

# [Trend of self medication among youngsters](https://assignbuster.com/trend-of-self-medication-among-youngsters-research-paper-samples/)

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ABSTRACT Objective: To determine the trend of self medication among youngsters. Methods: A survey was conducted in 4 areas of Karachi, Pakistan during May 2012. Data collected was entered using SPSS version 17 to generate descriptive statistics. Data analyzed done using chi-square test to check the associations among variables. Results: The result shows that the number of youngsters participated in this study were 100, having age range of 14-27 years, the overall response is positive. There females were 37 (37%) and males were 63 (63%). This was reflected by the majority of the samples was undergraduate youngsters.

By the research we get the result that people think that they could understand their own illness themselves and that leads them to self medication. Qualification and understanding own illness is not independent. Lack of time is found to be a fact that males do self medication more often then females the trend towards self medication is increasing day by day. Conclusion: Self medication practice increasing in the youngsters of Karachi, Pakistan mostly in males and undergraduate youngsters under age of 18-22. The reason is lack of time or not consulting to thedoctor.

Need to educate the youngsters to avoid such practice majority know that self medication is incorrect and some time cause side effect. Key words: Self medication, youngsters, trend, prescription. 1 INTRODUCTION 1. 1 Background of the study Self-medication is defined as obtaining and using medicine without the suggestion of a doctor either for diagnosis. Drugs for self-medication are normally name as 'nonprescription' or 'over the counter' (OTC) and are obtainable without advice of doctor's through chemists. Self medication is nowadays gradually being considered as a self-care component.

Support of self-care is seen as give patients' every view to takeaccountabilityand create self-confidence in their ability to deal with their ownhealth. Unlike other characteristics of self-care, self-medication involves the use of medicines and medicines have the potential to do better as well as cause harm. This is mainly concern to these countries where there is lack of enforcement of system leading to accessibility of non prescription medicines over the counter like Pakistan. This results in extensive use of such drugs which is related with serious undesirable effects.

Numerous cases studies have stated that unsuitable self-medication outcomes in wastage of resources and causes serious health hazard such as unwanted drug reactions, prolonged suffering and drug dependence. When the medication correctly done, self-medication might be save the time which spent in waiting to see a physician, may be cost-effective and also propose savings for medical schemes and the general healthcare system. The WHO has also pointed out that dependable self-medication can help patient and treat illness that do not need medical consultation and gives a cheaper option for treating common diseases.

With self-medication, the person tolerates primary accountability for the use of self-medication products. All parties concerned in self-medication should be attentive of the advantages and disadvantages of any self-medication product. Through many studies have been conducted in different populations to appraise the practice of self-medication there is a scarceness of studies on self-medication among university and medical students. To enhance our knowledge we carry on this agenda and targeted the youngsters to find out the practices of self-medication in youngsters of Karachi.

This study is conduct on trend of Self-medication in youngsters of Karachi. Self medication trend is continuously increasing in youngsters. This study might be helpful to determine the rate of self medication in youngster of schools, colleges and universities of Karachi. This study also explores the injurious effects of self medication, causes for not discussing with the doctor and general issues for which students rely on self medication. Self-medication is the healing of general health issues with drugs particularly proposed and labeled for utilize without any medical prescription and permitted as safe and useful for such medical issues.

To enhance our information, we conduct this study in Karachi and especially target the youngsters to evaluate self medication in the youth. In Karachi, approximately every chemist sells medicines without a prescription of doctor; a phenomenon seen in many is developing countries. Self medication is a part of health care and it is measured as initial public health source in system of health care. Use of non-prescription medicines by people on their own initiative is a part of self medication and it is in common practice in youngsters for common issues related to their health.

Self medication also encompasses the use of the medicines by the users for self perceived health problems or the continuing use of medications formally prescribed earlier. Further broading of the definition includes treatment offamilymembers especially to minor and elderly. Adverse effects of self medication Its very common in our society that whenever we catch a cough, flu or any common disease we have fixed a prescription in our mind and we do self-medication in such situations. We ask any of our friends or neighbors who prescribes the medicine which was effective for him.

We do these types of things but the main thing we forget in all this is going to a doctor. Some adverse effects of self-medication are as follows. Insomnia Due to self-medication you can face the problem of insomnia. Insomnia is a sleeping disorder this is very common now a days and one of the major reason to insomnia is self-medication. When this problem occurs again open you medicine box and do self-medication again for this problem too. This worsens your problem. When you take one type of medicine again and again you may addicted to it and you also get dependent on such medicines.

