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Research Article

Analysis of the Factors that Influence the Family in the Use of Traditional Medicine as Self Medication in Ilir Timur II District

Hairun Niza*, Sarah Hanifah Az-Zahra Anwar, Wahyudi

Faculty of Pharmacy, Universitas Kader Bangsa Palembang, Indonesia

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Abstract



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*Address for Correspondence:

Hairun Niza, Faculty of Pharmacy, Universitas Kader Bangsa Palembang, Indonesia

Self-medication is a self-directed action in the application of both modern and traditional medicine. Traditional medicine has many benefits and its use is currently widespread due to its affordability and accessibility to the general public so it is widely used regularly even now. The increase in the use of traditional medicine globally makes people think it is always safe because it comes from plants. The purpose of this study was to determine the treatment profile, level of knowledge and factors that influence families in self-medication with traditional medicine. This study used descriptive analytic method with cross sectional design conducted in Ilir Timur II District, Palembang City. The results of the Chi-Square test found that the variables of gender (p-value 0.992), age (p-value 0.540), education (p-value 0.606), occupation (p-value 0.983), marital status (p-value 0.886), distance to health facilities (p-value 0.992), did not affect families in the use of traditional medicine as self-medication. A total of 98.6% have good knowledge about traditional medicine self-medication and there are no factors that influence the use of traditional medicine by families as self-medication.

Keywords: Self-medication, family, traditional medicine

INTRODUCTION

The utilization of natural materials has been used by developed and developing countries in community medicine. Indonesians themselves have understood that traditional medicine has been passed on from generation to generation, and treat health problems with medicinal plants. Traditional medicine is treatment provided using traditional methods that have been passed down from one generation to the next ¹, it is mentioned that there are three categories of traditional medicine, namely phytopharmaceuticals, standardized herbal medicines, and herbal medicine ². The choice of traditional medicine as self-medication has benefits for reducing minor complaints, preventing disease, body care, and maintaining health. Jamu is a traditional medicine that is favored by the public due to its low price ³.

Self-medication is defined as the act of choosing the application of both modern and traditional medicine for the treatment of one's own illness ⁴. Traditional medicine has advantages and the advantages of self-medication are that it is efficient for treating minor complaints, cost-effective and time- saving, safe if used as directed, reduces the burden on health services when resources are limited and avoids embarrassment when showing body parts to health workers ⁵. Self- medication also has disadvantages such as it can be harmful if used inappropriately, increasing the time and cost burden. Moreover, it can lead to unwanted effects, resistance, and sensitivity ⁵.

Based on the results of previous research, according to Liana⁶, it is known that the most important variables affecting the utilization of traditional medicine for self-medication in Tuguharum Village are facility distance, knowledge, and trust. Another study was conducted by Eriyanto ⁷ by stating that the significant factors were age, education level, occupation, income, and family support. The increasing use of traditional medicine globally makes people have the assumption that traditional medicine is always safe and does not cause harm because it comes from plants ⁸. However, research conducted by Kurniawati ⁹, had a percentage of side effects associated with herbal medicines of 19% such as nausea and dizziness. Another study conducted by Mahdi ¹⁰, found that 12% experienced unwanted drug reactions such as itching and chest palpitations.

METHODS

Research Design and Type

To determine the factors that encourage families to utilize traditional medicine as self-medication, research this study used cross-sectional analytic descriptive analysis non-experimental (observational).

Place and Time of Research

The research was conducted in Ilir Timur II Sub-district of Palembang City from April to May 2023.

Population and Sample

The populations of this study were families who used traditional medicine as self-medication in the Ilir Timur II sub-district of Palembang City.

Sampling by simple random sampling of population members using inclusion and exclusion criteria set by the researcher, is the sampling technique used. By using the Slovin formula and the desired level of confidence / accuracy of 10%. Based on the method of calculating the sample obtained, namely 100 respondents and plus 10% of the total sample to overcome incomplete data, so that 110 respondents were obtained as the minimum number of samples needed for research.

Data Analysis

The data that has been collected is then carried out univariate analysis to provide details about the characteristics of the research variables that form the frequency and percentage of identity, profile and knowledge of respondents so that it can be the basis for further calculations ¹¹. The level of knowledge is categorized into two groups that have characteristics >50% included in the good category, while those ≤50% of the total number of question instruments tested on respondents was categorized as unfavorable ¹².

After obtaining the results of univariate analysis, bivariate analysis was then carried out to ascertain the relationship or correlation of the research variables ¹¹, using SPSS software, with the chi-square test. Statistical tests will be concluded to be meaningful if they get significant results (p-value 0.05) or are said to be meaningless if they do not get significant results in the relationship of the variables tested ¹³.

