



Short Communication

## Study on Self-Medication and Self Diet-Management by Women of Indore City, India

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### Abstract

Over the past two of three decades a large number of self-management interventions have been developed for a range of different illness. Three conditions which have placed particular emphasis on self medication and dietary management are overweight, GI disorders and diabetes. People don't know the disadvantages of self-medication and diet management. They don't take advice of doctor or dietician for their health problems. This research is has aimed to know the self medication and diet management practices of women. A statistically adequate sample of fifty women aged 30-50 years belonging to middle income group were selected from MIG area of Indore City. A questionnaire was formed and filled from them asking questions about their health seeking behavior. The subjects were divided into two groups, as per their age as 30-40 years and 40-50 years and compared for experimental characteristic using % and Chi test. Obtain in Results show that in both age groups more subjects are housewife (58% and 66%), have some health problem (62% and 76%) and higher age group has health problems and have different types of health problems. The highest nutritional problem are overweight, under weight and anemia in that in younger age group (52%) while older group has mostly metabolic problem (40%) and the difference is significant. Similarly more of the subject don't take medical advice from specialist (96% and 76%) and more of them don't go for the follow up checkups which is a significant difference. In younger group (80%) and in older group (56%) do not take doctor's advice which is significant difference. Similarly both groups of women don't take dietary advice from dietician (82% and 78%). So, these results show that self medication is s common practice which may cause health problems. Among the middle income group population.

**Key words:** Self medication, diet management, overweight, underweight, anemia.

### Introduction

Self-care can be defined as the primary public health resource in the health care system. It consists of the health activities and health-related decision-making of individuals, families, friends, colleagues at work, and so on. It includes self-medication<sup>1</sup>, non-drug self-treatment, social support in illness, and first aid in everyday life. The reclassification of medicinal products from sale on prescription only to non-prescription (over-the-counter, or OTC) sale is of great current interest in many countries. Drug regulatory and health authorities have to consider the types of medicinal products for which reclassification are appropriate, safe and rational in the interest of public health.

**Characteristics of self-medication<sup>2</sup>:** Self-medication involves the use of medicinal products by the consumer to treat self-recognized disorders or symptoms, or the intermittent or continued use of a medication prescribed by a physician for chronic or recurring diseases or symptoms. In practice, it also includes use of the medication of family members, especially where the treatment of children or the elderly is involved.

**Potential risks:** Self-medication has a number of potential risks. In particular, the ordinary user will usually have no specialized knowledge of the principles of pharmacology or therapy, or of the specific characteristics of the medicinal product used. This results in certain potential risks for the individual consumer: Incorrect self-diagnosis; Failure to seek appropriate medical advice promptly; Incorrect choice of therapy; Failure to recognize special pharmacological risks; Rare but severe adverse effects; Failure to recognize or self-diagnose contraindications, interactions, warnings and precautions; Failure to recognize or report adverse drug reactions; Inadequate or excessive dosage; Excessively prolonged use; Risk of dependence and abuse; Food and drug interactions; At the community level, improper self-medication could result in an increase in drug-induced disease and in wasteful public expenditure; It is important to realize that many of these risks are not unique to self-medication: they can also occur in the prescription situation, particularly, if the patient consults several physicians for the illness or lacks counselling during therapy; In selecting the types of medicinal products that can be used for self-medication, the aim should be to exploit the benefits listed above and to minimize the risks<sup>3</sup>. Many studies revealed that self-medication and self-diet management by women.

CateBarlow examined self-medication and educational interventions developed to women in this studies ranged from 43% to 85%.

D.J.Toobert revealed that diabetes self management is useful both for research and practice. Glasgow Toobert analyzed that self-diet management and dietary behavior were not successful in many nutritional disorders. P.R.Shankar, P.Parth analyzed self-medication and non-doctor prescribing are common in women. In addition to allopathic drugs, herbal remedies were also commonly used for self-medication. Susan L. Norris reported that 72 studies has positive effects of self-medication in type-2 diabetes but in under guidance of self-management training. This study was conducted with aim to find the benefits and risk of self-medication and self-diet management. The present study entitled "A Study on self-medication and self-diet management by women of Indore city." Was conducted with following objective and hypothesis

**Objective:** To assess health seeking behavior of middle aged women belonging to middle income Group.

**Hypothesis:** Seeking advice from general physician and dietician by women are not compulsory and self medication and self diet management is more common in women aged 30-40 yrs. and 41-50 yrs.

**Methodology**

The study was preceded with the selection of 100 samples of women (working and non- working). Data had been collected through following tools and techniques<sup>4</sup> sampling locale: The present study was conducted in Indore district of M.P. , Indore district was purposively selected due to easy accessibility. Selection of subject: A statistically adequate sample of hundred women aged 30-50 yrs belonging to middle income group were selected from MIG area of indore city. Grouping of subject: the subject were divided into two groups , as per their age 30-40 yrs. and 41-50 yrs. and compared for experimental characteristic using % and chi-test.

