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Exploring the Utilization of Household Drugs over Professional Healthcare in Islamabad, Pakistan: A Qualitative Study of Health Care Seeking Behavior

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ABSTRACT

Self-medication, or the use of home medications without professional advice, is a major public health concern worldwide, particularly in poor nations such as Pakistan. Due to limited access to healthcare, economic hurdles, and poor infrastructure, many people rely on over-the-counter pharmaceuticals, natural cures, and unused prescription prescriptions. Self-medication is common in Pakistan as a result of these systemic difficulties, which has a significant influence on healthcare results. Globally, self-medication rates vary, with Pakistan having a rate of around 81%. Misuse of both over-the-counter and prescription pharmaceuticals can pose major health hazards. Study seeks to investigate the socio-cultural and economic elements that drive self-medication among Pakistan's disadvantaged communities, with the goal of gaining a better understanding of individuals' motives and actions. Three research questions were formulated. This qualitative study investigated the reasons and motives for using home medications rather than professional treatment, as well as the difficulties that people confront while seeking healthcare services. Data gathering took place during four months, from November 2023 to February 2024. Using a phenomenological method, the research investigated people' actual experiences, based on theories originally proposed by Husserl (1913) and elaborated by Heidegger (1927). The research population comprised people from all socioeconomic strata in Islamabad, and interviews were done in both slum regions and more affluent sectors to get a diverse variety of opinions. Spiritual beliefs, economic restrictions, dependence on home medicines, and convenience all contribute to self-medication. While some individuals understood the dangers of self-medication, especially for youngsters, the majority avoided seeking medical attention. Raising awareness, increasing healthcare affordability, and launching media efforts to highlight the risks of self-medication were among the suggested remedies.

Key Word: *Household Drugs, Professional Healthcare, Seeking Behavior, Economic Hurdles, Poor Infrastructure*

INTRODUCTION

Self-medication is globally a public health concern that is prevalent in developing countries (Tosin Anthony A, 2024) . The use of household drugs is also known as self-medication, is a wide spread practice across worldwide including Pakistan. In regions, where access to healthcare is limited, expensive or difficult to navigate, individuals often relay on household drugs as primary foam of treatment. These drugs include over the counter medications, herbal remedies, or even prescribed medicines used without consultation with healthcare professional.

In Pakistan, healthcare system faces numerous challenges including shortage of medical professionals, limited healthcare infrastructure and economic barriers to accessing professional healthcare. As a result, many individuals, especially people from rural areas and underserved communities rely on household drugs as an alternative to seeking professional healthcare. So, understanding the factors that

contribute to this type of health care seeking behavior is essential to address for broader implications for public health.

Healthcare seeking behavior (HCSB) is an individual choice or action to preserve, achieve or restore health and to prevent sickness. The choices that are taken may include utilization offal available alternatives including medication oneself, homemade remedies, going to public or private modern or traditional health institution, etc. HCSB is the outcome of complicate interaction between patient diseases, the features of households, and the qualities of healthcare provider (Chauhan, 2015). Poor HCSB is typically related with poorer health outcomes and higher mortality and disease rate in a country. As a result, health organization and researchers from around the world have been discovering and assess the element that may influence person's discussion to seek medical assistance for certain ailment. (Tarar, 2024)

Healthcare seeking behavior (HCSB) is highly impacted by number of social, cultural and economic variables. Even with advancements in medical care, a sizeable portion of society still puts off seeking official medical advice and instead self-medicates. A lack of medical specialist in rural areas, geographical limitations, and financial limitations cause many people to turn to over the counter medications or household drugs as alternative to professional medical care.

The use of household drugs instead of seeking a professional healthcare is wide spread practice globally including Pakistan. According to WHO, estimates that 50% of drugs are prescribed, administered, or utilized incorrectly. (WHO,2006).Islamabad,the capitalof Pakistan has population of 12,67000 according to latest digital census of2023 of United nations national projection.According to Capital Development Authority (CDA), city has various types of healthfacilities including seven government hospitals, fourteen private hospitals and numerous private clinicsrunning aside in every sector and area of Islamabad. Despite good access to health care,capital still has 61.2% prevalence rate of self-medication among both urban and rural areas.(Aqeeletal. 2014). A review revealed that independent of the type of analyzed samples (either general population or chosen subgroup) the reported prevalence of self-medication was higher than 50% of the studies. As a result, high incidence of self-medication appears to pose a health risk in many counties around the world. (Shaghaghi A, 2014 Feb;)

