



## Meaning reconstruction of mentality among villagers toward using medications: a qualitative study

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### Abstract

Using arbitrary of drugs and visiting frequency of specialist are important problems in Iran and can be studied in the field of medical sociology. In recent years, using medications and visiting specialists in villages have not been only medical problems but also cultural and social problems that have imposed considerable costs to the health system. This study was conducted to examine participants' mentality toward using medications. This qualitative study was performed with 50 people using the ethnography and open-ended in-depth interview technique. The participants were selected using theoretical sampling, and the data were collected through observation and analyzed using the grounded theory method. The results of the study comprised five categories, including the changing rural lifestyle, changed attitudes toward treatment, patients influenced by the rural culture, gaining reputation and prestige out of using medications, and using medications more than needed. Moreover, excessive purchase and use of medications was the focus of this study. The results showed that treatment and using medications in villages was a cultural problem that was somehow influenced by the changes in rural lifestyle and lack of a specific treatment process and appropriate pattern of medication use. In villagers' view, visiting specialists was a kind of prestige and indicated valuing patients. Frequent changes of physician according to others' recommendation and use of others' experiences were of special importance. Furthermore, they were proud of going to well-known hospitals in large cities and even buying foreign medications.

**Keywords:** Lifestyle, Usage pattern, Social changes, Ethnography, Grounded theory

### Introduction

Each of the dominant paradigms in social sciences (positivist, critical, and interpretative) deals with social changes with its own approach. In the positivist approach, social changes should follow a specific, universal, and predetermined pattern that serves the discipline, regularity, and determinability. In this regard, the social

change is an elite-driven regular process with meta temporal and meta spatial rules that can be only discovered, predicted, and controlled [1]. The critical approach offers originality to (revealing and changing) humans and believes that the social change should aim at releasing people from domination constraints on the basis of social values [1]. The interpretive approach

believes that there is no specific path or method for understanding the realities or altering them due to the creativity of humans and fluidity of social realities. As the source of creations and changes in the social realities is the human, humans' understanding of the realities, changing the realities, and how to interpret them are of special importance [2]. Moreover, considering that the social realities are like human-constructed affairs without predetermined rules and happen continuously, no universal pattern can be designed for them [2]. Therefore, social realities cannot be discovered and controlled but only understood and interpreted [3].

According to statistics of Health Ministry, using medications in Iran is much higher than that in other countries, and medication use per capita in Iran is three times as that of the global standards, and this leads to extra expenses for the health system in Iran [4]. A less attended point is that the above problem is not only medical but also social and cultural. Many going to specialized medical centers are patients who either do not need a specialist or change their doctors frequently and have much desire to use varieties of medications. Some conditions increase rural people's frequent specialist visits, including the type of communications in villages, culture of villages, and lifestyle changes. In this respect, conducting this study seemed necessary. Based on the initial information, it can be concluded that the problem of using medications goes beyond medicine and has become a social problem. This problem imposes high costs on the society, including waste of time and energy of patients and medical specialists; medication overuse; transportation, medical, and equipment costs, etc. There are few studies that have tried to answer some questions about aspects using arbitrary of drugs. Their study with the objective of assessing medication use pattern among people living in Ardebil, Iran, Amani et al. concluded that their medication use was incorrect and they needed to be informed about optimum medication use in order to reduce unreasonable use [5]. Barati et al. also found that medical expenses of urban and rural people in Kerman, Iran increased considerably compared

to previous years [6]. Davati et al. concluded that self-medication was very high among the elderly [7]. Ansari et al. also found very high medication use among university students [8]. Hunt et al. concluded that the type of culture and sociocultural aspects of modern societies influenced the medication use [9]. In their study, Krishna Swami and Kumar reported a high rate of self-medication and physicians' prescription in cities and villages of India [10]. In this respect, the main objective of this study was to understand the meaning of medication use and its association with changes in culture and lifestyle of rural people. This study actually sought people's understanding of social phenomena related to the treatment and medications. To do so, a qualitative design was used as follows.

### **Method**

This qualitative study used ethnography. To better understand the qualitative study, a brief description of characteristics of the qualitative research is provided.

