

Exploring Self-Perceived Health Status And Self-Medication Patterns: Understanding Knowledge, Attitudes, And Practices Among Rural Residents In Lucknow

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Abstract

Background & Objectives: This study explores self-assessed health and self-medication practices among the rural population of Lucknow, Uttar Pradesh. The objective is to understand demographic, health-related, and behavioural characteristics within this context.

Methods: A cross-sectional study of 560 people from different Lucknow rural blocks was carried out. Data on demographics, self-assessed health state, and self-medication habits were gathered using a standardized questionnaire. The data were analyzed using descriptive statistics, which showed the frequency and trends of self-perceived health and self-medication practices.

Results: According to the survey, a sizable section of Lucknow's rural populace self-reported having poor health, with more than 60% describing their condition as moderate to extremely severe. Over 95% of individuals reported self-medicating in the past year, with over 95% of them having done so without first visiting a healthcare provider. Antipyretics and painkillers were frequently self-administered. Convenience, cost-cutting, and lack of access to medical institutions were the main drivers of self-medication.

Interpretation & Conclusions: The results highlight the critical need for focused measures to enhance rural Lucknow residents' access to healthcare and encourage safe prescription usage. Programs for health education should emphasize educating people about the dangers of self-medication and the value of consulting a doctor. To address health inequities and improve health outcomes in rural communities, it is imperative to fortify the healthcare infrastructure and advance preventative healthcare efforts. Policymakers and healthcare professionals may work to improve the health and well-being of Lucknow, Uttar Pradesh's rural population by tackling these issues.

Keywords: Self-assessed health(SAH), Self-medication(SM), self-associated hypertension (SHAH) , Health behaviours, Health disparities, Community health.

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I. Introduction:

The practices of self-medication (SM) and self-assessed health (SAH) are essential to the dynamics of healthcare, especially in rural areas such as Lucknow, Uttar Pradesh. SAH provide information about how people view their general health, which can inform policy and healthcare decisions. Likewise, self-medication (SM), or taking drugs without consulting a doctor, affects patient outcomes and patterns of healthcare utilization. In order to address health inequities and enhance the provision of healthcare in rural areas, it is imperative to comprehend the behaviours of SAH and SM.

Rural areas' distinct sociocultural and economic traits frequently influence people's attitudes about and practices related to their health. SAH and SM practices are influenced by a number of factors, including low health knowledge, restricted access to healthcare facilities, and traditional health beliefs. Through an analysis of these variables, this research aims to clarify the factors that contribute to SAH and SM in rural Lucknow, offering important information for the design of healthcare interventions.

Addressing healthcare issues in rural regions requires an awareness of SAH and SM habits. The high frequency of self-medication, which is frequently caused by financial constraints and poor access to healthcare, increases the risk of antibiotic resistance and hazardous drug reactions. Policymakers and healthcare professionals can create focused initiatives to encourage responsible drug use and enhance health outcomes in rural communities by identifying these issues and the factors that contribute to them.

Scope of the Paper: The purpose of this study is to look at how rural residents of Lucknow's self-perceived health and self-medication practices interact. The research aims to clarify the factors impacting rural inhabitants' health views and medication habits by an analysis of information, attitudes, and behaviours related to self-medication and Self-assessed health. In rural Lucknow, the study intends to shed light on health-seeking behaviours, health literacy levels, and socio-demographic characteristics related to self-medication and Self-assessed health. Additionally, by assessing SAH and SM practices among rural inhabitants at the community level, this study seeks to fill in the gaps in the body of material already in existence. In order to improve health outcomes and encourage responsible medicine use among rural people, this study is to provide insight into the prevalence and correlates of SAH and SM, particularly in Lucknow's rural terrain. The goal is to inform policy and healthcare measures.

II. Review Of Literature:

The motivation behind conducting this study is to fill in the gaps in the literature about rural communities' habits of self-medication and self-assessed health, especially in areas like Lucknow, Uttar Pradesh. Previous studies have examined the relationships between self-medication, self-harm, and a range of demographic and health-related variables; however, a dearth of thorough studies that concentrate only on rural areas still exists. Urban studies have emphasized the importance of self-assessed health as a critical health status indicator and its relationships to socioeconomic variables, healthcare accessibility, and health consequences. It is unclear, nonetheless, if these findings apply to rural communities, who frequently have particular difficulties such a lack of resources and infrastructure for healthcare. The body of research emphasizes how crucial it is to comprehend the intricate interactions that occur between self-assessed health, self-medication practices, and rural context-specific elements. People's opinions of their health and their dependence on self-medication methods may be greatly influenced by factors such as restricted access to healthcare facilities, financial restraints, cultural attitudes, and health literacy levels in rural areas. Furthermore, it is imperative to look into self-medication practices within rural healthcare systems due to the rise of antibiotic resistance and the possible negative consequences of careless self-medication, especially when using antibiotics.

