

Factors influencing self-medication among residents of Nakisunga village, Mukono district. A cross-sectional study.

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Page | 1 **ABSTRACT.**

Background:

The main purpose of this study was to assess the prevalence and factors influencing self-medication among residents of Nakisunga village, Mukono District, Uganda.

Methods:

A community-based cross-sectional study was conducted among 100 adult household members in Mukono District, from April 5 to May 5, 2017, and the respondents were interviewed during the study using the systematic random sampling method. A pre-tested, structured questionnaire was used for data collection using an interviewer-administered technique. Epi-info version and SPSS version 22 were utilized for data entry and analysis, respectively.

Results:

Out of 100 respondents, 77% had ever done self-medication and only 33% of respondents had not. Among these, women (52) used self-medication more than men (40) while 8 were not sure. Prevalence was also higher among people with low education levels (68) than those with a higher education level (32).

Among the factors associated with self-medication, 60% of the health workers did not have enough drugs while 40% had drugs. Most of the respondents (54) stated that the health facility was far from their homes. The majority (76) also agreed that the government should include policies and measures that prevent self-medication and the minority (24) disagreed.

Conclusion:

There is a high prevalence of self-medication among people, mostly among women than men. This was because of low education, far distance of health facilities, and low staffing of health facilities.

Recommendation:

The government should recruit more health workers at all levels of health facilities to prevent work overload and long waiting hours by patients.

Community members should be encouraged to start community income-generating activities to boost their socio-economic status thus being able to afford new drugs every time they become ill.

Keywords: Self-medication, Nakisunga village, Mukono District, Uganda

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INTRODUCTION.

The World Health Organization (WHO, 2017) defines self-medication as the treatment of self-diagnosed disorders or symptoms by the use of medicines with the intention that they will be used by consumers on their initiatives and responsibilities. It is one of the basic components of self-care, characterized by the use of drugs by the patient initiative without consulting a medical practitioner (Mohammed et al., 2021).

About the above, a study by Montastruc et al (2016) defines self-medication as the use of medication without the prescription of health care professionals (e.g., resubmitting old prescriptions, sharing medication with

relatives/family members, or using leftover medications) for treatment of self-recognized illnesses (Mathias et al., 2020).

Self-medication is a common practice in both developed and developing countries (Akande-Sholabi & Akinyemi, 2023). A cross-sectional study, conducted in Pakistan, Serbia, and India, showed that the prevalence of self-medication was 76%, 79.9%, and 78.6%, respectively, (Kumar et al, 2015).

Globally, self-medication is a cultural phenomenon that is observed all over the world and encouraged by advertisements that always end with the warning: "If symptoms do not disappear, please seek medical advice. Therefore, lay people are instructed to first use the

advertised drug and to only seek medical advice if their symptoms persist.

Across Africa, several factors have been identified to contribute to the practice of self-medication. For instance, in a study done in Ethiopia, it was discovered that people with poor health-seeking behaviors were more likely to engage in the practice of self-medication. In addition, the practice of self-medication was also more common among people in rural areas as compared to their counterparts in urban areas, (baye & Sada, 2018).

In Uganda, a study by Birungi, (2017) reported that almost half of the respondents used antibiotics and analgesics either against viral (commonly cold) or mixed (bacterial and viral) infections. The respondents with lower educational qualifications (29.7%) and those from rural areas (32%) were significantly more involved in self-medication practice.

Therefore, the study aimed to assess the prevalence and factors leading to self-medication among residents of Nakisunga village, Mukono district, and offer recommendations to combat the problem.

METHODOLOGY.

Study design and rationale.

This was a cross-sectional descriptive study design employing the quantitative method of data collection. The study design was chosen because a specific target population (sample) was to be selected from a specific area and the study was conducted for a specific period.

Study setting and rationale.

The study was carried out in Nakisunga village which is one of the villages in Nakisunga sub-county which is one of the subcounties in Mukono district. Mukono district is located in the central region of Uganda. It is bordered by Kayunga district to the north, Buikwe district to the east, Tanzania to the south, Kalangala district to the south-west, Kiira town and Wakiso district to the west, and Luwero district to the north-west. The Baganda are the main ethnic group of people in the area. The location has been chosen due to the increasing cases of self-medication among community members in the area.

Study population and rationale.

The study was carried out among residents of Nakisunga village, Mukono district.

Sample size determination and rationale.

Using Slovene formulae to calculate the sample size, 100 respondents were selected and interviewed during the study. One hundred (100) residents were selected and interviewed

during the study. A small number of respondents was chosen for easy data collection. In addition, the number was chosen due to financial and human resource constraints.

Sampling procedure.

A simple random sampling technique was used to select 100 respondents. Because everyone in the target group had an equal chance to be included in the study, 150 questionnaires were created. However, only 100 respondents who filled well their questionnaires were included in the study.