Qualitative research is based on interpretive methodology, and the major reason to apply it is its advocates' belief in weakness of positivist methods in studying social phenomena [11]. Rather than pure statistical data, methods used by qualitative researchers visualize a mutual belief that qualitative research can provide a deeper understanding of social phenomena [12]. Introspection, referring to the cases, constructing reality, and using texts as the experimental data are common aspects of all qualitative studies. In qualitative studies, texts have three functions: they provide not only the main data that underlie the results but also interpret the data and are the major instruments presenting and transferring the results [13]. When a life is reconstructed from a certain perspective, the narrative of the experiences are constructed and interpreted. In this respect, one cannot determine to what extent life and experiences have happened according to what has been reported. However, one can determine the constructions the narrator has used for designing life and experiences and the

narratives produced in the research setting [13]. Given this study was conducted to examine villagers' understanding of treatment and using medications, a qualitative design was used, and the data were collected using an ethnographic approach, which is a principle qualitative approach. Ethnography is used in the first step of the study, that is, the step where the data are collected [14]. The ethnographer should continually make his perceptions clear and accurate through frequent individual and group interviews related to the field and prepare new information and questions out of each interview as next interviewees can confirm, modify, or ignore that information [15].

The participants were selected using theoretical sampling. In this method, the data used for theorization are collected by the analyst who simultaneously collects, encodes, and analyzes the data. The analyst also decides about which data should be collected in the next step and where the data should be found in order to develop his theory [13]. Therefore, in the theoretical sampling method, the number of participants is not clear before the end of study, characteristics of the participants are not predetermined, aspects of the participants are determined several times based on the criteria obtained in each step, and the participant size is not predefined and sampling ends upon the theoretical saturation [13].

In this study, five villages in south of Boushehr Province were selected, and the researchers asked different groups of the villagers in terms of age and sex about treatment and using medications. The interviews were open-ended with no limitations for respondents [13]. The number of interviewees was 50, content of the interviews was encoded by the researchers, and the relevant points were extracted. Moreover, the interviews and their content were mentioned. The data were analyzed on the basis of data analysis spiral introduced by Creswell and Welcut [2]. The data collected from the interviews and observations were first organized and categorized, then, analyzed using the grounded theory.

Generally, the researchers tried to induce participants' mentality through open-ended

interviews. In this regard, participants' mentality was discovered and presented on the basis of the interpretive paradigm that considered humans the creative and constitutive of their social environment and assumed a common intermentality for humans established culturally and socially. The data were collected using ethnography and analyzed using the grounded theory method. Themes dominating participants' intermentality were discovered, the paradigmatic model was presented, and finally, the sociocultural formation of the intermentality toward treatment and using medications was discussed.

### **Results**

Of the 50 interviews with 50 participants living in 5 villages in south of Bandar-e Dayyer, Boushehr Province, South of Iran, 5 major categories were induced and are discussed below. Of the participants, 34 people were male, and 16 people were female. Minimum and maximum age of females was 24 years and 73 years, respectively. Minimum and maximum age of males was 22 years and 79 years, respectively.

1- Changing rural lifestyles: Like cities, villages are exposed to cultural and social changes that, along with the influence and spread of mass media in recent years, have resulted in changes in rural lifestyle. What was observed in the villages is not very different from that in the cities, such as the appearance of houses; ordinary and expensive cars; using mass media, including TV, satellite TV, and the internet, etc. Changes in lifestyle follows the consumption patterns in cities. The clothes and food in villages are the same as those in cities. Moreover, villagers are willing to go to large cities and look for the most proficient doctors for treatment of all kinds of pain even pains that do not need a specialist or when the specialist is in a near city due to their improved economic status and their increased awareness. In this regard, Mohammad (47 years old) believed that the improved economic status of villagers had facilitated going to cities with their personal automobile and paying treatment

costs. Gharib (80 years old) stated that people's getting rich on one hand, and improved status of roads and communication on the other hand had encouraged them to go to a large city (Shiraz, Iran) to visit a specialist even for their normal pains. Saber (32 years old) explained "people became both rich and aware; women went to a large city (Shiraz) and spent a lot of money for beauty. Commuting was easy and most people had a personal automobile and were even able to hire an automobile. A patient who could be admitted to a hospital in Kangan or Boushehr brought to Shiraz". According to Saber, women went to Shiraz to visit specialists more than men. The examination of interviews of which some were discussed above revealed that the improved economic status and changes in lifestyle are factors encouraging rural people to go to large cities to visit specialists and subspecialists.