RESULTS AND DISCUSSION

Based on the results of research that has been carried out in the Ilir Timur II District of Palembang City, data was collected from 6 sub-districts. Lawang Kidul, 3 Ilir, 1 Ilir, Sei Buah, 2 Ilir and 5 Ilir sub-districts were the sub-districts used in the study with a total of 149 respondents who provided data, 4 of which included exclusion criteria so that the number of respondents was 145 respondents.

Univariate Analysis

a. Sociodemographic characteristics Proportion of sociodemographic characteristics

type gender, age, education, occupation, marital status, and distance health facilities are described in the following table:

Table 1: Percentage of Sociodemographic Characteristics

Sociodemographics	n=145	(%)
Gender		
1. Male	72	49.7
2. Female	73	50.3
Age		
1. > 18-28 years	28	19.3
2. > 29-39 years	58	40
3. > 40-50 years	29	20
4. > 51-61 years	19	13.1
5. > 62 years	11	7.6
Education		
1. Not finish elementary school	1	0.7

2. Elementary School	20	13.8
3. Junior High School	19	13.1
4. Senior High School	84	57.9
5. Higher Education	21	14.5

Jobs

1. Not Working	6	4.1
2. Housewife	32	22.1
3. Self-employed	92	63.4
4. Police	0	0
5. Health Workers	0	0
6. Teaching Staff	5	3.4
7. Retirement	1	0.7
8. Student	8	5.5
9. Private Employee	1	0.7

Marriage Status

1. Unmarried	29	20
2. Married	110	75.9
3. Living Divorce	2	1.4
4. Death Divorce	4	2.8

Distance to Health Facilities

1. ≤ 2 km	73	50.3
2. > 2 km	72	49.7

Based on table 1. Above the majority of respondents were women (50.3%), this is because men tend to be busy with activities outside the home and women are more likely to take care of themselves and their family members' health than men ¹⁴. The pharmacokinetics and pharmacodynamics of geriatric patients will differ from younger patients for a number of reasons, including changes in body condition, adjustments to drug metabolism and excretion in the liver and kidneys, and multipathological conditions ¹⁵, so that in this study the most respondents had ages >29-39 years (40%).

In this study, the highest education was Senior High School (57.9%), because in general people who have higher education can gain knowledge through electronic media such as television, radio, or the internet to gain extensive knowledge ¹⁶. The majority of respondents' occupations in this study were self-employed (63.4%). People with high income occupations usually prefer for superior care and because the use of traditional medicine as self-medication is easier, practical and does not interfere with his activities ¹⁷.

In the use of traditional medicine, 75.9% of respondents were married, because the suggestion of a wife or husband can be a strong incentive for self-medication ¹⁸. Although the distance between residence and health facilities is almost the same proportion, respondents with a residence that has a distance of > 2 km choose to do self-medication first ¹⁹, because it is easier, practical and does not interfere with daily activities in doing their work ¹⁷.

b. Self-medication profile

The self-medication profile is the habit of the people of Ilir Timur II Subdistrict in performing traditional medicine self-medication.

Table 2: Self- education profile Overview

Profile	n=145	(%)
Complaint		
Fever	45	31
Cough	26	17.9
Influenza	28	19.3
Diarrhea	44	30.3
Headache	2	1.4
Duration		
< 1 week	25	17.2
1-3 week	0	0
Until healed	120	82.8
Source of Information		
Electronic media	52	35.9
Friend/family	91	62.8
Newspaper/magazine	2	1.4
Where to get medicine		
Pharmacy	64	44.1
Drugstore	7	4.8
Friends/family	5	3.4
Self-service/mini market	7	4.8
Shop/store	62	42.8
Cost		
< Rp. 10.000	83	57.2
Rp. 10.001-Rp. 20.000	54	37.2
Rp. 20.001-Rp. 30.000	7	4.8
> Rp.30.001	1	0.7
Handling leftover medicine		
Throw it away	24	16.6
Store until expired	121	83.4
Reasons for Self-Medication		
Cheaper	33	22.8
Save time	38	26.2
Due to minor illness	72	49.7
Safer	2	1.4
Side Effects		
Nausea	2	1.4
Vomiting	0	0
Headache	2	1.4
Diarrhea	1	0.7
Never	137	94.5
Drowsiness	3	2.1
Treatment If Side Effects Occur		
Stopping medication	100	69
Consultation with a doctor	38	26.2
Consultation with pharmacist	7	4.8
If the pain doesn't go away		
Go to pharmacy to buy medicine other	90	62.1
To the doctor's office/practice clinic hospital/health center	55	37.9

According to a study in Tegal, up to 83.5% of symptoms of fever, flu, cough, runny nose, and diarrhea are often treated with traditional medicine ²⁰. Based on table 2, it can be known that mild diseases such as fever and diarrhea are most often self-medication for traditional medicine, with the duration of using traditional medicine until recovery (82.8%). Because friends/family already have information from experience in doing traditional medicine self-medication ²¹, in this study the most sources of information for self-medication came from

friends/family (62.8%).

