

Daily Experience of Residents of the Masanga-Mbila District on Self-Medication at Home, in the Democratic Republic of Congo

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Abstract

Introduction: The delivery of medication is an act emanating from health professionals who have this task in their responsibilities and more particularly the pharmacist. The aim of this study is to understand the way in which the population of the Masanga-Mbila district experiences the phenomenon of self-medication on a daily basis. **Methods:** It is a descriptive study falling within qualitative research of the phenomenological type. She is carried out among the population of the Masanga district Mbila, commune of Mont- Ngafula, city of Kinshasa, in the Democratic Republic of Congo. This is an environment where observations have been made on this frequent practice of self-medication. The target population was made up of household managers within the population of the Masanga-Mbila district. The phenomenological survey method and the structured interview technique made it possible to collect information concerning the population's experience of self-medication. **Results:** After analysis thematic, we arrived at the results following: The Experience in the practice of self-medication was focused on three points: Self-medication is seen as a first resort before going to the hospital. Respondents put forward two reasons for their recourse to self-medication, the lack of financial means and the fact of having knowledge about medications and their use. In their experience, the respondents revealed in their receipt some consequences linked to the practice of self-medication, in particular rebellion and worsening of the illness. In the recommendations that they have formulated towards the community user, they wish that these latest can resort to self-medication only to relieve small sufferings and then always be to consult; and towards sellers of medicines, to avoid delivering medicines without a prescription medical. **Conclusion:** to contribute to the reduction of this practical, it falls under the Ministry of Public Health to strengthen pharmaceutical inspection and establish a system permanent control to ensure rational sale of products in our country; require pharmacies to only deliver medicines on medical prescription; s raise awareness among the population about the abuse of self-medication.

Keywords: Daily Experience, Masanga-Mbila, Self-Medication, Home.

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1. INTRODUCTION

The delivery of medication is an act emanating from health professionals who have this task in their responsibilities and more particularly the pharmacist. But today, we see that medicines are dispensed in pharmacies often on simple presentation of a piece of paper of any product or sometimes an old prescription.

This notion of benefit is a value judgment that can vary from one person to another. Indeed, if we take the case of a consumer versus a supplier, the benefits of any substance praised by the supplier will not necessarily

be felt by the consumer. There are therefore, on the one hand, the expected effects, and on the other hand, the perceived effects. We can therefore imagine that there exists, in the case of self-medication, a certain subjectivity regarding the person's experience during their own treatment. It is no longer just a matter of consuming a medication in the literal sense of the term, but of taking substances that are expected to have beneficial effects for one's health. Medicines constitute only part of these substances (A'hed Assaly, Sophie Dürr, Triolet Jeanne, 2008).

Self-medication is commonly practiced in several cases of diseases, particularly those of the nose, ear, throat, neck and face (SACKO Hamidou Baba, 2010); rarely it is done in favor of the child where a medicine is given only on medical advice and the parents are more careful for their children than for themselves. Here is the typical profile of the self-consumer: Female; aged 60 and over, often consults the pharmacist before seeing the doctor; often goes to urban areas; is in active relationship with the doctor; poor subjective health; suffers from a chronic illness; often suffers from insomnia and back pain; pays particular attention to food choice (A'hed Assaly, Sophie Dürr, Triolet Jeanne, 2008).

According to another WHO estimate, of the world's population which exceeds four billion inhabitants, 80% resort to traditional medicines to meet their primary health care needs. 5 to 10% of medicines sold in France are delivered without a medical prescription. In Japan, it appears that over-the-counter medications are generally widely used by the public. In the United States, self-medication is very significant and affects 52.6% of adults and 41.6% of children (Fane Sekou, 2011).

In France today, the encouragement of certain forms of self-medication by public authorities tends to make it lose its deviant character, although doctors continue to be hostile to it on the declared grounds that it can be the origin of 'a delay in diagnosis. Subjects now know that they are granted the "capacity" to treat themselves under certain conditions – in this case "in benign situations", as stipulated in the texts on the subject. It is also under these conditions that users claim to use it in the related questionnaire surveys (Raynaud, 2008).

