Galore International Journal of Health Sciences and Research
Vol.4; Issue: 1; Jan.-March 2019
Website: www.gijhsr.com
Original Research Article *P-ISSN: 2456-9321*

Factors Affecting of Behavior Self-Medication Patient in Kunia Apotec Manokwari District Papua Barat Province

Rahmawati[1], Sarce Makaba[2], A.L. Rantetampang[3], Anwar Mallongi[4]

[1]Magister Program of Public Health, Faculty of Public Health, Cenderawasih University, Jayapura.
[2,3]Lecturer of Master Program in Public Health. Faculty of Public Health, Cenderawasih University, Jayapura
[4]Environmental Health Department, Faculty of Public Health, Hasanuddin University, Makassar.

Corresponding Author: Anwar Mallongi

ABSTRACT

Background: The pharmacy is a place for people to buy drugs for their own long-term treatment, gender, ethnicity, education, occupation, knowledge, attitude, advertising, experience, pharmacist services.
The aim of research: to find out the factors that influences the relationship of self-medication in patients at the Kurnia Pharmacy Manokwari Regency, Papua Province Barat.
Research Method: Analyze with method cross sectional study. The study was conducted for 1 month in patients who came to visit the Kurnia Pharmacy on 1-31 October 2018 as many as 80 people. Data were obtained using a questionnaire and analysis using Chi square and logistic regression.
Results: Factors contributing to self-medication behavior in patients at Kurnia Pharmacy, Manokwari Regency, West Papua Province were advertisements (p-value = 0,000; RP = 2,062; CI95% (1,488 - 2,857) and experience (p-value = 0,043; RP = 0.671; CI95% (0.517 - 0.872). Factors that did not support self-medication in patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province were aged (p-value = 0.246; Rp. 1,271; CI95% (0.889 - 1,817), (p- value = 0.640; RP = 0.894; CI95% (0.655 - 1.220) 0, term (p-value = 0.612; RP = 0.868; CI95% (0.625 - 1.205) education (p-value = 1,000; Rp = 1.009; CI95%; CI95% (0,719 - 1,417), occupation (p-value = 0,246; Rp. 0,747; CI95% (0,473 - 1,170), socio-economic (p-value = 1,000; RP = 1,012; CI95% (0,740 - 1,384), knowledge (p -value = 0.373; RP = 1,236; CI95% (0.905 - 1,690), attitude (p-value = 0.176; RP = 0.658; CI95% (0.358 - 1,208), service (p-value = 1,000; RP = 0.877; CI95 % (0.487 - 1.580). The dominant factor that has an influence on self-medication behavior in patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province is advertising.

Keywords: Behavior, Self-medication, Patient, Apotec

INTRODUCTION

Self-medication is usually done to deal with complaints and minor ailments that many people experience such as fever, pain, dizziness, cough, influenza, heartburn, intestinal worms, diarrhea, skin diseases and others (Indonesian Ministry of Health, 2015). The criteria used to choose the source of treatment are knowledge about illness and its treatment, beliefs against medication / treatment, severity of illness, and affordability of costs, and distance to source of treatment. Severity of illness is the dominant factor among the four factors above (Supardi, 2015). Self-management behavior is formed through a process and takes place from human interaction with the environment. The factors that influence the formation of behavior are divided into two, namely internal and external factors. Internal factors include knowledge, intelligence, perceptions, emotions, motivations and so on which function to process stimuli from outside (Yusrizal, 2015).

According to Notoatmodjo (2014) external factors include the surrounding environment both physically and non-physically such as climate, human, socio-economic, culture, and so on. Self-medication becomes inappropriate if an

error occurs recognizing the symptoms that arise, choosing the drug, dosage and delay in seeking advice / advice from health personnel if the complaint continues. In addition, potential risks that can arise from self-medication include rare but severe side effects, dangerous drug interactions, improper doses, and wrong treatment options (BPOM, 2014).

Some research has been done on the level of knowledge and the rationality of the use of self-medication shows that level public knowledge about self-medication is classified as moderate and the rationality of using self-medication is rational (Hermawati, 2012). Research conducted by Harahap (2015) shows that the level of public knowledge about self-medication is classified as moderate and in the research conducted by Mellina (2016) classified as poor. Sociodemographic factors (gender, age, level of education and occupation) were not related to the level of knowledge and rationality of using self-medication (Hermawati, 2012). While the research conducted by Harahap (2015) and Mellina (2016) showed that sociodemographic factors related to the level of knowledge and rationality of self-medication use were not related to sociodemographic factors.