2- Changed attitudes toward treatment: In traditional rural culture, there are still aged man and woman who avoid taking chemical medications as much as possible and prefer traditional medications they know. However, such attitude is seen only in a few aged people. Gharib (80 years old) stated that he had visited a doctor more than 3 times in his city (Bandar-e Dayyer) and he had gone to Boushehr to visit a doctor only once. Sakineh (70 years old) explained that she should have been taken to Shiraz for treatment, but she could not walk and no one took her, and she complained about this problem. Her husband said that she liked to visit doctors continually. Rajabali (51 years old) who underwent kidney surgery mentioned that proficient physicians were only in large cities; medical treatments were not performed well even in Boushehr; and whatever paid for doctors in Shiraz would be effective. Asiyeh (39 years old) believed that the traditional medicine was outdated, and all these specialists were for people to refer to and discuss their pains. Akbar (41 years old) stated that the world had changed, and people did not think like past times any longer and were willing to spend whatever necessary for their health. Batoul (37 years old) believed there was no reason they should not use all those advanced treatments, such as treatments for skin

and beauty in large cities like other women. These interviews showed that the attitudes toward treatment had changed in villages, and similar to urban people, villagers thought that medical facilities in large cities were for all patients, either urban or rural.

3- Patients influenced by the rural culture: One difference that still exists between cities and villages is the communication between neighbors and friends. In villages, most people know each other and are relatives or longstanding friends. When something happens or there is a problem, they visit each other, and visiting patients is an old tradition in villages. Patients must meet many relatives and friends every day. They sit together and talk about their experiences of diseases or other people's experiences of diseases and also about methods of treatment, physicians, and medications. In many cases, patients are encouraged to visit doctors experienced by other people. They may visit a doctor when they have not yet finished medications prescribed by the previous doctor. Heidar (50 years old) explained that he had visited a doctor in Boushehr, but he heard his disease would have been treated better in Shiraz. He continued that he had not used medications prescribed by the doctor in Boushehr when he went to Shiraz and visited the doctor recommended by his friends, but the doctor prescribed the same medications. Naser (32 years old) said that his father had visited at least 10 specialists recommended often by others, for his stomachache, but he had not been satisfied. Narges (42 years old) stated that people visiting his husband had encouraged him to go to Tehran for his knee pain, and the doctor in Tehran had told him what the doctor in Shiraz had despite its high costs. Based on the above interviews and observation of visiting patients in villages, it seemed that others' experience of treatment was one incentive increasing treatments in villages and impressing patients and their relatives to visit doctors seemed more successful in other people's experience without considering the effectiveness of medications prescribed by their own doctor and completing the course of

treatment. The failure to complete the course of treatment and visiting another doctor imposes high costs to patients and the medical system.

4- Gaining reputation and prestige through using medications: The emulation and self-glorification were other factors making villagers go to large cities to visit doctors. Visiting doctors in large cities was a kind of reputation and indicated the importance of the patients for their family and children. Rural women boasted about the number of their treatments with specialists in large cities and considered it as an indication of their importance for their family. Such a condition was seen more in women and aged people. Hassan (45 years old), a general practitioner who worked in rural health centers for years mentioned that the culture of visiting specialists had become such common that patients went to Shiraz or Boushehr even for a simple disease that could be easily treated with a prescription of a general practitioner. He explained that his mother was recommended by her neighbor to visit a specialist for her heart disease. He continued that he knew his mother's disease was not too serious to visit a subspecialist and it could be treated also in Boushehr, but she did not agree to visit a doctor he knew and insisted to visit the subspecialist in Shiraz. Finally, they were forced to do so. Mohammad (52 years old) said that he had gone to Shiraz, Isfahan, and Tehran for his knee pain, but all the physicians' answer was the same. At last, one of his friends recommended him to go to Yasouj for acupuncture, but his pain got worse. If he had not done so, others thought that he did not want to spend money for himself. Marziyeh (26 years old) explained that his son had scalp fungus, and a general practitioner there had prescribed him a medicine, but all people teased her why she had not shown his son to a specialist in Shiraz. Therefore, she had taken her son to Shiraz before taking the medicine prescribed by the general practitioner, but the specialist also prescribed the same medicine and mentioned that his disease was not significant. Hajar (36 years old) stated that if they did not show their patients to several physicians and something happened to the patients, people would blame

