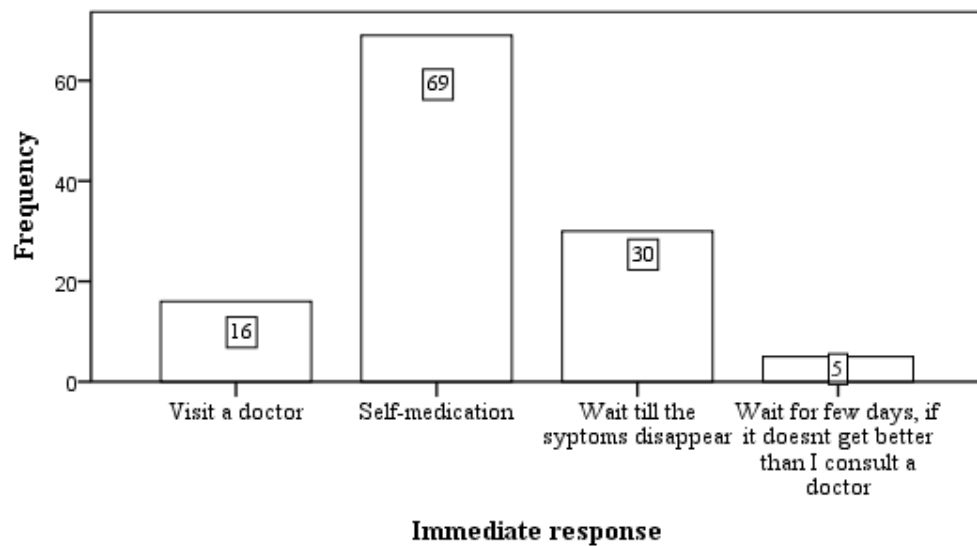


Figure 4.2: Immediate response when students fall sick

The above chart indicates the immediate responses when student fall sick. This shows that majority 69 (57.5%) of the participants self-medicate, and 30 (25.0%) of them wait till the symptoms disappear while only 16 (13.3%) of the participants stated that they will visit a doctor. However, 5 (4.2%) of them said that they wait for few days and if it does not get any improvement then they consult a doctor.

Table 4.8: Reasons of self-medication

Reasons	Frequency	Percentage
More convenient	30	25
Time saving	49	40.8
Easier to access	39	32.5
Quick relief	47	39.2
Lack of time to consult	36	30
Others	1	0.8

*Multiple responses

Majority 49 (40.8%) of the participants self-medicate because it saves time for them and 30 (25%) of the participants said it is more convenient while 39 (32.5%) of them stated that it is easier to access. Moreover, 47 (39.2%) said it gives quick relief and 36 (30%) participants said lack of time was the reason for self-medication. However, only 1 (0.8%) stated that he/she self-medicates because he/she is from a health background.

Table 4.9: View towards practice of self-medication

Question	Response	Frequency	Percentage
People practice self-medication because, medicines are available without prescription	Agree	106	88.3
	Disagree	14	11.7

Among the total 120 participants, 106 of them agreed that people practice self-medication because medicines are available without prescription however, the rest 14 (11.7%) of participants disagreed to this statement.

CHAPTER 5

DISCUSSION AND CONCLUSION

1.11 Summary of main findings

The study demonstrates that all the participants in the study population have practiced self-medication. This shows that self-medication is a very common practice among all the age groups of university students in Male' although they had proper knowledge regarding self-medication. Therefore, it is a major cause of concern and it has to be taken seriously. It is also worthy to note that this study population belong to the well-educated category of the country and if the prevalence of self-medication is extremely high among these groups who are aware of its risks than the situation of the general population would be even more worse than this and it is more serious cause for concern.

The most commonly used drug groups for self- medication were painkillers 95 (79.2%) followed by vitamins, antibiotics, anti-allergies and anta-acids. It was notified that an alarming number 46 (38.3%) of the participants use antibiotics on their own without consulting a doctor. Minor illnesses such as fever, common cold, headache, body pain, abdominal pain were the common symptoms for which students self-medicate. Majority of the participants stated that self-medication was their immediate response when they fall sick when rather than consulting to a doctor, as it was more convenient, time saving and it is easily accessible.

1.12 Discussions

This descriptive cross sectional study aimed to identify the knowledge attitude and practices of self-medication among university students in Male'. In this study total 120 students from 9 different faculties of MNU were participated in which 76 were females and 44 participants were males. The minimum age of students participated were 18 and maximum age was 35 years. Majority of the participants were un-employed as they are studying in full-time courses.

