

## **Evaluation of Sources and Trends in Pediatric Medication Including Self Medication**

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Treatment from non pediatric therapist or quacks and self medication modifies the clinical pattern of disease, delays the correct diagnosis and influences the morbidity and mortality in children. The tendency to treat children by parents by way of self medication (SM) is on the increase(1-4). Availability of the drugs without proper prescription in the developing countries(5,6) has led to further increase of SM. Considering the consequences of improper treatment including SM on management and health of children, the present study was designed to explore and evaluate this problem in the city of Amritsar.

### **Subjects and Methods**

Two thousand and seventeen parents residing in different areas (posh colonies, urban slums, rural areas and employees of different institutions including medical and paramedicals) were selected by stratified systematic random sampling technique and were interviewed. Information regarding source of treatment, namely, pediatricians, qualified doctors, registered medical practitioners (RMP) and chemists or any

other agency was obtained. Whether the instructions for medications were followed strictly as prescribed by the physician or not was documented. Parents were also asked if they were self medicating. If the response was in the affirmative other details were elicited (reasons for SM, types of diseases and drugs and duration of SM).

The data was categorized according to parental economic status, education and profession and analyzed using the Chi square test.

### **Results**

Only 18.2% children were treated by pediatricians while 46.3%, 28.3%, and 7.2% were treated by non pediatric qualified doctors, RMPs and other agencies, respectively. Parents with high income (> Rs. 5000/- per month) and education (graduate and above) consulted the pediatrician more frequently (38.4% and 30.8%, respectively;  $p < 0.001$ ). Apart from medical and paramedical parents who had easy accessibility to pediatricians, only 9-12% parents consulted pediatricians ( $p < 0.001$ ). A total of 86.3% parents stopped the medicines when major symptoms subsided and did not follow the instructions regarding the dose and duration of drug therapy.

Seventy one per cent parents resorted to SM. Paucity of time (46%), carelessness (44.2%), and shortage of money (38.8%) were the reasons given for not approaching the physician. In high income and education groups, paucity of time and carelessness were described as reasons for SM by 50.9%, 38.1% and 61.9%, 45.8% parents, respectively.

Majority (88-100%) of the parents resorting to SM were in the medical and paramedical category. Only 23.8% of labor resorted to this practice. The duration of SM ranged from 2-5 days. Between 50-

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*Received for publication: December 25, 1994;  
Accepted: May 22, 1996*

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62% of high income and education groups and medical and para-medical parents resorted to SM for 5 or more days. Antipyretics (90.2%), antidiarrheals (50.3%), antispasmodics (48%), antibiotics (35.3%) and unknown drugs (36.2%) were commonly used for SM.

### Discussion

Pediatricians still remain less known to parents of ill children irrespective of economic status, education and profession. Only 18.2% of parents consulted pediatricians. Even instructions regarding dose and duration of medicine were not followed correctly by 86.3% parents. Medicines were only given till major symptoms lasted. This may be due to carelessness of the parents and non-realization of the consequences of inadequate therapy or lack of adequate stress by the physicians to follow the drug schedule. Parents need to be told that inadequate treatment leads to development of resistant pathogens, prolongs the morbidity and increases the mortality.

Self medication has become a habit rather than forced choice due to lack of professional services(7). SM is encouraged by availability of drugs without prescription(5,6). Parents belonging to high income and education and affluent professions resort to SM to a greater extent. Poor and illiterate parents lacked the confidence and were afraid of SM lest something adverse may happen. Carelessness, inability to spare time and shortage of money were the usual reasons given for resorting to SM.

It is concluded that despite pediatrics being upcoming branch of medical science, awareness of pediatric consultation has still not universally reached the masses. Non-pediatric physicians, quacks and SM may not be the "ideal" providers of health care for children. An all out effort is thus needed to make people aware regarding the availability and importance of consulting pediatricians,

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