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'Self-Care' as Healing Behaviour: A Study from Urban Slum and Surrounding Non-Slum Areas of North 24 Parganas District of West Bengal

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Abstract: 'Self-care' is an important form of healing behaviour that involves use of home remedies or consuming medicines without doctors' consultation [self-medication]. It is widely prevalent among people from both developed as well as developing nations. Such healing technique is mainly employed for arresting milder symptoms. The present cross-sectional study undertaken in an urban non-slum and a slum area administratively under North 24 Parganas of West Bengal, strives to unravel the empirical scenario pertaining to self-care practices among residents of these areas. Several socio-demographic variables like age, sex, level of education and income status has been purposefully selected to discern the influence of these variables on the use of particular form of self- treatment and underlying perceptions guiding the choice of self-care practice in the selected locale. The work is based on quantitative data where information is collected by using structured and semi-structured interview methods along with the use of questionnaires.
Keywords: Self-care, home remedies, self-medication, urban slum, socio-demographic variables.

INTRODUCTION

Self-care is what people do for their own selves to establish and maintain health, prevent and deal with illness [1].

It is a broad concept encompassing hygiene, nutrition, lifestyle, environmental factors, socio-economic and self-medication [2, 3].A behavioural response of individuals to restore and promote their health. Encouragement of self-care is seen as giving patients every opportunity to take responsibility and build confidence in their ability to manage their own health [4].

Minor aches and transient symptoms are part of everyday life. Different people are found to respond differently to a given symptom, and responses can range from totally ignoring the symptoms to immediately seeking medical help [5]. Responses to symptoms, or illness behaviour, thereby includes differential perception, evaluation and consequent response to specific symptoms [6]. Self-care undoubtedly therefore remains an important area of healing behaviour especially in the context of minor ailments and for arresting milder symptoms both for developing third world nations as well as for highly industrialised nations. The domain of self-care includes the use of home remedies as well as self-medication. The conceptual definition of self-care thereby includes all those activities individuals undertake in promising their own health, preventing their own disease, limiting their own illness, and restoring their health. These activities are undertaken without professional assistance, although individuals are informed by technical knowledge and skills derived from the pool of both professional and lay experience [7]. Self-medication forms an important aspect of self-care and is defined as obtaining and consuming medication without professional supervision regarding indication, dosage and duration of treatment [8]. The practice of self-medication is widely prevalent in developing countries like India where there is a relatively easy access to wide range of drugs which has resulted in increased practice of self-medication. Availability of large number of over-the-counter (OTC) drugs with proven efficiency and safety, further increase the trend of self-mediation [9]. It is evident that the major contributors of self-medication in economically weaker countries are lower severity of symptoms and financial inaccessibility [10]. Though rampant in developing countries like India and is sometimes found to be associated with deleterious impact of people administering drugs without medical consultation and supervision, the validity of self-medication has been recognized by WHO on different occasions. In 1995, the WHO Expert Committee on National Drug Policy stated: "Self-medication is widely practiced in both developed and developing countries. Medications may be approved as being safe for self-medications by the national drug regulatory authority. Such medicines are normally used for the prevention or treatment of minor ailments or symptoms, which do not

justify medical consultation. In some chronic or recurring illnesses, after initial diagnosis and prescription, self-medication is possible with the doctor retaining an advisory role [11]. In India, pharmacists and pharmacy attendants play an active role in fostering self-medication among the local public [12, 10].

Historically, minor ailments have been little researched. However, in recent years, there has been increased interest in studying people's responses to different illnesses, including minor illness and the process by which they seek medical help, though little attention is still given to developing countries [13-15], thereby warranting the need to address the issue extensively. Self-care in the purview of treatment is not new. Whether in an underdeveloped third world country or in a highly developed nation, self-care is the major means by which people treat and care for their health care needs [16]. Most of the studies have focussed attention on the use of prescription and non–prescription medications but have omitted questions related to home remedies [17-19]. Many of the current studies investigating the use of unconventional therapies may or may not include home remedies [20-23]. The given paper is the outcome of the empirical data being collected from parts of North 24 Parganas district of West Bengal. The paper will highlight both the aspects of self-medication as well as the use of home remedies so as to bring forth the entire aspect of self-care as an important healing behaviour among the study participants. As explicated by several other previous works in this area, the prevalence and practice of self-care is undoubtedly being intricately linked with different socio-cultural and socio-economic factors and thus it becomes imperative to consider the different underlying perception and attitudes pertaining to same.

