

SHORT REPORT

**Self-medication practices in a peri-urban area of Yangon City:
a qualitative approach**

Thet Min Tun, Htein Lin & Kyaw Hlaing

Defence Services Medical Academy

Drugs or medicine can be generally classified into prescription drugs (Rx) and over-the-counter (OTC) drugs. Prescription drugs mean the drugs those can be consumed only by doctors' prescription. The drugs those can be consumed without doctors' prescription and those can be bought freely from drug stores are known as OTC drugs [1]. The practice of self-medication has been a feature of healthcare for many years. Although OTC drugs are the commonest form of self-medication, a person may also self-medicate by taking more or less than the recommended dose of a prescribed drug [2]. Poor socio-economic status, high cost of modern medicine and non-availability of doctors in rural areas lead to difficulties in accessing modern healthcare. Drug retail shops frequently serve as the public's first point of contact in health care system. The practice of indiscriminate self-medication is a long lasting problem in Myanmar Health Care System.

This study was conducted with the general objective of obtaining information about groups' beliefs and self-medication practices among community residing in a peri-urban area of Yangon City. The study used focus group discussion (FGD) being carried out in low socio-economic community in Number 5 Ward of Hlaingthaya Township of Yangon City from July to October, 2009. Focus group discussions with 7 people in each FGD were done following an informed consent. Four FGD sessions emerged: female group 18-35 years old, male group

18-35 years old, female group 36-60 years old, and male group 36-60 years old.

Almost all of the participants in older age group of both sexes responded that they were the persons who made decisions for taking treatment not only for themselves but also for family members and other household persons if they got some kind of illness. Participants of younger age group said that heads of the family or elders usually gave decisions for treatment and the individual who suffered illness usually followed this instruction.

Among self-medication, buying drug package from drug store was the commonest. The reason was that it was the most convenient way for them in terms of availability, accessibility and affordability. They also considered that health knowledge of pharmacy staff (from drug stores) was much better than themselves. They were familiar to some drugs frequently advertised in magazines, journals and television, and usually took these drugs first if they got sick.

Going to clinic was the last option according to the participants interviewed. They did not like the repeated appointments of the clinics and they thought that it was a way of doctors to take money from their patients. Not only the participants took drug packages sold by drug stores, but also they relied on *say-mee-to* (ဆေးခြံ့တို့) (herbal medicine or folk medicine). A variety of *say-mee-to* regimes were used to treat their own illnesses.

The worst scenario expressed by some participants was consultation with quacks to treat their illnesses. They not only gave tablets, but also did injections and even minor surgeries.

One of the factors influencing self-medication was high health care cost. Some interviewees argued that establishment of free-of-charge clinics run by international NGOs or well wishers could reduce self-medication practices. Even if resources are adequate, every free-of-charge clinic in health care can reduce free-rider and other unwanted problems among community.

However, financial status of the community is the single most important factor for decision of treatment. Since this study was conducted among the community with very low socio-economic status, almost every participant confessed that they self-medicated at least once in their lifetime just

because they did not have enough money to go to the clinics. Further community-based studies are required on factors influencing self-medication and non-doctor prescribing and community surveys to delineate the folk-professional boundary of medication practices. Public education should be focused on proper medication practices and danger of treatments with unlicensed practitioners/injectionists.

REFERENCES

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