

Overview of knowledge, attitudes and behavior of housewives in Denpasar City towards self-medication

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ARTICLE INFO

Article history:

Received Feb 11, 2025

Revised Feb 16, 2025

Accepted Feb 22, 2025

Keywords:

Attitude
Behavior
Housewife
Knowledge
Self-Medication

ABSTRACT

Self-medication is an effort to prevent and treat diseases without consulting a doctor, with housewives as the main actors. Factors that influence self-medication are knowledge, attitudes, and behavior. This study aims to determine the level of knowledge, attitudes, and behavior of housewives in Denpasar towards self-medication. The method used is descriptive observational with a cross-sectional approach. Respondents numbered 100 people who were selected based on inclusion and exclusion criteria. Data were collected through questionnaires and analyzed in the form of a frequency distribution table. The majority of respondents were 26-35 years old (60%), had a college/diploma education (68%), and worked as private employees (39%). The most frequently used medicine was cough and cold medicine (37%). The results showed that 67% of respondents had high knowledge, 58% had a positive attitude, and 92% had good behavior in self-medication. It is hoped that the results of this study will encourage rational self-medication practices, with the support of the government and health institutions in comprehensive education programs, including drug classification. The government and related agencies, including health education institutions, are trying to strengthen self-medication knowledge improvement programs, which not only focus on DAGUSIBU (can, use, store, dispose), but also drug classification and others.

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INTRODUCTION

Self-care or self-medication is one of the health resources in the health system. The World Health Organization defines self-medication as an effort by oneself to prevent or treat disease or maintain health without consulting a doctor (Rutter, 2015). According to data from the Central Statistics Agency (BPS), the prevalence of self-medication practices in Indonesia in 2022 experienced a significant increase, especially in the province of Bali. In 2020, the prevalence of self-medication in Bali was 60.36% and this prevalence increased to 75.41% in 2022 (Statistics, 2024),(Zaini, 2021). This

proves that more and more people are doing self-medication based on the increasing percentage every year (Fatimah & Soewondo, 2022).

Self-medication practices can be started from the smallest scope, namely the family. Housewives are needed to always carry out rational self-medication practices. Previous research related to the use of traditional medicine in families found that most respondents who did self-medication were women who worked as housewives (Oktarlina et al., 2018). Previous research on female respondents aged 18-50 years was found to have quite good knowledge and a positive attitude towards self-medication using analgesics (Diah Gayatri et al., 2023). However, based on a dialogue conducted with housewives in Denpasar City in 2018, it was found that many housewives in Denpasar City do not have good knowledge, attitudes, and behaviors related to self-medication. Misperceptions that occur are usually related to the purchase, use, storage, and disposal of drugs (Permatananda et al., 2020).

The practice of self-medication among housewives is influenced by the ease of access to drug information and the large number of pharmacies in Indonesia. This practice has positive effects, such as helping the government in health development and reducing medical costs. However, if not done properly, it can cause negative effects, such as drug misuse, lack of information, and unwanted drug reactions, which can lead to treatment failure or new diseases (Permatananda et al., 2020). Previous studies have shown that drugs frequently used for self-medication are analgesics, antipyretics, and antibiotics for complaints such as headaches, coughs, flu, fever, and body aches (Abdelwahed et al., 2022).

Housewives play an important role in maintaining family health, especially in making decisions about treatment. They are responsible for caring for their families, especially children and elderly people who are vulnerable to illness, so self-medication is often done as a practical solution. In carrying out this role, housewives often rely on knowledge obtained from various sources, such as doctor's prescriptions, friends' advice, and advertisements in the mass media. Research shows that housewives who self-medicate have better knowledge about treatment (Permatananda et al., 2020). However, it is important to ensure that the knowledge possessed is sufficient so that the use of drugs does not cause risks or unwanted side effects (Atray & Vijay, 2018).

