A Phenomenological Study on Self-Medication and Medication Practices in an Urban Poor Community: A Basis for Community Development Services

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Abstract

Background: Self-medication has become a growing public health concern due to its widespread practice, often viewed as a cost-saving measure amid high medicine prices. However, medication malpractices have raised important issues that require intervention.

Objectives: This study aims to evaluate the lived experiences and medication practices of individuals in Zonta Village, Tibungco, to inform governmental bodies, particularly the City Health Office in Davao. To provide data that can guide stakeholders in developing community-based health programs and policies by assessing lived experiences, perceptions, and factors influencing self-medication.

Methods: A qualitative phenomenological approach was used. Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs) were conducted with purposively and snowball-sampled residents aged 18 and above using a validated semi-structured questionnaire. Transcripts were analyzed thematically.

Results: Major themes included: (1) Preference to self-medicate, (2) Preference for herbal medicines, (3) Antibiotic misuse, (4) Perceptions of self-medication, and (5) Factors influencing decisions.

Conclusion: Self-medication reflects autonomy and cost-saving but carries risks such as side effects and delayed treatment. The study highlights the importance of education, stricter antibiotic regulation, and culturally sensitive community-based health interventions.

Keywords*: Self-medication, medication practices, intervention, lived experiences, focus group discussion, Philippines*

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Introduction

The prevalence of self-medication and unhealthy medication practices has become a growing global concern, prompting the need for programs and initiatives to address these issues. The World Health Organization (WHO) defines self-medication as the use of medicines without consulting a professional. This widespread behavior contributes to numerous health-related problems and makes it a priority for health authorities. Unsafe medication practices and errors are among the leading causes of preventable harm worldwide, with WHO initiatives aiming to reduce these risks by 50%. Medication behaviors vary significantly across countries and communities, influenced by health literacy, cultural beliefs, accessibility of healthcare services, economic constraints, and national regulatory systems (Baracaldo-Santamaría et al., 2016; Limaye et al., 2018).

In the Philippines, the easy availability of both over-the-counter and prescription drugs—particularly antibiotics—despite regulatory restrictions (Ornos et al., 2022), contributes to the widespread practice of self-medication. High consultation costs, limited health insurance coverage, and inadequate access to healthcare facilities further drive individuals to rely on self-treatment rather than seek professional medical advice. This issue is particularly pronounced in urban-poor and rural communities, where health disparities, limited health literacy, and economic hardship make self-medication a common coping mechanism.

This situation has led to several health concerns, including the misuse of medications, the rise of antimicrobial resistance, and delays in receiving appropriate medical care (Baracaldo-Santamaría et al., 2022; Alefan & Halboup, 2016). Despite these alarming trends, there remains a limited qualitative understanding of how socioeconomic and cultural factors influence the self-medication practices of urban-poor populations in the Philippines. Exploring these lived experiences is crucial for informing public health policies, improving access to pharmaceutical care, and designing community-based interventions that promote safe and informed medication use.

Materials and Methods

Research Design

This research utilized a phenomenological approach within the framework of qualitative research design to explore the complex factors influencing self-medication and medication practices in Zonta Village, Tibungco, Davao City, within a poor urban community. The primary objective of this study is to identify, assess, and understand firsthand the experiences of individuals involved in self-medication, thereby gaining insight into their reasons and perspectives.

This approach offers a comprehensive understanding of the personal experiences, motivations, and contextual factors that shape one's decision to opt for self-medication. The insights gleaned from this study can inform targeted interventions and community development services that cater to the specific needs of the population in Zonta Village, Tibungco, Davao City. The rich qualitative data produced by this research serve as a

valuable tool for designing tailored healthcare initiatives and promoting enhanced healthcare practices in the community.

Research Participants

The researchers employed purposive and snowball sampling techniques to select the study participants. Specifically, the participants were required to be male or female residents of Zonta Village, Tibungco, Davao City, Philippines, aged 18 years or older, capable of participating in the study both physically and mentally. Additionally, they should have no biases or personal relationships with the researchers. Eligibility criteria included: a) being 18 years of age or older; b) self-reporting at least one visit to a pharmacy or previous self-medication in the past three months; c) not having any condition or disability that would hinder communication or participation in the study (e.g., deafness or severe psychological problems); and d) Being willing and able to provide informed consent.

Data Sources

The participants of this study are residents of Zonta Village, Tibungco, Davao City. Specifically, this study included male and female residents aged 18 and above who were eligible to participate in the study. The researchers first employed a focus group discussion and then an in-depth individual interview through a semi-structured questionnaire to extract information on the lived experiences of self-medication and unhealthy medication practices in the community of Zonta.

