Attitude and Practice of Pregnant Women Regarding Self-medication in Yazd, Iran

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Abstract

Background: Medications, a main strategic commodity in any country, are strictly related to community health and sustainable development. Self-medication and irregular use of medications can increase their adverse effects. This study investigated the factors related to irregular and arbitrary use of medications in pregnant women admitted to health centers and clinics of Yazd, Iran, and their practice in this context.

Methods: This was a descriptive-analytic cross-sectional study conducted among 180 pregnant women. Participants were selected by cluster sampling. We chose six health centers and clinics from all medical centers in Yazd by a simple random method. A questionnaire was completed by the pregnant women who were consecutively admitted to each center. Data were analyzed by ANOVA, t-test, Chi-square, and Pearson tests with SPSS-15 software.

Results: More than 35% of the women self-medicated during pregnancy. Women with academic degrees scored higher in the knowledge section; however, this difference was not significant. The mean attitude scores for academic and nonacademic graduates were 34.92 (from 60) and 29.87, respectively while the mean practice scores were 15 (from 20) and 14.25 for academic and non-academic graduates, respectively.

Conclusion: The results of this study showed an increased prevalence of self-medication among pregnant women. Because of potential fetomaternal hazards related to medications, it is necessary to conduct educational programs to prevent this harmful habit and attitude in pregnant women.

Keywords: Attitude, practice, pregnant women, self-medication


Introduction

Medications are a strategic, important commodity with a direct relation to community’s health and sustainable development. Authorities in each country are responsible to supply it. All medications have a number of adverse effects, which can be increased by arbitrary and irregular use. It is doubtful that all consumers are aware that medications, in addition to their pharmacologic benefits, also have adverse effects.1

Analgesics are the most commonly used drugs for self-medication, followed by eye drops and antibiotics.2 Over-the-counter (OTC) medications are sold directly to a consumer without the need for a prescription from a healthcare professional, compared to prescription drugs, which are only sold to consumers who possess a valid prescription.3 Self-treatment may occur with either a manufactured or homemade medication. Incorrect use of medications without a prescription occur by any of the following: using previously prescribed drugs for similar illnesses or conditions, dividing a prescribed drug between different people, and using extra needed drugs for previous illness but some of them were not used and stored at home and patients use it or advise it to others for similar illnesses) drugs or arbitrary use of drugs by consuming either extra doses or less than the prescribed dose.4–8 Self-medication may cause many adverse effects that need specific treatment and may result in numerous complications for patients. People with low socioeconomic status may use medications because they have been recommended by a relative who has previously taken the same medication. Others do not believe that physicians correctly diagnose their conditions.9 According to estimates, approximately one-third of pregnant women self-medicate. A number of medications on the market can be harmful during pregnancy. Medications prescribed during pregnancy are normally based on evaluation of their harm to the mother and fetus. In most cases the first choice for treatment of a condition during pregnancy differs from treatment in nonpregnant women. Therefore, pregnant women must use the lowest therapeutic dose of medications.10

Studies have shown that Iranians have a major problem in this context. In a study from Ramhormoz, Iran, 100% of patients believed that a physician must prescribe medications to their patients. Approximately 94% were unaware of the adverse effects of medications, 84% kept medications at their homes, and 94% self-medicated.11 In a study from Yazd, it was shown that 83% of university students self-medicated. Men self-medicated more frequently than women. Additionally, they believed that the medications consumed were harmless.12

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By taking into consideration the potential fetomaternal effects of self-medication, this study aimed to determine the knowledge, attitude, and practice of pregnant women in terms of self-medication. Hopefully, based on the results of this study, we can plan educational programs to prevent self-medication among pregnant women and their possible side effects.

Materials and Methods

After approval of the institutional ethics committee, this descriptive-analytic cross-sectional study was conducted among pregnant women admitted to Yazd health centers and clinics. For sample size determination, we undertook a preliminary pilot study of 12 pregnant women who were not included in the main study. Based on this preliminary study and with a precision of 5%, we calculated the sample size to be 165 participants. However, to increase the study precision, we included 180 pregnant women in the study. Next, we divided the health centers and clinics into six clusters and randomly chose one center from each cluster. We developed a questionnaire after consulting with two health educators, a pharmacist, and an expert in questionnaire validation. In each center, the questionnaires were completed by 30 consecutively admitted women after explaining the process of the study and acceptance of participants; all were six months pregnant. The questionnaire was composed of 30 questions in the following categories: demographic factors (10 questions) and practice (six questions) with total scores of 20; sources of information obtained (one question); and attitude (13 questions), of which the highest score for each question in this section was 5, with a total score of 65. For internal consistency, we used the alpha Cronbach test which had an index of 0.77. A total of six specialists in health education, gynecology, and pharmacology confirmed the reliability of the questionnaire. All data were transferred to SPSS-15 software and analyzed by the t-test, ANOVA, Chi-square, and Pearson tests. A P-value of < 0.05 was considered statistically significant.