Skin problems When you involve in self medication you will get some skin problem or any other allergy due to reaction of medicine. Skin problem that occur due to self-medication are itching and redness on your skin. DepressionPeople who have a habit of taking medicines which relax them that people facing the problem of depression. Many people self-medicate themselves to get relax without the advice of doctor. This type of habit may cause serious problem and no one can deny the effects of this self-medication addiction. Skin problems through creams and lotions

Self-medication is does not only mean to in take such medicines. Self-medication can also be using lotion or cream on your skin without the advice of doctor. This type of self medication can also cause many skin problems. 1. 2 Objective of the study The Aim/objective of this study is to determine the trend of Self medication among youngsters. 1. 3 Problem statement Although self-medication being an issue of global concern, especially in Pakistan self medication is very common and rising day by day. Literate people involve in the practices of self medication more than illiterate people.

This study includes some general aspects of self medication to identify the frequency of self medication among the youngsters. 1. 4 Hypothesis Ho1. 4. 1: self medication among youngsters and age are independent. Ha 1. 4. 1: self medication among youngsters and age are not independent. Ho1. 4. 2: self medication among youngsters and gender are independent. Ha 1. 4. 2: self medication among youngsters and gender are not independent. Ho1. 4. 3: self medication among youngsters and qualification are independent. Ha 1. 4. : self medication among youngsters and qualification are not independent. 2 LITERATURE REVIEW 2. 1 Trends of Self-Medication According to Khalid (2010) in our country Self medication is an average. The counter sales of nearly all medicine are available without any prescription or regulation this is one of the major factor probably contributing to this phenomenon. In the practice of our dermatology, we commonly meet patients with acne infections due to use of topical self medication. The prevalence of self medication is extensively high in the acne infections patients in our residents.

The most frequently used medication was potent topical steroids. 2. 2 Self-Medication practices According to Shankar et al (2002) Mild illness is the most common reason of self-medication which is mentioned in the literature, prior knowledge of treating related disease, lack of availability of healthcare personnel and financial considerations. Analgesics and antimicrobial are commonly used for self medications. In addition to allopathic medicines, herbal medicines were also usually used for self-medication. 2. 3 Reasons for self-medication practice

According to Almasdy et al, (2011) Among university students the major reason for self-medication were their prior experiences and the majority of the authors agreed with this major reason of self medication, their health problems was measured as too insignificant and time savings. Family or friends guidance, non availability of transport, doctor was not available, capability to self-manage the symptom, urgency of the problem and have adequate information were other main reasons for self-medication practice.

Have reported that the main reasons to self-medication practice among university student were lack of time and low cost consultation. 2. 4 Demographic characteristics and prevalence of self medication practice According to Hussain et al. (2011) many of these researches mentioned the mean age of undergraduates was under 25 years old. This was reflected by the majority of the samples was undergraduate students. In manner of sexual characteristics, prevalence of the undergraduates who have involved in self-medication is female.

Three of these researches have been engaged to undergraduates majoring in equally health and non-health courses, while two of the studies have engaged to undergraduates simply majoring in health, and the rest did not revealed the field of the undergraduates involved in the studies. Frequency of self-medication observed among the university student was diverse. The occurrence of self-medication reported was mainly depend on how the query was created in the questionnaire.

For example, the occurrence reported was authentic, if the question was concerned to the modern practice of self-medication. On the contrary, when asked whether the students had used any medication for the past one month, the incidence reported was low. However, some studies did not report the prevalence of self medication. Due to the difference in the methods used in studies, therefore, it is quite difficult to estimate the true prevalence rate of self-medication in university students. 2. 5 Benefits and Risks of Self Medication According to Carmel M et al. 2001) Practices of self-care for mild illnesses are increasingly encouraging by some governments, including self-medication. Support of self-care is observed as giving all probability to patients to take accountability and construct confidence in their capability to control their own health. Patient confidence is observed as a helpful step in the improvement of the correlation between patient and healthcare provider and is described as an significant health policy model. 2. 6 In? uences on Knowledge and Attitudes about Prescription Drugs among Teens.