Objective of the study

- To understand the prevalence and practice of self-care as healing behaviour among the urban slum dwellers and non-slum dwellers of the studied area
- To unravel the influence of various socio-demographic factors (like age, sex, income level, level of education) on the various practices of self-care that includes both use of home remedies as well as self-medication
- To explore the various perceptions and attitudes related to such self-care practice in the studied locale

MATERIALS AND METHODS

For the purpose of fulfilling these objectives, an urban non-slum area and an urban slum area has been purposefully selected. Both these areas administratively fall under Barasat subdivision of North 24 Parganas. These two areas have been selected because there are certain differences between the inhabitants of these two areas. Such difference can be attributed mainly to level of education and level of income. Owing to such difference in socio demographic profile of people inhabiting, these areas of study has been chosen so as to illustrate the variation in practice of self-care in these areas. Study participants are selected on the basis of convenience sampling and snow ball sampling methods. Altogether 218 participants have been selected for the study out of which 107 belong to urban non- slum areas and 111 from slum areas. In this non slum area, 128 participants were approached out of which 107 consented for the study whereas in case of slum areas, 149 were approached out of which 111 consented for the same. The study participants for the sake of convenience of the study were divided into three age groups: 18 to 35 years; 36 to 55 years; above 55 years. On the basis of income distribution of study participants, three income groups were selected on the basis of their monthly income, these are: less than Rs 10,000/- , between Rs 10,000/- to Rs 50,000/-; above 50,000/-. Pertaining to level of education, participants were divided in four levels of education on the basis of their years of formal institutionalised education. This includes, Primary level of education (4 years of formal education), Secondary level of education (10 years of formal education), higher secondary level of education (12 years of formal education), and graduate and above (at least 15 years of formal education or above).

A standardised questionnaire was prepared in Bengali language and before filling the questionnaire, the main purpose of the study was explained to them with assurance that all their personal information will be kept secret. Questionnaires were given to those who were willing to take part in the study. In depth face to face unstructured and semi structured interviews were also undertaken to suit the purpose. All interviews were recorded by taking of permission of the informants. Structured and semi-structured interviews were also conducted in Bengali language. For the purpose of analysing the findings, manual scientific calculators have been used. Descriptive statistics has been used to express the data in terms of absolute numbers and percentages. The present work is chiefly a quantitative one.

RESULTS

Table-1: Distribution of study participants on basis of their socio-demographic factors and prevalence of self-care practices

Characteristics	Urban non-slum areas			Urban slum areas		
	Total (%)	Using home remedies (%)	Self-medication (%)	Total (%)	Using home remedies	Self-medication
AGE						
18-35 years	52(48.59)	11(21.15)	41(78.84)	47(42.34)	19(40.42)	28(59.57)
36 – 55 years	27(25.23)	14(51.85)	13(48.14)	33(29.72)	14(42.42)	19(57.57)
Above 55 years	28(26.16)	16(57.14)	12(42.85)	31(27.92)	11(35.48)	20(64.51)
Total (%)	**107(100.00)**	**25(23.36)**	**82(76.63)**	**111(100.00)**	**39(35.13)**	**72(64.86)**
EDUCATION LEVEL						
Non literates	00(00.00)	00(00.00)	00(00.00)	39(35.15)	17(43.58)	22(56.41)
Primary level of education	5(4.67)	4(80.00)	1(20.00)	22(19.81)	10(45.45)	12(54.54)
Secondary level of education	21(19.62)	12(57.14)	9(42.85)	20(18.01)	10(50.00)	10(50.00)
Higher Secondary level of education	30(28.03)	14(46.67)	16(53.34)	26(23.42)	6(23.07)	20(76.92)
Graduate & above	51(47.66)	14(27.45)	37(72.54)	4(3.60)	1(25.00)	3(75.00)
Total (%)	**107(100.00)**	**25(23.36)**	**82(76.63)**	**111(100.00)**	**39(35.13)**	**72(64.86)**
INCOME LEVEL						
Less than 10,000/-	00(00.00)	00(00.00)	00(00.00)	52(46.84)	41(78.84)	11(21.15)
10,000/- to 50,000/	24(22.42)	17(70.83)	7(29.16)	46(41.44)	21(45.65)	25(54.34)
Above 50,000/	83(77.57)	27(32.53)	56(67.46)	13(11.71)	4(30.76)	9(69.23)
Total (%)	**107(100.00)**	**25(23.36)**	**82(76.63)**	**111(100.00)**	**39(35.13)**	**72(64.86)**
SEX						
Males	64(59.81)	16(25.00)	48(75.00)	67(60.36)	19(28.35)	48(71.64)
Females	43(40.18)	29(67.44)	14(32.55)	44(39.63)	23(52.22)	21(47.72)
Total (%)	**107(100.00)**	**25(23.36)**	**82(76.63)**	**111(100.00)**	**39(35.13)**	**72(64.86)**

