



ORIGINAL ARTICLE

Use, attitudes and knowledge of medications among pregnant women: A Saudi study



Noha M. Zaki ^{a,*}, Ahmed A. Albarrag ^b

^a Department of Pharmaceutics and Pharmaceutical Technology, College of Pharmacy, Taif University, Taif, Saudi Arabia

^b Department of Clinical Pharmacy, College of Pharmacy, Taif University, Taif, Saudi Arabia

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Abstract *Objective:* Medication use during pregnancy is a major concern for most women. The aim of the present study was to assess medication use, knowledge and beliefs about medications among pregnant women in Saudi Arabia.

Methods: More than 760 pregnant women, attending the obstetric clinic, filled a semi-structured questionnaire. Data were collected about their sociodemographic background, medication use during pregnancy, medication/pregnancy risk awareness, sources of drug information and beliefs about medications.

Results: Most women had a positive attitude toward medications in general but they believed pregnant women should be more cautious regarding drug-use during pregnancy. A significant association was found between participants' education and occupation, and beliefs about medications. In this context, well educated women and those working in a health-related career demonstrated more correct beliefs about medications. Women with health-related occupations were more knowledgeable about the life saving effect of drugs on unborn children. Women indicated inadequate provision of drug-related information from physician and pharmacist; they rely on medication pamphlet to get such information. The most frequently used drugs were paracetamol and vitamins (13.2%). Most pregnant women (59.2%) were able to identify drugs to-be avoided in pregnancy that agreed roughly with FDA categories with 23 hits out of 32. They indicated that newborn anomalies (6.5%) were not attributed to drug-use during pregnancy.

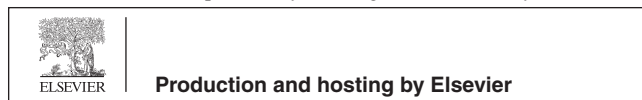
Conclusion: During pregnancy, women were more conservative and skeptic toward medication, health-care professionals should be aware of such attitudes when advising pregnant women to take medication.

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* Corresponding author. Tel.: +966 595230971.

E-mail addresses: anm1998@lycos.com, drnohazaki@gmail.com (N.M. Zaki).

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1. Introduction

Pregnancy is a special physiological state where medication intake presents a challenge and a concern due to altered drug pharmacokinetics and drug crossing the placenta possibly causing harm to the foetus (Banhidly et al., 2005). Medication

treatment in pregnancy cannot be totally avoided since some pregnant women may have chronic pathological conditions that require continuous or interrupted treatment (e.g. asthma, epilepsy, and hypertension). Also during pregnancy new medical conditions can develop and old ones can worsen (e.g. migraine, headache, hyperacidity, nausea and vomiting) requiring drug therapy (Deborah et al., 2005). So it becomes a major concern for pregnant women to take medication whether prescription, over-the counter, or herbal medication. Since the thalidomide era, there has been great awareness about harmful effects of medications on the unborn child (Kacew, 1994; Melton, 1995). It has been documented that congenital abnormalities caused by human teratogenic drugs account for less than 1% of total congenital abnormalities (Sachdeva et al., 2009). Hence in 1979, Food and Drug Administration developed a system that determines the teratogenic risk of drugs by considering the quality of data from animal and human studies (Sachdeva et al., 2009). FDA classifies various drugs used in pregnancy into five categories, categories A, B, C, D and X. Category A is considered the safest category and category X is absolutely contraindicated in pregnancy (FDA, 2005). This provides therapeutic guidance for the clinician.

Beliefs about medication have been shown to strongly associate with patients adherence to medication (Gatti et al., 2009). The Beliefs about Medicines Questionnaire (BMQ) was developed in an attempt to express people's perceptions about medicines (Horne et al., 1999). The BMQ-General scale has been extensively used to assess opinions toward medicines among people with no common condition or treatment (Horne and Weinman, 1999; Mardby et al., 2009; Porteous et al., 2010). Progressively, various BMQs-Specific have been developed and used for each individual pathological condition. For example, one BMQ was developed for patients with rheumatoid arthritis (Neame and Hammond, 2005), another one was used to predict refill adherence to inhaled corticosteroids (Menckeberg et al., 2008) while a recent Swedish study used a BMQ for assessing the impact of the beliefs about medicines and personality traits on adherence to treatment with asthma medications (Emilsson et al., 2011).

