

CHAPTER I

INTRODUCTION



1.1 Background

Health is a fundamental human right. The right to get access to health care, such as essential drugs, is one critical determinant of population health (Wiedenmayer, et al., 2006). The quality of health services can be measured by the availability of affordable and effective drugs as one of the most visible indicators. (Attridge & Preker, 2005).

The World Health Organization (WHO) defines the mission of pharmacy practice as *“to provide medications and other health care products and services and to help people and society to make the best use of them”* (WHO, 1996).

The use of pharmaceuticals not only deals with pharmacological issues. The condition of safe, effective and affordable medicinal drugs of good quality and in the right quantity to the whole population and used rationally and appropriately, should be a priority in health and drug policies (International of Health Care Research [IHCAR], 2001).

Privatization of drug provision emphasizes the necessity to deal both with the private and public sectors in the same policy with ongoing health care reform. With the increasing number of private sector pharmacies and bypassing the public health

facilities, there needs to be strong and extensive regulation with effective implementation strategies (IHCAR, 2001).

The role of the pharmacist is increasing rapidly to meet the needs of modern health care systems. Ensuring correct dispensing of prescribed medicines aligned with prescriptions and providing good advice on responsible self-medication are the important parts of the service provided by the pharmacist (Federation Internationale Pharmaceutique [FIP]. 2000). FIP introduces the Good Pharmacy Practice as the standard for pharmaceutical services. Good Pharmacy Practice is a basic standard for pharmacist to the activities in pharmacy with; the promotion of health, the supply of medicines and medical devices, patient self-care and improving prescribing and medicine use by pharmacists' activities (WHO, 1996).

Drug expenditure for health in developed countries has difference with developing countries. In developing country such as Indonesia, drug expenditure contributed about 40% of the health expenditure in 1996 (WHO, 1997). As the figures of Asia Region, the private expenditure is dominant to the health expenditure, and most of the expenditure comes from out-of-pocket. In the US, 47.6% of prescription drug expenditures were paid by health insurances, 27.5% by state-funded health insurance and only 24.9% by individuals (Christensen & Farris, 2006).

Although many studies show a key factor motivating self medication is cost-efficiency, there is lack of information due to self-medication practice. In Yogyakarta, a study of self-learning method to improve the quality of self-medication found the most of the patients only knew about the brand name of the drug, not the active

compound (Suryawati, 2003). It could be possible that a patient uses concomitant drugs of the same compound. Also there is a practice of self medication incorrectly, increasing risks for using the same drug for long time such as analgesic.

Many previous studies have been focused on the standard of pharmaceutical services. But anyway, there is a little information for the figures of consumers and self-medication practice with private pharmacies in Indonesia. Therefore, this study focused on the pharmaceutical services in community and the consumer practices for self-medication.

1.2 Rational of the study

Drugs are often the most important cost driver of health care expenditure on hospitals and ambulatory care. Patients who have accessed to adequate and effective drugs at the time of need are more likely to be happy with the treatment they receive. When such drugs are not available or ineffective after use, patients will go elsewhere, even if they have to pay high prices to private providers, to get the care they think they need.

Drugs are special commodity. Used appropriately they can save lives and improve health; used inappropriately they can be harmful and even fatal. Drugs are costly inputs into health care services (WHO, 1997a). Although often self-prescribed and self-administered the reasons behind the efficacy of drugs remain a mystery to the average customer. It is not surprising that the pharmaceutical market differs substantially from other markets (Bennett et al., 1997).

Informational imbalance (or asymmetries) probably constitutes the most serious form of market failure in the pharmaceutical sector. As in the health care sector generally, the consumer (or patient) often knows less than the prescriber or dispenser (Bennett et al., 1997). Several types of informational problems occur such as drug efficacy, drug quality or the appropriateness of the drug.

The increased number of pharmaceutical market also increases self-medication practices among the people. Especially in the big city, when people need self-medication, pharmacists are strategically position to serve as the gate-keeper for that information they need (Khroutski et al., 2002; Covington, 2006). In this situation pharmacists should have good pharmacy practice in the community pharmacy, giving the basic information about the medication to their customers and providing good services with standard facilities.

