# CAREGIVERS' SELF-MEDICATION PRACTICES FOR PERCEIVED FEBRILE ILLNESSESS AMONG UNDER-FIVE CHILDREN IN CENTRAL RIVER REGION, THE GAMBIA

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**Haita Ndimballan[1,2]**, Ayo Adebowale[2], IkeOluwapo Ajayi[2]

[1]Ministry of Health, Banjul, The Gambia
[2]Department of Epidemiology and Medical Statistics, Faculty of Public Health, College of Medicine, University of Ibadan, Nigeria

**MAIN FINDINGS:** The prevalence of self-medication among caregivers of under-five children is **low** in this study, and more than half of them had **poor** knowledge of childhood febrile illnesses. The practice of self-medication was less likely among caregivers aged (25-34 years). The influencing factors of self-medication by the caregivers were; **age of the caregiver, age of the under-five child**, advice from **friends**, **neighbours** and **pharmacists.** While the caregivers' reasons promoting the practice of self-medication in under-five children were; **long waiting hours & lack of drugs at health facilities**, and **experience in self-medication**.

## BACKGROUND

Drug use for under-five children by their caregivers without professional advice constitutes a public health challenge due to its potential for drug-drug interactions, overdose, and antimicrobial resistance. Antibiotics are widely used in young children around the world. This is most likely due to their vulnerability to infections. The WHO has noted that self-medication is now universally acknowledged to have a significant role in the healthcare system.
In the Gambia, there are only a handful of programs that control self-medication despite its harmful effects on children. Self-medication of under-five children has been rarely reported in rural areas of the Gambia. This study therefore assessed the knowledge, practices, and reasons for the self-medication of under-five children for perceived febrile illnesses by their caregivers in the Central River Region, the Gambia.

## METHODS

This cross-sectional study was conducted between September and October 2023 among 406 caregivers of under-five children from the Central River Region, The Gambia. A mixed-method approach was used to collect data. Knowledge of childhood febrile illnesses was assessed using 9-item questions with options scored "0" (wrong) and "1" (correct) . A scale was used to determine good or poor knowledge. Focus group discussions and In-depth interviews were conducted using question guides. Data were analyzed using descriptive statistics, Chi-square test, and binary logistic regression (α=5%). Qualitative data were analyzed using Atlas Ti.

## RESULTS

The prevalence of self-medication among caregivers of under-five children was **21.43%**.

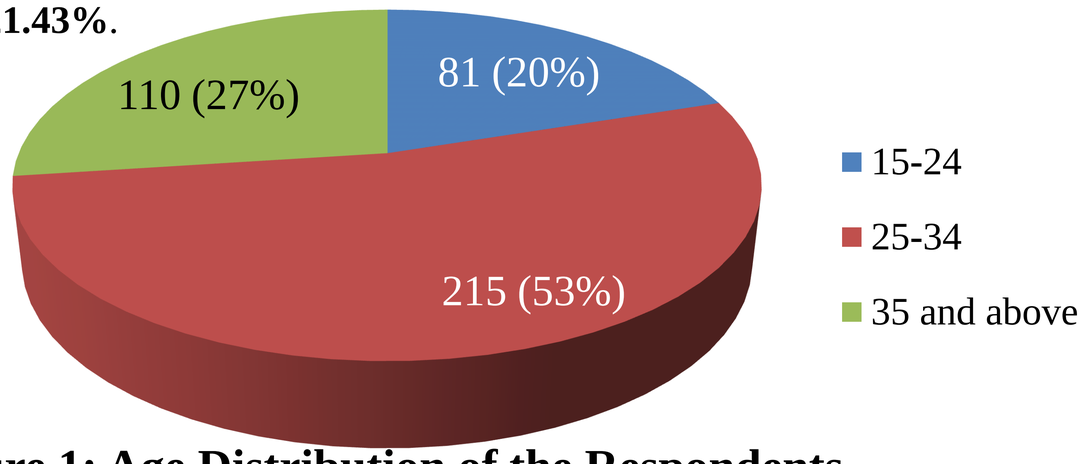


**Figure 1: Age Distribution of the Respondents**

**Table 1: Predictors of self-Medication**

| Variables | aOR | p-Value |
|---|---|---|
| **Age of caregiver (Years)** | | |
| 15 -24 (ref) | 1 | |
| 25 -34 | 0.394 | **0.017** |
| 35 above | 0.805 | 0.596 |
| **Age of child (Months)** | | |
| 0 – 11 (ref) | 1 | |
| 12 -35 | 3.087 | **0.006** |
| 36 above | 9.435 | **<0.001** |
| **Advice from Friends** | | |
| No (ref) | 1 | |
| Yes | 2.564 | **0.002** |
| **Advice from Neighbours** | | |
| No (ref) | 1 | |
| Yes | 7.008 | **0.011** |
| **Advice from Pharmacists** | | |
| No (ref) | 1 | |
| Yes | 4.746 | **0.039** |