Few attempts were made to identify the sociodemographic characteristics of pregnant women correlated with attitudes and beliefs regarding medications (Nordeng et al., 2010a,b; Rizk et al., 1993; Skouteris et al., 2008). Among these, education, socioeconomic level, age, occupation, lifestyle, common beliefs as well as severity of illness were reported. A patient's knowledge and capacity to get knowledge are important in the development of beliefs (DiMatteo et al., 2007; Veazie and Cai, 2007). Although some pregnant women may have the sufficient knowledge about high-risk medication in pregnancy, there is a "general fear" from medications (Nordeng et al., 2010b). The hesitation in medication use by pregnant women might result in serious consequences which include but are not limited to: termination of a wanted pregnancy (Einarson, 2007), reluctance to drug-use for nausea and vomiting (Baggley et al., 2004), preference of herbal medications (Glover et al., 2003), non-compliance to prescriber's medication (Ito et al., 1993; Williams et al., 2002) and inclination toward OTC drugs (Erebara et al., 2008) and other self-medication methods (Holst et al., 2009). Medication use in pregnancy has been studied in different communities. Norwegian women demonstrated a positive attitude toward medica-

tion in general, but a more restrictive one during pregnancy (Nordeng et al., 2010a). In Serbia, women had higher drug exposure during (34.7%) than before pregnancy (29.9%) (Odalovic et al., 2012) and less self-medication with over the counter drugs. In Tanzania, most (66.5%) pregnant women reported that they hesitated to take medications without consulting their physicians, and few (31.5%) were aware of certain drugs that are contraindicated during pregnancy (Kamuhabwa and Jalal, 2011).

To the best of our knowledge, no attempts were made to spot the characteristics of pregnant women in the Saudi Community that influence the medication intake. Such study is highly warranted since patients are believed to make deliberate decisions regarding their drug taking, based on their beliefs about the illness and its treatment. The objective of this study was to assess use, knowledge, risk-awareness and beliefs about medications of pregnant women in Saudi Arabia and to investigate whether women's beliefs during pregnancy were associated with socio-demographic properties and their personal medication use during pregnancy.

2. Methodology

2.1. Study design and population

This was a cross-sectional study in which an anonymous self-completed questionnaire was distributed to more than 760 pregnant women attending obstetric clinics in two tertiary hospitals in Taif, KSA. The study was conducted during a 16-week study period from December 2011 to April 2012.

Inclusion criterion was women who are currently pregnant. A written informed consent was obtained before participation in the study. The study conformed to the ethical principles of the National Committee of Medical and Bioethics, King Abdulaziz City for Science and Technology (KACST), Riyadh, KSA.

2.2. Data collection

Data were collected by means of a semi-structured (Appendix I) questionnaire composed of 22 + 16-item developed in Arabic language. Midwives provided aid to illiterate women in explaining and filling the questionnaire. The questionnaire was modified from a previously validated survey (Horne et al., 1999; Nordeng et al., 2010a). Pregnant women were asked to answer 22 questions that assess their sociodemographic characteristics (Q1–7), awareness of risk (Q8–Q12), current medication use (Q13–Q16) and sources of drug information (Q17–Q22). Moreover, their beliefs and attitudes regarding medication use in general (statements M1–M7) and in pregnancy (statements S1–S9) were evaluated as described by Horne et al. (1999) and by Nordeng et al., (2010a) to which they should indicate if they agree, disagree, or are uncertain.

2.3. Data analysis

The BMQ statements were trichotomized (agree, disagree, or uncertain). Chi-square test was used to test for differences in proportions between answers given to each of the 16 statements, the women's sociodemographic background, and use of medication during pregnancy. SPSS version 16.0.1 was used.

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