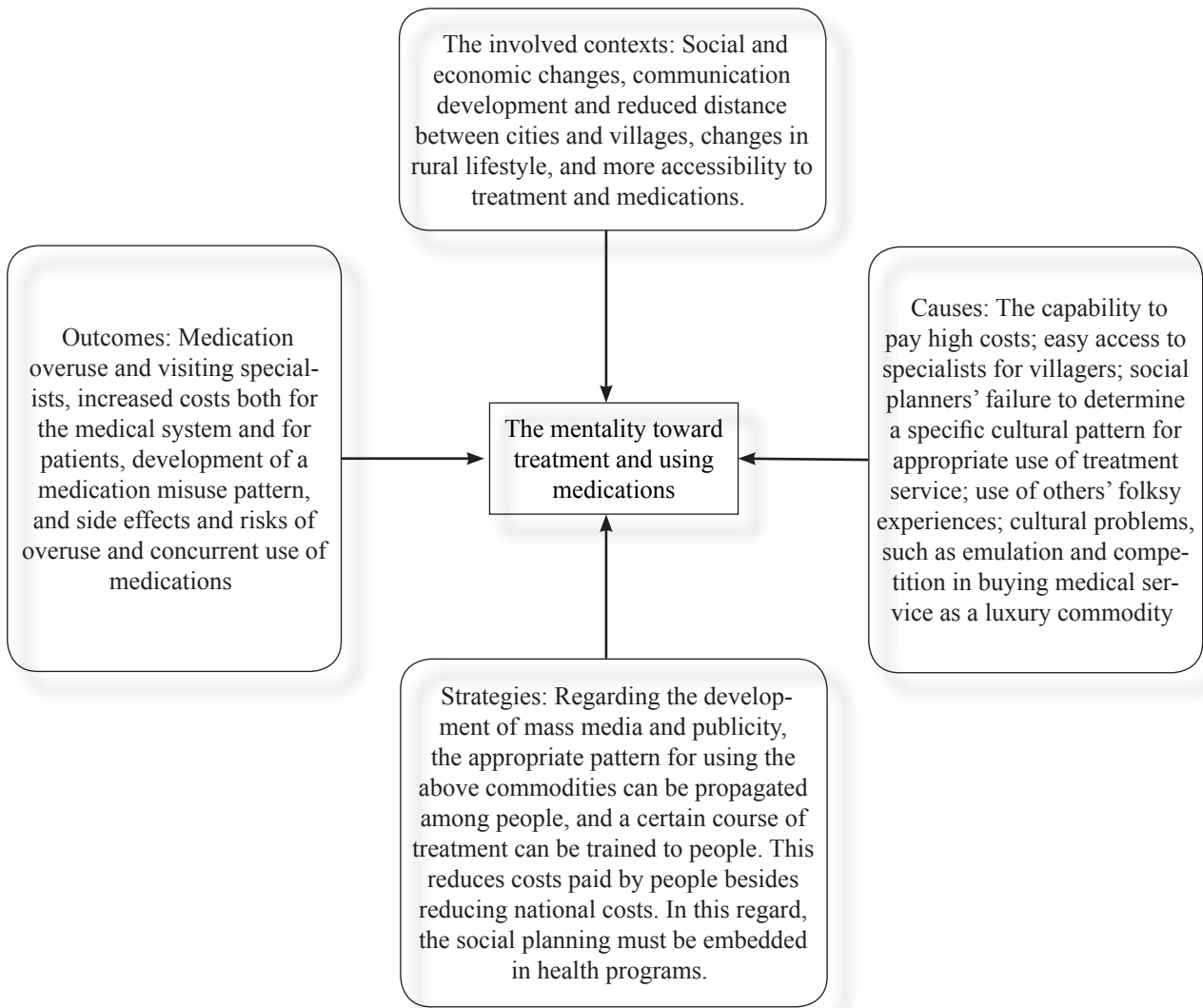
them. In this respect, she thought that they should do so to avoid people's blame. Jalal (36 years old) showed bags full of all kinds of medications to the researcher and said that his wife had visited more than ten physicians in Shiraz, Tehran, and Mashhad, but she had not used medications completely. He continued that if his wife heard about another physician elsewhere, she wanted to visit the physician, and he made to do so otherwise people teased him. Akbar (40 years old) believed that villagers were proud of visiting a physician, and the more they visited specialists the more important the patients for their family seemed to be, and this was very important for villagers. However, medications prescribed by physicians are not used completely. Ahmad, a nurse in a hospital, mentioned that their greatest problem was that people thought of physicians as a luxury item and boasted for their frequent referrals to specialists. He continued that, in villagers' view, visiting a general practitioner was disparaging, and families that did not show their patients to a specialist, especially in Shiraz, were just like people bringing excuses worse than a sin. He said that even using foreign medications instead of domestic medications was a pride for villagers. Asiyeh stated that when they visit a general practitioner, others looked down on them.

5- Using medications more than needed: As shown by the interviews and the researcher's observations in the research field, another problem in the medical system was the misuse and overuse of medications. In this respect, the need and the demand replaced each other. The need is defined as "individuals' inherent human requirement," and the demand is the rate individuals demand on the basis of their culture. However, about the medical services, it cannot be argued that the demand in many cases is based on the need, but the increased demand in many cases is due to the inappropriate supply of the services. In this regard, specialists' service and medications are commodities that are not actual needs of people. However, due to the lack of coherent planning in various sectors and correct usage

patterns, medical services are overused and even taken as luxury commodities. Villagers' failure to visit general practitioners, or visiting general practitioners in a few cases only by people with less financial capability indicate that the appropriate cultural pattern of treatment is not practiced in villages and has been ignored

over past years. The social planning and mass media do not emphasize on a proper course of treatment. Moreover, villagers rely on others' folksy knowledge and experiences that are mostly the same as theirs and originate from incorrect patterns instead of a clear treatment pattern.

