

A comparative study of the pattern of self-medication among housewives and working ladies in a city of North East India

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Abstract

Background: The World Health Organization describes self-medication as the use of medicines by individuals to treat conditions that they have identified themselves. This behavior is influenced by factors such as education, income, access to healthcare, and personal health beliefs. In India, self-medication is widespread, with prevalence varying across different regions and demographics. This study aims to assess and compare self-medication patterns among housewives and working women in Guwahati, Assam. **Materials and Methods:** A cross-sectional questionnaire-based study was conducted over 6 months in Guwahati city. The study included 584 working women and 568 housewives, selected through random sampling. Data were collected using a structured questionnaire covering aspects such as types of drugs used, reasons for self-medication, sources of information, and duration of medication use. Statistical analysis was performed. **Results:** The prevalence of self-medication was significantly higher among working women (71%) compared to housewives (63%) ($P < 0.05$). Both groups most frequently used pain relievers and fever-reducing medications. Employed women typically sought guidance from pharmacists or reused previous prescriptions, while housewives turned to informal sources such as relatives and media. Key reasons being perceiving the illness as minor, seeking quick relief, and lack of time. Working women were more inclined toward allopathic medicines, while housewives showed a preference for Ayurvedic remedies. **Conclusion:** Self-medication is common among both groups, though distinct patterns are evident. These findings highlight the need for targeted education and stronger regulations to encourage safe and responsible self-medication practices.

Key words: Health behavior, Housewives, Over-the-counter drugs, Self-medication, Working women

INTRODUCTION

As defined by the World Health Organization (WHO), “Self-medication refers to individuals selecting and using medicines to address self-recognized conditions or symptoms.”^[1] Drugs used for self-medication are commonly known as over-the-counter (OTC) medications, which are accessible without a physician’s prescription at pharmacies.^[2] Medicines that require a prescription are called prescription products. Various factors – such as age, gender, income, education, and awareness of medication – can influence self-medication practices.^[3-5] Self-care-oriented people are those who undertake activities without professional assistance to promote their own health.^[6] Typical ailments managed through self-medication include mild respiratory infections such as cold and flu, digestive

issues such as heart burn, gastric upset, skin irritations, and insect bites.^[7,8] According to WHO, when done responsibly, self-medication can offer an effective and cost-saving method to manage minor ailments without the need for medical consultation.^[9] The novelty of the study is regarding (a) the role of self-medication in prevention or treatment of disease, (b) factors leading to self-medication and the adequacy of knowledge, (c) pharmacists and their role in healthcare, and (d) importance of proper regulatory policies toward self-medication.

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Aim and Objectives

The present study has been taken to compare and assess the pattern of self-medication, use of drugs for different ailments, side effects, awareness, reasons for use, source of drug information, etc., and to compare it among the housewives and working ladies of Guwahati, a city in the north eastern part of India.

MATERIALS AND METHODS

- Study design: A cross-sectional questionnaire-based study is designed to assess and compare the pattern of self-medication among housewives and working women.
- Study population-600 each of housewives and working women of Guwahati after obtaining their informed consent.

Inclusion criteria-Both housewives and working women by random selection are included in the study.

Exclusions criteria-Subjects of unsound mind, those unwilling to participate, and those who reside outside Guwahati are excluded from the study.

- Study area-Guwahati city of Assam, a beautiful city of North east India.
- Duration of study-6 months.
- The approval of Institutional Ethical Committee was taken (MC/02/245)
- The data collected will be kept confidential maintaining the privacy of the subjects
- Statistical Analysis-Data were analyzed using the Chi-square test through GraphPad Prism v5.0, with a significance threshold set at $P < 0.05$.

RESULTS AND OBSERVATIONS

Tables 1-6.

Table 1: Practice of self-medication among housewives and working ladies

Group	Self-medication	
	Yes (%)	No (%)
Working ladies	414 (71)	170 (29.1)*
Housewives	358 (63)	210 (36.97)

(No. of respondents: Working ladies- 584, Housewives- 568)

* $P < 0.05$ - statistically significant

Table 2: Category of drugs used for self-medication

Category of drugs	Working ladies (414) (%)	Housewives (358) (%)
Analgesics	298 (72)	244 (68)
Antipyretics	278 (67)	220 (62)
Cough suppressants	248 (60.1)	210 (59)
Heart burn/gastritis	268 (64.5)	198 (55.2)
Vitamins	260 (63)	176 (49)
Antibiotics	316 (57)	140 (39)
Topical	252 (61)	164 (46)

$P > 0.05$, Not statistically significant

Table 3: Sources of information

Source of information	Working ladies (414) (%)	Housewives (358) (%)
Old prescriptions	252 (61)	236 (66)
Physician/pharmacist	274 (66)	244 (68)
Friends and family	132 (32)	212 (59.2)*
Package inserts	224 (54.1)	86 (24.3)*
TV/Internet	198 (48)	186 (52.2)
Newspapers	16 (04)	24 (07)
Advertisements	54 (13)	138 (39)

* $P < 0.05$ - Statistically significant

Table 4: Reasons for self-medication

Reasons	Working ladies (414) (%)	Housewives (358) (%)
Minor illness	286 (69)	218 (61)*
Lack of time	236 (57)	186 (52.4)
Quick relief	264 (64.2)	204 (57)*
Awareness	236 (56.89)	114 (32)*
Health care facilities not situated nearby	96 (23)	122 (34.3)
Financial constraints	78 (19.3)	154 (44.02)

* $P < 0.05$ - statistically significant

Table 5: Duration of treatment

Duration	Working ladies (414) (%)	Housewives (358) (%)
Complete the full course	190 (46)	114 (32)
Take the drug on and off	138 (33)	226 (63)
Stop the drugs when the symptoms disappear	86 (21)	18 (05)

$P > 0.05$, Not statistically significant

Table 6: Type of medicine practiced for self-medication

Medicine	Working ladies (%)	Housewives (%)
Allopathic	264 (64)	128 (36)*
Ayurvedic	100 (24)	168 (47)*
Homeopathic	42 (10)	50 (14)
Others	8 (02)	18 (05)

* $P < 0.05$ - statistically significant

DISCUSSION

In our study, self-medication among working ladies and housewives was statistically significant. The most common drugs for self-medication in our study were found to be analgesics and antipyretics which are consistent to a study conducted by Juneja *et al.*^[10] among adult population in Northern India where about 60% of the study population practiced self-medication and NSAIDS and antipyretics were the top drug classes reported for it. Both groups frequently cited the minor nature of their illnesses and the desire for fast symptom relief as key motivators for self-medication, aligning with findings by Saharan and Pandey.^[11] Working ladies prefer allopathic system of medicine whereas housewives are more inclined toward Ayurvedic system of medicine which may be due to their belief in traditional system of medicine.

CONCLUSION

Modern women often juggle multiple responsibilities, which can lead to neglecting personal health needs. The study indicates that self-medication is commonly practiced among both homemakers and employed women in Guwahati. While it offers convenience, it also poses health risks if not managed properly. Correct and proper use of medicines may contribute to a great extent in health care whereas inadvertent and improper use may lead to drug resistance, adverse effects, drug abuse, etc. Empowering women with the knowledge and resources to make informed health decisions is a step toward a healthier society.

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