

**DRUG INFORMATION SEEKING BEHAVIOR OF WOMEN WITH
GYNAECOLOGICAL DISORDERS**

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ABSTRACT

The study reports the findings of a survey conducted between October 2008 and September 2009 to look closely at the informational needs of some female outpatients concerning drugs prescribed for them and sources of information concerning those drugs. It involved in-depth interviews, which consist a sample of 35 patients attending regular outpatients 'gynaecological clinics on appointment in Ahmadu Bello University Teaching Hospital, Zaria. This was carried out mainly to find out how current information corresponds with patients ' needs and to recommend possible areas of improvement. Likely information sources included television and radio programmes, newspapers and magazines, journals, patients, family members, pharmacist, book and libraries.

It concludes that majority of patients are not aware of the necessity of thorough information about their drays, thus availability of more information might encourage them to realize the importance of having more knowledge about prescribed drugs and their effects on patients..

Introduction

Gynaecological disorder is a very common occurrence among women of all ages which can occur at any time. The degree of its severity differs from one patient to another. In under-developed patients like Nigeria, patients are not given in-depth information about drugs prescribed for them, when they are provided most patients do not understand the information carried by them mainly due to their literacy level.

In addition, the consumes are generally very ignorant concerning the drugs likely to be taken by them, thereby unable to participate in decision making about their health care. Kee (1996); Greenfield, Kaplan and Ware (1985). Several studies have been conducted

on drug information over time. (George: 1987); McMahon, Clark and Bailie: (1987). but mostly from the perspective of those in the medical profession including the nurses as information givers and information scientists.

Providing adequate drug information to patients tends to lead to increase in sticking to medication regime. It has been estimated that about 30 - 50 percent of patients do not take their drugs as prescribed for them or use them incorrectly (Donovan and Blake: 1992). This is often due to the fact that most patients do not understand the associated instructions fully or are afraid of the side effects of prescribed drugs. It is evident that lack of

drug information is the most common reasons for drug failure in curing ailments. (Donovan and Blake: 1992); (Iyaniwura and Yusuf; 2009). There is also the problem of illiteracy. A large number of the patients are not educated; as even when instructed on how to take the medication they would not understand (Donkor and Sandal: 2009)

Most patients forget information provided to them by their doctors almost immediately they leave their office (George; 1987). Some show the zeal to have more information on their drugs (Bogaert and Vander-stichele; 1994). There is also the need for the provision of written information about prescribed drugs and even verbal instruction. This gives patients in-depth knowledge about their medications, thereby giving them satisfaction with their treatment (Regner, Hermann and Ried: 1987, Kay: 1988, White: 1994)

To ensure that prescribed drugs are used by patients, there is the need to provide written information to reinforce oral instructions, warning and explanation provided by doctors. It has been indicated that lack of knowledge about drugs generally hinders patients from participating in making choices.

This article outlines the result of a project conducted between October 2008 and September 2009. The ultimate aim of the study was to examine the source and use of information of some gynecological out-patients of the Ahmadu Bello University Teaching Hospital, Zaria.

Nature of Gynaecology Diseases

Gynaecology is a branch of medicine that deals with diseases and disorders of the female reproductive organs which attack mainly the uterus, pelvic, fallopian tubes, urine tracts leaving them permanently or partially damaged. Gynaecological disease is a more general term encompassing different types of disorders, for example impaired or

secondary infertility, menstrual disorder, ovarian cyst, pelvic inflammatory disease etc. These are the kinds of problems faced by a high number of women.

A lot of women suffer from these types of ailments without realizing it until they are well manifested before seeking medical assistance. Due to the nature of these problems, most women attend gynecology clinics on appointment (Ong, L. et al: 1995). Some of the patients get admitted when the problem can no longer be treated as out-patient. Drugs prescribed for patients vary from time to time depending on the gravity of the disease. As a result of this, different drugs are taken by patients before choosing a particular one that is effective for the case at hand. One of those encountered during the interview of patients commented that her gynecologist tried her on several drugs before settling on a suitable one.

Another problem is that, patients have to be on a chosen drug for a period of time until there is a clear evidence that the solution has been achieved before the drug is discontinued. It was pointed out that patients should be well sensitised about prescribed drugs. This is very important in the sense that patients want to see immediate or quick result, as such they should be well instructed to work hand in hand with their doctors to arrive at a conclusive solution. (George; 1987). For instance, for the treatment of impaired or secondary infertility, a patient has to continue taking prescribed drugs until she conceives. Some of these can have very unpleasant side effects such as nausea and excessive weight increase. Thus health professionals should enlighten patients on the side effect of prescribed drugs in order to prepare them against what to expect.