Self-medication is widely practiced globally with rates of 68.07% in Europe, 31.02% in India, 92% in Kuwait, and 59.02% in Nepal. In Pakistan, the same research shows proven incidence of approximately 51.02%. (Shahid, 2022) . In developed countries, approximately half to two third of population use nonprescription medication, including over the counter drugs. These are available easily without prescriptions, are major source of self-medication. (Bhandari A, 2018)

As we all know that OTC medicines are available legally and easily in every country and considered safe for public use when they are taken correctly. These are used mostly for mild to moderate conditions such as headache, cough, cold, or allergies for which most common formulas are loratadine, ibuprofen, paracetamol, codeine etc. Slight overdose or misuse of this drug can cause liver damage, or serious central nervous systems effects.If these drugs are taken during pregnancy, possible teratogenic effects can be seen. (Ősz B-E, 2024)

Other than OTC medicines, Prescription medicines, often find their way into household drug supplies, either left from previous treatments or obtained informally. These medications are meant for specific conditions diagnosed by healthcare professionals and are not safe for unsupervised use due to their risk and potential side effects. Commonly misused prescription medicines that are used at homes are antibiotics. Recent study from Pakistan revealed that significant portion of population (42%) lacks adequate knowledge about proper antibiotic use or not completing recommended course which ultimately

leads to antibiotic resistance, hampered by inadequate information given by healthcare professionals. (Arifa Saif, 2024)

This misuse of drugs is one of the examples of broader phenomena of self-medication which is driven by variety of factors. Among the various causes of self-medication, a previous history of condition and minor nature of diseases were identified as most common reasons driving individuals to self-medicate. Additionally, most common adverse reactions related to self-medication is headache and then vomiting, which often arise due to incorrect dosages or prolonged use of over-the-counter medicines. (Tosin Anthony A, 2024). However poor practice can lead to dangers such as misdiagnosing one self, dangerous drug combinations, incorrect dosage calculations, incorrect administration, incorrect therapy choices, hiding a serious condition, or increase risk of reliance and abuse. (Shakoor, 2024)

Furthermore, it has been observed that the incidence of self-medication is considerably high in eastern Europe and Asian countries compared to other regions of world and if left unregulated can lead to both short- and long-term negative outcomes for society including antibiotic resistance, misuse of drugs and adverse effect reactions. (Ghasemyani, 2024). Global public health authorities, health care professionals, and general public face serious issues due to acceleration of antibiotic resistance and decrease in development of new antibiotics to address the issue. (Zeid, 2020)

Key risk factors associated with self-medication are existence of home pharmacies, alcohol use, lower father income and education, female gender, advance age and higher score on scale of depression. There was an independent correlation between these characteristics and greater propensity to self-medicate. (Lukovic, 2014).

However, there is limited qualitative research exploring the underlying reasons behind the preference for household drugs over professional healthcare services in Pakistan, especially in underserved populations. this study aims to fil this gap by investigating the sociocultural and economic factors influencing household drug use. This study will allow deeper understanding of individual's, behaviors, capturing motivations, emotions and beliefs behind the use of household drugs which can't be quantified easily.

Study Objectives

1. Reasons and motivations behind using household drugs.
2. Barriers and difficulties faced by people to achieve professional healthcare.
3. To assess Knowledge about potential adverse effects related to self-medication.
4. Provide recommendation to control self-medication.

Purpose of Study

The purpose of this study is to better understand through emir prospective that why people of different economic classes prefer to utilize household drugs rather than going to a doctor or professional healthcare. Public health is significantly impacted by irrational drug use. This research will enable us to spot any accessibility, cost, or provider patient communication issues that might be motivating this behavior. Pakistan is home of multicultural communities having people of different cultural, social and economic characteristics that may affect how people seek medical care. By addressing these objectives of study, public health outcomes can be improved and healthcare resources can be used more widely.

LITERATURE REVIEW

Self-medication has long acknowledged as widespread practice around the world. It is defined as the use of drugs without medical supervision to cure symptoms or conditions that oneself has identifies.

There are several studies which are showing prevalence rates of self-medication and storage of drugs at homes. as well as frequency, kind off drugs taken and unfavorable consequences related to self-medication. Research findings clearly demonstrate the prevalences of this practice in both developed and developing countries, highlighting its importance on global scale as public health concern.