1.3 Research question

- a. What is the current situation of community pharmacy practice in East Jakarta Municipality?
- b. What are the practices of good pharmacy practice for the pharmacist in community pharmacy and the customer knowledge and practice about self medication?
- c. How do the community pharmacies implement the standard of good pharmacy practice?
- d. Does the new government regulation impact to the market and improve the pharmacy practice in East Jakarta?

1.4 Research Objective

1.4.1 General Objective

The objective of the research was primarily focus on description of delivery of health care services by community pharmacies in terms of Good Pharmacy Practice, customer knowledge and perception about self-medication, and the pharmacies knowledge about regulatory information in East Jakarta Municipality.

1.4.2 Specific Objective

- To explore and describe the quality of pharmacy services in terms of good pharmacy practice in retail private pharmacies in the community in East Jakarta.
- To investigate the knowledge and practice of consumers about self medication, their expectation and some related drug problems.
- To investigate the knowledge of pharmacists about regulation of pharmaceutical and the available of regulation document.

1.5 Hypothesis of the Study

- There is an association between demographics of community pharmacy with good pharmacy practice.
- There is an association between demographics of community pharmacy with regulation knowledge and the available of document regulation.
- There is an association between demographics of customer with knowledge of customer about self-medication practice.
- There is an association between good pharmacy practice and customer information from pharmacy about self-medication.

1.6 Variables in the Study

Independent variables for community pharmacy.

- Gender of pharmacist.
- Age of pharmacist.
- Years of experience of pharmacist.
- Type of pharmacy.
- Amount of prescription.
- Job status of pharmacist.
- Other job (occupation) of pharmacist.
- Frequency of pharmacist comes to pharmacy.

Dependent variables for community pharmacy.

- Good Pharmacy Practice.
- Regulation knowledge and the availability of document.

Independent variables for pharmacy customer.

- Gender.
- Age.
- Education.
- Occupation.
- Income.

Dependent variables for pharmacy customer.

- Knowledge of customer for self-medication practice.

1.7 Operational Definition

Amount of prescription: *the average amount of prescription coming to pharmacy in a week.*

Antibiotics: *all oral/systemic antibiotics include wide or narrow spectrum.*

Availability of regulation document: *The presence of regulation document (standard of pharmacy service, Generic labelling, Price labelling, and Generic drug price) during visiting the pharmacy.*

Blood/Blood related drugs: *Include antihypertension, antihyperlipidemia, etc.*

Branded drug: *a drug which is produced and distributed with patent protection which can enable for the profit to the producers due to their investment on research and development.*

Community Pharmacy: *The area of pharmacy practice in which medicines and other related products are sold or provided directly to the public from a retail (or other commercial) outlet designed primarily for the purpose of providing medicines. The sale or provision of the medicine may be either on the order or prescription of a doctor (or other health care worker), or “over the counter” (OTC).*

Customer: *person who come to the pharmacy for self medication practice by buying drugs without prescription. The age of customer is between 17 – 65 years old.*

Drug information: *in this study the terms of drug information is associated with the purpose, dosage, use direction, duration, storage, side effect, safety concern and expire date of the drugs.*

Free limited drugs: *Drugs that can be sold without prescription in limited amount under the supervision of pharmacist. Typically the drug label has warning box. In warning box the producer should write: **Caution ! Read the label before use.** The sign on the pack is a blue circle.*

Generic drug: *a drug which is produced and distributed without patent protection whereas the patent has expired, with a very low price.*

GI Tract drugs: *Drug for any disturbances on GI tract, ulcer, diarrhoea, etc.*

Good Pharmacy Practice: *a basic standards for the promotion of health, the supply of medicines, medical devices, patient self care and improving prescribing and medicine use by pharmacists' activities. In this study the terms is for the practice of pharmacy within the facilities, promoting good health, reception, medication record, storage system, equipment, self-care practice, and source of information.*

Information from pharmacy: *Information from pharmacies associated with the purpose, dosage, use direction, duration, storage, side effect, safety concern and expire date of the drug that customers get from pharmacy.*

Job status of pharmacist: *Pharmacist status of working. It is explain whether the pharmacist has other job beside their job as pharmacist in community.*

Knowledge of customer: *Knowledge of customer about the drug he/she bought associated with the purpose, dosage, use direction, duration, storage, side effect, safety concern and expire date of the drug.*