Focus Group Discussion. It was a facilitated discussion of a small group of individuals with known insights into self-medication and unhealthy medication practices. This method was used to generate quality insights and represent the residents of Zonta Village, Tibungco, Davao City. Specifically, the study involves 15 male and female participants aged 18 years or older who currently reside in the community.

Data Collection

Data collection is the systematic gathering of information on variables of interest to address research questions, test hypotheses, and assess outcomes. The process was divided into three phases:

Pre-collection. The researchers, in consultation with their advisers, identified a relevant topic and drafted a research proposal outlining its significance and methodology. A panel of experts reviewed the proposal, and revisions were made in response to their feedback. A questionnaire aligned with the approved research questions was then developed and validated. Permissions were secured from the Dean of the College of Pharmacy and Chemistry, as well as the validators and involved parties. Using purposive and snowball sampling, participants were identified. After validation of instruments, the study was submitted to the Research Ethics Committee for approval. Data collection targeted residents of Zonta Village, Tibungco, Davao City, aged 18 and above, using focus group discussions (FGDs) and one-on-one interviews.

Collection. Upon approval from advisers, the Dean, and the community leader, participants reviewed and signed informed consent forms. FGDs were conducted first, followed by individual in-depth interviews guided by a validated semi-structured questionnaire. With consent, audio recordings were used to ensure the validity and quality of the data.

Post-collection. The gathered data were securely stored in Google Drive, accessible only to the researchers and the adviser. Transcripts were coded independently, validated, and analyzed with guidance from the adviser. The final manuscript incorporated revisions from the defense panel. Findings will be shared with the College of Pharmacy

and Chemistry, participants, and the research adviser, and later published to contribute to the research community.

Specifically, FGDs were facilitated by a professional moderator, while interviews were conducted in participants' preferred locations for comfort and transparency. The semi-structured format allowed flexibility while ensuring clarity, supported by careful monitoring and recording to strengthen analysis.

Data Analysis

In this study, researchers employed a phenomenological analysis, along with focus group discussions and in-depth interviews, in an urban poor community in Zonta Village, Tibungco, Davao City, to investigate the people's perceptions and experiences with self-medication. Their research advisor provided direction for the interpretation and analysis of the data. As a guide for the revision process, researchers intend to code interview transcripts independently to ensure their utility and comprehensiveness.

Trustworthiness of the Study

Dependability. This study demonstrated consistency and reliability through the use of precise data collection, analysis, and interpretation methods. Specifically, the researchers were transparent about the steps taken in the research process.

Credibility. To ensure the validity of the study, the researchers ensured credibility among themselves, specifically by avoiding biases that could affect the study results. The study's advisers were constantly involved in rechecking the results.

Confirmability. The researchers ensured the neutrality of the study by avoiding assumptions and biases. Precisely, findings objectively reflect the information collected from the study participants.

Transferability. The study will not be able to generalize how self-medication plays out in various contexts, as other factors are at play; however, researchers generally provided descriptions and adequate details on the participants, the community, and the methods and procedures used.

Role of the Researcher

The researchers' primary responsibility was to conduct the study. They secured the necessary letters, approvals, and forms for informed consent, which were duly checked, noted, and approved by the research advisers. They were also responsible for ensuring the study's trustworthiness by adequately selecting the research participants, preparing the questionnaire, conducting the focus group discussions and in-depth interviews, and transcribing the conversations and interviews. Furthermore, the researchers upheld ethical considerations when conducting the study. Lastly, they transcribed, collated, organized, and analyzed the data collected.

Ethical Statement

The participation of the participants in this study was voluntary. Before the study, the researchers obtained ethical clearance from the University of the Immaculate Conception Research Ethics Committee (UIC-REC) with Protocol Code UG-0039-03-24. This study followed the ethical considerations guidelines that adhered to 10 elements, namely, social value; informed consent; vulnerability of research participants; risks, benefits, and safety; privacy and confidentiality of information; justice; transparency; qualifications of the researcher; adequacy of facilities; and community involvement as stipulated in the ICF.

Results

This section provides an analysis and discussion of findings. It conducts a comprehensive study aimed at exploring and shedding insight into the intricacies behind medication practices in the Zonta community. This study aims to make a significant contribution to the discussion of community health and development by combining the participants' opinions and experiences.

Description of Participants

The residents of Zonta Village in Tibungco, Davao City, were encouraged to participate actively in the study. These participants, all aged 18 and above, included both males and females who had engaged in self-medication.

These participants were selected to ensure the validity of the responses and to achieve data saturation on self-medication and medication practices. Qualitative samples must be large enough to ensure that most, if not all, of the perceptions and experiences that might be important are uncovered.

