

**MAKERERE UNIVERSITY**

**DRIVERS OF SELF-MEDICATION AMONG ADULT URBAN DWELLERS IN  
KAMPALA CITY, UGANDA**

**BY**

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**A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL  
FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF ARTS  
IN SOCIOLOGY DEGREE OF MAKERERE UNIVERSITY**

**September 2014**

## ABSTRACT

**Introduction:** Self-medication has continued to increase, driven by the increasing levels of poverty, poor health services and the ever mushrooming drug shops with varying degrees of quality. In this study, the drivers of self-medication among adults in an urban Suburb of Kampala are examined.

**Methods:** The study conducted in 2012 captured both quantitative and qualitative data from urban dwellers in a Kampala suburb. In all, 152 adult respondents answered the questionnaire, and 9 Key informants participated in the In-Depth interviews. Data analysis employed SPSS software and manual analysis. Written and verbal consent were obtained.

**Results:** There were slightly more men than women, education levels were relatively high and the magnitude of self-medication was very high with 100% admitting to engaging in the practice in varying degrees. Among the drivers of the practice was; previous success with treatment (75%), for emergencies (42.8%), symptoms not that serious (12.5%) categorised as individualistic while the affordability of self-medication (15.1%) was a major structural driver. The relationship between frequency of self-medication and its advantages was less than 0.0001 making it significant. Consequences of self-medication were reported to include; fear of expired drugs (56.6%), taking the wrong drugs (28.3%) and side effects (15.1%). Key informants reported that self-medication was good as a first response. They however feared the development of resistance and toxicity but were powerless to do much in the face of widespread poverty and indeed admitted to selling under doses at the behest of the respondents.

**Conclusion:** Self-medication remains very high driven by structural and individual level factors. The consequences of the practice were well articulated but rarely did actions reflect this fear. It appears that practice is on the increase and it is recommended that regulatory bodies use evidence based action to streamline it.