The bad impact of self-medication, which can occur wrong medication, adverse side effects arise, and can also occur closing symptoms of symptoms needed for doctors. Self-medication should be carried out based on sufficient level of knowledge to avoid drug abuse, and failure of therapy due to inappropriate use of drugs (WHO, 2012). According to the Indonesian Ministry of Health (2015) if self-medication is not done correctly, it will cause problems, namely not recovering from disease or emerging new illnesses due to inappropriate use of drugs.

The pharmacy is a dominant place for people to buy drugs for their own treatment, which is as much as 65.1%. In addition to pharmacies, drug stores and stalls are also places for residents to buy medicine, each at 19.3% and 14.7%. (Ulfa, 2014). The availability of medical services for medicines in the community in Manokwari Regency is a licensed pharmacy and drug store (Manokwari District Health Profile, 2017). Kurnia Pharmacy is one of the pharmacies located on the outskirts of the city in Manokwari, a small pharmacy building but visits to self-medication efforts in one month reached 450 (four hundred fifty) visitors and on average around twenty visitors a day. From the total number of visitors per month self-medication is 30% (Profile of Pharmacy Kurnia, 2017).

A preliminary study in September 2018 was based on the results of interviews with several patients who self-medication that the drug was purchased without a prescription because they felt suitable with the drug purchased, because it was often used. In addition, from the officers' statement, sometimes the officers provided input on the use of non-prescription drugs, along with their side effects, but these patients continued to buy the drugs needed. Based on the description of the problem above, so the authors are interested in conducting research with the title "Factors that affect self-medication behavior in patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province". This research is limited to self-medication for drugs that are classified as limited and free drugs.

2. MATERIALS AND METHODS

A. Type of Research

This type of analytic descriptive research aims to determine the influence of two or more variables (Sugiyono, 2013). This study explains the relationship affects and is influenced by the variables to be studied. Using a cross sectional study approach with data collection carried out simultaneously at one time (Notoatmodjo, 2012).

B. Place and Time of Research

1. Place

The place for conducting this research will be conducted at the Kurnia Pharmacy, Manokwari Regency, West Papua Province.

2. Time

This research was conducted for two weeks in October 2018.

C. Population and Samples

1. Population

The populations in this study were all patients who came to visit the Kurnia Pharmacy. The average patient visit in monthly is 450 people (Profile of Pharmacy Kurnia, 2017).

2. Samples

According to Nototatmodjo (2012) the sample is a portion of the population that is considered representative. The sample size is obtained by following the time sequence based on positive sampling, the average number of patients who come to visit the Pharmacy Center every month is 450 people. Then that will be a sample of as many as 80 people

Sampling is done for 1 (one) month in October from 1 - 31 October 2018. With the criteria of the patient:

1. Adult patient> 17 years old
2. Willing to take time
3. Physical health
4. Purchase prescription drugs

3. RESULTS

Bivariate Analysis

a. Effect of age on self-medication behavior

Table 1. Effect of Age on self-medication behavior on patients at Kurnia Pharmacy Manokwari Regency, West Papua Province 2018

No	Age	Self-medication behavior				n	%
		Yes		No			
		n	%	n	%		
1	< 40 year	36	72	14	28	50	100
2	≥ 40 year	17	56,7	13	43,3	30	100
Total		53	66,3	27	33,8	80	100
p-value = 0,246; RP = 1,271; CI95% (0,889 - 1,817)							

The influence of Age on self-medication behavior in Table 4.2 shows that out of 50 people aged <40 years there were 36 people (72%) self-medication and as many as 14 people (28%) did not self-medication. Of the 30 people> 40 years old there were 17 people (56.7%) self-medication and as many as 13 people (43.3%) did not self-medication. Chi square statistical test results at 95% significance value (α = 0.05) obtained p-value 0.246 or p> α (0.05) which means that there is no influence of age on self-medication behavior on patients at Kurnia Pharmacy Manokwari Regency, Papua Province West.

b. Sex influence on self-medication behavior

Table 2. Effect of Gender on self-medication behavior in patients at Kurnia Pharmacy Manokwari Regency, West Papua Province, 2018