In Africa, self-medication carried out with industrial pharmaceutical drugs is combined with that which uses plant leaves, roots and bark as well as certain foodstuffs, to constitute the first mode of recourse to care that individuals practice when faced with a morbid episode. It is presented as the submerged part of the "therapeutic iceberg", an almost obligatory step in therapeutic itineraries, whatever the pathologies considered. Nevertheless, and due to the changes that countries' health systems are currently experiencing (deficit in care systems, delisting of medicines, etc.), self-medication has experienced new growth over the past fifteen years as a object of study of Western societies (Carine Baxerres, Véronique Guienne, Roch Hounghinih and Charlie Marquis, 2015).

A study carried out in Niono in families revealed that men and women aged 15 to 56 resorted to self-medication, but women preferred to treat themselves with medicinal plants before going to the health center while men practiced self-medication with modern products. These men were paradoxically more aware of

the possible toxicity of the drugs than the women. In these families surveyed, it resulted that self-medication was practiced in 13.3% and all these self-medication treatments were unsatisfactory (inadequate) almost in 54.41% of cases. During these irrational treatments, antibiotics were used more often followed by other therapeutic classes (Fane Sekou, 2011).

In Cameroon, a survey was carried out among 840 adult patients aged 18 to 75 years, frequenting 25 pharmacies chosen in neighborhoods representative of the different socio-economic components aimed at evaluating self-medication in pharmacies with analgesic drugs within the population. Population of the city of Douala. Patients requesting the purchase of self-medication medications were submitted to a questionnaire on the type of product requested; if it was an analgesic, they then answered a questionnaire on the requested molecule. This survey revealed that 39.7% of respondents requested medications for self-medication, and 27.5% of these requests concerned analgesics. 67.4% of requests for analgesics concerned paracetamol, diclofenac and ibuprofen, molecules with a predominantly anti-inflammatory component coming in 2nd and 3rd position; tramadol, a opioid derivative, occupied 4th place in self-medication requests. (Etame Loe, Ngoule, Ngene and Kidik Pouka, 2017).

The situation in the Democratic Republic of Congo is very worrying in many respects. In this context, it is therefore interesting to examine what individuals do when they are confronted with a morbid episode and the place they give, in particular, to self-medication, of which the authorities and local NGOs regularly point out the importance of risks, linked in particular to drug-induced iatrogenics. A recent study (Mbutiwi Ikwa Ndol *et al.*, 2013), conducted in Kinshasa, highlights a priori the importance (60%) of this practice among educated urban patients received in the emergency departments of university hospitals (N=391). This study thus suggests that self-medication, understood as the consumption of medications not prescribed or recommended by a professional, would be the therapeutic choice of the majority of this public, a choice made easier by the over-the-counter sale of medications (Baxerres, 2011).

Such results, which echo a previous study (Manzambi, 2009), are hardly surprising a priori since medications are easily accessible while health professionals are both few in number and expensive (Carine Baxerres, Véronique Guienne, Roch Hounghinih and Charlie Marquis, 2015).

Locally in the city of Kinshasa, it is estimated at 70%, more practiced by women than men, ranging from the age of 12 to 65 years (Bashige, 2015). Given the importance that the population of this provincial city places on this practice, it is preferable that a field study that can clarify positive and negative experiences be carried out in order to take corrective measures. The aim

of this study is to understand the way in which the population of the Masanga-Mbila district experiences the phenomenon of self-medication on a daily basis.

2. MATERIAL AND METHOD

2.1 Type of Study

It is a descriptive study falling within qualitative research of the phenomenological type, because it made it possible to understand the population's experience of self-medication as a phenomenon.

2.2 Study Setting, Target Population and Sampling

This is a study carried out among the population of the Masanga district Mbila, commune of Mont-Ngafula, city of Kinshasa, in the Democratic Republic of Congo. This is an environment where observations have been made on this frequent practice of self-medication.

This target population is made up of household managers within the population of the Masanga-Mbila district. We used non-probability sampling, of the accidental type. This type of sample provides the researcher with units having experienced the phenomenon studied, namely individuals with experience in self-medication. The sample size is 18. It was determined after collecting the data, the redundancy of which was observed at the 16th^{Head} of household. But some inclusion criteria were retained: being head of household or having a certain responsibility in the household; be at least 18 years old; having resorted to self-medication in the last two years; freely and voluntarily agree to participate in the study.