**Tools of Data Collection: Interview:** A questionnaire was formed and filled from them asking questions about their health seeking behavior. **Observation:** observation were made to assess the performance of women on different concepts. About 3-4 observation were done in case of women self-management to make the data more reliable. **Data collection:** final data collection tool about one and half month. The part of data collection tools not more time.

**Results and discussion**

Our country India is getting lead in the field of health sector, on the contrary self medication and diet management habits among the people is continuously decreasing. This is due to

lack of awareness and because of which they deliberately invite many diseases and health related problems In spite of having knowledge they lack in availing the health benefits. The results shows here the actual thinking of women who has depending on self medication and diet management.

**Table-1 (a)**  
**Chi-value(X) and percentages distribution of groups of women having advice of doctor**

Advice	Group-1 (30-40yrs.)	Group2 (41-50yrs.)	X-value
General physician	66%	58%	8.88
Specialist	4%	24%	

chi-value(X) is significant

**Table-1(b)**  
**Chi-value(X) and percentages distribution of groups of women takes advice from dietician**

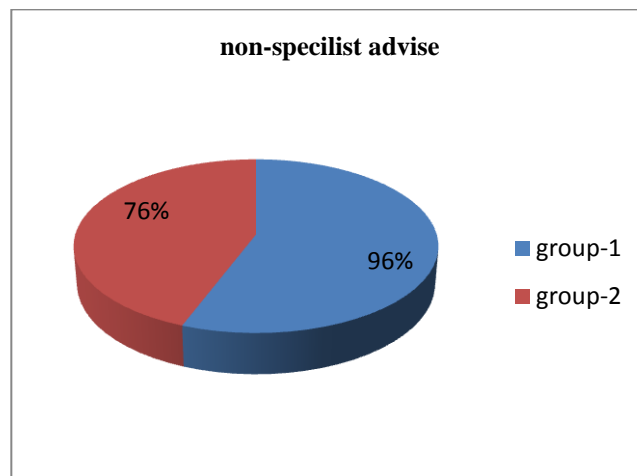
Diet advice from dietician	Group-1 (30-40yrs.)	Group-2 (41-50yrs.)	X-value
Yes	18%	22%	0.25
No	82%	78%	

\*chi value(X) is not significant

**Table-1(c)**  
**Ch -value(X) and percentages distribution of groups of women having self-management**

Medium of diet advice	Group-1 (30-40yrs.)	Group-2 (41-50yrs.)	x-value
Dietician	20%	22%	12.68
self	80%	78%	

chi-value(x) is significant



**Figure -1**  
 Results shows that in both groups doesn't take specialist advice. In group one-96% and in group two-76%. The difference is significant

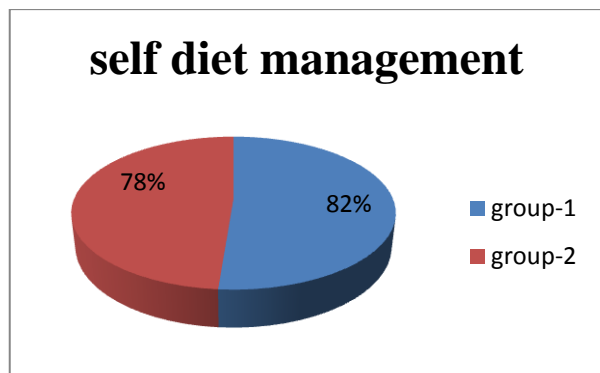


Figure -2

Similaraly both groups doesn't takes dietary advise from dietician. In group one-82% and in group two-78%. they have self diet management. The difference is not significant

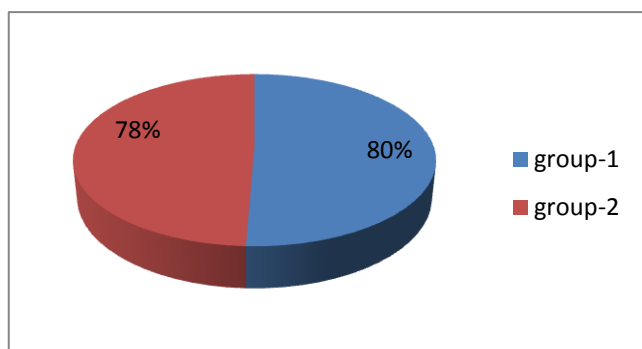


Figure -3

Similaraly both groups doesn't takes dietary advise from dietician. In group one-80% and in group two-78%.they have self diet management. The difference is significant

## Conclusion

Our country india is getting lead in the field of heath sector, on the contrary self medication and diet management habits among the people is continuously decreasing. This is due to lackof awareness and because of which they deliberately invite many diseases and health related problems inspite of having knowledge they lack in availing the health benefits.so due to the lack awareness of people I would like to give them some advice and suggestion. It will be helpful for their healthy future.Always seek advice from Doctor for any health related problems and follow their instructions, Always seek advice from dietician for diet management., Do not take any medicine without consulting the Doctor.,This is your Life and your Health therefore knowingly do not hamper or ruin your health.

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