No	Sex	Self-medication behavior				n	%
		Yes		No			
		n	%	n	%		
1	Female	27	62,8	16	37,2	43	100
2	Male	26	70,3	11	29,7	37	100
Total		53	66,3	27	33,8	80	100
p-value = 0,640; RP = 0,894; CI95% (0,655 - 1,220)							

For gender variables, it is seen that the patients in Kurnia Pharmacy are mostly women, out of 43 women there are 27 people (62.8%) self-medication and 16 people (37.2%) do not self-medication. Of the 37 male people there were 26 people (70.3%) self-medication and as many as 11 people (29.7%) did not self-medication. Chi square statistical test results at 95% significance value (α = 0.05) obtained p-value 0.640 or p> α (0.05) which means that there is no gender influence on self-medication behavior in patients at the Kurnia Pharmacy Manokwari Regency Province West Papua.

c. The effect of education on self-medication behavior

Table 3. Effect of Education on self-medication behavior on patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province 2018

No	Education	Self-medication behavior				n	%
		Yes		No			
		n	%	n	%		
1	High	37	66,1	19	33,9	56	100
2	Low	16	66,7	8	33,3	24	100
Total		53	66,3	27	33,8	80	100
p-value = 1,000; RP = 1,009; CI95% (0,719 - 1,417)							

For the education variables shown in table 3, it shows that of 56 highly educated people there were 37 people (66.1%) self-medication and 19 people (33.9%) did not self-medication. Of the 24 low educated people there were 16 people (66.7%) self-medication and 8 people (33.3%) did not self-medication. The chi square statistical

test results on the significance value of 95% ((= 0.05) obtained p-value 1,000 or p> α (0.05) which means that there is no effect of education on self-medication behavior on patients at the Kurnia Pharmacy Manokwari Regency, Papua Province West.

d. Effect of work on self-medication behavior

Table 4. Effect of Work on self-medication behavior on patients at Kurnia Pharmacy Manokwari Regency, West Papua Province 2018

No	Occupation	Self-medication behavior				n	%
		Yes		No			
		n	%	n	%		
1	Work	10	52,6	9	47,4	19	100
2	Not work	43	70,5	18	29,5	61	100
Total		53	66,3	27	33,8	80	100
p-value = 0,246; RP = 0,747; CI95% (0,473 - 1,170)							

Patients who visit the Kurnia Pharmacy most often are women who do not work or as housewives. The results in table 4.5 show that out of 19 people working there were 10 people (52.6%) self-medication and 9 people (47.4%) did not self-medication. Of the 61 people who did not work there were 43 people (70.5%) self-medication and 18 people (29.5%) did not self-medication. The results of the chi square statistical test on the significance value of 95% (α = 0.05) obtained p-value 0.246 or p> α (0.05) which means that there is no effect of work on self-medication behavior on patients at Kurnia Pharmacy Manokwari Regency, Papua Province West.

e. Effect of knowledge on self-medication behavior

Table 5. Effects of Knowledge on self-medication behavior on patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province 2018

No	Knowledge	Self-medication behavior				n	%
		Yes		No			
		n	%	n	%		
1	Good	39	62,9	23	37,1	62	100
2	Less	14	77,8	77,8	22,2	18	100
Total		53	66,3	27	33,8	80	100
p-value = 0,373; RP = 1,236; CI95% (0,905 - 1,690)							

In terms of the knowledge of patients in the Kurnia dispensary from 62 people who have good knowledge there are 39 people (62.9%) self-medication and as many as 23 people (37.1%) do not self-medication. Of the 18 people with less knowledge 14 people (77.8%) did self-medication and 4 people (22.2%) did not self-medication. Of the 62 people who have good knowledge there are 39 people (62.9%) self-medication and 23 people (37.1%) do not self-medication. Chi square statistical test results at 95% significance value (α = 0.05) obtained p-value 0.373 or p> α (0.05) which means that there is no effect of knowledge on self-medication behavior on patients at Kurnia Pharmacy Manokwari Regency, Papua Province West.

f. Effect of attitudes toward self-medication behavior

Table 6. Effect of Attitudes toward self-medication behavior on patients at Kurnia Pharmacy Manokwari Regency, West Papua Province 2018

No	Attitude	Self-medication behavior				n	%
		Yes		Nol			
		n	%	n	%		
1	Good	47	70,1	20	29,9	67	100
2	Less	6	46,2	7	53,8	13	100
Total		53	66,3	27	33,8	80	100
p-value = 0,176; RP = 0,658; CI95% (0,358 - 1,208)							