Results

Demographic characteristics of the participants are shown in Table 1. Over 35% of the pregnant women self-medicated. The frequency and mean scores of the pregnant women’s attitudes regarding self-medication are listed in Table 2. Attitude and practice scores in the educated pregnant women were higher than the uneducated women; however, this difference was not statistically significant.

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<table>
<thead>
<tr>
<th>Variables</th>
<th>Number (%)</th>
<th>Total n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Literacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>8 (4.45)</td>
<td>180 (100)</td>
</tr>
<tr>
<td>Less than diploma</td>
<td>55 (30.55)</td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>64 (35.55)</td>
<td></td>
</tr>
<tr>
<td>Academic</td>
<td>53 (29.45)</td>
<td></td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>171 (95)</td>
<td>180 (100)</td>
</tr>
<tr>
<td>Village</td>
<td>9 (5)</td>
<td></td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;25</td>
<td>46 (25.55)</td>
<td>180 (100)</td>
</tr>
<tr>
<td>25-35</td>
<td>106 (58.9)</td>
<td></td>
</tr>
<tr>
<td>&gt;35</td>
<td>28 (15.55)</td>
<td></td>
</tr>
<tr>
<td><strong>Economic status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosperous</td>
<td>78 (43.3)</td>
<td>180 (100)</td>
</tr>
<tr>
<td>Middle income</td>
<td>99 (55)</td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>3 (1.7)</td>
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</tr>
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</table>

The mean attitude scores for academic and nonacademic graduates were 34.92 (from total attainable score of 60) and 29.87, respectively while the mean practice scores were 15 (from total attainable score of 20) and 14.25 for academic and nonacademic graduates, respectively.

The question with the highest attitude score was: “There is no need for a doctor’s recommendation. I know instructions for drug usage”. The participants’ mean score for this question was 4.12 out of 5. The lowest score for attitude was for the question: “Financial problems are the most important cause for self-medication.” The mean score for this question was 2.73 out of 5 (Table 2). The opium-addicted pregnant women had lower mean scores for practice when compared with other participants (P = 0.001; Table 3). There was no significant relationship between age and attitude (P = 0.585) or practice (P = 0.688); however, there was a significant difference between attitude and practice (P = 0.001; Table 3). Of the participants, 17 had chronic diseases which required the use of prescription drugs. The mean attitude score for these women was 29.11 ± 15.45, whereas other participants scored 33.25 ± 8.40 (P = 0.588). For practice, the mean score for pregnant women with chronic diseases was 14.11 ± 5.92; other women scored 15.71 ± 5.21 (P = 0.245).

Discussion

This study investigated the attitude and practice of pregnant women in terms of self-medication who were admitted to Yazd health centers and clinics. Over 35% of the study participants self-medicated. The data from this study did not support the results of another study in Yazd by Baghianimoghdam et al., where they concluded that 85% of people in Yazd self-medicated. However, the current study only included pregnant women for whom self-medication can be more hazardous. The mean scores for attitude and practice in the educated pregnant women were higher than the noneducated pregnant women, but this difference was not significant (P = 0.232). This finding supported the results of a study by Shamsi and Bayati that found no relation between demographics and self-medication. In the present study, the respondents answered the question: nonprescription drugs are one of the most important causes of self-medication,” as: very high (26.1%), high (16.1%), and moderate (25.6%). In total, approximately 67.8% of the pregnant women stated that availability of nonprescription medications was a leading cause for their self-medication. These results agreed with numerous worldwide studies. Similar results have been reported by Sharma et al., (India), Tajik et al., (Iran), a study in six Latin American countries, Motola et al., (Italy), Uehleke and Steinhoff (Germany), studies by Bonner et al., Neafsy et al., Ferris et al., and Tonore and Kings in the United States, and Preshaw et al. (United Kingdom). The results show that sales of nonprescription medications are one of the most important causes of self-medication worldwide. These studies indicate that a global solution should be discovered for this problem. In Iran, clinicians must increase people’s awareness about the potential risks of self-medication and, if possible, prevent selling of medications without prescriptions.

