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AUNG MYINT: SELF-MEDICATION AMONG MYANMAR VILLAGERS. THESIS

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The study to improve health on a worldwide basis has prompted many countries to find alternatives to health care relevant to their own situations. It has set in motion a gradual change of emphasis from the health-care-giver centered services to self-reliance. This welcome change is the motivating factor behind this study whose main purpose was identifying the factors affecting self-medication among Myanmar villagers.

A cross-sectional survey was done among 400 health-decision-makers during May and June 1999 in "Yardaw" village, near Mandalay, Union of Myanmar. The mean age of respondents was 47.94 years. There were more male health-decision-makers. Most of the respondents were married and had primary education only. More than half of the respondents had relatively low income to current costs of living. Only a few people had good level of knowledge (12.3%) and high level of supports (20.7%) although 75.8 percent of respondents had positive attitudes towards self-medication. High perceived needs were seen in 78.2 percent of respondents while 83.3 percent of them were dissatisfied with health services.

With the exception of household income, there were no significant associations between sociodemographic factors and self-medication practice. Knowledge, attitudes, reference group supports and perceived needs showed highly significant associations with self-medication practice ($P < 0.001$). Satisfaction also had significant association ($P = 0.007$). When analysed by MCA, income, knowledge and attitudes had significant relationships while perceived needs had highly significant relationship with self-medication practice. Self-medication was practiced by 97.8 percent of respondents. Constipation, runny nose/stiff nose, and minor cuts and wounds were three most self-treated ailments. Traditional medicines, creams and ointments, and vitamins were most widely used to self-medicate. Drug stores, home medicine cabinet and other shops were major sources of drugs while previous illness experience, family members and health personnel were main sources of information for self-medication.

Based on the findings of this research, people should be reoriented to do responsible self-medication. Health education was essential to increase the level of knowledge, to change the negative attitudes, and to correct false beliefs. Health education curriculum should be reviewed. Provision of supports, promotion of traditional medicines, reduction of health-related costs and improving the quality of services were mandatory. Further researches were also recommended for better understanding and development of responsible self-medication.