Knowledge on self-medication

Majority of the participants had proper knowledge about self-medication and safety concerns of medicines. A large number of participants know the common medicines which are sold without prescription. Self-medication was considered to be safe by many participants at the same time they agree the fact that they may suffer from severe allergic reactions through the medicines they used for self-medication. Moreover, 60% of the population disagreed to the statement that self-medication is better than waiting at long queues for consultation. This shows that more number of students have knowledge about self-medication. However, 68 (56.7%) of the participants did not know there is a regulation in Maldives against selling pharmaceutical drugs without prescription. Furthermore, 34 participants stated that it is not necessary to visit doctor for minor illnesses while 46 participants agreed that if they are being cured by a medicine through self-medication then they will not consult a doctor for further checkup.

Attitude towards self-medication

From this study it was identified that majority of the participants had a positive attitude towards self-medication as it is a common practice among all of the participants. However, 92.5% of them said that self-medication would be harmful if they are taken without proper knowledge of drugs and disease while some of the participants said that self-medication is not harmful. Unlike other aspects of self-care, self-medication involves the use of drugs, and it has the potential to do good as well as cause harm. Therefore, it is important to keep students more informed about this. Moreover, a huge number of participants in the study agreed that they can stop using medicines on their own as soon as the symptoms disappear. Additionally 93 (77.5%) said that they seek advice from the pharmacist when they buy medicines. This shows that pharmacists have a vital role in reducing the extent of self-medication by attending only minor ailments and referring patients to physicians where patients require further investigations. Moreover, the information that the pharmacist provides might not be the most reliable information on the drug as well. Hence, the students and the public must be well informed about this.

A positive finding as a good behavior among students was that a vast number 104 (89.7%) of them were aware about the expiry date of drugs and they use it only after checking it. Moreover, many of the participants stated that they check the name of the medication, dosage and indication of the medicines as well.

Practices of self-medication

This study has identified that the extent of self-medication is extremely high among all the participants of this study. Several studies have previously been done on other countries to assess the prevalence of self-medication among University students. These studies have also proven that self-medication practice is very high. One such study conducted in Delhi University showed that more than 80% of students used self-medication as their first line of treatment (Uppal et al., 2014).

The most common group of medicines used as self-medication was painkillers, vitamins, antibiotics, anti-allergies followed by anta-acids and anti-emetics. Among these medicines, painkillers 95 (79.2%) have been reported to be the most commonly used group of drugs. This is almost similar to the study conducted in Delhi University on 2014 (Uppal et al., 2014). It was surprising to find that the use of antibiotics have been high among these participants by without clinical evaluation, which might otherwise leads to antibiotic resistance that has serious effects on the health. This may be because there are no strict regulatory policies being implemented in the country against selling pharmaceutical drugs.

The main symptoms that lead to self-medication in this study were fever 102 (85%), common cold 95 (79.2%), headache 87 (72.5%), body pain 63 (52.5%) followed by diarrhea, abdominal pain, nausea and vomiting. These finding are very similar to a study conducted in Nepal to identify the knowledge, attitude and practice of self-medication among medical students (Mehta & Sharma, 2015).

When asked about the immediate response when students fall sick majority of the respondents have stated that they self-medicate. While only 16 (13.3%) of the participants told that they will visit a doctor, another 5 (4.2%) of them said they usually wait for few days to see whether there is any improvement.

The participants gave many reasons for taking self-medication. One of the major reasons that lead to self-medication was, to saves time. Moreover, the second reason was self-medication gives quick relief to them. In addition to this, easier to access and lack of time was some of the reasons participants have mentioned. However, one student who was studying in faculty of health sciences has mentioned that she self-medicate because she is from a medical background. This shows us that students who are from medical background tend to self-medicate more as they will be more familiar with the drugs and diseases.

Majority 49 (40.8%) of the participants self-medicate because it saves time for them and 30 (25%) of the participants said it was more convenient while 39 (32.5%) of them stated that it was easier to access. Moreover, 47 (39.2%) said it gives quick relief and 36 (30%) participants said lack of time was the reason for self-medication. However, only 1 (0.8%) stated that he/she self-medicates because he/she is from a health background. Moreover, majority of the participants has agreed that people does self-medication because medicines are available without prescription. This means that if we tend to adopt a more proactive approach against selling pharmaceutical drugs against prescription, it would ultimately reduce the number of people who self-medicate.