It is seen from the table number 01 that, majority of selected study participants are from age group 18 years to 35 years accounting to 52(48.59%) and 47(42.34%) respectively for urban non-slum and urban slum areas . The use of home remedies for self-care is found to be more for the age group above 55 years accounting to be 16(57.14%) while it is least for the age group of 18 years to 35 years. Self-medication is, however, more in case of participants of age group 18 years to 35 years which is 41(78.84%) followed by those in age group 36 years to 55 years and above 55 years in case of non- slum areas. Self-medication, is found to be more for the age group above 55 years in case of slum areas where it is 20(64.51%) while majority of study participants for the age group between 36 years to 55 years are found to use home remedies accounting to be 14(42.42%).

About 51(47.66 %) of the study participants from urban non-slum areas are at least graduate which is followed by those with secondary level of education, higher secondary level of education and with primary level of education in decreasing order of their percentages. In case of urban slum area, majority of study participants are non-literates accounting to 39(35.15%) out of 111 total selected study participants from this area. Both in case of urban non-slum and slum areas, self-medication is more for those who are at least graduates accounting to be 37(72.54%) and 3(75.00%) respectively. Home remedies are found to be more for those who are with primary level of education accounting to be 4(80.00%) in case of non-slum areas. But for slum areas, the use of home remedies are more for those with secondary level of education accounting to be 10(50.00%)

In the context of the income level, most of the study participants from non-slum areas belong to the category of monthly income above Rs 50.000/- accounting to 83(77.57%) while it is 52(46.84%) for in case of urban slum areas having monthly income less than Rs 10,000/- which is more compared to other income groups for the area. Use of home remedies is found to be more for those with monthly income between Rs 10,000/- and Rs 50,000/- in case of non-slum areas where it is 17(70.83%). Home remedies are found to be more among those with less than Rs 10,000/- for slum areas accounting to be 41(78.84%). Self-medication is, however, more for those with higher

income accounting to be 56(67.46%) and 9(69.28%) for non-slum and slum areas respectively.

Out of 107 selected study participants, in case of urban non-slum areas, there are 64(59.81%) males and 43(40.18%) females. However, there are 67(60.36%) males and 44(39.63%) females out of 111 selected study participants in case of urban slum areas. Self-medication is more among males in case of both non-slum and slum areas accounting to be 48(75.00%) and 48(71.64%). However, home remedies are used for self-care more among females which is 29(67.44%) and 23 (52.22%) respectively for non-slum and slum areas.

Table-2: Distribution of study participants on the basis of various reasons regarding self-care practices in the studied area

Reasons for use of self-care practices	Urban non- slum (%)	Urban slum (%)
USE OF HOME REMEDIES		
It is safer than medicines	17(68.00)	12(30.76)
For treating milder symptoms	15(60.00)	17(43.58)
For preventive purpose	11(44.000	9(23.07)
Easily available	14(56.00)	25(64.10)
Cheaper than drugs	5(20.00)	29(74.35)
Use it along with medicines	22(88.00)	13(33.34)
Use when medicines do not help	2(8.00)	6(15.38)
SELF MEDICATION		
Saves time	38(46.34)	44(61.12)
Helps to reduce financial burden	13(15.85)	59(74.68)
For emergency purposes	27(32.92)	33(45.83)
For minor ailments	48(58.53)	41(56.94)
At initial stages of ailments	37(45.12)	37(51.38)