This research was conducted in Denpasar City. The reason for choosing the research location is because it has a fairly dense population demographic with the smallest area compared to other regencies in Bali, namely Klungkung. The population in Denpasar is 727,000 people, while in Klungkung it only has 210,000 people. The number of housewives in Denpasar City is 71,082 (Denpasar Data Center, 2022). Research related to knowledge, attitudes, and behavior of self-medication in housewives in Denpasar City is still relatively limited and there are a number of variations in research results such as the types of drugs used in previous self-medication, so researchers are interested in describing the knowledge, attitudes, and behavior of housewives in Denpasar City towards self-medication.

RESEARCH METHOD

The method used in this study is a descriptive observational research method with a cross-sectional approach. Respondents in this study were housewives in the city of Denpasar, with inclusion criteria: married women, at least 19 years old, have a residential address in the city of Denpasar, have practiced self-medication or bought medicine without a doctor's prescription, and are willing to fill out a questionnaire, and exclusion criteria include: over 60 years old and have chronic diseases. The selection of respondents used the consecutive sampling technique with the number of respondents needed as many as 100 respondents calculated using the Slovin formula.

Measurement of knowledge, attitudes, and behavior of respondents in this study used a questionnaire that had been used in a study conducted by Handayani, Sudarso, and Kusuma in 2013. Each questionnaire had 10 questions about self-medication and drugs. The questionnaire to

measure knowledge, attitudes, and behavior in housewives was declared valid with an r value >0.69 and reliable with a Cronbach's alpha value >0.75 (Handayani et al., 2013).

The data collection process was carried out after the proposal was declared to have passed the ethics test by the Health Research Ethics Commission (KEPK) FKIK Universitas Warmadewa with number 427/Unwar/FKIK/EC-KEPK/V/2024. Researchers distributed questionnaires via electronic media and conducted direct respondent searches. The collected data were then analyzed using Microsoft Excel. Descriptive analysis was carried out to describe the characteristics of respondents including age, education, occupation, type of drug, knowledge, attitudes, and behavior of respondents towards self-medication. Data are presented in the form of frequency distribution tables and percentages.

RESULTS AND DISCUSSIONS

This study successfully obtained 117 housewife respondents in Denpasar City who had met the inclusion and exclusion criteria. A total of 100 respondents had met the inclusion criteria, while 16 respondents were included in the exclusion criteria because they suffered from chronic diseases that required regular medication consumption and 1 respondent did not agree to participate in filling out the questionnaire. The respondents filled out the questionnaire correctly and carefully in reading each question so that it was easier for researchers to assess the respondents' answers. The characteristics of the respondents are as seen in table 1.

Table 1. Respondent characteristics

Characteristics (n=100)	Frequency	Proportion (%)
Age		
Late teens	13	13.0
Early adulthood	60	60.0
Late adulthood	14	14.0
Early elderly	12	12.0
Late elderly	1	1.0
Education		
No school	0	0
SD	1	1.0
JUNIOR HIGH SCHOOL	6	6.0
High School/Vocational School	25	25.0
College/diploma	68	68.0
Work		
civil servant	5	5.0
Private employees	39	39.0
Self-employed	15	15.0
Doesn't work	32	32.0
Other	9	9.0

Based on Table 1, 60% of respondents are in early adulthood, namely 26-35 years old. The highest education of respondents is college/diploma, namely 68%. As many as 39% of respondents work as private employees. The types of self-medication used are as shown in table 5.2, as many as 37% of respondents use cough and cold medicine. Other types of drugs used include 17% analgesics, 14% stomach medicine, 11% herbal medicine, 8% antibiotics, 7% others include vitamins and headache medicine, and 6% antidiarrheal.

Table 2. Types of self-medication drugs

Types of self-medication drugs	Frequency	Proportion (%)
Analgesics (pain relievers) painful)	17	17.0
Antibiotics (drugs) antibacterial)	8	8.0
Cough and cold medicine	37	37.0

Types of self-medication drugs	Frequency	Proportion (%)
Antidiarrheal	6	6.0
Stomach medicine	14	14.0
Herbal medicine	11	11.0
Other	7	7.0

Knowledge measurement in this study used a questionnaire that had been used in a study conducted by Handayani, Sudarso, and Kusuma in 2013. The questionnaire consisted of 10 questions with the answer choices "True" and "False". If the answer choice is "True" it will get a score of 1, if the answer chosen is "False" it will get a score of 0. The results of the distribution of housewives' knowledge scores on self-medication are shown in table 3.