Non-oral drugs: *All non-oral drugs (eye drop, eardrop, skin ointment and cream, suppositories, antiseptics, etc.)*

OTC drugs: *drugs that is considered safe for general consumption. These drugs can be found easily in drugstore, or mini store. In Indonesia the sign for this drug is the green circle on the pack. Vitamins are in this category.*

Other Chronic drugs: *Drug for chronic disease includes Allupurinol.*

Pharmacist Assistant: *A person with formal education equal to high school or university diploma and has a work permit as a pharmacist assistant released by Ministry of Health.*

Pharmacist: *A person with a formal higher qualification (one-year) after bachelor degree of pharmacy and has a work permit as a pharmacist released by Ministry of Health.*

Pharmacy practice: *the provision of medications and other health care products and services and to help people and society to make the best use of them.*

Prescription Drugs: *Drugs that only can be sold based on the prescription from physician. The sign for this class is the red circle on the pack.*

Rational use of Medicine: *requires that patients receive medication appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community.*

Regulation Knowledge: *The knowledge of customer about the regulations (1) standard of pharmacy service, (2) Generic labelling, (3) Price labelling, and (4) Generic drug price that released by Ministry of Health Republic Indonesia.*

Self-care: *Self-care is what people do for themselves to establish and maintain health, prevent and deal with illness. It is a broad concept encompassing:*

hygiene (general and personal); nutrition (type and quality of food eaten); lifestyle (sporting activities, leisure etc.); environmental factors (living conditions, social habits, etc.); socioeconomic factors (income level, cultural beliefs, etc.); self-medication.

Self-medication practice: *The practice of customer when they do self-medication. In this study the terms include the information from pharmacy and knowledge of customer.*

Self-medication: *the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms. Self-medication is one element of self-care.*

Self-medication practices: *in this study it means the knowledge of customer about the drug they bought. The knowledge consisting both information from pharmacy and the customer's knowledge about drug associated with the purpose, dosage, use direction, duration, storage, side effect, safety concern and expire date of the drugs.*

Symptomatic drugs: *e.g. NSAID, Cough relief, antiallergic.*

Type of pharmacy: *the type of pharmacy in terms of independent or chain pharmacy.*

Years of pharmacist experience: *The pharmacist experience of working as pharmacist in the community pharmacy.*

1.8 Conceptual Framework

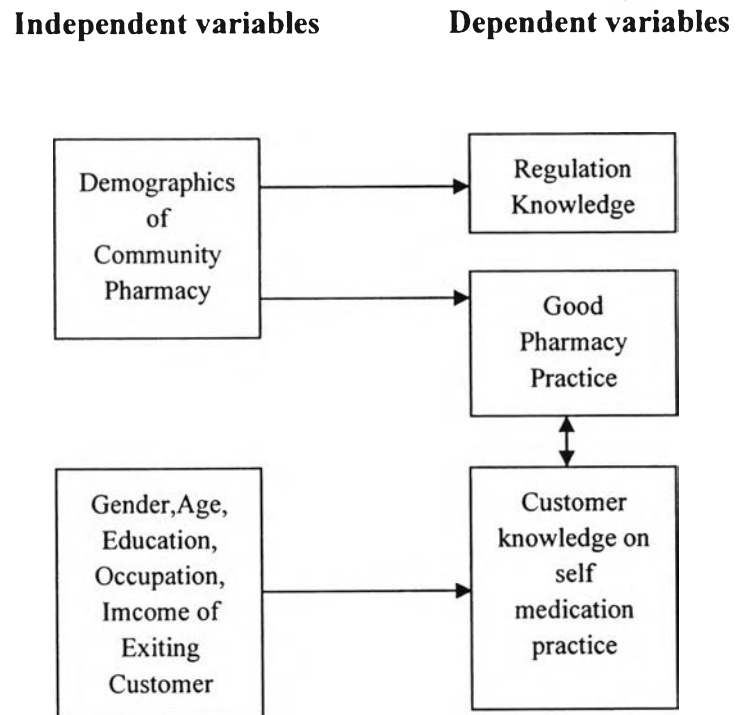


Figure 1: Conceptual framework