The attitudes in Table 6 show that out of 67 people who have good attitude there are 47 people (70.1%) self-medication and as many as 20 people (29.9%) do not self-medication. Of the 13 people with less attitudes as many as 6 people (46.2%) did self-medication and as many as 7 people (53.8%) did not do self-medication. Chi square statistical test results at 95% significance value (α = 0.05) obtained p-value 0.176 or p> α (0.05) which means that there is no effect of attitudes toward self-medication behavior on patients at Kurnia Pharmacy Manokwari Regency, Papua Province West.

g. Effects of experience on self-medication behavior

Table 7. Effect of Experience on self-medication behavior on patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province 2018

No	Experience	Self-medication behavior				n	%
		Yes		No			
		n	%	n	%		
1	Good	37	59,7	25	40,3	62	100
2	Worse	16	68,9	2	11,1	18	100
Total		53	66,3	27	33,8	80	100
p-value = 0,043; RP = 0,671; CI95% (0,517 - 0,872)							

Patients' experience of self-medication from 62 people who had good experience were 37 people (59.7%) self-medication and 25

people (40.3%) did not self-medication. Of the 18 people who did not get bad experience, 16 people (68.9%) did self-medication and 2 people (11.1%) did not self-medication. Chi square statistical test results at 95% significance value ($\alpha = 0.05$) obtained p-value 0.043 or $p < \alpha$ (0.05) which means that there is an influence of experience on self-medication behavior on patients at Kurnia Pharmacy Manokwari Regency, West Papua Province. The prevalence ratio (RP) = 0.671; CI95% (0.517 - 0.872) which is interpreted that the experience is not meaningful. So it can be mentioned also that experience is not a risk factor but is a protective factor.

4. DISCUSSION

4.1 Effect of age on self-medication behavior

The results showed that there was no effect of age on self-medication behavior on patients at Kurnia Pharmacy, Manokwari Regency, West Papua Province. The majority of respondents who self-medication was <40 years old as much as 72% and 56.7% of respondents aged> 40 years were self-medication. This shows that at the age level there is equal opportunity in self-medication.

Based on the proportion of the percentage of swamedikas use more in respondents aged <40 years. In Farizal's (2014) study, the age of the most self-medication was aged 17-25 years, because of the level of busyness and lack of caring for health, which is a lot happening to students / students. While the research of Hidayati (2017) revealed that the percentage based on the age of the most aged 18-39 years was 73.14%, and for ages 40-55 it was 26.85%. Menurt Supardi (2017), this is due to the age range that has better knowledge about self-medication which creates a tendency or awareness to choose more self-medication actions.

Age is a life span calculated from birth. The more a person ages, the more responsiveness increases. Through his age the more mature the individual concerned will adapt to the behavior of the environment. The more age, the level of maturity and strength of a person will be more mature in thinking and working (Restyono, 2016). At an age that is getting older then someone has more experience so that his knowledge increases. Because of his knowledge, a person will be better prepared to face something (Notoatmodjo, 2014).

The researcher argues that the absence of influence in the age level in self-medication is not related to age, although respondents with adult age should be more inclined to not carelessly administer self-medication because of their maturity in thinking.

1. Sex influence on self-medication behavior

The results showed that there was no gender influence on self-medication behavior in patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province. 62.8% female respondents did self-medication and 70.3% men self-medication. The gender differences indicate a similar tendency to do communication.

Rahmayanti (2017) research at Tiga Apotek in Medan Sunggal Subdistrict, North Sumatra Province revealed that there was no gender influence in self-medication.

Gender is the nature or biological state of a person from birth (Handayani, 2013). Research conducted by Mardlyah (2016) revealed that there was a relationship between gender and self-medication use behavior. The number of women who use drugs a lot because women use more drugs almost every month to treat menstrual pain. The same thing was also revealed from Hamid's (2014) study, that based on sex, women were more self-regulated were women as much as 62%. While research conducted by Untari (2013) in the city of Pontianak revealed that the subject men are more numerous as sufferers who self-medication than women. One of the trigger factors or causes is smoking which is mostly done by men. Ivoryanto (2017) reveals that the absence of gender influence in self-medication is caused by differences in

knowledge levels and further revealed by Hidayati (2017) that the level of knowledge and education is stronger in influencing gender in conducting education. Researchers conclude that no influence between men and women in self-medication is caused by the fact that every person or individual feels a difference in pain and the level of knowledge a person can encourage in self-medication.

