CHAPTER I

INTRODUCTION

1.1 Background

Self-medication is part of the community's efforts to maintain their health. The scope of self-medication is limited to minor ailments such as cough, flu (influenza), fever, pain, stomach ulcers, worms, diarrhea, prickly heat, acne, ringworm, dandruff, scabies, warts, burns, iris cuts and drawstring wounds (Ministry of Health 2006). The results of the 2014 national socio-economic survey showed that the percentage of the population who self-treated health complaints was 61.05%. This percentage is indeed smaller when compared to the survey results in 2012 of 67.71% and in 2013 amounted to 63.10%, but still can be said self-medication behaviour in Indonesia is still quite large (Central Statistics Agency, 2016).

According to the Ministry of Health of the Republic of Indonesia 2009, regarding treatment of a disease, stated that 63% of patients chose to use over-the-counter drugs, 18% of patients chose to go to a doctor or health centre, 9% of patients chose to treat the disease by drinking herbs, 5% of patient treat the disease themselves and the remaining 5% of patient allow the pain they suffered. Actual data recorded by the Central Bureau of Statistics (BPS, 2009), there are 66% of sick people in Indonesia who are self-medication, the rest are outpatient to the doctor by 34%.

Self-medication actions are usually carried out on several considerations including easy to do, easy to achieve, not expensive and as an alternative measure of consultation to medical personnel, although were realized that these drugs are only limited to overcoming the symptoms of an illness. Self-medication with over-the-counter drugs can be risky if the drug store did repeatedly to treat a disease that does not heal. Patients sometimes do not realize that the consuming of -over-the-counter drugs and limited over-the-counter drugs can cause adverse side effects for the body

(Hidayati, 2017).

The problem that often arises in the community in the use of drugs is the lack of knowledge about the use of appropriate and rational drugs, excessive use of over-the-counter drugs and a lack of understanding of how to store and dispose of drug properly. While self-administered actors in Indonesia are quite high health workers are still lacking in providing complete information about drug use (Ministry of Health, 2015). therefore, as self-medication agents must know in details about the types of drugs needed, the use of drugs consumed, how to use the right drugs and the side effects of drugs (Department of Health, 2008).

Islam has said about self-medication that after all the Syari'ah people seek treatment in curing their illness. Hadith Abu Darda said the Prophet Sallallahu 'Alayhi Wa Sallam said:

إن الله أنزل الداء والدواء ، وجعل لكل داء دواء ، فتداووا ، ولا تتداووا بالحرام

"Indeed, Allah decreases the disease and its medicine, and He makes every disease has a cure, then seek treatment for you, but do not seek treatment with the unclean." (Narrated by Abu Dawud)

The above hadith explains that all sickness that afflicts humans, God sent down the medicine. Some people find the cure, but some people have not found a cure, so someone must be patient always to seek treatment and keep trying to find a cure for his cure. This is under the meaning of self-medication, which is trying to treat complaints that he knows himself.

The benefits of doing self-medication include safe when used according to the rules. The self-medication was useful to eliminate complaints, efficient, time efficient and play a role in making therapeutic decisions. The disadvantages of doing self-medication making unsafe if not by the rules. The implementation of self-medication in a safe, rational, effective and affordable manner needs to increase knowledge and practice

skills in self-medication practices. The community needs precise and reliable information so that the needs of the type drugs can be taken based on rational reasons (Harahap, 2017).

There is some minimal knowledge that should be understood by the community because it is essential in self-medication, the knowledge includes identifying the symptoms of the disease, selecting products according to the disease, following the instructions on brochure etiquette, monitoring the results of therapy and possible side effects (Department of Health, 2008).

Colomadu District is one of 17 districts located in Karangannyar City with an area of 15.64 km^2 and a population of 80,110 inhabitants. There is one private hospital, one health centre, three sub-health centres, three maternity hospitals and 69 Maternal and Child Health Care (Central Statistics Agency, 2018). The selection of Colomadu District as a research location is the District located in its Karanganyar City which included in the top 10 most pharmacies in Central Java (Ministry of Health, 2018).

1.2 Problem Formulation

1. How is the level of patient knowledge about self-medication at the Colomadu District Drug store?
2. How is the rationality of using self-medication from patients at the Colomadu District Drug store?
3. Are there sociodemographic influences affecting the patient's knowledge of the rationality of using self-medication in Colomadu District?

1.3 Purpose

1. Knowing the level of knowledge patients about self-medication at the Colomadu District Drug store.
2. Knowing the rationality of using self-medication from patients at the Colomadu District Drug store.
3. Knowing the sociodemographic factors that influence the level of self-medication knowledge and rationality of the use of self-

medication.

1.4 Benefits of Research

1. 4.1 Theoretical Benefits

Theoretically, the results of this study were expected to be scientific contributions in the form of useful data and information and can use as a reference for future researchers.

1.4.2 Practical Benefits

Practically this research can be useful as follows:

1. For writers

Adding insight and experience by looking directly at the level of knowledge and the rationality of using self-medication in the community.

2.   For Pharmacists

Improving the quality of public health services, especially in providing education and information in self-medication patients.

CHAPTER II

LITERATURE REVIEW

2.1 Previous Research

Research conducted by Asmoro (2015), on the Relationship between Knowledge with Drug Selection in Cough Swamedication in the Community of Sukoharjo East Java District in 2014 years, found that the accuracy of cough medicine selection in rational self-medication was 47.3% and irrational 52.7 % so that it could be concluded that there was a significant relationship between knowledge and drug selection on cough self-medication in the community of Sukoharjo Jawa Tengah Regency in 2015 which is indicated by the significance of 0.006.

Research conducted by Harahap (2017) on the level of knowledge of patients and self-medication rationality in the three Drug Stores in the city of Panyabungan in 2017, found that the level of knowledge of patients about self-medication at the three pharmacies in the city of Panyabungan was the majority (41.8%). The rationality of self-medication use from patients is (59.4%) and irrational (40.6%). The level of knowledge is influenced by new education and employment while sociodemographic factors do not influence the rationality of self-medication use.

The research conducted by Hidayati (2017) about the level of knowledge of the use of free drugs and limited free drugs for self-medication in the community of 8 Rw Morobangun Jogotirto Berbah Sleman Yogyakarta, was found that 75 respondents had good knowledge of free drugs and over-the-counter drugs. (42.9%) and the level of poor knowledge of the use of over-the-counter drugs and over-the-counter drugs are limited to 100 respondents (57.1%).

Looking at the two studies above and there has been no research on the effect of the level of knowledge of patients on self-rationality at the Colomadu District Drug store, the researcher was interested in conducting