This study has been conducted for the researchers to gain the needed information on the lived experiences of self-medication of the residents of Zonta Village, Tibungco, Davao City, to help the government bodies of Davao, specifically the City Health Office, to comprehensively understand the community and their medication practices, and serve as a basis for designing targeted community development services. Pseudonyms are being assigned to participants in the study to ensure a high level of confidentiality in the presentation of their data.

Table 1.
Lived Experiences of Zonta Villagers

Issues probed	Core Ideas	Essential themes
Preference to self-medicate	Convenience Perceived effectiveness Familiarity/ Being accustomed to Severity Self-care	Personal Agency and Responsible Decision-making
Preference for herbal medicines over conventional	Accessibility Traditional practice Personal experience Easy to prepare	Embracing tradition and practicality
Antibiotic misuse and abuse	Lack of knowledge about antibiotics and resistance	Limited understanding

Table 1 presents the lived experiences of self-medication of the residents living in Zonta village. Three emergent themes surfaced in the interview, including: Personal

Agency and Responsible Decision-making, Tradition and practicality, and Limitations in knowledge and understanding of antibiotics.

Personal agency and responsible decision making. The emerging theme highlights that self-medication practices are driven by convenience, familiarity with existing habits, perceived symptom severity, effectiveness of treatments, and the notion of self-care. The participants' lived experiences reveal that self-medication—often involving both pharmaceutical and herbal preparations—is influenced by personal beliefs, accessibility, and habitual behavior. Many individuals continue these practices because they are accustomed to them or influenced by others.

Supporting literature reinforces these findings. Barber et al. (2017) and Robredo et al. (2023) emphasize that economic conditions, accessibility of medicines, and cultural norms significantly shape self-medication behaviors. Fernandez (2021) adds that while low-income households often self-medicate due to financial constraints, higher-income individuals do so because of their greater access to medications and health resources. Likewise, Aziz et al. (2021) and Setiadi et al. (2023) underscore the role of traditional knowledge and community education in shaping medication practices, noting that interventions such as counseling on traditional medicine can improve awareness and promote safer self-medication. Thus, understanding these interconnected factors—economic, cultural, and educational—is crucial for designing effective community-based strategies that encourage responsible and informed self-care practices.

> **"Erythromycin kana lang pag mutukar (tonsillitis) lang Ma'am. Duha lang ka tumaran nako, mawala lang man gud Ma'am ang sakit so muundang lang pud ko. Dili nako muuinom."** (Erythromycin, if it occurs [tonsillitis] only, Ma'am. With two doses taken, the pain goes away, Ma'am. So I stopped. I do not take any more.) P1.1

> **"Pag sa akong anak Ma'am, mag kalintura. Mamalit sa kog mga tempra sa botika pero pag dili na gyud makaya, dira na jud (magpacheck sa doctor)."** (If for my child, Ma'am, having a fever. I just bought Tylenol at the pharmacy, but if it (fever) gets worse, it is when I go [to the doctor].) P16

> **"Ang ginagamit ko Ma'am terizine (Cetirizine) para sa ubo– yung makati. Sabi nila Ma'am, pag makati yung ubo kailangan uminom ng terizine. Isa lang ang iniinom ko, Ma'am, before matulog. Effective din siya."** (I use terizine (Cetirizine), Ma'am, for cough–the itchy one. They said, Ma'am, if you have an itchy cough, take cetirizine. I only take one Ma'am before I sleep. It is effective.) P5

Embracing tradition and practicality. This theme emphasizes the accessibility and cultural significance of herbal medicines, shaped by traditional practices, personal experiences, and the ease of preparation of herbal remedies. Participants described self-medication using herbal treatments as influenced by cultural and familial traditions, economic constraints, and the perceived effectiveness of traditional medicine. Bennadi (2013) explained that in developing countries, the widespread use of self-medication—including herbal remedies—results from financial limitations, inadequate education, and insufficient healthcare infrastructure. Similarly, Barber et al. (2017) observed the

persistence of traditional medication practices and antibiotic sharing within Filipino families, demonstrating how cultural habits are transmitted across generations.

Further evidence from Aziz et al. (2021) revealed that during the COVID-19 pandemic, communities increasingly relied on traditional medicine to address healthcare challenges, and counseling on traditional practices enhanced awareness and responsible use. Setiadi et al. (2023) likewise emphasized the value of integrating cultural and traditional knowledge into community-based interventions, while Kazemioula et al. (2022) noted that fear and financial hardship during the pandemic intensified reliance on familiar herbal remedies. The theme highlights the importance of acknowledging the cultural, economic, and practical aspects of traditional medicine in developing culturally sensitive and effective public health strategies that promote safe self-medication practices.