According to Twombly et al, (2008) escalating precise information about the hazards of recommended medicines misuse is expected to reduce misuse. In fact, there is an inverse relationship between level of perceived risk and likelihood of use when it comes to teenagers’ willingness to misuse prescription drugs. 2. 7 Symptoms leading to self-medication According to Zafar et al. (2008) Approximately in Pakistan, everyone can get medicine without any prescription, mostly pharmacy selling medicines without a doctor advise; this incident observed in every developing nations.

Even, antibiotics and high potential medicines are easily available to the common man. The common practices of self-medication among undergraduates is leading to the main symptoms of self-medication were headache or mild pain; fever; flu, caught and cold; and diarrhea. Others symptoms includes allergy, skin problems, inability to sleep, vomiting, eye and ear symptoms, menstrual syndrome and others minor problems. Thiscase studyshows the outcome of the Pakistani youth's information, mind-set, and practice towards self medication. 2. 8 Sources of drug information

According to Hussain et al, (2008) in this research, the author explains sources of drug information in self-medication practice. In this research statement shows that the undergraduates obtain access to drug information from many resources. Which is relate to their own earlier experience, family, contacts or university course mates, pharmacy sales representative, doctor or nurse, andadvertisementin the television, radio, newspaper, magazine or books. 2. 9 Problems-related to self-medication practices According to James et al, (2006) a new important findings significance of elf-medication highlighted in this literature was the effect of health instruction on the knowledge of drug’s side-effects amid the self medicating undergraduates. Calculate the effect of exposure to medical knowledge to equally the first year and senior medical undergraduates. The research exposed that troubles linked with self-medications were fewer in senior medical undergraduates as contrast to the first year students. Less awareness of medical information may be reason to the low self-assurance of the first year medical students 2. 0 Self -Medication among university students According to Mumtaz et al, (2011) Self medication mounting the probability of illegal use of medicine and medicine addiction and due to this the symptoms of disease are underlying thus are complicating the problem, produce drug resistance and create difficulty to diagnosis. On the other side many of people involved in self medication who accept accountability and are cautious is a source saving phenomenon to the health system. Easy accessibility of the medicine by the counter sales increases self medication.

Self medication is a phenomenon and practiced almost in the countries all over the world with different prevalence. In the low and middle income countries, commonness of self medication is higher. This research is explained that the educated people tend to practice self medication more than uneducated peoples. According to this research the frequency of self medication among undergraduates of medical and non medical is nearly 80%. This study endorses earlier reported local estimates of self medication among university students. . 11 Self-Medication in Nigeria According to Fadare et al, (2011) now a day’s Self-medication is growing in the population many counties as a common type of self-care behavior. Many global researches have explored the frequency and characteristics of self-medication practices at the resident’s level. In Nigeria, many studies conduct to find the frequency of self-medication in general; still the frequency of antibiotic self-medication among medical undergraduates has not been conducted.

The interest in studying this practice among this select group is due to the fact that they are the future prescribes and health educators of the population of Nigeria. 2. 12 Evaluation of Self-Medication According to SD Sontakke et al, (2011) The World Health Organization has also identified that proper self-medication can help patients and treat illness that do not need medical consultation and gives a cheaper substitute for treating common diseases. With self-medication, the person takes primary accountability for the use of self-medication products.

Every individual must be aware of advantages and disadvantages of self medication products who involved in self-medication practices . however many researches has been conducted in different populations to assess the frequency of self-medication there is a paucity of studies on self-medication among medical students. Support of self-care is considered as providing patients' every opportunity to construct self-confidence in their capability to control their own health. Unlike other aspects of self-care, self-medication involves the use of drugs and drugs have the potential to do good as well as cause harm. . 13 Self-medication in Sri lanka According to Wijesinghe et al, (2012) Self medication growing with increasing literacy and it is even appreciated so as to have self-sufficiency for healing, preventive , primitives and rehabilitative care . If done properly, it is helpful to save expenses of health care seekers. therefore, considering the usefulness of self-medication, the World Health Organization (WHO) has focused to develop strategy for regulatory estimation of the medicines suitable for self-medication. he frequency of Self-medication is very familiar among women, youngster, those individuals who living alone and the individuals who belongs to low financial status (SES), sufferers of chronic ailments and psychiatric conditions. Many researches in Sri Lanka were conducted to city areas which have well built-up health and hospitals networks. Substitute indicators such as self-medication prevalence for malaria indicate that self-medication is relatively low in rural areas. 2. 14 Self-Medication pattern in Punjab According to S Shveta et al, (2011) the frequency of self medication practices is common in the state.