Data Collection Method, Technique and Instrument

The phenomenological survey method which allowed us to collect information concerning the population's experience of self-medication. To collect the data, we used the structured interview technique, which helped us obtain information from those responsible in the households. This technique is advantageous because it captures the lived experience of the participants. This information was obtained using the interview guide. This guide consisted of three (3) parts, namely: the introduction, the identification and the questions on the theme under study, this guide was accompanied by certain tools such as: the recorder, the pen, the notebook.

2.4 Data Analysis Plan

There are several qualitative analyzes. This study used thematic analysis which is defined by the authors Paillé and Muchhheilli (2003), as the transposition of a given corpus to a certain number of themes representative of the content analyzed and in relation to the direction of the research.

Carrying out a qualitative analysis in the context of research involves writing work which is located at three levels corresponding to major moments of qualitative analysis (Paillé and Muchhheilli, 2003):

- The first level corresponds to the work of description-translation through which we move from the observed scene or the testimony delivered to its inscription in a written discursive form.
- Second level is that of the transposition-rearrangement work, carried out after the field notes or the full reports have been annotated, categorized, commented on or rewritten. This is the moment when the words or gestures of the actors are weighed, reconsidered, resituated by the researcher, who reformulates them in his own words.
- The third concerns the reconstruction work. This involves writing a report or a thesis which often takes the form of an argument based around the main categories of analysis, understandings and avenues of interpretation.

This qualitative analysis using conceptualizing categories consists of defining the category as a textual production presented in the form of a brief expression and allowing the naming of a perceptible phenomenon through a conceptual reading of research material.

For these authors, a category is a description of the essential nature of the phenomenon, so as to identify an overall life and to identify its singularities, which allows them to be adequately visualized and distinguished from related phenomena.

The work of analysis using categories implies an intention of analysis going beyond the strict synthesis of the content of the material analyzed to attempt to directly access the meaning, the use for this purpose of annotation brings the researcher to understanding.

The data resulting from this analysis procedure will be presented in boxes with four columns, that is to say that from the themes that emerged, we retained sub-themes supported by verbatim, as well as the meanings.

2.5 Ethical Considerations

Ethics being a set of principles which govern moral problems, it is also imposed in matters of scientific research which is carried out on the human person. The following rules were observed during the survey: respect for the rights of respondents, for example: if the respondent refuses to participate, no obligation is imposed on them, because participation in the survey was voluntary; respect for privacy, respect for confidentiality and anonymity.

3. RESULTS

3.1 Socio-Demographic Profile of Respondents

Table 1 : Results in relation to the sociodemographic characteristics of the respondents

Characteristic	Number n=18	%
1. Age		
20 to 25 years old	09	50.0
26 to 30 years old	05	27.8
31 years and over	04	22.2
2. Sex		
Male	06	33.3
Feminine	12	66.7
3. Marital status		
Married	10	55.6
Bachelor	08	44.4
4. Level study		
Without level	01	05.6
Primary	04	22.2
Secondary	09	50.0
Superior	04	22.2
5. Occupation		
Pupil / student	05	27.8
Salesman saleswoman	11	61.1
Official	02	11.1
6. Source of supply		
Near the neighbor	02	11.1
At the box family	02	11.1
To the drugstore	14	77.8
7. Type of self-medication		
Traditional	02	11.1
Modern	16	88.9
8. Types of the most used medications		
Paracetamol		
Aspirin		
Strong Ibunal		
Buscopan and papaverine		
Metronidazole		
Drifts artemesinin		
Quinine		
Tissanes		

Reading Table I reveals that the majority of respondents are aged 20 to 25 (50%); the female sex is predominant with 66.7%, the Married are numerous (i.e. 55.6%); the trade of Sellers constitutes the profession (occupation) with the largest participation (i.e. 61.1%); the main source of supply is the pharmacy 77.8%; it is the type of modern self-medication which is the most effective (i.e. 88.9%); and the most used drugs are: Paracetamol, Aspirin, Ibunal forte, Buscopan and papaverine, Metronidazole, Derivatives artemesinin, Quinine, and Tissanes (traditional products).