**Figure 1** *The paradigmatic model for formulation of the mentality toward treatment and using medications(13)*



**Discussion**

Based on the results, visiting general practitioners and specialists had been converted to a luxury commodity in many cases in villages. This happened under the influence of changing rural lifestyle that was the result of changes in overall lifestyle in Iran. In this respect, the appropriate pattern for timely use of medical services had been endangered, and overuse of medical services had increased.

Moreover, not only the overuse of medications had become a great problem, the uncontrolled purchase of medications also had become a greater problem. In fact, those medications are not used and are kept under unfavorable conditions. In many cases, many of the purchased medications would expire, but patients' unawareness of the expired medications leads them to use the medications again or give them to others, and consequently,

a serious danger would threaten people. Therefore, medical networks of villages should provide an appropriate use pattern.

Another principle problem causing many difficulties was villagers' gaining reputation and prestige out of using medications. This problem had transformed the actual need-based status of medical services and ties them strongly to the folk culture. The folk culture that had been embedded in the context of changing rural lifestyle led people to visit physicians (especially specialists) not for treatment but for boasting to others. This process will involve other essential needs of villagers in a near future and impose higher costs to villages and the macrosystem in the context of the modern consumerism culture that spreads rapidly over villages.

It is difficult to compare the present study results with those of other studies because there are few relevant studies and the design of this study is qualitative. However, results of the present study were generally conformed to those of other studies conducted in different parts of Iran. Similar to the present study, Amani et al.'s study showed that medication use behaviors among people in Ardebil were not appropriate. The overuse of treatment and medications in Boushehr's villages was the same as in Ardebil. As in the present study, Barati et al. also concluded that patients' medical costs in Kerman had increased. Results of other Iranian studies, such as the studies performed by Davati and Ansari, also could be compared in this regard. Similar to the present study, Hunt et al. revealed that the sociocultural aspects of modern societies were of special importance in using medicine. This means that social and cultural variables largely determine the manner of using medications. Krishna Swami and Kumar reported high administration of medications in India. The comparison of the above study, the present study, and studies performed in developed countries indicate that more developed countries prescribe and use fewer medications.

Generally, some suggestions can be made based on the results of this study. With the help of capacities in villages, the proper use pattern for

treatment and medications can be cultivated, and consequently, a major step is taken toward organizing this economical, social, and cultural problem. Using experiences of other countries, appropriate patterns and the correct course of treatment should be provided for people to choose a reasonable and scheduled path instead of others' folksy beliefs. This reduces overuse of medications and uncontrolled purchase of medications besides reducing medical costs. Therefore, one should not only focus on the medical aspect of the treatment but also focus on its social and cultural aspects although the distribution of specialists' services in the country should be considered. The help of sociologists and social planners is also important for success of medical programs. Moreover, public awareness toward health and issues related to the medicine should be increased and people's attitudes in this regard should be changed through training families, asking for assistance of leaders, and appropriate continuous training. Letting people participate in relevant changes, behaving honestly with people, and attracting their support and trust can be effective in their general behaviors in the medical system.

### **Conclusion**

Results of the interview with 50 participants living in 5 villages in south of Bandar-e Dayyer, Boushehr Province, revealed 5 major categories and a theme. The categories included the changing rural lifestyle, changed attitudes toward treatment, patients influenced by the rural culture, gaining reputation and prestige out of using medications, and using medications more than needed. Moreover, excessive purchase and overuse of medications was the main theme that connected other categories together. Finally, the paradigmatic model for formulation of the mentality toward treatment and using medications was presented.

Further studies are recommended to implement results of this study in other parts of Iran. They are seriously recommended to conduct quantitative studies and nationwide

surveys based on the exploratory results of this study. Moreover, further studies are suggested to design research inventories based on the categories of this study at a macro level in different environments because such studies do not have limitations of this study. The reason is that many people do not intend to participate in in-depth interviews, and the course of building confidence between the researcher and the interviewee is very time-consuming and costly.

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### Contributions

Study design: HB, AR

In all of the sections.

Data collection and analysis: HB,AR

Manuscript preparation: HR,AR

### Conflict of interest

"The authors declare that they have no competing interests."

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