1.13 Implications

The findings of the study responded to the study's research questions and helped to achieve its objectives, which are to determine level of awareness, to identify extent of self-medication and to identify factors that contribute towards use of self-medication. These findings have several significant implications to determine the baseline information on the level of awareness and extent of self-medication. Based on the results of this study further researches can be conducted in a large scale.

1.14 Limitations of the study

There were few limitations that have caused some interruptions to complete this study. First of all, lack of support from some of the faculties made delaying of data collecting procedure and also due to public holidays that had fallen on this period made the process delayed. Moreover, due to time constraints a convenient sampling has been taken, therefore the results of this study cannot be generalized to the whole population of MNU. Therefore, a random sample would have been a better choice to decrease this bias. However, due to time constraints, a convenient sample was the available option.

1.15 Directions for future research

As this study was limited to a single setting with a very few sample size, the results cannot be generalized therefore, this has opened gateways for further research on this issue. This study will be helpful to understand baseline data about knowledge, attitude and practices of university students in Male'. A similar study can be conducted to the general public of

Maldives in a larger scale. Through this study, it has been proved that self-medication is a serious and emerging issue in our society therefore it will help to conduct health education programs about the potential risk of self-medication which can help to prevent or reduce the usage of non-prescribed medications.

1.16 Conclusion

This study has showed that the extent of self-medication is alarmingly high among the university students. The participants had good knowledge and positive attitude towards self-medication. The most common groups of drugs used for self-medication were painkillers, vitamins, antibiotics and anti-allergies. It was surprising to find that the use of antibiotics have been very high among these participants without any clinical evaluation, which might cause serious health issues such as, antibiotic resistance.

Students reported symptoms of self-medication include fever, common cold, headache, body pain and abdominal pain. Moreover, self-medication was the immediate response they take when they are sick. It was said that it is because; self-medication is more convenient, time saving and easily accessible rather than consulting a doctor.

There is need to carry out intensive education and comprehensive awareness campaign to advocate for reduction in the prevalence of self-medication among students. Proper drug-use policies must be implemented by government and must have continuous inspection as well. Although self-medication is difficult to eliminate, more patient education and awareness can discourage this practice and ensure safer use of drugs.

1.17 Recommendation

Even though the knowledge regarding self-medication was good among the students', more health education programs must be initiated to increase awareness among students about the harmful effects of self-medication and to be attentive about its use. Moreover, it is highly recommended that proper drug control policies must be implemented strictly, restricting the availability of drugs to the public unless they have a valid prescription. Steps also can be taken to empower pharmacists as they play a major role in providing non-prescription medication to the public. For instance, empowering pharmacists to have direct control and responsibility for drug-use policies can assist in improving the quality of patient care.

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APPENDIX

APPENDIX A

Questionnaire

Survey Questionnaire

Instructions: This survey questionnaire is part of an academic research on Self-medication. Please reply to the best of your knowledge and sincerely. Please place a tick under the relevant box that reflects your opinion against each of the statements below.

Please read the definition of self-medication: Use of medication by a patient on his own initiative without the advice of a doctor. Self-medication includes acquiring medicines without doctor's prescription, using old prescriptions to buy medicines, sharing medicines with family members and friends with the similar symptoms or using leftover medicines stored at home.

Serial No:-

Section A: Demographic Information

1. Age	
2. Gender	
a) Male	☐
b) Female	☐
3. Faculty	
4. Marital Status	
a) Married	☐
b) Single	☐
c) Divorced	☐
d) Widowed	☐

5. Educational Level

- | | |
|---------------------|--------------------------|
| a) O' Level | ☐ |
| b) A' Level | ☐ |
| c) Diploma | ☐ |
| d) Advanced Diploma | ☐ |
| e) Degree | ☐ |
| f) Masters | ☐ |

6. Employment Status

- | | |
|------------------|--------------------------|
| a) Employed | ☐ |
| b) Self-employed | ☐ |
| c) Un-employed | ☐ |

Section B: Knowledge on self-medication

7. Do you know which medicines are available without prescription?

- | | |
|--------|--------------------------|
| a) Yes | ☐ |
| b) No | ☐ |

8. There is no risk for myself for self-medicating with pharmaceutical drugs?

- | | |
|--------|--------------------------|
| a) Yes | ☐ |
| b) No | ☐ |

9. Buying medicines on my own is better than waiting at long queues for consultation?

- | | |
|-------------|--------------------------|
| a) Agree | ☐ |
| b) Disagree | ☐ |

10. Do you know if there is any law or regulation in Maldives against selling pharmaceutical drugs without prescription?

a) Yes

☐

b) No

☐

For the following questions please write the relevant number under the column that reflects your opinion against each of the statements below.