Inclusion criteria.

Only residents above 18 years who consented were available during data collection and included in the study.

Definition of variables.

Independent.

Self-medication among residents

Dependent.

- Individual-related factors that influenced self-medication.
- Health facility-related factors that influenced self-medication.
- Measures to prevent self-medication.

Research instruments.

Pre-tested structured self-administered questionnaires were used to collect data. The questionnaire was designed according to the specific objectives of the study and contained close-ended questions.

Data collection procedure.

The questionnaires were administered to respondents. Before giving out the questionnaires they were fully the respondents. Interpretation was done for respondents who could not read and write in English. Each filled-in questionnaire was checked for accuracy and completeness. Data was collected in ten days and interviewed 10 respondents each day.

Data management.

The data obtained was stored in hard copy in notebooks and also in soft copy on a flash disk.

Data analysis.

After collecting the data, it was analyzed using the Microsoft Excel computer package, and the information was presented in tables and charts.

letter of introduction was provided by the principal of St Francis School of Health Sciences and then it was delivered to the LC III chairperson, Nakisunga sub-county who later gave an introduction letter to presented to the chairperson L.C.I Nakisunga village introduced the study to the respondents. The respondents were assured of absolute confidentiality. Respondent numbers were used instead of respondent's full names.

Page | 3 Ethical consideration.

On approval of the research proposal by the principal, a

RESULTS.

Table 1: Demographic characteristics of respondents.

Item	Categories	Frequency (n=1000)
Age	20-25 years	24
	26-30 years	35
	31-35 years	26
	35 years & above	15
Level of education	Primary	36
	Secondary	40
	Certificate	10
	Others	14
Occupation	Farmers	43
	Teachers	21
	Health workers	08
	Traders	15
	Others	13
Marital status	Single	20
	Married	50
	Separated	20
	Others	10
Number of children	No child	12
	1-3 Children	24
	4-6 Children	26
	6 children and more	38

Individual-related factors influencing self-medication.

Table 2: A table showing respondents who have ever practiced self-medication.

Question	Number of respondents
Have you ever self-medicated before (yes)	77
Have you ever self-medicated before (No)	33
Total	100

Table 2, clearly shows that 77% of people out of 100 have ever done self-medication and only 33 respondents had not practiced.

Table 3: A table showing people who store drugs for future use.

Question	Number of respondents
Do you store drugs for future use (yes)	86
Do you store drugs for future use (No)	14
Total	100

Table 3, clearly shows that eight six (86) people out of 100 did not store drugs for future use. store drugs for future use in self-medication, and only 14

Table 4: A table showing Prevalence of self-medication based on gender.

Gender	Use of self-medication
Women	52
Men	40
Not sure	08
Total	100

According to table 4, more women (52) use self-medication than men (40) but still, the difference is not great meaning that all genders are most likely to practice self-medication.

Table 5: A table showing the prevalence of self-medication based on economic and social status.

Social status	Use of self-medication
Rural areas	63
Urban areas	30
Not sure	07
Total	100

According to table 5, people in rural areas use self-medication more than those in urban areas.

Table 6: A table showing the prevalence of self-medication based on education status.

Education status	Use of self-medication
Low educated	68
Highly educated	32
Total	100

According to table 6, people with low education levels use self-medication more than those with a higher education level.

Table 7: A table showing the prevalence of self-medication based on economic status.

Economic status	Use of self-medication
Low-income earners	60
Medium and high-income earners	30
Not sure	10
Total	100

According to table 7, people with low-income levels use self-medication more than those with a medium or high-income level.

Table 8: A table showing the use of herbs before seeking treatment in health facilities.

Question	Number of respondents
Should people first try traditional herbs before seeking treatment in health facilities? (yes)	36
Should people first try traditional herbs before seeking treatment in health facilities? (No)	64

Page | 5

According to table 8, thirty-six respondents suggested the use of herbs before seeking treatment in health facilities while sixty-four (64) disagreed.

Health facility-related factors influencing self-medication.

Table 9: A table showing the rating health facility environment.

H/F environment	Frequency (n=100)
poor	36
fair	26
good	24
excellent	14
Total	100

Page | 6

Figure 1: A pie chart indicating the influence of health facility staffing on self-medication.