Pertaining to the perception and attitudes of the study participants regarding the prevalence and practice of self-care practices, it is well explicated from table number 02 that majority of the participants from urban non-slum areas prefer to use home remedies along with medicines. This is found to be 22(88.00%) out of 25 participants from this area who uses home remedies for self-care. A substantial proportion of participants in urban non-slum areas found 17(68.00%) to consider home remedies safer over drugs. While there are 15(60.00%) participants who prefer home remedies for treating milder symptoms. However, in case of urban slum, majority of the study participants are found to use home remedies because it is cheaper than drugs , thereby accounting to 29(74.35%). A considerable proportion of study participants prefer home remedies for self-care as because it is easily available which is found to be 25(64.16%). Coming to the context of self-medication, in case of urban non-slum areas, it is seen that out of 82 participants who prefer self-medication as self-care practices , about 48(58.53%) of the participants consider self-medication suitable to treat minor symptoms. About 37(45.12%) of the participants consider self-medication effective at initial stages of symptoms. For urban slum areas, self-medication is preferred in order to save money and to reduce health expense which is found to be 59(74.68%). A substantial proportion prefers self-medication for treating minor ailments which is found to be 41(56.94%) in case of urban slum areas.

DISCUSSION

The present study has been conducted to understand the prevalence and practice of self – care in the areas of study which administratively falls under North 24 Parganas district of West Bengal. The study here includes the practice and use of home remedies as well as self-medication among the concerned study participants. For which different socio demographic variables like age, sex, level of education and income status has been chosen so as to understand the distribution of study participants on the basis of these variables for both urban non-slum and slum areas.

Pertaining to the use of home remedies as effective way of self-care practice, in case of urban non slum areas , it is found to be 23.26% much lesser than in case of urban slum where it is 35.13% These percentages are found to be somewhat lesser than a recent cross-sectional survey in Germany where it is 42% [24].However, the figure is found to be more consistent with another study conducted in U.S.A. in the year 1972 where about 30% of the participants are found to use home remedies for symptom management [25]. The study has shown that the home remedies are more preferred in slum areas which can be attributed to the fact that there is relatively more proportion of lower income group people in the slum. Because of this, home remedies are increasingly preferred there, owing to their easy availability and cheaper over drugs. On the contrary, self-medication as a form of self-treatment is more in case of urban non-slum areas where there is considerable proportion of people belonging to higher income groups and thus can afford medicines to self-

medicate. The overall prevalence of self-medication in urban non-slum area is found to be 76.63% which is considerably higher than many other studies conducted in different parts of India and beyond. For instance, study conducted in rural areas of Meghalaya it is found to be 55% [26] while it is 48% and 50% respectively in studies conducted in urban slum of Karnataka [27] and urban area of Udupi Taluk of Karnataka [28]. However, the prevalence of self-medication of urban slums is found to be 64.86% quite consistent to a recent study in Islamabad where it is 61.20% [29].

The present study has revealed that use of the home remedies are used more by those with higher age group both in case of urban slums and non-slum areas can be because of the fact that elderly people prefer home remedies for they consider it to be safer with lesser side effects Also an increasingly large proportion of elderly participants are found to use home remedies along with medicines as well especially while treating chronic ailments and too for preventive purposes. On the contrary, use of medicines for self-treatment is found to be more for younger age group participants mostly in both the areas of study. This is because of increasing number of working people belongs to this age group who prefers self medication over home remedies owing to faster recovery and to save time by consulting doctors. A different viewpoint is, however, being explicated in a study by Wadsworth et.al [30]. He found that for each type of complaint the proportion of people visiting doctors rose with patient age [30]. Dunnell and Cartwright [31] too found that the proportion of taking medicines rose with age.