Our study showed that lack of knowledge about the disease, lack of time for doctor visits, and satisfaction from the results of self-medication were other reasons for self-medication. A study by Tajik et al., among others, also showed that lack of time for doc-
tor visits and unawareness about medication adverse effects were causes for self-medication. A total of 52.2% of pregnant women reported that their knowledge about medication adverse effects was either low or very low. Minaee concluded that 98.3% of pregnant women had a good knowledge about medication adverse effects.

Shamsi et al. reported that knowledge of pregnant women about self-medication was at a moderate level. In the current study, the results showed that approximately 50% of the pregnant women believed that medications were harmless and 36% stated that they had good results from self-medication and preferred to continue. These results supported a study by Nichter and Vuckovic. The mean score of the pregnant women who were not addicts (15.97) was higher than the opium-addicted (10.38) pregnant women. The relation between addiction and practice was attitude. Our study showed no relationship between age and attitude or practice, but there was a direct relation between attitude and practice. These results agreed with other studies.

When I know my disease, there is no need to visit a doctor. 12 6.7 19 10.6 52 28.9 83 46.1 14 7.7 2.93 1.22

Drugs I have used until now were harmless. 43 23.9 25 13.9 20 11.1 41 22.8 51 28.3 3.18 1.72

I have enough knowledge about the side effects of the drugs I use. 27 15 12 6.7 47 26.1 43 23.9 51 28.3 3.43 1.4

Because I cannot use drugs based on a doctor’s instructions, there is no need for a prescription. 14 7.8 8 4.4 25 13.9 45 25 88 48.9 4.02 1.35

There is no need for a doctor’s recommendation; I know how to take my medications. 16 8.9 8 4.4 10 5.6 54 28.3 95 52.8 4.12 1.32

I think using drugs on time is important, not my doctor’s prescription. 17 9.4 18 10 22 12.2 33 17.8 85 47.3 3.87 1.38

I don’t go to the doctor because some of them don’t prescribe any drugs. 13 7.2 14 7.8 30 16.7 51 28.3 72 40 3.86 1.31

I have no trust in the doctor’s treatment. 12 6.7 9 5 25 13.9 54 28.3 80 44.4 4.01 1.37

Financial problems are one of the most important causes of self-medication. 45 25 41 22.8 41 22.8 23 12.7 30 16.7 2.73 1.4

Non-prescription drugs are one of the most important causes of self-medication. 47 26.1 29 16.1 46 25.6 30 16.7 28 15.5 2.79 1.4

I had an emergency problem, and then I had to use drugs without a prescription. 16 10.7 27 18 29 19.3 45 30 33 22 3.34 1.39

Self-medication for me has always had good results. 7 3.89 20 11.1 39 21.7 51 28.3 63 35 3.79 1.19

I don’t have enough time to go to a doctor for every problem. 16 8.89 16 8.89 38 21.1 62 34.4 48 26.7 3.61 1.27

Table 2. Frequency and mean scores of attitude in the pregnant women regarding self-medication.
Table 3. Relation between addiction and mean scores of attitude and practice according to self-medication in the study population.

<table>
<thead>
<tr>
<th>Addiction</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>24.76</td>
<td>14.28</td>
<td>0.08</td>
</tr>
<tr>
<td>No</td>
<td>167</td>
<td>34.49</td>
<td>8.56</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>32.86</td>
<td>9.31</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Practice</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>P-value</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>10.38</td>
<td>6.6</td>
<td>0.001</td>
</tr>
<tr>
<td>No</td>
<td>167</td>
<td>15.97</td>
<td>9.47</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>15.56</td>
<td>5.29</td>
<td></td>
</tr>
</tbody>
</table>

Table 4. Pearson correlation coefficient between age, attitude, and practice among the pregnant women regarding self-medication.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number</th>
<th>Pearson</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age and attitude</td>
<td>180</td>
<td>-0.041</td>
<td>0.585</td>
</tr>
<tr>
<td>Age and practice</td>
<td>180</td>
<td>0.03</td>
<td>0.688</td>
</tr>
<tr>
<td>Attitude and practice</td>
<td>180</td>
<td>0.347</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Conflict of interest: All authors declare that they have no conflict of interest.

References