Globally, the prevalence of self-medication varies greatly. Even in developed countries where healthcare systems are advance and fully equipped, self-medication is still notable. In fact, almost 50% of population in United States and approximately 68.07% of people in Europe constantly take nonprescription and household medicines. (Bhandari A, 2018) .A study conducted in Greece, shows striking levels of medicines house storage with 50% of 20 families that are surveyed has stored more than eight medicines at home. Moreover, families had misconceptions and false beliefs about the uses of medicines andtheyoftenshareandexchangemedicines withneighbors and friends (Tsiligianni, 2011)

An Ethiopian study shows percentages ofmedication sharing (26.3%), hoarding (20.4%), and allopathic self-medication (43.8%) respectively. Presence of child under 5 years of age, high monthly income, and a family member with chronic illness were linked to both drug sharing and hoarding. It was observed that storage practices of medicines in homes with higher educational attainment was less common. The habit of self-medication was substantially corelated with existence of medicines maintained at home. (Ewunetei, 2021)

In contrast, a study from India, shows that housewives who usually use household drugs had more general knowledge about drug usage as compared to housewives who had not. Prevalence rate of keeping medicines at home was 73% and they were used without prescription. Same study also reveals that all participants kept allopathic medicines at home while primary sources of obtaining them were from family, friends or previous prescriptions from doctors. (Kaushal, et al., 2012)

A latest study from turkey shows that the most often unused medications were discovered paracetamol, other preparation for cold and fever, diclofenac, dextromethorphan, amoxicillin and beta lactamase inhibitors. 91.4% of the people self-medicate at home, using unused medications without first visiting a doctor. All of the given conditions, this situation is alarming for serious public health issue for both environment and human being. (Köksoy, 2024)

In Pakistan the situation mirrors these global trends but with unique local challenges. Despite having various health care facilities including various government and private hospitals. The prevalence of self-medication remains high. Recent studies from Pakistan city, Lahore shows prevalence rate 50.02%. Country faces significant healthcare system challenges including shortages of infrastructure and medical professionals, because of which many people especially from rural or underserved countries rely on household drugs as alternative option. (Shahid, 2022)

There is also a gender-based difference in selecting alternative options for treatments. For example, another study from Pakistan shows that female nurses were more likely to self-medicate rather than male nurses. This difference was also based on their placement either in government or in private hospital. Those that are employed in private hospitals were demonstrate greater rates of self-medicate. These practices were greatly impacted by both personal and professional characteristics, with gender and hospital type being the most important predictors. (Hassan, 2024)

One of the major threats associated with self-medication is the development of antibioticsresistance especially in developing countries. Most of the people buy and store medicines without consultation to professional health care even for the conditions that need through examinations like Ciprofloxac informenstrualirregularitiesorAmoxicillintotreatscabies, which ultimate leads to the wrong use of antibiotics (Nishat, 2012).

A study from Pakistan conducted in March 2024 shows data of past 12 months, indicated that 88.6% of parents medicated their kids with antibiotics. Antibiotic prescriptions were written for cough, fever and tooth pain specially for bacterial infection, although the primary causes of this behavior were pharmacy advice and previous prescriptions 45.5% of the patients switched antibiotics on their own during the course of treatment. (Hashmi, 2024). All of these behaviors ultimately tend towards potential harm.

This is the ratio of prevalence related to general public but if we look into the prevalence rates of self-medication among medical students in Pakistan, it was surprisingly found that medical students have more prevalence of self-medication rather than non-medical students but majority of the participants didn't encourage another person to self-medicate. (Zahir, 2024)

Over the past few decades, a greater variety of treatments for different health issues have been discovered. This has changes patient care techniques globally and led to higher-than-expected spending on related services. (Mitiku, 2024) . All these practices rise concerns about irrational drug use, delayed diagnosis andincorrect treatment all of which can have negative public health outcomes (Jafarzadeh, 2021) . Many of the quantitative studies are the rementioning the amount and the types of household's medications stored but not a single study addresses household's preferences or their problems in reaching out to health care facilities.

Numerous areas, demographics, and healthcare context has been extensively studied in relation to common practice of self-medication,which has been found to be persistent global phenomena with important public health consequences. The research lists wide range of variables such as social influences, healthcare accessibility and financial limitations, that contribute to the prevalence of self-medication. This problem has been made worse with availability of OTC drugs, informal prescription sharing and home drug storage, particularly in poor nations like Pakistan where the healthcare system suffers with difficulties.