## RESULTS CONTINUED

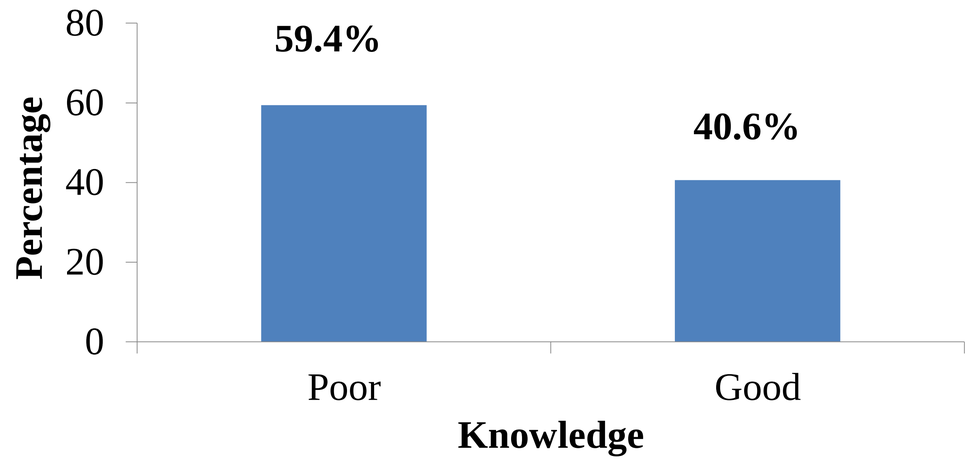


**Figure 2: Overall Knowledge of Caregivers on Childhood Febrile Illnesses**

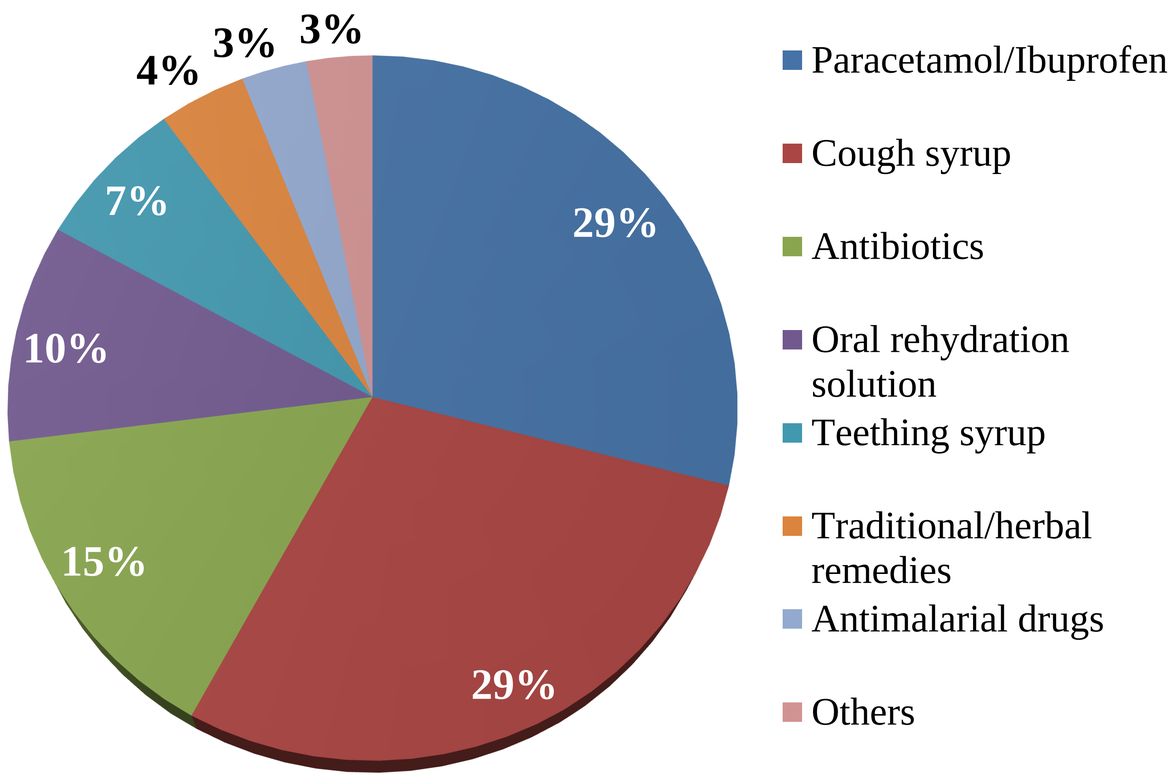


**Figure 3: Medications administered to under-five children by their caregivers for perceived febrile illnesses**

## CONCLUSIONS

This study showed a low prevalence of self-medication of under-five children by their caregivers. However, it suggests that caregivers of under-five children in rural areas of the Gambia lack adequate knowledge of childhood febrile illnesses and are mostly influenced by others to self-medicate. Additionally, caregivers aged (25-34) years were less likely to practice self-medication. Therefore, caregivers of under-five children should be sensitized on the health implications of self-medication especially for childhood febrile illnesses in The Gambia. They should also be educated on how to identify the danger signs of these illnesses and know when to seek professional treatment.

## ADDITIONAL KEY INFORMATION

**Author Contact Information**
Phone**: (+220) 3434325**
Email: **ndimballanhaita6@gmail.com**

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**Conflicts of Interest**
The authors declare that they have no conflicts of interest.

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