> **“Kasagaran ang akong self-medication is pang-ubo lang gyud– nahiyang man gud ang akong mga anak sa kanabo– kanang gina-ingon nga oregano. Sa samad samad, naay bayabas ihugas.”** (Usually, my self-medication is for cough only. It is because my children got used to kanabo– the one they refer to as oregano. For wounds, there is guava wash.) P20
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> **"Gabon pwede man siya sa ubo, pwede pud siya sa kana gaming manghupong."** (Gabon (*Blumea camphor*) can be for cough, it can also be for edema or swelling.) P9
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> **“Kanang carabao grass gani nga ginatawag, kana gila-ga nako na siya, tapos imnun nako para sa katong nitaas akong dugo.”** (The carabao grass they call, that is what I boil and drink for when my blood spikes.) P3
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> **“Lagundi, ginabutangan lang nako siyag tubig and buntag and gabii ra nako ginainom. Gainom pud kog co-amoxiclav–sa ubo man gud na siya. Kanang gahi na gyud kaayo siya, Maam unya murag mukatol na ba.”** (Lagundi, I put water and take it in the morning and evening. I also take co-amoxiclav because it is for cough. The hard cough, Ma'am, that later on itches.) P16
>
> **“Akin Ma’am kay sampalukan–kanang herbal, lag-on nimo tapos imnon para sa ubo. Usahay amoxicillin para sa ubo. Naa pud (alibyo). Usuhay, mawala lang man pud inig sigeg inom ug herbal.”** (Mine, Ma'am, is sampalukan– the herbal, boil it and take it for cough. Sometimes amoxicillin for cough. There is also alleviation. Sometimes it just goes away if I continuously take herbal.) P11

Limited understanding. This emergent theme is defined by two central concepts: self-diagnosis and limited knowledge regarding antibiotics and antimicrobial resistance. Participants recounted instances of using antibiotics to treat various ailments, reflecting a concerning pattern of unsupervised medication use. The theme underscores the potential dangers of antibiotic misuse, particularly the growing risk of antimicrobial resistance resulting from self-medication practices. Baracaldo-Satamaría et al. (2022) highlighted the global prevalence and theoretical complexities surrounding self-medication, emphasizing

its public health implications. Similarly, Nusair et al. (2020) reported that 40.4% of Jordanians used antibiotics without a prescription, often relying on pharmacists' advice or personal experiences.

In the Philippine context, Robredo et al. (2023) identified economic pressures and the ease of access to medications as key drivers of self-medication. Meanwhile, Fernandez (2021) noted that financial constraints contribute to the inappropriate use of antibiotics, thereby exacerbating antimicrobial resistance. These studies reveal the multifaceted nature of self-medication and reinforce the urgent need for comprehensive educational initiatives and stricter regulatory measures to promote the rational and responsible use of antibiotics.

> **“Allergy siguro kaning sa abog … dili nako mulakaw sa doctor, maginom nalang kog cetirizine.”** (Allergy may be because of dust … I do not go to the doctor anymore, I just take cetirizine.) P1
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> **"Erythromycin Ma'am pero talagsa ra pud, kanang tukar tukar man gud ang akong tonsil (tonsilitis)."** (Erythromycin, Ma'am, but not always, when tonsillitis comes and goes unpredictably.) P11
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> **“Ako kung tonsilon ko, gagamit ko ug Erythromycin. Di na (mulakaw sa doctor)-- tonsil ra man.”** (Me, if I have tonsillitis, I use Erythromycin. I do not (go to the doctor) anymore– it is just tonsillitis.) P3
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> **"Gainom pud kog co-amoxiclav, sa ubo man gud na siya" (**I also take co-amoxiclav because it is for a cough.) P16

The observation that self-medication is predominantly practiced within the neighborhood underscores the community's reliance on this approach to manage health concerns, reflecting findings that highlight its prevalence in resource-constrained settings (Baracaldo-Satamariá et al., 2022). Respondents emphasized that self-medication helps mitigate financial burdens, consistent with the insights of Saha et al. (2022) and Robredo et al. (2023), who noted its role as a coping mechanism in the face of limited access to healthcare. They also regarded it as a cost-effective alternative to formal healthcare, particularly in low-resource environments (Bennadi, 2013; Robredo et al., 2023). However, the reluctance to seek hospital consultations suggests a pattern of healthcare avoidance influenced by economic limitations. Gupta and Chakraborty (2022) observed that perceptions of doctor visits as unnecessary, combined with the easy availability of medicines without prescriptions, contribute to this behavior.