There is still absence of information regarding the fundamental causes of people's decisions to use over the counter medications rather than seeking professional medical attention particularly in marginalized population, despite an abundance of research on the frequency, kinds of medicines use, and side effects of self-medication. This disparity is especially noticeable in Pakistan, where culturally and economic variables greatly influence the behavior of those seeking medical attention. Understanding the prevalence of these is important but so is the investigating the actual difficulties and obstacles people have when trying to utilize professional healthcare.

Byconcentrating on the qualitative features of self-medication, this study seeks to close this knowledge gap by offering a more profound comprehension of the motives, convictions and experience of people who use household drugs.By identifying these patterns, this study will be able to better influence health policies and actions which will ultimately lower the dangers associated with self-medication and encourage safer practices when seeking medical attention.

MATERAILS AND METHODS

Study design

This study used qualitative researchdesign to explore the reasons and motivations behind the use of household drugs over professional healthcare and potential barriers people are actually facing in reaching out to hospital or healthcare facility.

Duration of Study

The data collection phase for this study was conducted over a period of four months, from November 2023-february 2024.

Conceptual Framework

According to Marc Lim, there are different ways and theories through which researchers can approach human perceptive along with their experiences. These five theories are phenomenology, grounded theory, ethnography, general inquiry, and action research. (Lim, 2024). Each is different from each other in its own way to investigate about induvial lives and experiences. We used phenomenology approach in our study to investigate lived experiences of individuals. This approach was first popularized byHusserl U. in 1913. (Collier, 1913) and then by Martin in his book in 1927 (Heidegger, n.d.).

Study Population

The study population for this study was compromised of the individuals from every socio-economic class and residing in Islamabad territory. Interviews were conducted from slum areas and from different sectors of Islamabad. Slum areas are those areas that are overcrowded with substandard housing that is poorly serviced and therefore have unsafe, unhealthy and are socially undesirable. Sectors of Islamabad city are considered much developed and safe. So, by selecting people from these two diverse sections can cover population from every socio-economic class.

Sampling Technique

Type of sampling: Purposive sampling was used to ensure that the sample included from 2 different socio-economic group low-income slum areas and high-income sectors of Islamabad. This method allowed for intentional sector based on relevance of participants experience for study objectives.
Selection of study areas: The study concentrated on two types of locations in Islamabad to guarantee equality across different social and economic class.

Slum Areas

Tarlaikalan and Barimam were chosen to represent the opinions of people from low income, under privileged groups. These communities were chosen because people frequently have limited access to healthcare services, making them more prone to self-medicate.

Different Sectors of Islamabad

Various sectors (middle and upper socio-economic class) were added to illustrate the opinions of financially secure individuals. Although Islamabad's sector provides greater number of private and government hospitals, individuals continue to use household drugs for personal or societal reasons.

Sample size

A total of 20 interviews were conducted. This sample size was conducted based on the need to achieve thematic saturation for topic, where no new major themes or insights emerge from interviews. Thematic saturation is the point where no new significant themes or points emerge from interviews. The sample technique sough to represent a variety of socio-economic origins by including:

10 slum areas participants: to document the experiences of people from low statuses.

10 participants from sectors: to symbolize people from middle upper-class backgrounds as well as members of every social and economic strata.

Sample Recruitment

From both the areas, Participants were approached directly and informed about the study objectives in detail. All participants were briefed about their confidentiality and their right withdraws from study

anytime before the interview commenced. The interviews were conducted in Punjabi and Urdu for the ease of participants as most of the participants native language was urdu and Punjabi.

Inclusion Criteria

Islamabad residents: participants had to be permanent residents of Islamabad at least from last six months. This made sure that perspectives on drug use in home and success to healthcare were pertinent to the setting of study.

Age 18 and above: the study only included participants who were 18 years of age or older and are mentally fit. This requirement was put in place to make decisions about their own health, like using over the counter medications or going to doctor.

Participant willingness: subjects have to freely consent to take part in research and talk about their individual experience all participants gave their informed consent, guaranteeing that they were aware of study objectives and their rights, which included the right to anonymity and the ability to withdraw at any moment from study.

Household drug usage: if participant has previously used household drugs for self-medication, they were included in study. This was essential for achieving study goal of examining the reasons behind using them and barriers in achieving professional healthcare.

Fluency in Urdu and Punjabi: in order for participants to properly convey their experiences during the interviews, all interviews were conducted in Urdu or Punjabi. This decision was taken in order to guarantee that participants may freely share their experiences and offer comprehensive detail of every related thing. The participants were able to converse more openly and divulge detailed information about their healthcare habits and use of over-the-counter medicines when interviews were conducted in their chosen languages.