Methodology

An in-depth search of medical, paramedical, social and information science literature was carried out before the start of the project.

This was done by keeping track of what was considered to be the main sources of information and consultation with health professionals was carried out.

Design of The Study

The study is tailored mainly to evaluate the manner in which women with gynecology disorders comprehend the information made available to them by their doctors and to see whether they follow instructions given to them concerning prescribed drugs. It is also intended to verify whether they are contented with the sources of drug information available to them.

POPULATION AND SAMPLE SIZE

The study is targeted at women since the disorder is generally associated with the female gender.

As such 35 women were chosen as the sample size. The consent of those picked as the population sample was sought before including them in the study. Upon their consent, the researcher interviewed them in order to note down the pattern of their visitation in terms of fixed appointments to ensure keeping track of the patients. Their contact addresses were collected from them for easy communication in order to create room for continuity.

Quota sampling was employed in picking the sample since all the patients attending the clinic were women only, as such samples used for the study were women.

Sampling Techniques

Selection of willing volunteers was far easier than anticipated. This was mainly due to the fact that patients were normally shared out to see different doctors. They were attended to on how early they arrived for the clinic. Most of the patients kept to their appointment dates otherwise it might be difficult to see their doctor, as such appointment dates were given due attention by the patients. By the time of

picking the sample, it was only one patient that declined participating in the study.

Instrument Development

The research was meant to accent the quality of the sources and use of drug information available to patients with gynecology disorders. The quality and amount of drug information given to patients will determine how they follow drug regimen and will also justify the end result of the treatment. This is because if drug regimen is not followed properly, getting the cure to the ailment might take a longer period. For instance if the drug "CLOMID" is prescribed for a patient, it is to be taken during the 5 days of the menstrual cycle or depending on the instruction given by the doctor. If such information is not followed, taking the drug itself is useless because the drug is meant to stimulate the hormones in the system to facilitate fertility.

Patients were therefore interviewed to verify whether instructions given by their doctors were strictly followed. If enquired it may be discovered that the patients use other sources for getting information about their drugs and to identify the utilized sources may be difficult.

Data Collection

Data collection was based mainly on drugs prescribed for each patient. An intensive interview was conducted due to the nature of the information that was required to be collected. The researcher felt the patients had to be kept in a very relaxed mood in order to get genuine and authentic information from them. Questions asked included the followings:

- General enquiry about patients' degree of satisfaction with the information they had.
- What issues do patients feel they require information about?

- What specific types of information did the patients receive and what was their view about the quality of the information?
- Which sources of information have patients used or considered using?

Interviews were designed to last for 30 minutes but they differed in duration depending on the educational background of the patient interviewed. Responses to interview were noted and the patients had to be convinced that data collected from them were not to be used for any other purpose than the research work. This was highly necessary because half of the population sizes were illiterates and obtaining data concerning their health had to be with justified reasons.

The procedures of conducting the interview was not uneventful. Much time was taken in going to the Ahmadu Bello University Teaching Hospital (ABUTH), Zaria. Sometimes some of the population sample failed to come to the clinic on the appointment date. The interest of interviewees in the topic was varied. Infact during the interview, a patient was so emotional that she broke down and it took sometime before she was pacified.

Data Analysis

After the collection of data, percentile was used to analyze them.

Sample Characteristics

Of the 35 patients, 23 of them representing 66% of the population had been attending the out-patient clinic for a number of years, while 7 (20%) were on their third appointments and the remaining 5 (14%) were on their second appointments. Most of the women attending the clinic are illiterate while some are literate but their spouses disallowed them from working mainly on religious grounds. It is only very few of the

patients that are highly educated and practicing their profession. Majority of the patients are of the middle-age group that is those still in the child-bearing category.

Most patients suffered from different gynaecological conditions mostly impaired fertility, (primary and secondary) and about 70% of the sample population falls within this category. Other conditions such as spontaneous abortion, abdominal uterine bleedings, dysmenorrheal and inconsistent menstrual cycle were also reported.

From the samples collected, they were on one prescribed drug at a time but in cases where there is no improvement, a change was effected in the prescribed drug or dosage was increased to see if there would likely be improvement or cure.

General Degree of Perceived Knowledge

71% (25) of the patients responded that they were not aware of the necessary information about their drug while 29% (10) knew all they wanted about their drug information.

66% (23) patients did not think it was necessary for any information about prescribed drugs since they were dealing with professionals who knew their conditions. Thereby total reliance was placed on them for decision-making concerning their drugs. 23% (8) patients said they could get required information about drugs prescribed for them. While 11% (4) patients did not really care regarding information about prescribed drugs.

What information on drug will Patients Like?

Patients were provided with a list of areas of information and required to highlight the ones which they thought necessary for them to know about. The table below shows the result of their responses.