From the data obtained where to get traditional medicines for the most treatment in pharmacies with a percentage of 44.1%, According to BPOM, official institutions such as pharmacies, drug stores, clinics, and hospitals are the best places to get the right drugs ²². Traditional medicine can be used for self-medication because it can treat mild symptoms, save time, and low cost ⁵, this is evidenced by respondents who stated using traditional medicine for self-medication costs less than Rp. 10,000 (57.2%).

The behavior of people who keep their medications at home is common, and these findings show that the majority of respondents keep them until the expiration date. Drugs are deliberately obtained in order to be available for emergencies. Apart from being a supply, it is very unusual for drugs to be owned at home to be leftover from previous prescriptions because many drugs remain even after the symptoms of the disease disappear ²³. 49.7% of respondents self-medicate traditional medicine because they have problems related to minor diseases, according to Aini's statement which states that one of the advantages of self-medication of traditional medicine is that it is efficient to handle minor complaints ⁵.

Although there were 8 respondents who experienced side effects, this finding proves that traditional medicine is safe and has small side effects. Based on Katno's research which states the use of traditional medicine requires accuracy to get the fewest side effects, its application is almost identical to modern medicine ²⁴. In general, traditional medicine has relatively minor side effects ²⁵.

As many as 69% of respondents stopped treatment therapy if side effects occurred, the results of this study are in line with previous Gitawati research, which found that when people face unwanted consequences, as many as 90.8% of respondents stop consuming herbal medicine but do not see a doctor ²⁶. In table 2 it can be seen that respondents prefer to buy other drugs at pharmacies (62.1%), this is because respondents still do not feel the need to go to health service facilities, because the disease conditions they experience are still minor illnesses and by self-medicating the costs incurred are cheaper ¹⁴.

c. Level of Knowledge

The respondent's ability to understand and answer questions about the use of traditional medicine for self-medication can be used to gauge his level of knowledge.

Table 3: Overview of the Level of Knowledge of Traditional Medicine Self-medication

Category	n=145	(%)
Not Good	2	1.4
Good	143	98.6

Based on table 3, it can be seen that people are aware of and accept the use of traditional medicine for self-treatment of minor illnesses. The research conducted by Liana got the same results as this study with good knowledge of 91.5%, this is because traditional medicine knowledge is mostly passed down through the family. Children are socialized to traditional medicine through the use of medication by their parents, thus allowing them to use it on themselves or other family members ⁶.

Bivariate Analysis

a. Factors Affecting the Use of traditional Medicine

Chi-square test analysis is used in statistical analysis of research to see the relationship between the independent variable and the dependent variable.

Table 4: Sociodemographic relationship with Knowledge Level

Category	P-Value
Gender	0.992
Age	0.540
Education	0.606
Work	0.983
Marital Status	0.886
Distance of Health Facilities	0.992

The results of the analysis of sociodemographic relationships with the level of knowledge are seen in table 4. The variables of gender, age, education, occupation, marital status, distance of health facilities obtained insignificant results (*p-value* >0.05) meaning that it did not affect the use of traditional medicine by families as self-medication.

The significance value of gender to the results of the level of knowledge is greater than the *p value*, which is 0.992. As a result, it can be concluded that there is no relationship between gender and knowledge of traditional medicine. This finding is consistent with Dewi's 2019 study that found no sex relationship in traditional self-medication medicine ²⁷. Age does not change a person's degree of knowledge of traditional medicine, this can be seen from the significance value between age and level of knowledge with a *p value* of 0.540>0.05.

The level of people's understanding of traditional medicine is not related to education. This finding contradicts Eriyanto's research which shows a significant relationship between education and people's level of knowledge, so it can be interpreted that different levels of education can affect the use of traditional medicine as self-medication. Therefore, a person with higher education is expected to have more information and be able to self-medicate rationally ⁷

The level of social relationships between people can vary depending on their field of work, and those who choose high-income jobs tend to choose superior medical care. ²⁸. So that the work factor does not affect people's knowledge of a traditional medicine. A higher *p value* of 0.983 serves as proof.

Marital status does not have a significant relationship regarding people's knowledge of traditional medicine, although according to Wola that a person with marital status can influence the decision of a husband or wife in determining traditional medicine to deal with the type of disease he is experiencing ¹⁸.

The distance to health facilities shows that there is no relationship between the level of understanding of the general public and the use of traditional medicine. This is contrary to the findings of Liana's research which found that distance to health facilities affects people's understanding in using traditional medicine. Most people will seek medical attention if they believe that their health has deteriorated significantly, but some people may experience a drop in their immune system without feeling the need to visit a health facility ⁶.

CONCLUSIONS

A total of 98.6% have good knowledge about traditional medicine self-medication and there are no variables that affect the use of traditional medicine by families as self-medication in Ilir Timur II District, Palembang City, based on research conducted in April-May 2023 with a sample of 145 respondents.

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