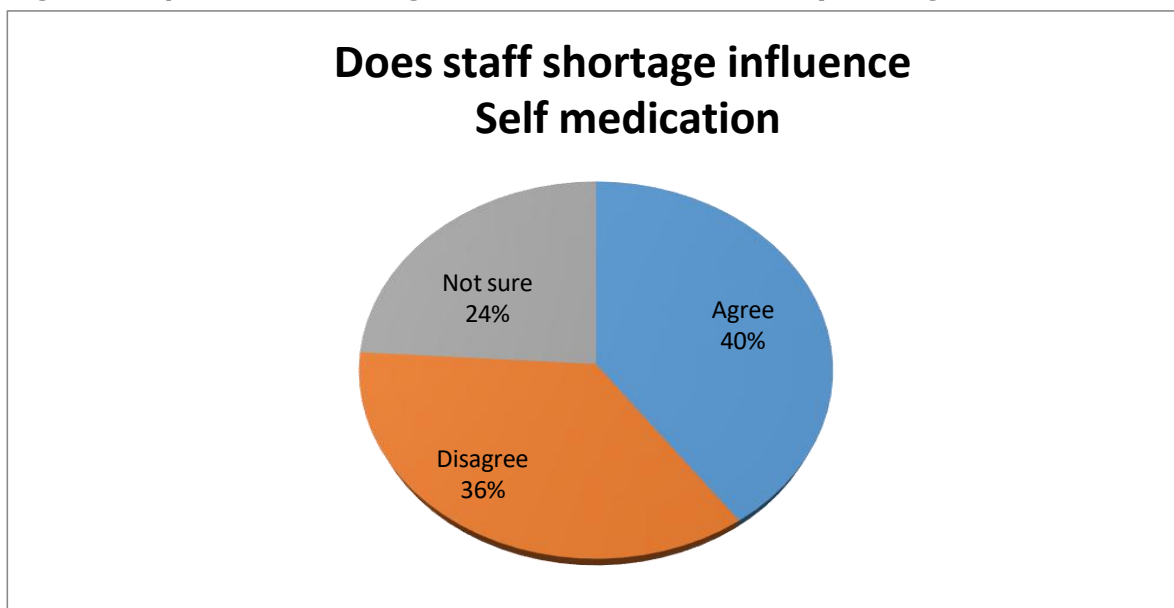


Table 10: A table showing health workers' influence on self-medication among people.

Question	Number of respondents
Do health workers encourage self-medication (yes)	23
Do health workers encourage self-medication (No)	77

Table 10, clearly shows that most of the health workers do not encourage self-medication because 77% of the respondents claimed that they do not.

Table 11: A table showing the availability of enough drugs at health facilities.

Question	Number of respondents
Are there enough drugs at health facilities (yes)	60
Are there enough drugs at health facilities (No)	40

According to table 11, most of the health workers do not have enough drugs because 60% of the respondents said that they do not and 40 percent do have drugs.

Table 12: A table showing the proximity of the health facility to people's homes.

Question	Number of respondents
Is your home far from the health facility (yes)	54
Is your home far from the health facility (No)	46

According to table 12, fifty-four (54) respondents said that the health facility was far from their homes and only 46 respondents agreed that the health facility was not far from their homes.

Measures to prevent self-medication.

Table 13: A table showing the need to involve people to avoid self-medication.

Question	Number of respondents
Is there a need to involve people to avoid self-medication? (yes)	80
Is there a need to involve people to avoid self-medication? (No)	20

According to table 13, eighty (80) respondents agreed with the involvement of people to avoid self-medication and only 20 respondents disagreed.

Table 14: A table showing the need for the government to include policies or measures to prevent the practice of self-medication.

Question	Number of respondents
Should the government include measures to prevent self-medication? (yes)	76
Should the government include measures to prevent self-medication? (No)	24

According to table 14, seventy-six (76) respondents agreed with the government to include policies and measures that prevent self-medication and only 24 respondents disagreed.

Table 15: A table showing the need for the government to be involved in preventing the practice of self-medication.

Question	Number of respondents
Should the government be involved in preventing the practice of self-medication? (yes)	85
Should the government be involved in preventing the practice of self-medication? (No)	15

According to Table 15, eighty-five (85) respondents agreed that the government to be involved in preventing the practice of self-medication and only 15 respondents disagreed.

DISCUSSION.

Social demographic characteristics of respondents.

This study established that most of the respondents were between 20 and 35 years of age. This is an active age bracket and most likely not to get serious illnesses apart from headaches, stomachaches, flu, cough, and mild back pain which they are likely to treat on their own.

The study established that most of the residents could read and write which is evident by the statistics which indicate that eight six (86) respondents had at least attained primary education, this further indicates that many can read physician instructions on bought drugs and carry out self-medication, very few were highly educated to know the dangers of self-medication.

The study established that at least 50% of the respondents were married because the village setting is mainly residential. This further explains why most of them have more than three (3) children with a percentage of 64%. People with more than three children normally find it convenient to carry out self-medication.

Individual related Factors Influencing Self-medication.

It has been shown that very many respondents agreed to

have carried out self-medication this is evident with a 77%. the study further indicated that 86% of the respondents stored drugs for future use. This practice is the number one reason that encourages self-medication because drugs will be readily available at home in case a person falls sick.