1. Effect of education on self-medication behavior

The results showed that there was no effect of education on self-medication behavior on patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province. Respondents who were highly educated were 66.1% self-medication and 66.7% of respondents with low education did self-medication.

Education is every effort, influence, protection and assistance given to someone. The basic concept of education is a learning process, so the higher the education, the easier it is to receive information, so that a lot of knowledge is possessed, on the other hand less education will hinder the development of attitudes someone towards new values is introduced (Mubarak, 2014).

The level of education that is most self-medication is Higher Education, because they are more related to social media and communication media. From previous studies also showed the same results that most patients doing self-medication had a fairly high educational background (Farizal, 2014). Invoryanto Research (2017), most patients who have self-medication are highly educated, namely high school and college.

Menurt Mardliyah (2016), the latest education from the results of his research shows that the use of self-administered self-medication is carried out by respondents who have secondary education which is the highest done by respondents with graduated junior high / MTs / equivalent. The reason for this is because there is a lot of information about drugs in the mass media in the form of TV advertisements, radio, billboards or stalls that may be easily accepted by people who have secondary education. Drugs that are widely used in self-medication are drug-type drugs hard. This can happen because patients who buy are junior high school graduates and equivalent who lack information about drugs in a less comprehensive manner. When compared with higher education respondents, there are only a few who self-administered, because they know about correct and rational self-medication information.

2. Effect of work on self-medication behavior

The results showed that there was no effect of work on self-medication behavior on patients at Kurnia Pharmacy, Manokwari Regency, West Papua Province. 52.6% of the respondents who worked were self-medication and 70.5% did not work self-medication. The prevalence ratio test shows that work shows opportunities but not meaningful because work is influenced by the experience and exposure of advertisements about drugs.

Work is an activity that must be carried out by someone in supporting and sustaining his life and family life. Work is not a source of pleasure, but more is a way to earn a living that is repetitive, many challenges and time-consuming (Prayoto, 2014).

Research by Restiyono (2016) on Housewives in the Kajen Sub-District of Pekalongan Regency stated that there was no work relationship with self-medication. However, the pretensions of self-medication tend to be for someone who works because self-medication is considered more practical and does not interfere with activity work.

The absence of influence on the level of employment of respondents is due to respondents who work with a high level of activity so that it is not rational in choosing drugs for self-medication, while for respondents who do not work with minimum income and have free time so they are more exposed to advertising in treatment

self-medication.

1. Effect of knowledge on self-medication behavior

The results showed that there was no effect of knowledge on self-medication behavior in patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province. Respondents with less knowledge as much as 77.8% did self-medication and respondents who were well-informed as much as 62.9% did self-medication.

Knowledge is the result of knowing, and this happens after people have sensed a certain object. Sensing occurs through the five human senses, namely the senses of vision, hearing, smell, taste and touch. Most knowledge is obtained through the eyes and ears. Knowledge or cognitive is a very important domain in shaping one's actions (over behavior) (Notoatmodjo, 2014).

The respondent's knowledge about drug self-medication at the Kurnia Pharmacy in Manokwari Regency in a good category is to know the dosage of the drug taken according to the rules and each drug package must be stored in its original packaging and buy the drug as indicated by the disease. The respondent's statement indicated that respondents generally understood the rules and drinking daosis. This is due to the drinking rules stated in the packaging.

Insufficient knowledge about medication about doses between children and adults. According to WHO (2012) Sufficient knowledge will also affect someone to behave or do something because someone is looking for information that is around them. Knowledge is one of the predisposing factors that can influence the formation of a person's behavior (Pratiwi, 2014).

Hidayati's research (2017) revealed that there was no significant correlation between the level of knowledge about drug treatment in self-medication and the habits of respondents in using drugs. The level of knowledge about drugs from respondents is expected to be able to give restrictions on respondents from the selection and use of over-the-counter drugs and limited drugs that are not according to the rules, and do not make drug advertisements from electronic media as single information about drugs, and make brochures / drug markings as information main drug use.

The absence of the influence of knowledge in self-medication because the use of drugs is a common drug and the frequency of its use can be known by the information printed in the brochure or drug box purchased in the form of drinking instructions. So that the respondent can take part in using the purchased drug. This shows that the level of knowledge of the people in Manokwari District is generally good because they already understand how to use self-medication without the need to see a doctor. The higher the level of knowledge of respondents to self-medication, the better the community in doing self-medication so that the lower the occurrence of medication errors (medication error) because of limited public knowledge of the drug and its use.