Knowledge of Housewives in Denpasar City Regarding Self-Medication

Table 3. Distribution of housewife knowledge in denpasar city

No	Statement	Correct	Wrong
		n (%)	n (%)
1.	Self-medication is treating minor illnesses using over-the-counter and limited over-the-counter drugs without... doctor's prescription.	94 (94%)	6 (6%)
2.	Drugs are divided into three groups (over-the-counter drugs, limited over-the-counter drugs, prescription drugs).	13 (13%)	87 (87%)
3.	The over-the-counter drug logo is a blue circle with a black border.	43 (43%)	57 (57%)
4.	The following is an example of a restricted over-the-counter drug, namely Paracetamol.	23 (23%)	77 (77%)
5.	If self-medication is unsuccessful (does not heal), then immediately consult a doctor.	97 (97%)	3 (3%)
6.	The use of antibiotics is stopped if the symptoms of the disease have resolved.	73 (73%)	27 (27%)
7.	Storage of medicines according to the dosage form and stored in a cool place and protected from sunlight.	98 (98%)	2 (2%)
8.	Three times a day means the medicine is taken every 8 hours.	87 (87%)	13 (13%)
9.	Expired or damaged medicines are thrown in the trash along with the original packaging.	74 (74%)	26 (26%)
10.	Expired drugs are marked by changes in color, taste, and smell.	95 (95%)	5 (5%)

Of the 10 questions in table 3, most respondents (>50%) were able to answer questions 1, 5, 6, 7, 8, 9, and 10 correctly. Meanwhile, for questions 2, 3, and 4 related to drug classification, most respondents were unable to answer the questions correctly or answered incorrectly. The knowledge score was then categorized into 2 levels, namely high knowledge if the total score was 7-10, while low knowledge if the total score was <7 (Handayani et al., 2013). In this study, as seen in table 4, 67% of respondents had high knowledge, and 33% of respondents had low knowledge. Only 1 out of 100 respondents (1%) managed to answer all questions correctly.

Table 3. Level of knowledge of housewives in denpasar city

Variable (n=100)	Frequency	Proportion (%)
High knowledge	67	67.0
Low knowledge	33	33.0

Attitudes of Housewives in Denpasar City Towards Self-Medication

Attitude measurement in this study used a questionnaire that had been used in a study conducted by Handayani, Sudarso, and Kusuma in 2013. In the questionnaire there are 5 answer

categories "Strongly Agree", "Agree", "Undecided", "Disagree" and "Strongly Disagree". In the attitude questionnaire, there are 2 types of questions. Positive questions on questions 1, 2, 3, 4, 5, 6, and 8 have a value of 1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree. While questions number 7, 9, and 10 are negative with a value of 5 = strongly disagree, 4 = disagree, 3 = undecided, 2 = agree, 1 = strongly agree.

In the study, it was found that the positive questions on questions 1, 2, 3, 4, 5, 6, and 8 had an average value close to 5, which indicated the respondents' agreement with the questionnaire questions. While for the negative questions on questions 7, 9, and 10, most respondents had an average value close to 5, which indicated the respondents' disagreement with the questionnaire statement. The results of the distribution of housewives' attitude values towards self-medication are shown in table 5

Table 3. Distribution of housewife attitudes in denpasar city

No	Statement	Mean±SD (n=100)
1.	Self-medication is usually done to treat minor illnesses/ disorders without a prescription from a doctor.	4.31±0.66
2.	Before doing self-medication, you must properly recognize the symptoms or complaints.	4.37±0.63
3.	Self-medication is safe if used according to the rules on the drug label or packaging.	4.3±0.64
4.	If the disease gets worse, stop treatment and go to the doctor.	4.58±0.57
5.	Dtwice a day means the medicine is taken every twelve hours	4.57±0.97
6.	OThe liquid form of the bat is drunk using a tablespoon.	3.66±1.16
7.	All diseases can be treated by self-medication.	3.52±1.17
8.	MThrow away expired medicines along with their original packaging.	3.65±1.19
9.	MStore medicine in a damp place and away from sunlight	3.85±1.35
10.	The use of antibiotics is stopped if the symptoms of the disease have resolved.	3.61±1.27