Despite its perceived benefits, self-medication carries significant risks, including adverse effects, delayed treatment, and increased long-term costs. These findings underscore the need for stricter law enforcement and enhanced community education to promote safe medication practices.

Table 2.
Perception of self-medication and factors influencing the decision

Issues probed	Core Ideas	Essential Themes
How self-medication is perceived	Treating illness without physician intervention	Do-it-Yourself(DIY) Healthcare: The rise of self-reliance

	Saving medicines	
	Treating oneself based on self-assessment	
Factors contributing to the decision to self-medicate	Financial constraints push residents to self-medicate	Healthcare in the midst of constraints
	Time and availability to go to check-ups	
	Patients believe they are capable of treating themselves without physician intervention.	
	Information on medication indications is everywhere.	
	Accessibility of herbal medicine	
	Testimonies and experiences of other people convince people.	
	Pear influence	
	Accessibility of treatment	
Impact on Health Outcomes	Delayed appropriate medical treatment	Balancing immediate relief with long-term health consequences
	Incurring short-term negative consequences	
	Incurring long-term negative consequences	
Accessing available health services and residents' access	Skepticism about the present services	Distrust and disengagement from present health services
	Uncooperative members of the community	

Table 2 presents the villagers' perception of self-medication and medication practices. Three emergent themes surfaced, including: Do-It-Yourself (DIY) Healthcare, the risk of self-reliance, Healthcare in the midst of constraints, and Balancing immediate relief with long-term health consequences.

Do-it-Yourself (DIY) Healthcare: The risk of self-reliance. This emergent theme is characterized by the following core ideas: treating illnesses without physician intervention, conserving medicines, and self-treating based on self-assessment. Some participants share their perceptions of self-medication as a means of managing illnesses at home without consulting a doctor, as well as their belief that specific ailments can be effectively treated without professional medical intervention.

> **“Ang pagtambal sa sarili kara nang naa kay sakit kung kaya ko man mag (tambal) sa balay lang, dili sa ideritso sa ospital or doctor, iapply (self-medication), instead nga mag kadto ug ano (ospital) basin diay mag ayo ra, kana ba.”** (Treating oneself is when you have an illness, and just try to manage it at home before going to the hospital. You just try to apply self-medication, instead of going to the hospital in case it gets better on its own, that is.) P10
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> **“Pagtambal sa kaugalingon kay maka tipid ka sa medisina.”** (Self-medication is when you can save on medicine.) P13
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> **"Pagtambal sa kaugalingon"** (Treating oneself.) P15
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> **“Magamit nimo siya (self-medication) kung naa nakay bation diha nimo sa ma apply…I-kuan (assess) nimo imong sarili kung unsay need sa imong lawas kay ikaw may nakabalo.”** (You can use it (self-medication) if you feel ill; just assess what it needs, as you know your condition best.) P8

Self-medication is commonly practiced as a cost-saving approach, driven by the high cost of medicines and limited access to healthcare. Studies show that individuals engage in self-medication due to factors such as attitude, perceived effectiveness, and affordability (Wen et al., 2021). Respondents view it as a form of autonomy and control over their health, particularly for managing minor ailments. However, this empowerment requires proper health education to prevent misuse (Bennadi, 2023). Economic constraints and the accessibility of over-the-counter drugs further encourage this practice, especially in resource-limited settings (Saha et al., 2022; Ghallab, 2023).

Healthcare in the midst of constraints. This emergent theme is characterized by financial constraints that push residents to self-medicate, time and availability to go to check-ups, patients believing they are capable of treating themselves without patient intervention, information on medication indication being everywhere, accessibility of herbal medicine, testimonies and experiences of other people convincing others, peer influence, and accessibility of treatment. Some participants shared how financial constraints play a significant role in the practice of self-medication, as well as how other factors influence this behavior.

> **“Kwarta jud ang bagay ngano mag tambal ko sa kaugalingon. Kung makaya nako magtambal sa kaugalingon, buhaton nako. Kung ma ospital man, walay musalo sa iyaha kay naa koy obra. Walay obra, walay sweldo. Posible, ga self-medicate ko."** (Money is a factor that pushes me to self-medicate. If I can manage by self-medicating, I will do it. If ever hospitalized, no one will be able to watch him since I am working. No work, no pay. So I self-medicate.) P10
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> **"Kasagaran, kwarta. Kung walay kwarta pang check-up mahal jud."** (Most of the time, it is money. If no money, check-ups are really expensive.) P11
>
> **"Pinansyal ma'am."** (Financial, Ma'am.) P15

> **"Kasagaran ma'am, financial. Kasagaran, gagamit ra herbal kung makaya. Kung dili, mao na ng oras na muadto sa doctor - mangayo silag kwarta."** (Usually, Ma'am, it is financial. Usually, we use herbal remedies if they are manageable. If not, that is the time we go to the doctor– they ask for money.) P11