Fever, cough and cold are reasons for the use of self-medication. The most common drugs which is commonly used for self-medication is tonics andfoodsupplements and it is taken frequently without prescription. We recommend that holistic approach should be taken to prevent this problem, which contain correct knowledge and information regarding the self medication and strictness concerning pharmaceutical marketing. Furthermore especially in case of Punjab state ban must be implemented on counter sale of medicines. Dispensing modes in the state required to be enhanced by propereducation, regulatory and administrative strategies. . 15 Self-Medication in Children’s According to Oshikoya et al, (2007) medicine use in children is of greatanxietyworldwide and has received a lot of attention. Various researches have been performed in the urbanized and developing countries, and have all the countries faced many problems from mistreat and abuse of recommended medicines, and errors of medications. Children include a larger percentage of the residents in developing countries and are responsible to many illnesses as a effect ofpoverty. The majority of medicines in children are used outside of hospitals, both as recommended and non- recommended medicines.

The primary reply by the majority families too many diseases in their children has been found to be use of non-prescribed medicines . Self-medication is very common among urban children in Nigeria. The presented laws concerning the use and sale of over the counter medicine, prescribed and non-prescribed drugs must be reinforced to ensure normal use of medicines. 2. 16 Self-medication practices for drug consumers According to Andualem et al, (2004) On Socio-demographic the respondents concealed the characteristic of drug consumers consist of all age category like both genders, pregnant women and breast-feeding mothers.

Self-medication illnesses that reported very commonly in the respondents were headache, fever, cold, respiratory tract infection and gastrointestinal diseases. Education for the self-medication should be provided to public as well as health care providers ; i. e; this type of illnesses can be easily self-treated and diagnosed and the drug products to be used in promoting the responsible self-medication. 2. 17 Self-medication in West Uttarpradesh According to Ghosh et al, (2010) some students reported that they were alcoholic, smoker or involve in some chronic problems i. . non-communicable diseases, they have less awareness about the medicines that they use withsmoking, alcohol or suffer problems with chronic diseases. Non-seriousness related to the disease is the most common reason reported for self-treated and for self-medication, previous experience on the medicine and emergency use. 2. 18 Assessment of Self-medication According to Sawalha, (2007) In An-Najah students the preference of self-medication in very common. Practice of treating this condition is done either simple or by previous experience.

Even important self-medication predictors did present in the studied group, types of medications knowledge on the level of self-care orientation can be significant in analyzing the self-medication practices. 2. 19 Health care strategies According to Haider et al, (1995) treatment from some medical systems found in majority of cases. Health care behavior forchildhoodillnesses and assessment of the degree and the reasons for self-medication assess in Karachi, Pakistan. The main reason is the good past experience of self-medication. he main reason is the use of different medicines by health professional that influence the parents for self-medicate to their children. Self-medication is hard to reduce but some information can be made to discourage wrong use of harmful drugs. 2. 20 Self-medication (WHO). According to WHO (1988) The WHO pointed that Self medication can help and treat illness that does not require any consultation of medication and provides a cheaper option for treat such common diseases. Yet, the person bears basicresponsibilityfor the use of self-medication products.

Due to self-medication products parties should be aware about the benefits and risks of self-medication. 3 METHADOLOGY This part presents an overview of the methods to be used in the study. Areas covered in this part include data collection, variables, sample and sampling techniques and model for analyzed the data. 3. 1 Data In this study primary data is used for gathering information. A survey was conducted in 4 areas of Karachi, Pakistan during May 2012. Data collection was entered using SPSS version 17 to generate descriptive statistics.

Data analyzed complete using chi-square test to check the associations between variables. 3. 2 Variables Variables used in this study are 1. Age 2. Gender 3. Qualification 3. 3 Sample and Sampling techniques Convenience sampling techniques is use to select respondents from Gulshan-e-iqbal area. A convenience sample of 100 participants was taken. A questionnaire was distributed among participants after explaining the background of the study and objective. 3. 4 Model The model we are used. To summarize the questionnaires we used statistical model of chi-square.