Exclusion Criteria

Professionals in healthcare: to prevent potential bias such as doctors, nurses, and pharmacist were not included in this study. their knowledge about medicines, side effects and access to medical resources may have substantial impact on their self-medication and healthcare seeking behaviors, setting them apart from general population.

Language barriers: those participants whose native was other than Urdu or Punjabi such that Pushto or Saraiki were excluded, as this would have hindered effective communications during the interview process.

Data Collection

All interviews were recorded on mobile phone voice recorder to ensure accuracy and ease of transcription. Prior to start of each interview, every participant was made aware of the confidentiality of their answers, and their consent was acquired.

Techniques and tool used

In depth interviews were serve as a main source of data collection for the study to deeply explore the multi-faceted aspects of health care seeking behavior of people. To do this,a semi structured guide was designed in light of study objective, allowing for personal story telling. (Lim, 2024). All questions were open ended questions to achieve maximum information from participant. To review the interview guide, four members of the public looked over the interview guide. to improve the questions clarity, we tested the interview guide on two additional people. The data analysis did not include these two pilot interviews. Because of flexibility of this guide, interviewer was able to delve deeper into particular themes in response to participants answers. The thesis appendices contain copies of semi structured guide and questions. To further enhance data collection procedure, field notes were also recorded before, during and after each interview in order to record nonverbal clues and contextual factors.

To ensure reliability of collected data, same interview guide was used for all participants.This gave each interview a uniform structure even through participants experience naturally differ from each other.

To ensure trustworthiness and credibility of study, all participants were selected from diverse socio-economic background, to guarantee that variety of experiences were represented in the results. this verified that all themes were the same in all groups.

DATA ANALYSIS

The research team included a supervisor, who is a leading PhD scholar in public health with background in anthropology. Whole research was supervised by him. The main goal of all this study was to comprehend the experiences, reasons and difficulties that participants faced in reaching out to professional healthcare. By keeping in mind about phenomenological descriptive approach, whose focus was to record experiences from first person perspective. (Lim, 2024), and aiming to unveil the: “what”, “why”, “when”, “how”, “where”, and “who”. (M., 2023). Each interview was audio recorded and then verbatim transcribed. All interviews were transcribed in their original languages to maintain authenticity and depth of the responses, as they were done in urdu and Punjabi. Later, key quotes were translated into English for theme generation. Following transcription, the first stage was to read and reread the transcripts to obtain a through grasp of the topic. (Braun V., 2006) This procedure enables to uncover early trends or repeating issues. Descriptive phenomenological approach provides, thorough, unbiased descriptions of life experiences, emphasizing their key characteristics. (Lim, 2024). The minimum length of an interview was 20 minutes and maximum length was 35 minutes.

After transcription, coding is the fundamental element of qualitative study. All data was broken down into discrete parts, then compared for similarities and differences. This is called open coding. After it, some conceptual labels were marked, which were in participants language. Many codes were generated at this stage and explored in every dimension.

After open coding, similar and alike codes were gathered together and different categories were made. This majorly involves finding and making connections between different categories. This stage is called axial coding. Those codes were involved codes with casual conditions, actions taken, interactions, and consequences. Some of them were “relying on prayers and shrines to heal”, “limited trust to modern or allopathic medicine”, “family influence on healthcare decision”, “high cost of healthcare”, “limited awareness of drugs side effects”, “reliance on past experiences and informal advice”, “desire for better education and communication from healthcare providers”.

The third stage was selective coding, which focuses on integrating and refining the categories that are critical to developing a story or theory. It was done to find out the core code or theme and then systemically connecting other categories to this theme. It was done until no additional evidence appears.

Thematic development

After generating and categorizing codes, thematic analysis for data has been done by using approach outlined by Virginia Braun, and Victoria Clarke.(Braun V., 2006). All pieces of selective coding were put together and abstraction was done. Abstraction involves lifting codes into bigger intellectual themes, looking beyond the actual features of data to uncover underlying patterns, and then thematic map was formed that captures the essence of data. (Spiggle, 1994). Further investigation leads to the naming of the themes which were much informative and distinct to show whole story summary.

Ethical consideration

The institutional review board of health services academy approved this study, assuring that ethical standards were followed. Prior to all interview, participants were made aware of the aim of the study, and their informed permission was acquired. data was anonymized and securely kept, with strict adherence to confidentiality and anonymity protocols. There were no incentives provided, and participation was completely voluntary. Participants could discontinue participating at any time without any negative consequences. The appendix of this thesis contains the consent from which was signed by participants and IRB approval foam.