The community's reliance on self-medication stems from limited access to healthcare facilities, financial constraints, and the belief that herbal remedies are safer and more affordable. This practice is prevalent within neighborhoods, reflecting a pattern of healthcare avoidance due to economic challenges. Studies (Baracaldo-Satamariá et al., 2022; Robredo et al., 2022, 2023; Saha et al., 2022; Bennadi, 2013) support the notion that cost and accessibility significantly influence the decision to self-medicate in resource-constrained settings. Overall, these findings highlight the economic and cultural factors shaping self-medication and emphasize the need for targeted community interventions to ensure safe and effective health practices.

It is further revealed that residents are influenced by multiple factors when deciding to self-medicate, including the perceived ineffectiveness of prescribed medications, financial constraints, and cultural beliefs. Additionally, the availability of herbal remedies and the belief in their safety contribute to the preference for self-medication.

Balancing immediate relief with long-term health consequences. Results reveal that self-medication has several impacts on the health of residents. Primarily, their health outcomes include the effectiveness of managing symptoms, short-term consequences, exacerbation of underlying conditions, or long-term consequences. While self-medication may offer short-term relief, it can have negative consequences, such as delaying appropriate medical treatment, incurring short- and long-term negative consequences, and also the high possibility of exacerbating health conditions. Based on the lived experience of the participants, instances where self-medication failed to address serious illnesses are their experiences of pneumonia and dengue fever. These highlight the potential risks associated with relying solely on self-care practices.

> **“Ano sa, kalabo and then lemon. Gihalo nako na sila. Then kato, kay kanang wala naman gud nag ano, wala na siya’y murag ano ba, wala na, di na gud siya ma ayo or unsa. So, giano nako siya, gipacheck-up, and then, mao na dayun to, ano, naadmit siya kay Pneumonia."** (Instead, I first tried kalabo and then lemon; I mixed them.) Then, there, it did not cure what he was feeling; it felt like it could not be self-medicated any longer. So, I took him for a check-up, then that is when he was admitted because of pneumonia.) P2

> "**Musakit siya, mukaon man siya, (pero) kato kay dili naman. Mao to, pag adto namo didto, pag pacheck up namo, ang doctor mismo niingon jud siya nga suspected niya is dengue akong anak. Mao to di na jud ko ano (muulit). Na tagam."** (He is in pain, not eating, but before, he was not. So, when we went for a check-up, the doctor suspected it was dengue. After that, it made me so scared that I will not do it again. Lesson learned.) P10

> **“Niabot ang time nga katong dugay nagid to siya– niabot na gyud siyag mga sobra simana nga gadako iyahang infection, giadto na nako siyag doctor.”** (The time came when he was sick for a long time - he really had an infection for more than a week, that is when I took him to the doctor.) P6

> **"Ubo o asthma. Mao to (tapos check-up) Nakabalo ko na mahait iyang pneumonia. Sigeg ubo ug gikalintura, Ma'am"** (Cough or asthma. Then, there (after check-up), I found out that his pneumonia was acute. He had been coughing and had a fever, Ma'am.) P1

There are potential risks associated with inappropriate self-medication, including masking of symptoms, drug interactions, and antibiotic resistance. Health professionals play a pivotal role in disseminating information to patients, clarifying the associated risks and benefits of self-medication (Ruiz, 2010). Moreover, Bennadi (2013) stated that in developing nations, a notable lack of awareness exists concerning the hazards associated with self-medication. Thus, these impacts can be alleviated through educational interventions, rigorous regulatory frameworks, and effective managerial strategies.

It also presents the core ideas related to accessing available health services and residents' access to these services, including programs and policies, for Zonta villagers. One emerging theme that surfaced is distrust and disengagement from the presentation of health services.

Distrust and disengagement from present health services. This emergent theme is characterized by residents' skepticism about utilizing existing services and uncooperative community members. The results reveal that residents have access to healthcare facilities, including health centers and hospitals, in their community. While some residents prefer self-medication due to financial constraints, others utilize these facilities for check-ups and treatment. As mentioned by the residents, access to healthcare services reduces the need for self-medication and ensures that residents receive proper medical care when necessary.

> **“Libre check-ups, ug oh naa pud diay maam, mass immunization sa healthcare sa among barangay, Nagkuha ko ato para sa akong anak. Naay opportunities gihalad, gina kuha jud namo to permi labi na kung naa sila sa diria sa komunidad.”** (Free check-ups, and oh, that also, Ma'am, mass immunization of the healthcare of our barangay, I avail for my child. There are opportunities they offer, we always avail ourselves of them, especially when they are in our community.) P1.