1. Effect of attitudes toward self-medication behavior

The results showed that there was no effect on attitudes toward self-medication behavior in patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province. Respondents who behaved less were 6 people (46.2%) self-medication and 70.1% self-medication.

Attitude is a person's feelings, thoughts, and tendencies that are more or less permanent regarding certain aspects of the environment. Attitude is an evaluative bias towards a stimulus or object that has an impact on how someone is dealing with that object. This means that attitude shows agreement or disagreement, likes or dislikes someone towards something (Mubarak, 2013).

Jihani (2014) from the results of his research emphasized that there was no relationship between the attitude of patients and the act of buying their own medicine without prescribing antibiotics at a private pharmacy in the working area of the Mataram health center. While the research

conducted by Ulfa (2014) in Bandar Lampung City revealed that there was a significant relationship between attitudes toward self-medication and rational self-medication behavior. A positive attitude has a risk ratio of 4.606 times greater for rational behavior in self-medication when compared to respondents who have a negative attitude.

Respondents have negative attitudes but behave rationally. This relates to the statement: "treatment can be done alone without the need for respect.", The respondent could not distinguish categorization between mild illness and severe illness. The medicine for hypertension and gout according to respondents can be purchased without consulting a doctor first if it is used for maintenance, even though for maintenance, the patient must keep checking the disease to the doctor routinely. Respondents were positive, but behaved irrationally at 27.8%. This is due to the fact that there are still respondents who do not understand the proper use of drugs, such as the use of a combination of influenza drugs used to treat dry and phlegm coughs caused by the available drug packaging which includes this (Ulfa, 2014).

1. Effect of experience on self-medication behavior

The results showed that there was an influence of experience on self-medication behavior in patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province. The prevalence ratio (RP) = 0.671; CI95% (0.517 - 0.872) which is interpreted that the experience is not meaningful.

Experience of good respondents was 59.7% self-medication and respondents had bad experience as much as 68.9% did self-medication. The experience of someone who is not good towards an object, then the person will try to forget, but if the experience of the object is fun then psychologically there will be an impression that impresses in emotions, giving rise to a positive attitude (Mubarak, 2013).

People tend to apply self-medication with methods that were applied in ancient times before many types of drugs circulated both modern medicine and traditional medicines, especially those sold freely (Notoatmodjo, 2014). The research conducted by Farizal (2014) influenced many patients to self-medication was 67% personal experience, because patients were suitable and often used the drug. Most patients who self-medication because of personal experience are patients who have repeated self-medication with the same symptoms and medication so they feel no need to see a doctor.

Farizal's research (2014) self-medication is 67% personal experience, because patients are suitable and often use the drug. Most patients who self-medication because of personal experience are patients who have repeated self-medication with the same symptoms and medication so they feel no need to see a doctor. Other people's reference factors are 10%.

Generally, new patients use the drug so that it tends to experience other people. Patients who make medication because of other people's references, sometimes do not know the truth of the information. They immediately follow without revisiting the correctness of the information, this can have a negative impact on patients because if the information is wrong then it will be able to worsen the patient's condition or even emerge a new disease.

3. CONCLUSIONS

Based on the results of the discussion it can be concluded as follows:

1. There is no influence of age on self-medication behavior in patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province (p-value = 0.246; Rp. 1,271; CI95% (0.889 - 1,817).
2. There is no gender influence on self-medication behavior in patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province (p-value = 0.640; RP = 0.894; CI95% (0.655 - 1.220).

3. There is no influence of education on self-medication behavior in patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province (p-value = 1,000; RP = 1,009; CI95% (0,719 - 1,417).
4. There is no influence of work on self-medication behavior in patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province (p-value = 0.246; RP = 0.747; CI95% (0.473 - 1,170)
5. There is no influence of knowledge on self-medication behavior in patients at Kurnia Pharmacy Manokwari Regency, West Papua Province (p-value = 0.373; RP = 1,236; CI95% (0.905 - 1,690).
6. There is no influence on attitudes toward self-medication behavior in patients at Kurnia Pharmacy Manokwari Regency, West Papua Province (p-value = 0.176; RP = 0.658; CI95% (0.358 - 1,208)
7. There is an influence of experience on self-medication behavior in patients at the Kurnia Pharmacy Manokwari Regency, West Papua Province (p-value = 0.043; RP = 0.671; CI95% (0.517 - 0.872).