According to Zafar et al (2008) the author used Chi-square in his study. 4 RESULT Table: 1 QUALIFICATION v/s VARIABLES DESCRIPTION| CHI SQUARE| SIG VALUE| RESULTS| | | | | MY ILLNESS| 29. 354| 0. 007| Reject| SELF MEDICATION| 6. 425| 0. 6| Accept| PRESCRIBE| 11. 48| 0. 321| Accept| LACK OF TIME| 16. 431| 0. 37| Accept| HIGH FEES| 7. 423| 0. 492| Accept| SIDE EFFECT| 12. 461| 0. 132| Accept| DANGEROUS| 10. 582| 0. 221| Accept| YOUNGSTERS| 12. 285| 0. 139| Accept| COMMUNICATIONCHAIN| 16. 846| 0. 032| Reject| It is found that the chi-square and sig. alue shows that the self medication is increasing in youngsters. the sig. value of the qualification shows that self medication (0. 6), prescribe (0. 321), lack of time (0. 37), high fees (0. 492), side effects (0. 132), dangerous (0. 221), youngsters (0. 139) these all variables were accepted and shows that are independent to the qualification Table: 2 GENDER v/s VARIABLES DESCRIPTION| CHI SQUARE| SIG VALUE| RESULTS| | | | | MY ILLNESS| 6. 053| 0. 195| Accept| SELF MEDICATION| 3. 334| 0. 504| Accept| PRESCRIBE| 9. 368| 0. 095| Accept| LACK OF TIME| 14. 038| 0. 007| Reject| HIGH FEES| 2. 38| 0. 71| Accept| SIDE EFFECT| 5. 008| 0. 286| Accept| DANGEROUS| 8. 898| 0. 064| Accept| YOUNGSTERS| 2. 356| 0. 671| Accept| COMMUNICATION CHAIN| 1. 361| 0. 851| Accept| It is found that the chi-square and sig. value shows that the self medication is increasing in youngsters. the sig. value of the gender that My illness (0. 195), self medication(0. 504), Prescribe (0. 095)high fees(0. 71), side effects(0. 286), dangerous(0. 064), youngsters(0. 671), Communication chain (0. 851) these all variables were accepted and shows that are independent to the gender. Table: 3 AGE v/s VARIABLES

DESCRIPTION| CHI SQUARE| SIG VALUE| RESULTS| | | | | MY ILLNESS| 12. 914| 0. 115| Accept| SELF MEDICATION| 7. 128| 0. 523| Accept| PRESCRIBE| 7. 612| 0. 667| Accept| LACK OF TIME| 9. 468| 0. 304| Accept| HIGH FEES| 12. 789| 0. 119| Accept| SIDE EFFECT| 2. 677| 0. 953| Accept| DANGEROUS| 11. 182| 0. 192| Accept| YOUNGSTERS| 19. 388| 0. 013| Reject| COMMUNICATION CHAIN| 15. 794| 0. 045| Reject| It is found that the chi-square and sig. value shows that the self medication is increasing in youngsters. the sig. value of the age that my illness (0. 115), self medication (0. 23), prescribe (0. 667), lack of time (0. 304), high fees (0. 119), side effects (0. 953), dangerous (0. 192) these all variables were accepted and shows that are independent to the age. 5 DISCUSSION In the light of the literature review self medication is a most common practice. In this study mostly males involve in self medication. The number of youngsters participate in this study were 100, having age range of 14-27 years, the overall reply is positive. There females were 37 (37%) and males were 63 (63%). This shows that the greater part of the samples was undergraduate youngsters.

In term of gender, majority of the youngsters who adept self-medication are males. Moreover, the sampling methods were varied among the studies, range from convenience. The trend of self-medication is high in undergraduate youngsters as compared to the inter and metric level youngsters. Mostly Youngsters have a preference of self-medication, 63% of undergraduates, 18% of inter and only 19% of metric youngsters involve in self medication. By the research we get the result that people think that they could understand their own illness themselves and that leads them to self medication.

Qualification and understanding own illnesses are not independent. So we accepted alternative hypothesis. Increasing communication chain is also one of the major reasons of increment of self medication in well qualified too. The above data was found to be good sufficient to maintain from literature review that the trend towards self medication is increasing literally. 6 CONCLUSION Self medication practice increasing in the youngsters of Karachi, Pakistan mostly in males and undergraduate youngsters under age of 18-22.