Based on table 5, in positive statements such as questions 1, 2, 3, 4, and 5, the average value of respondents is more than 3, which indicates that most respondents agree with the statement. However, in statements 6 and 8 which are also positive, most respondents are hesitant. The hesitant attitude of respondents is also shown in statements 7, 9, 10 which are negative statements. The average value of respondents on all questions in this study was 4.042. Respondents' attitudes are stated positive if the value is more than the average value and are stated negative if the value is less than the average value (4.0). Based on table 6, as many as 58% of respondents have a positive attitude. While 42% of respondents have a negative attitude.

Table 6. Level of Attitude of Housewives in Denpasar City

Variable (n=100)	Frequency	Proportion (%)
Positive attitude	58	58.0
Negative attitude	42	42.0

Behavior of Housewives in Denpasar City Towards Self-Medication

Knowledge measurement in this study used a questionnaire that had been used in a study conducted by Handayani, Sudarso, and Kusuma in 2013. The questionnaire consisted of 10 statements with the answer choices "Yes" and "No". For statements number 1, 2, 4, 5, 7, 8, 9, and 10, each answer "Yes" gets a value of 1, if the answer "No" gets a value of 0. While for statements no. 3 and 6, each answer "Yes" gets a value of 0, and the answer "No" will get a value of 1. The results of the distribution of housewives' behavior towards self-medication are shown in table 7

Table 7. Distribution of housewife behavior in denpasar city

No	Question	Yes	No
		n (%)	n (%)
1.	Before doing self-medication, I know the symptoms or complaints of the disease well	97 (97%)	3 (3.0%)
2.	I use over-the-counter medications according to the instructions on the packaging or brochure/leaflet.	82 (82%)	18 (18%)
3.	I used over-the-counter drugs continuously for a long period of time even though the symptoms of the disease had resolved.	87 (87%)	13 (13%)
4.	The rules for using the medicine are three times a day, that is, I take the medicine every 8 hours.	88 (88%)	12 (12%)
5.	I threw the damaged medicine in the trash along with the original packaging.	71 (71%)	29 (29%)
6.	I stopped using antibiotics when the symptoms of the disease had resolved.	72 (72%)	28 (28%)
7.	In doing self-medication, I asked the pharmacist for the right choice of medicine and complete information.	99 (99%)	1 (1%)
8.	If self-medication is unsuccessful (does not heal), then I immediately consult a doctor.	97 (97%)	3 (3%)
9.	I keep medicines in their original packaging and in tightly closed containers.	97 (97%)	3 (3%)
10.	I use the medicine that other people with the same symptoms recommend for self-medication.	54 (54%)	46 (46%)

Based on table 7, most respondents (>50%) answered “Yes” to statements number 1, 2, 4, 5, 6, 7, 8, 9, and 10, and answered “No” to statements number 3 and 6. This indicates good behavior carried out by most respondents. Behavioral values are then categorized into 2 levels, namely good behavior if the total value is 7-10, while bad behavior if the total value is □□ (Handayani et al., 2013). Based on table 5.8, this study found that respondents who were included in the good behavior category were 92%, and the bad behavior category was 8%.

Table 8. Level of housewife behavior in denpasar city

Variable (n=100)	Frequency	Proportion (%)
Good behavior	92	92.0
Bad behavior	8	8.0

Discussion

Respondent Characteristics

This study shows that most respondents (60%) are in early adulthood (26-35 years). Adults often choose self-medication because of the ease of access to drugs in pharmacies and busyness that prevents visits to the doctor, but the use of self-medication must be done carefully because of the risk of side effects (Probosiwi, 2022).

Most respondents (68%) have a college/diploma degree. Higher education increases knowledge about drugs and allows individuals to be more confident in self-diagnosing and choosing the right drugs (No et al., 2024).