3.2 Results in Relation to Daily Experience of Self-Medication

After reading our full transcripts of recorded interviews with 18 respondents; having used the unit of syntactic analysis in a closed coding of the interviews, the central theme retained is: “**the daily experience of**

self-medication”. From this central theme retained, two sub-themes arise, namely: experience in the practice of self-medication and expectations of users of self-medication.

3.2.1 Experience in the Practice of Self-Medication ❖ Perception of Self-Medication

Self-medication is seen as a first resort before going to the hospital. The respondents reveal this in their statements:

RI:

For me, this is not all times a bad practical because it constitutes the first recourse in each family, especially in this country where everything does not work well.

A12:

How do you want? we can't go directly to the hospital when you just have headaches or stomach aches, the person can take First of all a few rescue medication and observe reactions.

A5:

In any case, it's difficult to go directly to the center or hospital without treatment First of all yourself, because that not all illnesses require you to see a doctor quickly.

A7:

We have In OUR House a few first aid products that we use always in emergencies, for example when the child makes a fever at night, or YOU can have a sudden stomach ache.

❖ **Reasons for Resorting to Self-Medication**

Respondents put forward two reasons for their recourse to self-medication, the lack of financial means and the fact of having knowledge about medications and their use. This emerges from their following statements: **R11** : *if one does not have money to be consulted, the other AVERAGE It is to go first to the pharmacy and ask for some drugs that I can First of all take at first, and many times, it relieves us.* **R15**: *hospital care cost enormously dear , it is Thus that we resort to young people who sell in pharmacies to ask for advice about medications to take when you have a health problem.* **R16**: *to begin with, at the hospital, he must first have the form before going to the consultation, but with the conditions that we pass in this country with regard to the financial means which are reduced, we cannot what to do this.* **A6**: *it is for 10 years that I sell in the pharmacy, I have when even enough knowledge about medications and their use, I do n't see why I have to going to the hospital all the time.* **A5**: *I have received enough of instruction all the time that I am stayed next to mom, she who is nurse, that's who I refer to each time to medication that we use at home.*

❖ **Consequences of Self-Medication**

In their experiences, respondents revealed some consequences linked to the practice of self-medication, notably rebellion or worsening of the illness. The respondents approved this in the following stories: **R8**: *I had seen at our house neighbor, one day then that he had gave his son the products that he had bought at the pharmacy yourself, the situation has complicated immediately after taking these last.* **A3**: *he there are not three week that I made a terrible diarrhea after took medicine that we had me given to the pharmacy.*

A2: *but he must always know that It's a risk, because that it happens that we use medicines without knowing very well the disease in question and this often leads to the rebellion of the disease to the point that complicated even When YOU go to the hospital.* **A14**: *OUR girl Elder that YOU see there, had bankrupt die*

from drugs that we him give without going to the hospital. It is Really A risk, because that often we are ignorant of the illness that torments us.

3.2.2 Expectations of Self-Medication Users

In the recommendations they make to the user community, they hope that the latter can resort to self-medication only to relieve minor suffering and then always consult. Here is what they say: **R16**: *he must only balance, i.e. take the medicine only for symptoms minors like discomfort.* **R17**: *self-medication is not bad that if we consumes abuse medication, but this that I can ask who wants to practice it, it is to use only to relieve even small pains.* **R14**: *I recommend to the population of our Masanga neighborhood mbila not to take medication alone without being consulted.* **R15**: *knowing the consequences, let's stop all the practice of self-medication, it must systematically go see firstly a nursing staff at the hospital for examinations.*

And with regard to sellers of medicines, they advise avoiding delivering medicines without a medical prescription. This is what these two respondents say: **R18**: *I think that It is a error on the part of those who sell in the pharmacy, they must to leave first the person go to the hospital for examinations and return later with the prescription to pay for the medications.* **R13**: *it's a risk, the pharmacist Or The one who is in the pharmacy must sell only products that are prescribed on prescription medical.*

4. DISCUSSION

The profile of our respondents reveals that the majority of them are aged 20 to 25 (50%); the female sex is predominant with 66.7%, the Married are numerous (i.e. 55.6%); commerce constitutes the profession (occupation) with the largest participation (i.e. 61.1%); the main source of supply is the pharmacy 77.8%; it is the type of modern self-medication which is the most effective (i.e. 88.9%); and the most used drugs are: Paracetamol , Aspirin, Ibunal forte, Buscopan and papaverine, Metronidazole, Derivatives artemesinin , Quinine, and Tisanes.