RESULTS

In this chapter, 20 in depth interviews with participants from various socio-economic class are presented. The themes that were generated from open, axial and selective coding are used to display the analysis. Verbatim statements from the participants have been utilized to identify and to highlight their viewpoints on the use of household drugs, obstacles and believes in receiving to professional healthcare and their awareness on possible risks and effects associated with self-medication.

THEME # 1: The hands of fate – spiritual healing as preferred path.

Number of the individuals prioritized spiritual healing also known as “Rohani ilaj” over medical assistance. Their reliance on spiritual rituals and divine healing was greater than their dependance on contemporary healthcare services.

A man in his middle age who had never seen a doctor before, shared this with interviewer:

> “*Most of the doctors just want to make money always from medicines. My peer sahib told me, no need to go doctors. So, whenever, from my family either my kids or my wife got sick, we just went to shrine for peer Sahab Dum Darood and then usually give Niyaz to hungry people present there”*

This reveals a common believe held by certain participants of general public that doctors should be perceived as secondary to supernatural interventions and that healthcare should be seen through spiritual lens.

THEME # 2: Fuel is more expensive than life – economic barriers to healthcare

For many people, getting professional healthcare has become increasingly difficult due to increased living expenses, particularly those with **fuel prices**. Individuals often conveyed their frustration with financial challenges that impacted their choices to either self-manage or avoid hospitals.

One individual revealed, having recently sold his car because of difficulty in maintenance of car shared:

> *"Petrol ki qeematitnibarh gai Hy k zindagiguzarnamushkilhogai hy (petrol prices have risen so much that its hard to even survive). I thanked to Allah that some medicines arepresent at home whenever we need them, because within 20km of my home there is no government hospital present. for that firstly, I have to book a car. It's a bis expense itself and then after reaching there I have to wait in lines queue for my turn"*

In addition, to restricting mobility, financial hardships and lack of infrastructure also make most of the people less likely to seek medical attention until absolutely essential, which encourages self-medication dependence on over-the-counter drugs.

THEME # 3: Old is gold – generational reliance on home remedies

A number of attendees, mostly female, talked about the generational transfer of medical practices where home medicines and home remedies were perceived as tried and true methods handed down from their elders. these people valued traditional ways above hospital visits and saw healthcare as family matter.

A grandmother proudly said that:

> *"Our elders never went to hospitals in their lives and there were no hospitals before like today and that's why we follow the same path. Last week, my grandson was delivered at home with the help of our family midwife, he was healthy, has some paleness in his first days but now he Is fine. Allah is the only one who can grant health to everyone"*

For this group, obtaining healthcare was shaped more by family traditions and their beliefs than by actual medical knowledge, supporting the idea that what has historically worked will also work in future.

THEME # 4: The household pharmacy, convenience over caution

The common topic among all participants was the popular habit of **keeping medicines at home** for different types of illnesses. A number of individuals acknowledged self-medicating with over-the-counter drugs for conditions such as cold, headache, and fever, instead of seeking medical advice.

One male participant uses his own story of self-medication to demonstrate this habit: he said:

> *"I usually keep pain relievers on hand for minor ailments and take them for my back pain when it usually flare-up one or two times in a week. However, when the pain increased one day unbearably, I eventually saw the doctor. he informed me that I have elevated levels of creatinine and have kidney stones in my left kidney"*

This case highlights how minor self-medication can disguise more significant health concerns, underscoring the potential risks associated with depending too much on home medications without adequate medical evaluation.

For many participants having access to **prescription medicines** conveniently and quickly at home is more important than seeing a doctor for every health concern. They get antibiotics without prescriptions from pharmacies whenever they want.

One participant of middle age said this:

> *"Whenever I got flu, cold or sometimes sore throat, I get medicine from nearby pharmacy. They never asked for any prescription. I usually use Amoxil capsules for these conditions. Choti motibemari k lia hospital janazarori Nahi smjhta (I don't think to go to hospital for every single illness)"*

This participant comment demonstrates a prevalent self-medication practice where consumers purchase antibiotics such that Amoxil (amoxicillin) which comes under prescription medicines category, without prescriptions. Antibiotic overuse for viral infections (the common cold or flu) is inefficient and can lead to emergence of resistant bacterial strains.