REFERENCES

- Ali, AN (2012). *Self-medication Practice Among Health Care Professionals in a Private University*, Malaysia. International Current Pharmaceutical Journal, 1(10): 302-310.
- Antari NPU (2016). *Tingkat Pengetahuan Tentang Penanganan Obat Dalam Swamedikasi dan Pengaruhnya Terhadap Kebiasaan Menggunakan Obat Pada Responden di Apotek Gunung Sari*. Medicamento. Vol.2 No.2. 2016
- BPOM (2014). *Menuju Swamedikasi yang Aman*. *Majalah Info POM*, Jakarta. 15 (1): 1-12.
- BPS (2016). *Sistem Informasi Rujukan Statistik*. https://www.bps.go.id/ Subjek /view/id/6. Diakses tanggal 16 September 2018.
- Darmalianti S (2014). Pengaruh Karakteristik Dan Iklan Obat Terhadap Konsumsi Obat Bebas Di Gampong Ujong Kalak Kecamatan Johan Pahlawan Kabupaten Aceh Barat. Fakultas Kesehatan Masyarakat Universitas Teuku Umar Meulaboh – Aceh Barat 2014.
- Farizal (2014). *Faktor-Faktor Yang Mempengaruhi Pasien Melakukan Swamedikasi Obat Maag di Apotek Bukittinggi*. https://jurnal.stikes perintis.ac.id. diakses 24 September 2018.
- Hamid R (2014), Profil Penggunaan Obat Antasida Yang Diperoleh Secara Swamedikasi di Apotek Surabaya, *Universitas Airlangga.*
- Hermawati, D (2012). *Pengaruh Edukasi Terhadap Tingkat Pengetahuan dan Rasionalitas Penggunaan Obat Swamedikasi Pengunjung di Dua Apotek Kec. Cimanggis*, Skripsi, Fakultas MIPA Universitas Indonesia.
- Hidayati A (2017). *Tingkat Pengetahuan Penggunaan Obat Bebas dan Obat Bebas Terbatas Untuk Swamedikasi Pada Masyarakat RW 8 Morobangun Jogotirto Berbah Sleman Yogyakarta.* Jurnal Ilmiah Manuntung, 3(2), 139-149, 2017 p-ISSN. 2443-115X e-ISSN. 2477-1821 139 Akademi Farmasi Samarinda.
- Harahap NA (2015). *Tingkat Pengetahuan Pasien dan Rasionalitas Swamedikasi di Tiga Apotek Kota Panyabungan*. Jurnal Sains Farmasi & Klinis , 3(2), 186-192.
- Invoryanto E (2017). Hubungan Tingkat Pendidikan Formal Masyarakat terhadap Pengetahuan dalam Penggunaan Antibiotika Oral di Apotek Kecamatan Klojen. Pharmaceutical Journal Of Indonesia 2017. 2(2): 31–36.
- Jihani MA (2014). Hubungan Pengetahuan Dan Sikap Pasien Dengan Tindakan Membeli Obat Sendiri Tanpa Resep Dokter (Swamedikasi) Antibiotika Pada Apotek Swasta Di Wilayah Kerja Puskesmas Mataram. Fakultas Kesehatan Masyarakat Universitas Nusa Tenggara Barat
- _____Kemenkes RI. (2015). *Pemahaman Masyarakat Akan Penggunaan Obat Masih Rendah*. Jakarta: Pusat Komunikasi Publik.
- _____Keputusan Menteri Kesehatan RI No. 347/Menkes/SK/VII/1990 tentang Obat Wajib Apotek. Jakarta: Departemen Kesehatan RI.
- _____Kemenkes RI, 2016. Permenkes No 35 tahun 2016 tentang perubahan atas peraturan menteri kesehatan nomor 35 tahun 2014 tentang standar pelayanan kefarmasian di Apotek.
- Maryam S, (2014). *Promosi Kesehatan*. Jakarta: EGC.