> **“Usahay diri, gagawi silag immunization para sa mga bata. Pero, naay panahon na ang mga ginikanan wala gatabang. Una, hadlok sila kay ang ilang anak kay basin mag kalintura. Ikaduha, malisudan sila.”** (Usually here, they conduct immunization for the children. However, there are times when parents do not cooperate. First, they are scared that their child might get a fever. Second is, they are hassled.) P1

> **“Diria sa health center sa barangay, naay libre na tambal.”** (Here at the health center of the barangay, there are free medications.) P11

> **"Gahatag silag tambal- tambal para sa tuberculosis, high blood pressure, diabetes-tambal para sa maintenance ug paracetamol na generic."** (They give medications– medications for tuberculosis, high blood pressure, diabetes–medicines for maintenance and paracetamol that are generic.) P3
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> **"Katung niagi, ang PharmChem CARES naghatag ug daghan na tambal apil na ang vitamins para sa mga bata, paracetamol pud ug symdex. Libre pud ang check-up."** (Last time, the PharmChem CARES gave us many medications, including vitamins for children, paracetamol, and Symdexx. Free check-up as well, where checks are free.) P3
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> **"Kanang mga health clinic mam makatabang gyud na sa atong komunidad mam. Kay ilang purpose ana kay matabangan man ang mga constituents nila na naa diha lugara Maayo ilang tumong sa atoa."** (The health clinics really help our community, ma'am, because their purpose is to assist their constituents who are in need there. They have good intentions for us.) P13

Community development services play a pivotal role in shaping an environment that discourages self-medication by employing a multifaceted approach encompassing education, healthcare access, community empowerment, collaboration with healthcare professionals, and addressing socioeconomic factors. This commitment is reflected in the daily practices of community development services, emphasizing information provision, therapeutic advice, and education (Bennadi, 2013).

Despite the presence of tertiary healthcare centers and medical colleges offering free drugs and healthcare services, residents in slum areas often choose self-medication over consulting a doctor. Jain et al. (2018) highlight this concerning trend, underscoring the necessity to rectify the issue to ensure safe and effective self-medication practices among residents.

Addressing this, Aziz et al. (2021) propose education on traditional medicine as a potential solution for self-medication. Community service activities, including counseling sessions and the establishment of a plantation pharmacy, offer practical avenues for promoting safe and informed self-medication practices within the community.

Programs and Policies

Based on the results gathered from focus group discussions and individual interviews, the kind of programs and policies that should be developed to combat self-medication and unhealthy medication practices are those that are geared towards education, regulation, and sustainable intervention.

Table 3.
Suggested programs and policies

Suggested programs and policies	Objectives	Strategies	Outcomes
Information drive on the dangers of self-medication and unhealthy medication practices	To educate the people of Zonta Village on antimicrobial resistance, drug-drug interactions, medication toxicity brought by overdosing, the use of medications not appropriate for the illness (misdiagnosis), and many more harms brought by self-medication and unhealthy medication practices	Invite healthcare professionals, primarily doctor/s and pharmacist/s, to deliver a lecture.	The villagers will know the dangers of self-medication and unhealthy medication practices.
		Gauge villagers' understanding	They will be able to decide against self-medication and will opt for safer options.
		Educate the villagers about the available programs in the area, such as free doctor consultations and pharmacy counseling services.	
		Educate the resident villagers on the harms of antibiotic resistance.	
Medical Missions for communities like Zonta Village	To ensure that villagers can access health services that are currently inaccessible due to financial constraints.	Allocate a question-and-answer portion to educate the villagers on what they need to know about their therapy plan.	The villagers will be able to realize that there are safer ways to treat their illnesses and the importance of healthcare professionals.
	To monitor the medication practices of the villagers.	Invite organizations that may be of assistance to the community's health and well-being.	The villagers will be able to update their prescriptions and stop opting to reuse old prescriptions that may be ineffective.
	To educate the villagers on the importance of doctor consultations and medication counseling.		
Enhance pharmacovigilance systems	To monitor and report adverse drug reactions and medication-related problems associated	Strengthen the local-to-national system of Pharmacovigilance.	The villagers and related entities will be aware of the adverse drug reactions and medication-related

	with.		problems in the area.
		Delegate active monitor personnel.	
			These problems will be addressed through stricter regulation and an educational drive.
		Tighten community-level surveillance.	
Stricter compliance for Pharmacies not to dispense Rx drugs without a prescription, and to standardize the implementation of counseling services in all the regions of the country.	To ensure that patients are safe and are not taking medications that may be outdated or inappropriate for them anymore.	The Professional Regulatory Board, enforcement agencies, and other policy-making bodies should work hand in hand to standardize the practice of Pharmacy in the country.	Patients will not normalize not going to the doctor and not having a prescription.
	To encourage patients to consult their doctors.		Safer and effective dispensing of medications.
	To ensure that medications are taken safely by the people who genuinely need them.	Pharmacy owners and all parties actively involved should convene and strategize the implementation.	

