



A CROSS-SECTIONAL SURVEY: SELF-MEDICATION KNOWLEDGE AND ATTITUDES IN THREE PHARMACIES OF BANYUWANGI CITY, INDONESIA

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ABSTRACT

Background: Self-medication is carried out to treat minor illnesses because it is a cheap, fast, and comfortable solution to finding health facilities. Medicines that can be used in self-medication practices include Pharmacist-only medicines (POMs), Behind-the-counter medicines (BTCs), and Over-The-Counter medicines (OTCs). The aim of this research is to determine the description of knowledge and attitudes towards self-medication behavior. *Method:* This research used a cross-sectional survey method and accidental sampling technique with a total of 114 respondents at the three pharmacies involved in this research. Data collection was carried out using a validated questionnaire. *Results:* The results of the study showed that 25% of the patient's knowledge level was classified as good, 32% was classified as sufficient, and 43% was classified as poor. The self-medication attitude of respondents described 47% as being in the positive category and 43% in the negative category. *Conclusion:* The level of knowledge of respondents regarding self-medication behavior is in the poor category, with a negative attitude. Optimal education and counseling needs to be carried out to increase rational drug use in self-medication behavior.

Keywords: Knowledge, Attitude, Self-medication

ABSTRAK

Latarbelakang: Swamedikasi dilakukan guna mengatasi penyakit-penyakit yang bersifat ringan karena merupakan solusi yang murah, cepat, dan nyaman dalam mencari fasilitas kesehatan. Obat-obatan yang dapat digunakan dalam praktik swamedikasi meliputi Obat Wajib Apotek (OWA), Obat Bebas Terbatas (OBT), dan Obat Bebas (OB). Tujuan dari penelitian ini adalah mengetahui gambaran pengetahuan dan sikap pada perilaku swamedikasi. **Metode:** Penelitian ini menggunakan metode survei *cross sectional* dan teknik *accidental sampling* dengan jumlah responden sebanyak 114 responden pada tiga apotek yang terlibat dalam penelitian ini. Pengambilan data dilakukan menggunakan kuisioner yang tervalidasi. **Hasil:** Hasil penelitian menunjukkan bahwa tingkat pengetahuan pasien 25 % tergolong baik, 32% tergolong cukup, dan 43% tergolong kurang. Sikap swamedikasi responden menggambarkan 47 % masuk kedalam kategori positif dan 43% kategori negatif. **Kesimpulan:** Tingkat pengetahuan responden dalam perilaku swamedikasi termasuk dalam kategori kurang dengan sikap yang negatif. Perlu dilakukan edukasi dan konseling yang optimal untuk meningkatkan penggunaan obat yang rasional pada perilaku swamedikasi.

Keywords: Pengetahuan, Sikap, Swamedikasi

INTRODUCTION

Self-medication is carried out to treat minor illnesses because it is a cheap, fast, and comfortable solution to finding health facilities. Medicines that can be used in self-medication practices include Pharmacist-only medicines (POMs), Behind-the-counter medicines (BTCs), and Over-The-Counter medicines (OTCs) (Sitindaon,2020).

Self-medication is a common issue. Worldwide estimates of the prevalence of self-medication depending on the country and population, generally range from 11.2% to 93.7% (Chautrakarn et al., 2021). A Google Trends study regarding interest in self-medication during the COVID-19 pandemic shows an increasing trend. This study reveals a global increase in self-medication searches since the pandemic's declaration, suggesting a growing global interest in self-medication (Onchonga et al., 2020).

Self-medication carried out rationally to prevent and treat minor illnesses in the community can reduce the workload on health workers (Lutfitasari dkk., 2021). Self-medication is influenced by a number of characteristics, including occupation, gender, education level, and knowledge level (Efayanti dkk., 2019; Hilda suherman, 2018). Lack of knowledge about medications and how to use them is a typical problem of self-medication. This leads to mistakes in dosage calculations, drug selection, and incorrect indications, all of which may contribute to the development of new diseases (Muharni et al, 2015; Nugrahaeni & Rachmawati, 2020).

Many causes contribute to the high number of individuals who self-medicate, and they may not always receive therapy based on the suggested symptoms of their illness. Consequently, it is critical to conduct this study in order to have a general understanding of the attitudes and knowledge surrounding the practice of self-medication at three pharmacies in Banyuwangi City.

METHODS

This type of research is an observational study that uses a descriptive cross-sectional research design. The accidental sampling technique was used in this research with a total of 114 respondents. Data collection will be carried out in June–July 2024 in Banyuwangi city.

To ensure the face validity of the questionnaire, it was presented to a sample of 20 respondents in another place. These respondents were chosen from patients who practice

self- medication. The results of the piloted questionnaires were not included in the analysis. A reliability scale evaluation was performed to estimate the internal consistency of the items. A

good Cronbach's alpha ($\alpha = 0.810$) score was achieved from the knowledge section of the questionnaire and 0.746 for the self-medication attitude section.

The questions of knowledge section has 4 domains, including knowledge about getting medicine, using medicine, storing medicine, and disposing of medicines. This questionnaire has two types of statements, both favorable and unfavorable. Statements 1-17 contain unfavorable statements. If the answer is "wrong" then the value is 1 and if the answer is "correct" the value is 0. Statements 18-20 contain favorable statements. If the answer is "correct" then the value is 1 and if the answer is "false" value is 0.