As many as 39% of respondents work as private employees. Private employees often choose self-medication because of their high level of busyness, as well as the ease and practicality of obtaining medicine. They are also more confident in choosing medicine thanks to information obtained from the work environment, family, and friends. Lawrence Green's theory states that these environmental factors influence individual mindsets and behaviors related to drug use (“pdf-soekidjo-notoadmodjo-public-health-science-and-arts-jakarta-rineka-cipta-2011_compress (1).pdf,” nd).

Types of Self-Medication Drugs

The type of self-medication most commonly used by respondents was cough and cold medicine, which reached 37%. Other types of drugs included 17% analgesics, 14% stomach medicine, 11% herbal medicine, 8% antibiotics, 7% others such as vitamins and headache medicine, and 6% antidiarrheal. Hidayati's (2018) research showed that cough medicine was the most frequently used medicine by respondents in Morobangun RW 08, with 66 respondents choosing this medicine. The choice of cough and cold medicine was dominated because these complaints often occur, are relatively mild, and the ease of obtaining medicine at the pharmacy without a doctor's prescription (Dewi et al., 2024)

The use of analgesic drugs aims to relieve pain such as toothache, headache and joint pain (Hidayati et al., 2018). In addition, poor diet often causes ulcers, with symptoms of heartburn and nausea. If left untreated, these symptoms can develop into more serious stomach diseases. Therefore, many people choose stomach ulcer medication in tablet form to reduce these symptoms (Wahyudi et al., 2023). The choice of herbal medicine is also quite popular because it is considered to be free of chemicals, more affordable, and is considered effective in overcoming symptoms of the disease. Some types of herbal medicine that are commonly chosen are herbal medicine containing ginger, turmeric, and temulawak (Maharianingsih, 2023)

However, the use of self-medication should be done with caution, and it is important to know when is the right time to consult a medical professional. This self-medication effort cannot be separated from the truth of the information received by the community. Many respondents obtained information about the use of drugs from various sources, including electronic media (Hidayati et al., 2018). The choice of types of drugs used in self-medication in this study focused on drugs intended for minor complaints, which are indeed permitted to be purchased without a doctor's prescription, in accordance with the definition of self-medication according to WHO, namely a practice carried out by a person to overcome symptoms or minor complaints using drugs (Permatananda et al., 2020).

Knowledge of Housewives in Denpasar City Regarding Self-Medication

This study measured mothers' knowledge about self-medication with 10 questions, where most respondents (>50%) were able to answer correctly about the definition of self-medication, antibiotic use, drug storage, and signs of expired drugs. However, many had difficulty answering questions about drug classes, drug logos, and examples of over-the-counter drugs. Previous research showed that 52.2% of respondents understood self-medication as a preventive measure, and 78.8% knew how to properly dispose of drugs, although 47.8% did not know the classification of drugs (Sari et al., 2021)

Increasing understanding of self-medication is important to do through DAGUSIBU counseling which emphasizes how to use the right medicine. This socialization often does not focus enough on the classification of medicine, which causes low public understanding. (Dewi et al., 2024). The public needs to be given clear information and encouraged to use trusted sources of information such as doctors or pharmacists (Probosiwi, 2022).

As many as 67% of respondents have high knowledge, while 33% have low knowledge, and only 1% can answer all questions correctly. This is in line with Purwati's research (2023), which shows that the majority of respondents have good knowledge (94.7%). Knowledge is influenced by experience, environment, and socio-culture. Previous research shows that housewives have good knowledge (66.1%), which is obtained from personal and social experiences, such as PKK activities (Purwati et al., 2023). Technological developments also make it easier for mothers to find self-medication information through electronic media (Purwati et al., 2023).

Attitudes of Housewives in Denpasar City Towards Self-Medication

This study shows that the majority of respondents agree with the usefulness, symptoms, and rules of self-medication, with an average value approaching 5, indicating agreement with the statement. This finding is in line with previous studies that found that most respondents were

aware that self-medication should only be done for mild symptoms and not for chronic diseases (Bunardi et al., 2021). However, respondents tended to disagree with statements regarding proper drug disposal and storage, indicating public ignorance.