THEME # 5: "a doctor words matter" – A minority preference for professional care

While most of the participants rely on household drugs, some of the participants strongly preferred to receive professional healthcare, especially when it comes to their children health. These participants shared their worries regarding safety and efficacy of self-medication, emphasizing the need of proper medical treatment.

One mother of a child describes her approach like this:

> *"Jab meri betibukarmeijalrhihotihaitumei koi risk nahelyskti (when my daughter is burning because of fever, I can't take any kind off risk). I never depend on household drugs for my kid for severe illnesses and always went to doctors for better treatment. As a single parent of a kid, I faced financial problems usually but I manage them. Because for me, my kid health is priority upon all things*."

This attitude shows a felling of urgency and faith in healthcare specialist when dealing with significant symptoms of illness in children, in contrast to other who have very causal approach in self-treatment even for major diseases.

Another parent related his experience of seeking professional treatment for his children, doubting about self-medication side effects.

> *"Ek din Mera beta ko bukharhoatumeinyusa ibuprofen ka syrup dydia jo us wqtghrmeimajoodtha aur wobehtarhogya, (one day my son got fever and as usual I gave him ibuprofen syrup at that time which was present at home, he gets better). At that time his age was 1 year old. After 5th day, he got severe pain in his tummy and we were rushed to doctor. Doctor said that he had developed severe stomach ulcer because of over use of ibuprofen. Ab mei Kabhi b doctor k mashwaray k bagair koidawanaheleta(now, I never take any medicine without consultation of doctor"*

This illustrates the dangerous impacts of self-medication by providing an exact instance of negative effects of ibuprofen. Other many possible instances may occur at homes., which are not Infront of us.

THEME # 6: "Bridges to healing" – from home pharmacy to hospital care

This theme represents participants collective suggestions on combating self-medication and supporting the transition to professional healthcare. It depicts the concept of constructing a metaphorical bridge between the habit of relying on home medicines and obtaining competent medical care. The advice given

by participants emphasizes the significance of education, inexpensive healthcare and expanded health access.

Verbatim number 1: Encouraging health awareness and education:

> *Log jahilnahehain age inhein, lekinunheinsmjayanahejata (people are nor ignorant but they aren't properly educated. hmara area ki pharmacies hnya clinics kabiajtkkisiny is baraymeibtnahe ki (pharmacies and clinics of our area never talked to us about this matter). if we acquire the appropriate knowledge from doctors and pharmacist, we will definitely visit hospitals rather than self-medication. I believe that its duty of every pharmacist to guide their patients on how to use medicine and when to use it. And I also recommend government on prescription only medicine, not give to anyone without prescription"*

This participant highlights how healthcare workers can stop this practice of self-medication. **Health education** and **community outreach** by pharmacist in informing people about the risks of self-medication and the advantages of professional treatment can play vital role. It also emphasizes government responsibility in controlling the flow of prescription only medicine to general public.

Verbatim number 2: making healthcare affordable:

> *"Hmarizindagi ki sb se barirukhawatmehngai hy (the biggest hurdle of our life's is inflation). The expense of visiting a doctor has risen so dramatically that we can't bear it. Petrol prices are as much high that hospital has become far away for poor person, if the government makes medicines and doctors affordable for the poor, this problem might be solved"*

This participant point addresses the financial constraints that keep individuals from getting professional treatment. They underline the significance of government engagement in lowering fuel prices, particularly given the current state of inflation.

VERBATIM NUMBER 3: THE ROLE OF HEALTHCARE CAMPAIGNS:

"Jo Shae healthcare ka matlab smjhar hahainunhein Zada madadkrnichahiia. tv pr ya social media pr ek achi campaign honichahia jo logo ko smjha ska k apnimarzisydawaiistamalkrnakitnakhatarnak ho skta Hy (those who are telling about true meaning of healthcare should help about this, there should be a good campaign on social media about how dangerous it can be taking medicines on your own). if people understand how doctors and proper treatment is important than I think they will definitely go to them".

The participant recommends mass media campaign as solution stating that raising awareness through television and social media can assist to educate the public about hazards of self-medication and significant of obtaining professional aid.

In conclusion, the interviews indicated various variables that contribute to self-medicate, including spiritual beliefs economic concerns, generational dependence on home cures and convenience of household medications. While many individuals avoided seeking professional healthcare for these reasons, several expressed a strong desire for medical treatment, particularly for their children or after experiencing the negative consequences of self-medication. Participants proposed potential possible solutions such as raising awareness, making healthcare more affordable and conducting media campaigns to educate public about the dangers of self-medication. These offers provide important insights on minimizingself-medication and increasing the usage of professional healthcare services.