III. Objective Of The Study:

This study aims to explore the relationship between SM behaviours and SAH among rural residents of Lucknow, Uttar Pradesh. This goal's justification stems from the necessity of filling up the gaps in the body of knowledge regarding the dynamics of rural healthcare, especially in areas with restricted access to infrastructure, services, social beliefs and culture.

This goal's rationale stems from the importance of comprehending people's health views and the related healthcare-seeking behaviours they exhibit in rural areas. SAH is a critical health status indicator that is closely correlated with a number of socioeconomic, demographic, and environmental variables.

The high frequency of SM, especially with antibiotics, raises questions about patient safety and antimicrobial resistance, hence a comprehensive study of the factors influencing and the effects of self-medication behaviours in rural areas is required. In order to provide evidence-based interventions and policy initiatives that are specifically suited to the demands and problems of rural healthcare delivery, this study aims to clarify the factors impacting SM habits and self-associated hypertension (SHAH) among rural residents of Lucknow. Additionally, it is anticipated that the results of this study will add to the larger conversation about healthcare access and health disparities in rural areas, which will enhance healthcare delivery and encourage responsible drug use in these communities.

The goal of this research is to give a thorough understanding of self-medication and self-administered health care Self-assessed health in rural Lucknow. This understanding will help to inspire targeted interventions and policy measures that will improve healthcare delivery and promote population health in these settings.

IV. Research Methodology

Study Design: In order to look into the knowledge, attitudes, and behaviours around self-assessed health and self-medication among the rural people of Lucknow, Uttar Pradesh, this study used a cross-sectional research approach. Cross-sectional studies allowed for the examination of changeable relationships and prevalence within the research population by giving a snapshot of the population at a particular point in time.

Study Setting: The study was carried out in rural Uttar Pradesh, India, close to Lucknow. In order to guarantee that the rural population was represented, a variety of rural landscapes were taken into consideration during the study site selection process.

Lucknow district is a district located in the state of Uttar Pradesh in northern India. Lucknow district covers an area of 2,528 square kilometres. Lucknow district is divided into 4 tehsils: Lucknow, Malihabad, Mohanlalganj, and Bakshi Ka Talab. These tehsils are then divided into 8 community development blocks (vikas khand). Lucknow district of Uttar Pradesh has a total population of 4,589,838 as per the Census 2011. As per the Census 2011 out of total population of Lucknow, 66.21% people lived in urban regions while 33.79% in rural areas. In rural areas of Lucknow, the average literacy rate was 67.82 percent.

Sampling Strategy: A multiphase sampling strategy was used to choose individuals from Lucknow's rural districts. Villages were first chosen at random from many blocks in the Lucknow district. Next, a random sample of the households in the chosen villages was taken. Individuals aged 18 years and above are chosen for study.

Sampling Size Calculation: A 95% confidence level, a 5% margin of error, and an expected prevalence of SAH and SM practices based on prior research were used to calculate the sample size. In order to provide sufficient statistical power, a minimum sample size of 560 individuals was determined, taking into account the limited population correction factor.

Data Collection: Structured questionnaires were used to gather data, and research assistants with training conducted in-person interviews with participants. The questionnaire included sections on factors impacting medicine use, sociodemographic traits, SAH perceptions, SM behaviors, and healthcare-seeking procedures.

Research tool: The research team especially created a structured questionnaire for this study's purpose of evaluating the self-medication and self-assessed health behaviours of Lucknow, Uttar Pradesh's rural populace. The three primary sections of the questionnaire were meant to collect data on participant self-medication behaviors, self-assessed health, and demographic variables.

The validity and reliability of the questionnaire were confirmed by extensive validation procedures. The content validity of the questionnaire was evaluated. The pilot test was also carried out with a subset of participants (n=30) in order to evaluate the questionnaire items' relevance, comprehensibility, and clarity. To ensure dependability, the internal consistency of the questionnaire items was estimated using Cronbach's alpha coefficient. The Lucknow rural population's self-assessed health and self-medication practices were extensively studied using a standardized questionnaire. The robustness and dependability of the data gathered for the study were guaranteed by its development and validation procedures.

Data Analysis: A summary of the participants' sociodemographic traits, SAH perceptions, and SM practices was obtained through the application of descriptive statistics. Frequencies and percentages were used to represent categorical variables, and measures of central tendency and dispersion were used to characterize continuous variables. In order to investigate correlations between variables and find predictors of SAH and SM behaviors, inferential statistics were utilized, including logistic regression and chi-square tests.