Antibiotic misuse

> **"Gainom pud kog co-amoxiclav– sa ubo man gud na siya. Gamit man pud gud na siya sa akong ugangan gud. Unya, pag-inom namo, nawala."** (I also take co-amoxiclav- its use is for cough. My mother-in-law also used it. When we took it, we were relieved too.) P16

> **“Usahay amoxicillin para sa ubo. Usahay makadala man ang akong anak og amoxicillin, mangayo lang mi. Unya ang amo lang pag-take sa amoxicillin kay three (3) times a day lang.”** (Sometimes I take amoxicillin for a cough. Sometimes my child would bring home amoxicillin, then we are relieved. We take amoxicillin three (3) times a day.) P11

> **"Erythromycin kana lang pag mag mutukar (tonsilitis) lang Ma'am. Duha lang ka tumaran nako, mawala lang man gud Ma’am ang sakit so muundang lang pud ko. Dili nako muinom (ug erythromycin).”** (Erythromycin, if my [tonsillitis] would occur, ma'am. I just took two doses, then I am relieved that I will stop taking [erythromycin].) P11

The transcript above shows how some residents and their family members misuse antibiotics. It also highlights the issue of easy access to antibiotics and how people can obtain them without a prescription, which often lacks proper instructions on their use and misuse. A 2017 study by Alhomoud et al. revealed that educational interventions and

awareness campaigns about the risks and consequences of self-medication can effectively promote safer medication practices.

Easy access to antibiotics

> **"Naay mga pharmacy na wala nagahatag kung walay preskripsyon, pero naa pud gihapon nagahatag. Depende ra."** (Some pharmacies do not give without a prescription, and there are also ones that give. It depends.) P3
>
> **"Usahay, ang akong anak gadalag amoxicillin kay ga obra siya sa SPMC. Gina pangutana ra namo."** (Sometimes, my child can bring amoxicillin because she is working in SPMC. We just ask for it.) P4

The transcript above illustrates how the accessibility of antibiotics significantly contributes to their misuse and abuse. Multiple studies like the study of Alhomoud et al. (2017) on Antibiotic Availability as a Driver for Self-Medication with Antibiotics and the study of El Zowalaty et al., on Self-medication with Antibiotics by the Community of Abu Dhabi Emirate, United Arab Emirates, in 2015 also revealed the significant contribution of antibiotic availability and accessibility in self-medication practices leading to inappropriate use and misuse of antibiotics.

Other programs and policies that may be suggested are regulatory measures and policy interventions, community-based health promotion initiatives, integration of traditional medicine and healthcare systems, community health worker programs, and multidisciplinary approaches to health promotion.

Residents demonstrate active information-seeking behaviors by researching and consulting to verify the efficacy of medications. Many prefer using OTC drugs and purchasing from local pharmacies due to accessibility and affordability (Gupta & Chakraborty, 2023). Family income influences medication use, with low-income households being more vulnerable to improper antibiotic use and the risks of antimicrobial resistance (Fernandez, 2021). The influence of digital and mass media—through online tutorials and health programs—shapes community beliefs about self-medication and traditional remedies (Saha et al., 2022). To address misuse, interventions such as education on traditional medicine, counseling, and community-based "plantation pharmacies" are recommended (Aziz et al., 2021).

Conclusion

Residents of Zonta Village, Tibungco, Davao City, perceive self-medication as an accessible and empowering means to manage minor health conditions, primarily influenced by financial limitations, cultural beliefs, and the perceived convenience of traditional and over-the-counter remedies. Their reliance on herbal and traditional medicine reflects both economic necessity and cultural continuity. However, the practice also poses potential risks, including delayed professional consultation, adverse drug effects, and the misuse of antibiotics.

Findings reveal that social media platforms, such as YouTube, significantly shape health-seeking behaviors by disseminating health-related information and promoting alternative remedies. The interplay of socio-economic constraints, limited access to healthcare, and entrenched community practices underscores the need for targeted health education, stricter pharmaceutical regulation, and the integration of culturally sensitive health interventions.

The study emphasizes the importance of promoting responsible medication practices through community-based initiatives, policy reforms, and the harmonization of traditional and modern healthcare approaches to enhance public health outcomes in the community.

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