1. Strongly Disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly Agree
----------------------	-------------	------------	----------	-------------------

STATEMENT

10. Based upon my past experience with medicines, I self-medicate on my own

☐

11. Through self-medication, the risk that I take is high

☐

12. There is no need to visit a doctor for minor illnesses.

☐

13. I may suffer from severe allergic reactions from the medicine I use through self-medication

☐

14. If I am cured by a medicine through self-medication then I will not be

☐

Section C: Attitude towards self-medication

15. Self-medication would be harmful if they are taken without proper knowledge of drugs and disease.

a) Yes

☐

b) No

☐

16. Have you ever thought self-medication with Over-the-counter drugs is more useful than prescribed medications?

a) Yes

☐

b) No

☐

17. I can stop using medicine on my own after the symptoms disappear

a) Agree

☐

b)
Disagree

☐

18. I seek advice from the pharmacist before buying medicines

a) Yes

☐

b) No

☐

19. I always read these details of the medicines when I buy

a) Name of the medication

b) Expiry date

c) Indications

d) Dosage

Yes	No

Section D: Practices of Self-medication

20. Do you give your prescription to someone who is having similar symptoms as yours?

a) Yes

☐

b) No

☐

21. Which of the following groups of medicine do you commonly use for self-medication? (Tick more than one if applicable)

a) Painkillers

☐

b) Antibiotics

☐

c) Vitamins

☐

d) Anti-Allergies

☐

e) Anta-acids

☐

f) Others please specify

22. Tick the main symptoms for which you self-medicate?(Tick more than one if applicable)

a) Fever

☐

b) Common cold

☐

c) Body pain

☐

d) Diarrhea

☐

e) Abdominal Pain

☐

f) Nausea and Vomiting

☐

g) Headache

☐

f) Others please specify

23. What is your immediate response when you fall sick?

a) Visit a doctor

☐

b) Self medication

☐

c) Wait till the symptoms go

☐

d) Others please specify

24. If you are practicing self-medication, please state the reason?

- a) More convenient
- b) Time Saving
- c) Easier to access
- d) Quick Relief
- e) Lack of time to consult doctor
- f) Others please specify

☐☐☐☐☐

25. People practice self-medication because medicines are available without prescription

- a) Agree
- b) Disagree

☐☐

Thank You for Participating!

APPENDIX B

Consent Form

INFORMATION SHEET AND INFORMED CONSENT FORM FOR RESEARCH PARTICIPANTS

Information Sheet

Purpose of the study

As a partial fulfillment of the requirements for the Award of the Degree of Bachelor of Primary Health Care, I require to carry out a research study in the subject “Research Project”. This survey is about knowledge, attitude and practices of self-medication among University students in Male’.

The study will take around 15-20 minutes in which you will be asked to provide answers to the questions that reflect your opinion against each answer. This questionnaire is divided into four sections which include demographic information and knowledge attitude and practice of the participants.

As you are being selected for this survey; your participations in the study should be voluntary. You will be asked to sign a consent form to indicate that you provide consent for taking part in the study. And you will be provided a copy of the consent form. Even after signing the consent form, you have option of withdrawing from the study, any time you wish.

All the information provided by the participants would be used anonymously. I will ensure that no clue to your identity will be given away to anyone else or in the study. All the information you provide will be kept confidential and will be used for the study purpose only.

If you have any further questions you are given full authority to seek answer for them any time you wish to. Even if you need to clarify any information regarding the study you may contact me through the following contact number and email address.

Mariyam Sameera, Mobile No: 7933213, Email: samy_5616@hotmail.com

If you agree to take part in the study, please sign in the consent form provided.

Thank you for your co-operation!

INFORMED CONSENT SHEET

Iam willingly participating in (Mariyam Sameera)'s research

I have been explained fully about the details, its purposes and nature of the study. I understand that the information provided will be used only for the academic purpose and I can withdraw from the study at any time, before it starts or during the study I have opportunity to ask questions about the study.

I understand that privacy will be ensured and the information I provide will be kept confidential.

I consent voluntarily to participate as participant in this research and knowing that I have the right to withdraw from the research at any time.

Signature:

Date.....