Level of education, too, has been found to have a great influence in choice of self-care practice. While home remedies are increasingly found to be associated with those with lower level of education in both urban non-slum and urban slum areas, self-medication is preferred more by those who are relatively more educated. This might be because of the fact educated people have more trust on medical systems and therefore consider medicines to be more effective than the use of home remedies. A high livelihood of self-medication is also found among the literates compared to illiterates in a recent study in Islamabad [29]. Educated people can clearly read and understand the labels of consumed medicines, while illiterate people find it almost impossible to read and understand labels. Illiterate people usually opt for easier to remember ways of recognizing medicines e.g. common usage names and costs of medicines [32]. The ability of educated people to read and understand labels of the consumed medicine makes them more prone to self-medication as compare to illiterate people [29]. Education is therefore found to influence the practice of self-medication as seen in studies conducted in rural areas of Meghalaya where self-medication is higher among more educated respondents [26]. Kaushal *et al*., [33] too found that self-medication is higher among well-educated group of persons compared to those with lower level of education. Income status also is found to be another important factor influencing the choice of self-care practice. Use of home remedies are found to be more for those with relatively lower income in case of both slum and non-slum areas. However, self-medication is found to be more for participants with higher income group. This might be because of the fact that people with higher income status are able to buy medicines than those with lower income and therefore they prefer home remedies for self-care. The association with home remedies with income status has too been cited in several previous literature reviews. Home remedies have been found to be positively associated with decreased socio-economic status [34, 35]. However, some other studies showed a different trend where it highlighted increasingly more use of home remedies among people with higher socio-economic status [36, 37]. Sex too is found to have an impact on the choice of self-care practice. As cited in several other previous literatures, self-medication is found to be more in males much in line with the findings from the present study. The increasing percentage of self-medication among males can be because of the greater proportion of males in both these areas are engaged in work and owing to lesser vacations, longer working hours and excessive work load, these male participants did not get any time to visit doctors and therefore prefer to self-medicate. Further medicines are preferred over home remedies over self-care as these participants need faster recovery and thus discard home remedies considering them to be less effective. However, some studies found that women are inclined towards taking medicines than men [30, 31].

As revealed through different reviews on literature, several socio-demographic and socio-cultural factors are found to be influencing the self-care treatment. In the past, home remedies and other forms of self-treatment were a necessity in the absence of sufficient health care providers and resources, but now choices opted by patients who elect it not to rely exclusively on physicians or other health care professionals for healing and treatment [38]. Some of the reasons cited in health literature pertaining to use of home remedies includes: inadequate health education, poverty, less access to health care, scepticism of doctors and other health care profession, and cultural differences between patients and doctors [39, 40]. Another study highlighted the decreased trust in formal health care system lead to increase reliance on self-treatment [38].The present study has highlighted the predominant role of economic condition, that strives to be an important determinant in guiding a person choice of self-care practice. This is reaffirmed through varied perception of people towards use of home remedies and medicines without doctors' consultation. The underlying perception regarding increased inclination towards home remedies among slum dwellers is largely in order to reduce the health expenses while, on the

contrary, majority of non-slum dwellers prefers to use home remedies in conjunction with medicines. Self-medication, is also preferred by slum dwellers mostly because to reduce their financial expenses on health. Various other studies too cited money as the main cause for self-medication [41, 4, 42]. But, on the other hand, time remains a very significant deciding factor for self-medication. Most of the participants are found to opt for self-medication so as to prevent their time required to consult doctors. Lack of vacations, excessive work load, need for faster recovery as well as giving relatively less priority to ailments are some of the other associated factors among non-slum dwellers which are responsible for self-medication.

CONCLUSION

Different socio-demographic factors which include age, sex, level of education and income status are found to work in concert deciding the form of self-care practice to be chosen by the study participants. Even though level of education is found to influence the nature of self-treatment, the given study has revealed income status play a pivotal role in such choice. The study has shown that participants from slum dwellers are more inclined towards the use of home remedies while a contrary view is seen in non-slum regions. Furthermore, even within a particular area of study, use of home remedies and also consuming medicines without doctors' consultation is found to be more among those who belong to lower income status. All these findings reaffirm the assertion that self-care practices are seen as an alternative to institutionalised form of medical treatment especially among poorer people. Level of education, age, nature of work and other associated life style variables are also found to be responsible in this regard.

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