- Mardlyah IK (2016). *Faktor-Faktor Yang Mempengaruhi Perilaku Pasien Swamedikasi Obat Antinyeri di Apotek Kabupaten Rembang Tahun 2016*. Fakultas Kedokteran dan Ilmu Kesehatan Program Studi Farmasi Uin Syarif Hidayatullah Jakarta.
- Mellina, I. (2016). *Tingkat Pengetahuan Pasien dan Rasionalitas Swamedikasi di Empat Apotek Kecamatan Medan Marelan. Skripsi*. Medan: Fakultas Farmasi Universitas Sumatera Utara.
- Mubarak W (2013). *Promosi Kesehatan Untuk Kebidanan*. Salemba Medika, Jakarta.
- Mubarok (2016). *Faktor-Faktor Yang Mempengaruhi Rasionalitas Pasien Dalam Melakukan Swamedikasi di Apotek Wilayah Purwokerto*. Fakultas Farmasi Universitas Muhammadiyah Purwokerto.
- Nanda (2012). *DiagnosaKeperawatan: Definisi dan Klasifikasi 2012-2014*. Buku. Kedokteran: EGC.
- Ningrum, Puji Pratiwi. 2014. Pengaruh Pengetahuan terhadap Perilaku Swamedikasi Obat Anti-inflamasi Non-Steroid Oral pada Etnis Tionghoa di Surabaya. Surabaya: Departemen Farmasi Komunitas, Fakultas Farmasi UNAIR, halaman 36-40.
- Notoatmodjo S (2012). *Metode Penelitian Kesehatan.* Jakarta: Rineka Cipta.
- _____(2014). *Promosi Kesehatan dan Ilmu Perilaku.* Jakarta: Rineka Cipta.
- Pratiwi, PNLP (2014) *Pengaruh Pengetahuan terhadap Perilau Swamedikasi Obat Anti Inflamasi Non-steroid Oral pada Etnis Thionghoa di Surabaya*, Jurnal Farmasi Komunitas Vol 1 No 2 hal 36-40.
- Prayoto, (2014). *Teori, Sikap & Perilaku dalam Kesehatan dilengkapi contoh kuesioner.* Nuha Medika: Yogyakarta.
- Restiyono A (2016). Analisis Faktor yang Berpengaruh dalam Swamedikasi Antibiotik pada Ibu Rumah Tangga di Kelurahan Kajen Kebupaten Pekalongan. Jurnal Promosi Kesehatan Indonesia Vol. 11 / No. 1 / Januari 2016
- _____Permenkes No 35 tahun 2016 tentang perubahan atas peraturan menteri kesehatan nomor 35 tahun 2014 tentang standar pelayanan kefarmasian di Apotek
- Rahmayanti E (2017). *Tingkat Pengetahuan dan Rasionalitas Swamedikasi Pasien di Tiga Apotek Kecamatan Medan Sunggal*. http://www.usu.ac.id. diakses 20 September 2018.
- Restyono, A (2016). *Analisis Faktor yang Berpengaruh dalam Swamedikasi Antibiotik pada Ibu Rumah Tangga di Kelurahan Kajen Kebupaten Pekalongan.* Jurnal Promosi Kesehatan Indonesia Vol. 11 / No. 1 / Januari 2016.
- Syafrudin dan Hamidah (2009). *Kebidanan Komunitas.* EGC, Jakarta.
- Shanker. 2002. *Self-medication and non-doctor Prescription Practice in Pokhara Valley, Western Nepal: a Questionnare based study*. Nepal: BMC Family Practice, 3: 1-7.
- Sharif, SI (2015). Self-Medication Practice among Pharmacist in UEA. Pharmacology & Pharmacy, 6, 428-435.
- Supardi S (2015). *Pengobatan Sendiri Sakit Kepala, Demam, Batuk dan Pilek pada Masyarakat di Desa Ciwalen, Kecamatan Warungkondang, Kabupaten Cianjur, Jawa Barat*, Majalah Ilmu Kefarmasian, Vol.II, No.3, 134-144.
- Sugiyono (2013). *Metode Penelitan Manajemen*. Bandung: Alfabeta.
- Sushita, U (2012). *Self Medication Practice-Prespective of Rural South India*. International Journal of Community Pharmacy, Volume 5, Number 3, p 12-19
- World Health Organization, 2012, *The Pursuit of Responsible Use of Medicines: Sharing and Learning from Country Experiences*, (online), (http://www.who.int/medicines/areas/rational_use/en/ diakses tanggal 24 September 2018.

How to cite this article: Rahmawati, Makaba S, Rantetampang AL et.al. Factors affecting of behavior self-medication patient in Kunia Apotec Manokwari district Papua Barat province. Galore International Journal of Health Sciences & Research. 2019; 4(1): 180-189.

******