The reason is lack of time or not consulting to the doctor. Need to educate the youngsters to avoid such practice majority know that self medication is incorrect and some time cause side effect. 7 BIBLOGRAPHY Almasdy Dedy & Azmi Sherrif , (2011 ), Self-Medication Practice with Nonprescription Medication among University Students: a review of the literature, Archives of Pharmacy Practice, Vol 2, No 3, pp 95-100. Andualem Tenaw, B. Pharm, BA, et al, (2004), SELF-MEDICATION PRACTICES IN ADDIS ABABA: A PROSPECTIVE STUDY, Ethiopia Journal healthscience, Vol 14, No 1, pp 1-11.

Carmel M, Hughes; McElnay, James C; Fleming, Glenda F. , (2001), Bene? ts and risks of self medication, Drug Safety, Vol 24, No 14, pp 1027-1037. Fadare Joseph O & Igbiks Tamuno, (2011), Antibiotic self-medication among university medical undergraduates in Northern Nigeria, Journal of Public Health and Epidemiology, Vol 3, No 5, pp 217-220. Ghosh Sourav, Vikas, Vimal, et al, (2010), Evaluation of the practice of self medication among college students in west Uttar Pradesh, International Journal of Pharma Professional's Research, Vol 1, No 1, pp 14-18.

Haider S, Thaver IH, (1995), Self medication or self care: implication for primary health care strategies, J Pak Med Assoc, Vol 45, No11, pp 297-298. Hussain Azhar, Asifa Khanum,(2008), Self medication among university students of Islamabad, Pakistan- a preliminary study, Southern Med Review, Vol 1, No 1, pp 14-16. Hussain Shahzad, Farnaz Malik, Kazi Muhammad Ashfaq, et al , (2011), Prevalence of self-medication and health-seeking behavior in a developing country, African Journal of Pharmacy and Pharmacology, Vol 5 , No 7, pp 972-978 James Henry, Shailendra S, Handu Khalid A.

J, et al, (2006), Evaluation of the knowledge, attitude and practice of self-medication among first-year medical students, Med Princ Practice, Vol 15, No 4, pp 270-275. Khalid Tanzeela, Tariq Iqbal, (2010), Trends of self medication in patients with acne vulgarus, JUMDC, Vol 1, No 1, pp 10-13. Mumtaz Yasmin, S. M. Ashraf Jahangeer, Tahira Mujtaba, et al, (2011), Self Medication among University Students of Karachi, JLUMHS, Vol 10, No 3, pp 102-105. Oshikoya K A, O F Njokanma, J A Bello, et al, (2007), Family self-medication for children in an urban area of Nigeria , Paediatric and Perinatal Drug Therapy, Vol 8, No 3, pp 124-130.

S Shveta, Jagmohan S, (2011), A study of self medication pattern in Punjab, Indian Journal of Pharmacy Practice, Vol 4, No 2, pp 43-46. Sawalha, Ansam F, (2007), Assessment of self-medication practice among University students in Palestine: Therapeutic and Toxicity Implications, The Islamic University Journal (Series of Natural Studies and Engineering), Vol 15, No 2, pp 67-82. SD Sontakke, Bajait CS , Pimpalkhute SA, et al, (2011), Comparative study of evaluation of self-medication practices in first and third year medical student, International Journal of Biological ; Medical Research , Vol 2, No 2, pp 561-564.

Shankar PR, P Partha and N Shenoy, (2002), Self-medication and non-doctor prescription practices in Pokhara valley, Western Nepal: a questionnaire-based study, BMC Family Practice, Vol 3, No 17, pp 1-7. Twombly Eric C ; Kristen D. Holtz, (2008), Teens and the Misuse of Prescription Drugs: Evidence-Based Recommendations to Curb a Growing Societal Problem, J Primary Prevent, Vol 29, No 18, pp 503–516. WHO, (1988), The role of pharmacist in self-care and self-medication, Netherland.

Wijesinghe R Pushpa, Ravindra L Jayakody, Rohini de A Seneviratne, (2012), Prevalence and predictors of self-medication in a selected urban and rural district of Sri Lanka, WHO South-East Asia Journal of Public Health, Vol 1, No 1, pp 28-41. Zafar Syed Nabeel, Reema Syed, Sana Waqar, et al, (2008), Self medication amongst university students of Karachi: prevalence, knowledge and attitudes, J Pak Med Assoc, Vol 58, No 4, pp 214-217. http://apps. who. int/medicinedocs/pdf/whozip32e/whozip32e. pdf