

A study on habit of preservation of prescriptions by pregnant women in India

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ABSTRACT

Irrational use of medicine is very common in developing countries like India. Drug or medicine use during pregnancy is an important event for both mother and child. Thalidomide disaster showed the adverse effects of drugs on the unborn child. Knowledge about use of medicines can play a crucial role in rational drug use. Prescription is an important tool to assess the past clinical condition of patients and the use of medicines for them. The present study explored the habit of preservation of previous prescriptions in the pregnant women of villages of Wardha District of Maharashtra state of India. This is an observational cross sectional survey using predesigned, precoded and pretested questionnaire. This study showed an interesting habit of these women. 81% of pregnant women have a habit of preservation of prescription as an important document. It was clear that with increasing level of formal education there is a definite increase in habit of preservation of prescription among the pregnant women in rural areas of India.

Keywords: Prescriptions, pregnant, drug use.

INTRODUCTION

India is the second most populous country in the world. Maternal and child health plays key roll as far as health of people of India are concerned.¹ Morbidity and mortality during pregnancy is an outcome of multiple factors and a majority of them are preventable.²

Once a patient with clinical problems had been evaluated and a diagnosis is reached, the physician can select any one of the variety of therapeutic approaches. Usually 67% of prescriptions of medications are the results of hundred times of interaction between physician and patient.³ Prescriptions are the physician's order for the preparation and administration of a drug or medicines for a patient.^{4,5} So prescription is an important document containing a lot of information about the past clinical condition and the medicines prescribed.

Numerous studies have confirmed the widespread use of both prescription and non-prescription drugs by pregnant women.⁶ But there was no study on the habit of preservation of previous prescriptions by the pregnant women, particularly of rural areas of central India. If prescription was preserved, it became an important tool for the physician to learn about the past illness, hence facilitated rational drug use. Therefore, it was considered important to conduct the present study.

MATERIALS AND METHODS

This was a cross sectional study using questionnaires

and face-to-face interview. The study was carried out in different villages attached to three primary health centre areas (Anji, Bhidi and Talegaon) of Wardha District of Maharashtra state of India. Pregnant ladies attending the antenatal clinics of these primary health centers from 1st January 2005 to 31st August 2006 for check up were recruited. They were informed about this study. Six hundred fifty six pregnant women agreed to participate in the present study. Written informed consents were taken from all the pregnant women who agreed to be part of the study. Institutional Ethical Committee of Mahatma Gandhi Institute of Medical Sciences, Sewagram, Wardha District, Pin Code - 442102, Maharashtra State, India, gave permission to conduct this study. The data was analysed by percentage. Associations between parameters were done by chi-square test. P-value < 0.05 was considered statistically significant.

The questionnaire were designed in department of Pharmacology MGIMS, Sewagram and validated by field trials. It was done used in the present study. Ladies who have preserved even a single prescription of past illness were considered.

RESULTS

After evaluation it was observed that maximum number, i.e., 61.3% of pregnant women belonged to the group of education and level of 1 to class 10 (Table-1). 34% mothers had an education from class XI (eleventh

Table-1: Distribution of study population (n=656) according to educational status

Education	No. of pregnant women	%
Class I to Class X	402	61.3
Upto class VII	170	25.9
VIII to X	232	35.4
Class XI to Undergraduate	223	34
XI & XII	175	26.7
Undergraduate	48	7.3
Graduates & above	31	4.7
Graduate	19	2.9
Diploma	3	0.4
Post graduate	9	1.4
Professionals	0	0
Total	656	100

standard) to undergraduate level. 4.73% mothers had an educational status of graduate or above. Amongst the ladies who had education upto graduate level or higher were 1.4% (9) actually had post graduate qualification.

Table-2: Study on habit of preservation of prescription in pregnant women (n=656)

Parameter	No. of pregnant women	%
Pregnant women with the habit of preservation of prescription	532	81.1

Out of the total six hundred fifty six pregnant women interviewed, 81.1%, preserved (532) informed that they preserve previous (old) prescription regularly (Table-2).

When we correlated the educational status of pregnant

women with their habit of preserving prescription, we observed the direct relation in the habit of preserving perceptions with that of educational status. While 79.6% of the women opted class 10 level education preserved previous prescriptions the percentage became higher i.e. 87% at the under graduate level group and 94% in graduate and higher level of educational group (Table-3).

DISCUSSION

The educational status of pregnant women varied in different study groups, showing different results. In a study at USA, researchers had reported more percentage of highly educated pregnant women,⁷ probably due to higher literacy status in that country. While studies from India^{8,9} projected the educational status of pregnant women similar to that of present study. Both of those studies were conducted in urban areas of different parts of India. India being a vast country with variable educational status of the population, it was possible that educational status of an urban area of one place matches the educational status of the rural areas of another state.

Use of medicine during pregnancy possesses both beneficial and harmful effects. It was found from the present study that 81% pregnant women preserved previous prescriptions. While 124 (19%) women didn't preserve prescriptions irrespective of their educational qualification. No such data was available in the literature on habit of preservation of prescription for comparison.

From the findings of ours, an interesting point came to light. The habit of preservation of prescriptions previous illness increases directly with the increase in educational status. On the other hand a large no. of women belonging to all the three educational groups lack the knowledge about significance of preservation of prescriptions.

We have not done any prescription audit. We could not compare about the drugs taken by the pregnant women in their previous illness. Hence, we could not compare it with that of other others.

Table-3: Study on association between education and habit of preservation of previous prescriptions (n=656)

S. No	Parameter (n)	No. of pregnant women (%) with the habit of preservation of prescription	No. of pregnant women (%) without the habit of preservation of prescription
1	Educational status of pregnant women –class I to class X (402)	309 (79.6)	93* (23.1)
2	Educational status of pregnant women - XI to undergraduate (223)	194 (87)	29 (13)
3	Educational status of pregnant women - graduate & above (31)	29 (94)	2 (6)

* P < 0.05

The level of education possibly plays an important role in bringing awareness about the importance of preservation of prescriptions.

Prescriptions of previous illness should be preserved because they become important tool for the physician for subsequent rational use of drug.

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