AREAS OF INFORMATION	PATIENTS CHOICE	%
All possible side effects	8	22.8
How drugs actually works to relieve symptoms	8	22.8
What symptoms your medicine should help to relieve	8	22.8
Possible interaction with other prescribed or non prescribed drugs	23	65.7
How to dispose medicine safely	10	28.6
How medicine are stored	14	40.0
	8	22.8

8 (23%) patients were literate of the population sample used and it was the group of respondents that actually knew the importance of having information about drugs. Therefore they were the only ones that responded to all areas of information. They also highlighted certain aspects of their medicine they would like to know more about.

These areas are:

- Long term effects
- Indications the drugs are used for
- Duration of taking the drugs

ASKING QUESTIONS

Patients were asked to acknowledge if they actually asked their doctors questions on matters bothering them. 8 (23%) of the population said they usually ask for specific information from their gynaecologist concerning medication prescribed for them. These included questions about:

- Side effects
- Effectiveness of the drug
- Alternative to safe drugs taken

MEDIUM OF INFORMATION	PATIENTS
I prefer to be told	7 (20%)
I prefer written information	5 (14%)
I prefer both	23 (66%)

- Duration of time that they would be on the prescribed drug

8 (23%) of the total population said they question their gynaecologist's decision in giving a particular drug.

17 (48%) of the patients said they would prefer to be provided with more information about drugs without asking.

10 (28%) said they usually prepare the information they would like to ask their gynaecologist whenever their appointment was coming up in order not to forget what to inquire from the doctor.

Further inquiry was made to know the medium through which the patients will prefer information be handed down to them. 17 (49%) of the patients indicate that they would prefer spoken information only while 18 (51%) said they would prefer both written and spoken information. The table below shows the format patients will prefer their drug information.

This indicates that majority of the patients will appreciate if both written and spoken information are made available to them by their consultant/gynaecologists. Since a higher number of the population sample are illiterate, even if provided with written information they cannot comprehend the information. For such category of patients, the gynaecologists have to verbally communicate with them

in the language they will understand properly. This will be very useful in the drug usage.

Patients were asked to identify the sources of information which are required by them. 25 (71%) patients said they received the required information from their gynaecologist, 3 (9%) patients indicated they received information from a general practitioner or pharmacist.

Table 3: Responses of all the patients

INFORMATION PROVIDER	PATIENTS
Gynaecologist	25 (71%)
General practitioner	3 (9%)
Pharmacist	3 (9%)
Self	2 (6%)
Information leafed in drugs	2 (6%)

They were asked to comment on how they view the overall information available to them. Different views were reflected in their comments. This highlights the capabilities of individuals in handling the state of their health and the relationship between the doctors and patients. Some of the responses of the patients are as follows:

"I feel I can get any information required from any doctor. The response I get depends on questions asked. If I need any information, I request from my doctor."

"I normally do not ask any question, because I have confidence in information provided. I rely fully on them."

Discussion of Result of Patients' Interview

Based on the interview conducted, it was evident that patients lack precise ideas

about their needs for information. There are many factors that need to be considered while providing information to patient with gynaecological disorders. This is because individual's problems have to be treated as highly different, that can be met by means of time-intensive consultation and counseling.

The educational background of the patients differs from one to another; as such this determines the kind and level of information required by each of them. The doctors should ensure they understand their patients properly because this will assist in the dissemination of drug information to them.

The severances of patients' condition differs from one to another, so each case should be treated individually and doctors should develop a very good rapport with their patients. In this situation, they will be very free to provide the doctors with detailed

information that will be useful in treating the patients. This was evident from patients' comments;

- 'I fear asking for information from the doctor in fear of a negative response'
- 'I do not like asking questions for the fear of the unknown'
- 'I do not think it is necessary to demand for more information than those provided'

Information for Decision Making

Patients used in the study said they were in no way involved when it comes to the point of decision making. They relied solely on their gynaecologist for making all decisions concerning their ailments. Since they have problem(s) for which they have no solution, the issue of making decisions rests solely with the gynaecologist.

Previous research has pointed out that patients do not generally query medical professionals, clinical knowledge and experience even when they are not satisfied with the relationships they have with their doctors (Miles: 1991, Merechith: 1993, Ong et al: 1995). This dissatisfaction centres on low levels of information provided by doctors and lack of opportunities to ask questions (Audit Commission: 1993).

It was only one patient that pointed out that she had to question the decision of her doctor on the prescription of a particular drug (fertility drug) for her despite the fact that her complaint was made about symptoms noticed. It was when this issue was raised, that the patient was asked to go for a test and the result of the clinical investigation revealed that she was conceived. Furthermore observations were made by

the patients that making choice between options were rather difficult when they do not really know the existing differences.