The statements of the attitude questionnaire are divided into multiple categories: getting medicine, choosing medicine, using medicine, storing medicine, disposing of medicine, and self-medication. The attitude questionnaire's statements are divided into several categories, including getting medicine, choosing medicine, using medicine, storing medicine, disposing of medicines, and self-medication. Response options on the questionnaire are: strongly agree (5 points), agree (4 points), uncertain (3 points), disagree (2 points), and severely disagree (1 point). Analyzing the scores will be done using the Likert scale approach

RESULTS

The study involved 114 people who were selected as research respondents. The majority of participants were male (74%), average age of 26-45 years (58%), secondary school education (55%), and approximately 41% were self-employed (Table 1).

Table 1. Demographic characteristics of respondents (n = 114)

Demographic characteristics	Demographic Frequency	Percentage (%)
Sex		
Female	30	26
Male	84	74
Age group (years)		
17 - 25	22	19
26 - 45	66	58
46 - 65	26	23
Education		
Primary school	6	5
Middle School	19	17
Secondary school	63	55
University or higher	26	23
Occupation		
Skilled worker	12	11
Unskilled worker	14	12
Self-employed	47	41
Inactive	41	36

A good understanding of the importance of rational self-medication practice is indicated

by a good level of public knowledge (Ministry of Health of the Republic of Indonesia, 2020). The results of the study showed that 25% of the patient’s knowledge level was classified as good, 32% was classified as sufficient, and 43% was classified as poor (tabel 2).

Table 2. Respondents knowledge of self-medication

Kategori	Frekuensi	Persentase (%)
Good	29	25%
Sufficient	36	32%
Poor	49	43%
Total	114	100%

The foundation for decision-making and choosing how to respond to issues is knowledge (Pakpahan et al., 2021). Within the framework of this study, it seems sense that respondents' opinions regarding the topic of self-medication can also be influenced by their level of knowledge.

An appraisal or the desire to be partial (favorable) or not (unfavorable) towards a specific thing is known as an attitude. The accompanying figure of self-medication illustrates the respondent’s level of specific expertise (Table 3.)

Table 3. Respondents attitude of self-medication

Category	Frequency	Percentage (%)
Positive	54	47%
Negative	60	53%
Total	114	100%

The result attitude questionnaire's statements are divided into several categories, including getting medicine (Positive), choosing medicine (Negative), using medicine (Negative), storing medicine(Positive), disposing of medicines (Positive), and self-medication (Negative).

DISCUSSION

Self-Medication Knowledge

Most 43% respondents was classified as poor knowledge while 32% and 25 % was classified as sufficient and good knowledge (tabel 2). The lack of knowledge among patients regarding self-medication can be attributed to many influencing variables. Among these variables are the numerous individuals who are aware that the only use of paracetamol is to lower fever, apply eye drops straight to the eyeball, and medication needs to be taken in the morning and the evening if the recommended dosage is twice daily. The findings of this investigation are consistent with research by Wahyudi (2022) on the knowledge of self-medication among UIN public health students, who reported that 55.5% of the community's self-medication knowledge fell into the poor category. Generally, 71% of people learn how to take medications for self-medication from pharmaceutical staff, 24% from personal experience, 1% advertisements, and 4% from recommendations of other people (Jolie, 2022). There are a lot of characteristics, like age, gender,

education, and occupation have an impact on an individual's level of knowledge (Ariyanti, 2021; Aan Kunaedi, 2024). Every human being has a distinct level of knowledge; the greater the person's level of knowledge, the wider it is. (Nailufar, 2017). An individual's ability to learn new knowledge and skills related to self-medication increases with their level of education (*Lutfitasari dkk., 2021*). Previous studies revealed the relationship between education and knowledge. People with higher education are more likely to access different sources of information compared to those with low education attainment (Raghupathi and Raghupathi, 2020). This could be a reason for the study's findings, which show that the respondents' poor educational (secondary school) attainment contributed to their lack of understanding (Table 2).

Self-Medication Attitude

The study's findings show that patients who self-medicate have a negative attitude category, indicating that respondents do not comprehend the rationale for these behaviors (Table 3). They are influenced by several factors, including respondents who lack knowledge about how to choose the right medications for their problems; they believe that the medications used for dry coughs and coughs producing phlegm are the same, and those who responded believe that colds and coughs can be treated with antibiotics. The findings of this study support by Sukrawi's (2021) investigation of attitudes about self-medication in the City of Medan (Asam Kumbang District), which found that individuals either had negative views toward self-medication or did not comprehend its rationale (59%). This research illustrates that education influences knowledge in self-medication practice, which contributes to negative perceptions of attitudes toward self-medication. This is supported by Aswad's research that self-medication will have a negative impact if the self-medication is carried out incorrectly due to a lack of knowledge (Aswad et al., 2019).

CONCLUSION

The results of the study showed that 25% of the patient's knowledge level was classified as good, 32% was classified as sufficient, and 43% was classified as poor. The result attitude questionnaire's statements are divided into several categories, including getting medicine (Positive), choosing medicine (Negative), using medicine (Negative), storing medicine (Positive), disposing of medicines (Positive), and self-medication (Negative).

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ETHICS OF STUDY

This research has undergone ethics testing at STIKES Banyuwangi

CONFLICT OF INTEREST

Theres is no conflict of interest in this study.

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AUTHOR'S CONTRIBUTION

SP and TS conceived and designed the study. FBD, ADW, and WNA carried out the respondents. SP, TS, FBD, ADW and WNA analysed and interpreted the data. SP and TS drafted the manuscript. SDA and DAD gave critical inputs to the intellectual content in the drafted manuscript. All authors read, revised and approved the final manuscript. SP had full access to all of the data in the study. All authors can take responsibility for the integrity of the work.

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