

**SELF-MEDICATION PRACTICES BY CARETAKERS FOR CHILDREN UNDER FIVE  
YEARS IN TORORO DISTRICT**

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES IN  
PARTIAL FULFILMENTFOR THE AWARD OF THE DEGREE OF MASTER OF  
MEDICINE IN PAEDIATRICS AND CHILD HEALTH OF MAKERERE UNIVERSITY**

**2013**

**DECLARATION**

I **Alele Peter Micheal REG No: 2009/HD11/16706U**, hereby declare that all the work presented in this dissertation is original unless otherwise acknowledged. This work has not been presented to any university or higher institute for any academic award or publication

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## **DEDICATION**

This work is dedicated to my family for their persistent encouragement and support towards completion of this work. May God bless the works of your hands and keep us together in times to come.

## ACKNOWLEDGEMENT

I thank the Belgium embassy for the financial support advanced to me for the purpose of this research, as it would have been impossible to complete the work without it.

I also extend my appreciation towards my supervisors, Dr.Nabukeera Nicolette and Professor Phillipa Musoke for their non-tiring guidance and support throughout the period of research.

I appreciate the work of all paediatricians in the Department of Paediatrics and Child Health Mulago hospital and Makerere University, whose guidance helped a lot in the process of research and final report, write up.

I acknowledge the efforts of Wamalwa Jacqueline and all other research assistants for their tremendous effort in data collection that enabled completion of the process.

I also acknowledge the authorities of Tororo district for the support and guidance during the period of study.

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## ACRONYMS

ARI	Acute Respiratory Infections
HBM	Home Based Management
IPA	International Pharmaceutical Association
MOH	Ministry Of Health
MDG	Millennium Developmental Goals
NSAIDS	Non-steroidal Anti-inflammatory Drugs
NDA	National Drug Authority
OTC	Over-The-Counter
ORS	Oral Rehydration Solution
RBM	Roll Back Malaria
UDHS	Uganda Demographic Health Survey
UBOS	Uganda Bureau of Statistics
UNICEF:	United Nations International Children's Emergency Fund
VHT	Village Health Teams
WHO	World Health Organization

## OPERATIONAL DEFINITIONS

**Caretaker:** A person related to the child legally or by blood and is responsible for the physical and emotional support to the child.

**Drug/medicine:** This refers to any substance(s) that is biologically and/or physiologically active used in the prevention, diagnosis, treatment, or cure of a disease.

**Formal health care:** Healthcare provided by health workers with professional health training working in institutions recognized by the ministry of health

**Health worker:** A qualified medical worker to include nurse, mid-wife, dispenser, clinician, medical doctor, or auxiliary medical assistants like nursing assistants or VHT personnel legally recognized within Uganda to provide medical services.

**High education status:** Attainment of formal education with at least primary school certificate or above:

**Low education status:** Illiterate persons or lack of any formal school education attainment.

**High socioeconomic status:** Possession of any two of the following; cemented house, monthly salary or being a civil servant.

**Low socioeconomic status:** Possession of any two of the following; lack of an income source, unemployment, semi-permanent or mud and wattle house..

**Illiterate person:** A person who did not attend any formal education.

**Literate person:** A person who attended formal school with at least primary school education.

**Over-the-counter or non-prescription drugs:** These are drugs that can be legally purchased from a drug retail outlet without having a prescription from a licensed health care provider.

**Self-care:** Any action that an individual takes for themselves or their dependents to establish and maintain health, prevent and deal with illnesses.

**Self-medication:** The actions a caretaker of a child under five years of age takes when a child is ill to include, obtaining and administering one or more prescription or non-prescription/Over-The Counter (OTC) drugs to a child without the aid of a health worker in diagnosis, prescription or surveillance of treatment for a given ailment.

## ABSTRACT

### BACKGROUND

Majority of caretakers in Uganda prefer to initiate treatment for children with common childhood illness at home. Inappropriate and unregulated use of medicinal agents by self-medication has been widely attributed to detrimental outcomes like inappropriate treatment, adverse drug events and antimicrobial resistance. Self-medication practices in children under-five has not been well studied in Uganda despite widespread reports of irrational drug use in most communities in developing countries.

**Objectives:** To determine the prevalence of self-medication, establish common self-medication practices undertaken by caretakers for children less than five years and to determine the reported treatment outcomes of self-medication for children less than five years of age in Tororo district Uganda.

**Methods:** This was a cross sectional study involving caretakers of children under five in Tororo district of Uganda. From each of the four counties in Tororo district, multistage cluster sampling was used to select four villages. Through consecutive recruitment, a caretaker- child pair was purposively chosen from a selected household meeting the criteria. The demographic data and drug use information by caretakers for the selected child was recorded on a structured questionnaire following an interview. A total of 456 caretakers were enrolled, two participants were excluded from the study. Two focus group discussions and eight key informant interviews were conducted for qualitative data. Quantitative data was obtained by a structured tool and analysed by SPSS 12.0 software. Qualitative data was analysed manually with data grouped into themes.

## RESULTS

Prevalence of self-medication in children under five years was 30.1%. Self-medication significantly increased among children aged three to five years (OR 1.66, 0.57-1.99, p-value 0.02) and a high socioeconomic status of caretakers was significantly associated with self-medication use (OR 1.71, 0.37-1.97, p-value 0.01). Self-medication was practiced commonly for symptoms of cough 60%, fever 51.6%, vomiting 19% and diarrhoea 10%. Some caretakers self medicated children for severe symptoms of wheezing 3.6% and convulsions 1.5%. Analgesics/antipyretics 73%, antibiotics 48% and antimalarials 43% were the main classes of drugs used for self-medication. Cough was the symptom for which most drugs including antibiotics 56.4% and antimalarials 44% were used. More than half of caretakers 54% acquired drugs from local drug shops. Leftover drugs from previous treatment served a source of medicines for 17.5% of the children. Dosage estimation by caretakers was mainly by reference to old prescription notes 52%. The main reasons for self-medication of children by caretakers was to initiate early treatment in their children 20%. A poor treatment outcome following self-medication was reported by caretakers in 57% of children. Among these, 24% had no change in symptoms, 16.8% of the children were hospitalized, and 8% of caretakers reported new symptoms occurred following self-medication of their children.

**Conclusion:** Despite low prevalence of self-medication, those caretakers who practiced self-medication exhibited inappropriate and irrational drug use patterns with more than half reporting poor treatment outcomes in their children.

**Recommendations:** In view of above findings, advocacy for health education of communities on symptom recognition and appropriate early management in children should be strengthened.