In addition, most respondents were unsure about the use of measuring spoons for liquid medicines and how to dispose of expired medicines, which should be done with the correct procedure, such as using the measuring spoon provided and crushing the pills or emptying the liquid medicine into the drain (Oktriani et al., 2020). This hesitation may be due to low knowledge, because lack of knowledge can influence hesitant attitudes towards self-medication. This is consistent with the findings of Muluneh et al. (2023), which explains that attitudes towards self-medication are influenced by understanding the risks and benefits of using non-prescription drugs (Purwati et al., 2023).

The results of the study showed that 58% of respondents had a positive attitude towards self-medication, while 42% had a negative attitude, which is in accordance with Kamba's research (2022) (Kamba et al., 2022). Attitudes towards self-medication are influenced by an individual's knowledge and beliefs about the consequences (Ajzen, 2020). Health education programs, such as DAGUSIBU, play an important role in increasing health literacy regarding the safe use of medicines, but their implementation still needs to be improved to increase their effectiveness in encouraging safe self-medication (Permatananda et al., 2020).

Housewives' Behavior Towards Self-Medication

This study shows that most respondents have good behavior related to self-medication, such as recognizing symptoms of the disease and using medication according to instructions. This is in line with the research of Farasyi et al. (2023), which states that self-medication is chosen because of its lower cost, easy method, and practicality (Farasyi, Rahmi, Suryawati, Kunci, & Toddlers, 2023). In addition, Widyaningrum (2021) found that 95.5% of respondents had good behavior in understanding drug information, such as how to use, store, and check the side effects of drugs [17]. This understanding is important so that self-medication can be done safely, one of which is by reading the instructions for use listed on the label.

However, this study also showed that housewives did not agree with the continuous use of over-the-counter drugs and discontinuation of antibiotics after symptoms resolved. Hidayati et al. (2018) found that respondents were often unaware of the potential side effects of over-the-counter drugs, which could be dangerous if used without supervision (Hidayati et al., 2018). Inappropriate antibiotic discontinuation can also lead to resistance, which is a major threat to global public health. The results of this study showed that 92% of respondents had good behavior, in line with Bunardi (2021), who found that most respondents had positive behavior towards the use of analgesic drugs in self-medication (Bunardi et al., 2021).

Some factors that influence self-medication behavior are education, social support, and cultural factors. Higher education can improve understanding of wise drug use, while support from family, friends, and community also play a role in encouraging good self-medication behavior (Sitindaon, 2020). However, socioeconomic factors and limited access to health facilities often make people choose over-the-counter drugs that can be purchased without a doctor's prescription (Probosiwi, 2022). In addition, Lawrence Green's theory states that self-medication behavior is influenced by predisposing, supporting, and driving factors, which include knowledge, access to health services, and family and community support ("pdf-soekidjo-notoadmodjo-public-health-science-and-arts-jakarta-rineka-cipta-2011_compress (1).pdf," nd).

CONCLUSION

Based on the results of this study, most housewives in Denpasar City showed high knowledge (67%), positive attitudes (58%), and good behavior (92%) related to self-medication. However, there are still a small number of housewives who have low knowledge (33%), negative attitudes

(42%), and bad behavior (8%) in terms of self-medication. This study suggests that further research can examine the factors that influence the knowledge, attitudes, and behavior of housewives related to self-medication. Housewives are also expected to continue to improve their knowledge about health and self-medication, and use valid and reliable sources of information.

In addition, the results of this study encourage health education institutions to assist the government in promoting self-medication knowledge to housewives. The government, in this case the Health Office and BPOM, need to increase the effectiveness of the DAGUSIBU program by not only emphasizing the tagline "can, use, store, and dispose" but also strengthening drug classification and other aspects related to self-medication. Increasing understanding and proper practice in self-medication is expected to support safe and rational treatment efforts for the community.

ACKNOWLEDGE

I would like to express my gratitude to all parties who acted as supervisors and helped facilitate the research so that the research could run well and provide benefits to the community.

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