Ethical Considerations: Before the study started, ethical approval was acquired from the ethics committee. All participants provided informed consent, either verbally or in writing, because the study did not call for any clinical intervention and the participants' engagement was clearly below minimal risk. The study's goals and purposes, the participants' rights, and the possible advantages and disadvantages of taking part were all explained to the participants.

Limitations: The non-random nature of sampling among selected households raises the possibility of selection bias in the study's findings, even with measures to ensure representative sample. Furthermore, biases related to social desirability and recall may be introduced when self-reported data is used. Furthermore, it is not possible to establish causal links between variables using the cross-sectional approach.

Statistical Analysis:

To compile the information gathered for this investigation, descriptive statistics were calculated. Frequencies and percentages were used to represent categorical variables such gender, block name, education level, monthly household income, self-assessed health state, and self-medication habits. Measures of central tendency (mean, median) and dispersion (standard deviation, range) were used to characterize continuous variables.

To investigate correlations between factors and find predictors of self-assessed health (SAH) and self-medication (SM) habits, inferential statistics were applied. To evaluate the association between categorical characteristics, like gender and self-medication behavior, chi-square tests were used. After adjusting for relevant confounders, logistic regression analysis was used to identify the variables influencing SAH perceptions and SM practices. At $p < 0.05$, statistical significance was established. The correctness and dependability of the results were guaranteed by the use of relevant statistical software tools, such as SPSS, for all analyses.

V. Results

Our study's descriptive analysis, which was carried out in rural Lucknow, Uttar Pradesh, provides a detailed picture of the participants' numerous behavioral, health-related, and demographic traits.

Demographic Characteristics:

Among the 560 participants, the majority of respondents were male (58.57%), while female respondents constituted 41.43% of the sample. The distribution of respondents across different blocks varied, with no block dominating significantly. A substantial portion of the population had completed high school (41.79%), followed by those with higher secondary school education (22.14%). The largest proportion of respondents fell into the income bracket of 10000 - 25000 (56.25%).

Self-Assessed Health:

A significant proportion of respondents rated their health as either bad (26.07%) or very bad (37.14%), indicating a high prevalence of perceived poor health. The majority of respondents (57.86%) reported experiencing health problems in the past year, suggesting a considerable burden of illness within the community. Despite health issues, a considerable portion of respondents (33.75%) chose to self-administer medication when feeling unwell rather than seeking professional medical advice.

Self-Medication Practices:

The overwhelming majority of respondents (95.54%) admitted to practicing self-medication without consulting a doctor, indicating a common practice among the rural population. Painkillers (73.57%) and antipyretics (70.89%) were the most commonly self-administered medications, highlighting a preference for symptomatic relief. Cost-saving emerged as the primary reason for self-medication (67.86%), underscoring economic considerations as a significant factor influencing healthcare decisions. Despite the prevalence of self-medication, a notable proportion of respondents (20.00%) reported experiencing adverse effects, suggesting potential risks associated with unsupervised medication use.

Table contains all of the study population's descriptive and demographic data.

1. Demographic Information:		
Gender		Percentage
Male	328	58.57%
Female	232	41.43%
Block Name		
Mall	67	11.96%
Malihabad	68	12.14%
Chinhat	72	12.86%
Bakhshi Ka Talab	74	13.21%
Kakori	68	12.14%
Gosain ganj	65	11.61%
Mohanlal Ganj	75	13.39%
Sarojni nagar	71	12.68%
Education Level:		
Less than High School	129	23.04%
High School	234	41.79%
Higher Secondary School	124	22.14%
Graduation	57	10.18%
Post Graduation	15	2.68%
Post Doctorate	1	0.18%
Monthly Family Income		
< 10000	84	15.00%
10000 – 25000	315	56.25%
25000 – 40000	107	19.11%
> 40000	54	9.64%
2. Self-Assessed Health		
How would you rate your overall health in the past year?		
Excellent	52	9.29%
Very Good	70	12.50%
Moderate	84	15.00%
Bad	146	26.07%