The degree to which patient require information to facilitate their participation in decision-making is clearly very much dependent on individuals. Some patients for the study were of the opinion that they should be involved in making decisions on what pertains to their health. For instance a patient indicated that:

- 'I normally ask questions from my doctor based on the go-ahead given to enquiries about areas bothering me'

Written Information.

Most patients are of the opinion that written information is very useful for them in that they quickly forget discussion they have with their doctors. 17 (49%) said they received written information about their medicines mainly as leaflet inserted in the pack of prescribed drugs.

Doctors and Information Provision

From the study it is evident that most of the patients rely solely on their gynaecologist for almost all the required information, thus majority of them never bother to question their decision. Other sources of information are not considered by a high number of them since most of them are not educated.

The importance of relying fully on the medical professionals for information is understandable and corroborates the research conducted by Williams (1990) who examined the attitudes of Aberdonians to illness and the medical profession. Comments made by patients

indicated how they perceive their doctors, for example:

'I rely wholly on my doctor'

'I do not question my doctor because he is an authority in his field'.

The main problem in patients putting whole reliance on their doctors is that of lack of consistency in the doctors who attend to patients during their appointment dates. The possibility of seeing the same doctor on each appointment is not always guaranteed. This is due to the fact that they usually work as a team with a consultant as the team head. Once a doctor in the team is not around the patients are automatically moved to another doctor in the team. As such a patient finds it rather difficult to relate freely with the new doctor she is just meeting. This was evident from a patient's comment:

'I have developed a great confidence in my doctor, that whenever he is not around at the clinic I find it difficult to relate with another doctor'.

Most of the patients regard their doctors as a very important source of information in that the doctors make all required information available for them, thus they rely very much on them. It is only few of the patients that actually commented that they searched for further information to complement those provided by the doctor.

Low Expectations:

A high number of patients interviewed tend to have very little knowledge concerning the information they should receive from their doctors; in as such they place reliance on their doctors. They are of the opinion that doctors will definitely provide them with the information which they deem fit for them.

On a general view, there seemed to be no means of measuring the degree of what to expect and the passiveness on the part of patients for lack of inquiry about the information received. These are common in the literatures that deal with drug information; for instance, Makoul et al (1995) highlighted how patients in their work expressed their passive behavior. McMahon et al (1987) noted patients' reluctance to take initiative in finding information.

Some of those used in the study indicated that they normally had questions within them, which required answers but that they felt reluctant to ask about their condition due to the fact that they harbored the fear that more shocking revelations might be made known to them.

However some stated that they had no fear or difficulty in asking their doctors any question. In fact one patient said, 'i normally prepare questions to ask my doctor before leaving home, so that i will not forget'. On the other hand, some do not even bother to ask their doctors anything, reliance is placed on what is provided for them.

Other Sources of Information Need By Patients

More than half of those interviewed stated that they relied much on the information media. Since over half of the populations used for the study are not educated, they derive vital information from health programmes aired on the television and radio. Seven (7) patients stated that they normally read any information printed in journals, magazines and newspapers to see if there is information that might be useful to them.

It is only very few that indicated that they actually use the libraries in their search for information in addition to information gathered from other patients, family members and pharmacists.

Reasons for Low Use of Information Sources

One of the most significant outcomes of this research is that patients do not utilize informational sources like journals, books etc to find out details about their medicines. It may be that they deem it not necessary to find other sources of information apart from doctors. This justifies their dependence on them as their main information source.

Use of other sources of information seems rather low which may be due to the literacy level of the patients. A high number of patients are not educated which makes it difficult for them to consult informational sources. Thus high reliance is placed on the doctors, so whatever is given to them by the latter is not to be questioned.

In summary, there are some interwoven reasons why patients never bother about seeking information:

- i. Not knowing what to expect
- ii. Fear of the unknown
- iii. Lack of information sources
- iv. Level of literacy
- v. Lack of awareness on the part of the patients.

RECOMMENDATION AND ONCLUSION

It is of great importance for the health professional to provide the patients with an indepth information about their health conditions.

The most evident conclusion from this study is that a lot of the patients felt it's necessary to have more information about their medicine. Most of the patients thought it was of great

importance if they could be provided with more information.

There should be much more relaxed atmosphere in which patients will feel free in describing their various problems with their gynaecologist. There are many sources of information which are not utilized; therefore patients should be encouraged to search for other sources of getting required information.

Nurses at the gynaecology clinics should ensure more information is made available to patients during the routine health talk with the patients. Therefore the study indicates the development of the health information providers as professionals and there is the need to become more involved in developing information strategy and making sure there is the proper means of information dissemination.

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