For her part, Sagounta Gaoudo (2010) in his study on self-medication in cases of malaria in Mali shows that he surveyed a total of 193 clients, the average age was 31.82± 11.24 years. The sex ratio was 1.75 in favor of the male sex.

On the other hand, in our study, the ratio is more in favor of the female sex. This difference is probably influenced by the sample size which is large in their study given that it was in a quantitative approach.

According to its results, sulphadoxine + pyrimethamine (SP) was the most requested antimalarial with 36.3%; while in our study, the most used drugs are: Paracetamol, Aspirin, Ibunal forte, Buscopan and

papaverine, Metronidazole, Derivatives artemesinin, Quinine, and Tissanés.

Supporting our results, a survey in Cameroon revealed that the medications requested for self-medication were analgesics, paracetamol, diclofenac and ibuprofen, molecules with a predominantly anti-inflammatory component coming in 2nd and 3rd position; tramadol, a morphine derivative, occupied 4th place (Etame Loe, Ngoule, Ngene and Kidik Pouka, 2017).

Self-medication is seen as a first resort before going to the hospital. Aligning with our results, a study conducted on 764 STI patients in Kumasi, GHANA showed that 74.5% of these patients had practiced self-medication before going to the hospital (Fane Sekou, 2011).

Respondents put forward two reasons for their recourse to self-medication, the lack of financial means and the fact of having knowledge about medications and their use. For her part, Sagounta Gaoudo (2010) in his study on self-medication in cases of malaria in Mali shows that the reasons for resorting to self-medication were multiple : the non-seriousness of the clinical condition, lack of time, lack of financial means and knowledge according to clients of malaria symptoms. Our respondents reinforce these results: **R16** : *to begin with, at the hospital, you must first have the form before going to the consultation, but with the conditions that we pass in this country with regard to the financial means which are reduced, we can only do that.*

A6 : *I have been selling in the pharmacy for 10 years, I still have enough knowledge about medicines and their use, I don't see why I have to go to the hospital all the time.*

In their experience, the respondents revealed in their receipt some consequences linked to the practice of self-medication, in particular rebellion and worsening of the illness. Sylvie Fainzang (2010) adds that another problem is the notion of “delayed diagnosis”, invoked by health professionals who are critics of self-medication, is also often used by users themselves who, on the contrary, are its defenders, when they consider that this delay is to be attributed to a doctor who did not know how to “see” or “treat” the problem. It is therefore in the flaws of general medicine that the recourse to self-medication is partly rooted, which appears as an alternative to recourse to a competent professional, even if the distrust nourished against a professional body due to an experience experienced as negative can work in favor or against the doctor, since it encourages recourse to the one who will be considered more competent (the doctor rather than the pharmacist; the specialist doctor rather than the general practitioner).

In the recommendations they make to the user community, they hope that the latter can resort to self-

medication only to relieve minor suffering and then always consult; and with regard to sellers of medicines, to avoid delivering medicines without a medical prescription. Indeed, Fane Sekou (2011) agrees that medicine must contribute to the promotion of public health, but when it is used irrationally, this inevitably leads to disastrous consequences. Consequently, no pharmacist or employee should encourage in their establishment anything relating to “direct purchases” of medicines, because the latter constitute very harmful acts for the manager of the establishment and for the customer.

5. CONCLUSION

After the analysis thematic, we arrived at the results following: The Experience in the practice of self-medication was focused on three points: Self-medication is seen as a first resort before going to the hospital. Respondents put forward two reasons for their recourse to self-medication, the lack of financial means and the fact of having knowledge about medications and their use. In their experience, the respondents revealed in their receipt some consequences linked to the practice of self-medication, in particular rebellion and worsening of the illness. In the recommendations that they have formulated towards the community user, they wish that these latest can resort to self- medication only to relieve small sufferings and then always be to consult; and towards sellers of medicines, to avoid delivering medicines without a prescription medical.

To contribute to the reduction of this practical, it falls under the Ministry of Public Health to strengthen pharmaceutical inspection and establish a system permanent control to ensure rational sale of products in our country; e require pharmacies to only deliver medicines on medical prescription; s raise awareness among the population about the abuse of self-medication.

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