DISCUSSIONS

The findings of this qualitative study shed important light in the reasons behind, obstacles to, and levels of knowledge around the use of home medication and self-medication in Islamabad, Pakistan. Themes arising from the in-depth interviews underscore many socio-cultural, economic and knowledge driven elements that impact individuals' health seeking techniques. The results are discussed in this section in context of study main objectives and larger body of research.

Reasons and motivations behind using household drugs

One of the study's primary results is that reliance on household drugs which is strongly rooted in spiritual, cultural, and familial values. Many participants, notably those with low socio-economic background, reported a preference for spiritual treatment, which they saw as more dependable and successful as capered to modern medical methods. The influence of spiritual personalities like "peer Shahab "indicates a deeply ingrained believe system where divine intervention is often seen as preferable to conventional healthcare. This conclusion is consistent with prior research in south Asian cultures, where spiritual and traditional healing methods favored over medical interventions. **(Ahmed, 2020)**

Furthermore, the generational transfer of knowledge, particularly among women, highlights the importance of home remedies and household drugs as culturally sanctioned type of care. The ease of having over the counter drugs at home all time emerged as major reason of self-medication. participants indicated convivence and cost as important factor for self-managing common diseases including colds, headache and common fever. This follows global trend where individuals frequently turn to home medicines owing to ease of availability and perceived ability to deal with minor diseases on their own. (**Parveen**, **2020**)

Barriers and difficulties faced by people in achieving professional healthcare

Economichurdles were highlighted as major obstacles for many individuals in receiving professional treatment. Rising fuel prices, expensive healthcare expenditure, and lack of close government hospitals are often citied challenges. Despite knowing possible side effects of self-medication, it's still an option for the people who can't do travel for the treatment of their sickness because of logistic cost. This is in accordance with literature that identifies economic hardship as primary factor promoting the use of self-medication in developing nations. **(Bennadi, dec 2013).**

Others also expressed their frustration with the amount of time and money spent on hospitals visits. Long wait periods and relatedcost of scheduling transportation and purchasing medications were identified as deterrents. These restrictions cause an endless loop in which people self-medicate until their ailments worsen to point where they require professional health. This trend is typically found in low resource countries, when economic limits and lack of infrastructure prevent timely access to healthcare. (**Mahmood**, **2020**)

Knowledge about adverse effects related to self-medication

Although most participants were aware of the availability and usefulness of home medications, their understanding of the hazards associated with self-medication was restricted. Many participants told anecdotes about personal or family situations in which self-medication resulted in negative consequences, such as misdiagnosis or deteriorating illnesses. One participant's testimony of their child developing a stomach ulcer as a result of excessive ibuprofen usage emphasizes the hazards of uncontrolled pharmaceutical use. These experiences highlight the disconnect between knowledge of household pharmaceuticals and knowing the possible consequences of abuse, such as drug interactions and resistance, particularly to antibiotics.

This conclusion is consistent with earlier study that shows a lack of public understanding of the possible negative effects of self-medication, particularly antibiotic resistance **(George, 2020)** While participants acknowledged the need of professional treatment in reducing such hazards, economic and cultural constraints frequently trumped these concerns, sustaining the cycle of self-medication.

Recommendations to control self-medication

The study's participants made numerous key recommendations for controlling self-medication, which are consistent with existing literature and public health measures. One important recommendation was to expand health education and community outreach, particularly through pharmacists and healthcare professionals. Educating individuals about the dangers of self-medication and the significance of seeking professional treatment might help close the knowledge gap and minimize reliance on home medications. Studies demonstrate that patient education is an important strategy in reducing self-medication habits, which supports this approach. **(Ortiz, 2022)**

CONCLUSIONS

In conclusion, the findings of this study demonstrate the complex interaction of cultural, economic, and knowledge-related variables influencing the preference for home medications over professional treatment in Islamabad, Pakistan. Spiritual beliefs, economic restraints, and historical dependence on home cures all influence health-seeking habits. While some participants reported a preference for professional treatment, particularly in cases of severe disease or children's health, hurdles such as cost and accessibility continue to encourage individuals to self-medicate. Addressing these issues through health education, accessible healthcare services, and public awareness campaigns is critical to reducing the hazards of self-medication and improving public health outcomes.

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