According to the study, more women were more likely to use self-medication than men this is evident with 52% compared to men who were at 40%.

According to the study people in rural areas were more likely to carry out self-medication than those in urban areas this is evident with a 63% agreement compared to 30% agreement with urban areas. The study also indicated that 7% of respondents did not know whether people in rural areas or urban areas carried out self-medication.

The study indicated that people with low education levels were most likely to carry out self-medication this was evident with a 68% agreement on low-educated people and a 32% agreement on highly educated people.

According to the study, 60% of the respondents agreed that self-medication is most likely to be practiced by people of low economic status compared to 30% who disagreed and 10% who were not sure.

According to the study, 64% of the respondents disagreed with first trying traditional herbs before seeking treatment in a health facility and 36% agreed with first trying traditional herbs before seeking treatment in a health facility.

Health facility–related factors influencing self-medication.

The study indicated that more than half of the respondents rated the environment at the health facilities where they seek medical treatment to be fair. This was so because the village has a Kyabalogo Health Centre II,

According to the study, 40% of respondents claimed that staff shortage at the health facility influenced self-medication because sometimes they found many patients waiting for medical services.

The study found out that health workers do not encourage self-medication this is evident with a 77% disagreement on the question of whether health workers encouraged self-medication.

According to the study, 60% of respondents claimed that the health facilities had drugs for most common diseases apart from the 40% that claimed that the health facilities did not have enough drugs.

More than half of the respondents claimed that the health facility was not far from their homes. This is because Kyabalogo Health Centre II is located in this village.

Measures to prevent self-medication.

According to the study, 80% of the respondents agreed that people should be involved to avoid self-medication.

The study further indicated that 76% of respondents want the government to include policies and measures to prevent

the practice of self-medication.

They further indicated that 85% of respondents agreed with the government to get involved in preventing the practice of self-medication across the country.

CONCLUSIONS.

According to the study findings, it was found out most people have ever carried out self-medication because of; age, number of children, low education, low economic status, storage of drugs at home, and low staffing of health facilities.

RECOMMENDATIONS.

The District Direct of Health Service of Mukono District Should put more emphasis on planning strategies that will help sensitize people about the dangers of self-medication. Should recruit more health workers to prevent work overload and long waiting hours by patients.

Ministry of Health.

- The Ministry of Health should increase the primary care fund to help in increasing the number of outreaches in the communities.
- Recruit more health workers at all levels of health facilities.

The Community.

Community members should be encouraged to start community income-generating activities to boost their socio-economic status thus being able to afford new drugs every time they become ill.

Nursing implication.

The current findings and recommendations imply that health workers should continuously sensitize patients about the dangers of self-medication.

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Page | 9

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CONFLICT OF INTEREST.

No conflict of interest.

AUTHORS BIOGRAPHY.

Sharon Bigaruraho is a Nursing student at St Francis School of Health Sciences.

REFERENCES.

1. Baye a, sada o. Self-medication practice in community pharmacies: the case of Dessie Town, northeast Ethiopia. *Adv pharmacoepidemiology drug safety*. 2018;7(1):1–3.
2. Birungi, s. (2017). Self-medication among patients attending Kampala International University Teaching Hospital Outpatient Department ishaka-bushenyi district, western Uganda.
3. Kumar v, Mangal A, Yadav g, raut d, Singh s. Prevalence and pattern of self-medication practices in an urban area of Delhi, India. *Med j dy patil univ*. 2015;8(1):16.
4. Montastruc j-l, bondon-guitton e, abadie d, et al. Pharmacovigilance, risks, and adverse effects of self-medication. *Therapie* 2016; 71:257–62
5. World health organization (who, 2017). Causes of self-medication practices. Retrieved from www.who.org.
6. Akande-Sholabi, W., & Akinyemi, O. O. (2023). Self-medication with over-the-counter drugs among consumers: A cross-sectional survey in a Southwestern State in Nigeria. *BMJ Open*, 13(5), e072059. <https://doi.org/10.1136/bmjopen-2023-072059>
7. Mathias, E. G., D'souza, A., & Prabhu, S. (2020). Self-Medication Practices among the Adolescent Population of South Karnataka, India. *Journal of Environmental and Public Health*, 2020, e9021819. <https://doi.org/10.1155/2020/9021819>
8. Mohammed, S. A., Tsega, G., & Hailu, A. D. (2021). Self-Medication Practice and Associated Factors Among Health Care Professionals at Debre Markos Comprehensive Specialized Hospital, Northwest Ethiopia. *Drug, Healthcare and Patient Safety*, 13, 19–28. <https://doi.org/10.2147/DHPS.S290662>

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