Very bad	208	37.14%
Have you experienced any health problems in the past year?		
YES	324	57.86%
NO	236	42.14%
When you feel unwell, what is your usual course of action?		
Visit a doctor/clinic/hospital	125	22.32%
Administer medication on your own	189	33.75%
Seek advice from friends/pharmacist	346	61.79%
How many days do you usually wait before visiting doctor/hospital when feeling moderately unwell?		
less than 1 day	12	2.14%
2 to 4 days	232	41.43%
4 to 7 days	221	39.46%
more than 7 days	95	16.96%
Do you suffer from a chronic illness?		
Yes	187	33.39%
No	373	66.61%
Do you perform preventive check-ups / attend health camps ?		
Yes	267	47.68%
No	293	52.32%
Is Preventive health checkups/ attending health camps beneficial ?		
Yes	177	31.61%
No	383	68.39%
How satisfied are you with your overall health?		
Very satisfied	76	13.57%
Somewhat satisfied	114	20.36%
Neutral	189	33.75%
Somewhat dissatisfied	136	24.29%
Very dissatisfied	45	8.04%
How often do you experience physical discomfort or pain?		
Never	23	4.11%
Rarely	79	14.11%
Sometimes	193	34.46%
Often	143	25.54%
Always	122	21.79%
3. Self-Medication Practices:		
Any medication taken without doctor's consultation in last year?		
Yes	535	95.54%
No	25	4.46%
If yes, what type of medication do you usually self-administer?		
Painkiller	412	73.57%
Antibiotic	254	45.36%
Antipyretic	397	70.89%
Multivitamin	217	38.75%
Cough Syrup	398	71.07%
Steroids	6	1.07%
Do you think seeking Doctor's advice is necessary when moderately unwell?		
Yes	87	15.54%
No	473	84.46%
Do you think seeking Doctor's advice is necessary when severely unwell?		
Yes	512	91.43%
No	48	8.57%
How frequently do you self-medicate?		
Occasionally	128	22.86%
Regularly	212	37.86%
Rarely	190	33.93%
Never	30	5.36%
What is the primary reason for self-medicating?		
Lack of time to visit a doctor	128	22.86%
Cost-saving	380	67.86%
Convenience	291	51.96%

Previous positive experience	268	47.86%
Lack of access to healthcare facilities	68	12.14%
Have you ever experienced adverse effects or complications due to self-medication?		
Yes	112	20.00%
No	448	80.00%
Do you believe self-medication is a safe practice?		
Yes	390	69.64%
No	170	30.36%

The aforementioned findings underscore the high frequency of self-reported poor health and high levels of self-medication among Lucknow's rural populace. This suggests the necessity of focused interventions and health education campaigns aimed at fostering responsible healthcare practices and enhancing overall health outcomes within this population.

VI. Discussions:

Self-Assessed Health: A worrying tendency emerges from the examination of respondents' self-assessed health status among the rural population: a sizable number of respondents (63.21%) rated their health as either terrible or extremely bad. This suggests that there is a widespread belief about bad health in the society, which calls for more research to determine the underlying factors influencing this belief. A person's view of their health may be influenced by a variety of factors, including lifestyle choices, socioeconomic inequality, and restricted access to healthcare services.

Self-Medication Practices: The results of the study show that self-medication is very common among those living in rural areas; 95.54% of respondents said they had taken medication without a prescription in the previous year. The most often self-administered medications were painkillers (73.57%) and antipyretics (70.89%), indicating a dependence on over-the-counter medications for symptom treatment. The fact that 20.00% of respondents said they had problems or negative consequences from self-medication, however, is alarming because it highlights the possible risks connected to using medications without a prescription.

Socio-Demographic Factors: The examination of socio-demographic factors exposed significant differences in health-related practices and behaviors between various rural population groups. Self-medication was more common among those with lower incomes and educational levels, which may be due to obstacles to receiving official healthcare treatments. Furthermore, a sizable percentage of the population (52.32%) does not get a yearly preventive check-up, which implies that they are not fully aware of the value of early diagnosis of health problems and preventative care.

VII. Implications And Recommendations:

The study's conclusions have a number of ramifications for rural healthcare policy and practice. First and foremost, there is an urgent need for health education initiatives that promote responsible medicine use and raise public awareness of the dangers of self-medication. To address current inequities in health literacy and access to healthcare, these initiatives should focus on vulnerable populations, such as those with lower incomes and educational levels.

Second, initiatives to expand rural residents' access to high-quality, reasonably priced healthcare services should be undertaken. This could entail improving the current healthcare system, growing outreach initiatives, and offering financial incentives to medical professionals who choose to practice in underprivileged areas. Aside from that, programs like financial aid for preventive exams or drug costs subsidies that attempt to make healthcare services more affordable could assist lower barriers to care.

The study's conclusions emphasize the critical need for focused interventions to address the pervasive problems of rural inhabitants' low self-assessed health and extensive self-medication habits. Health care professionals and policymakers can reduce health disparities and improve health outcomes in rural communities by addressing the underlying factors that influence these health habits and advocating for evidence-based healthcare practices.

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