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Prevalence and Determinants of Self-Medication Practices Among Bank of Uganda Staff: a Cross sectional study

Ayub Twaha
ayubutwaha@gmail.com
Cavendish University
Shallon Atuhaire
Cavendish University
Ali Mwakha
Makerere University

Research Article

Keywords: Self-medication, antibiotics, prevalence, Bank of Uganda, behavioral determinants

Posted Date: March 16th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-8851442/v1

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Additional Declarations: No competing interests reported.

Abstract

Background

This study investigated the prevalence and determinants of self-medication practices among staff at the Bank of Uganda.

Methods

A cross-sectional design was employed, with data collected from 369 respondents using structured questionnaires. Analysis included descriptive statistics, cross-tabulations, and logistic regression.

Results

Findings revealed a high prevalence of self-medication at 89.7%. Perceived behavioral control ($b = 0.219$, $p < 0.001$) and subjective norms ($b = 0.255$, $p < 0.001$) were strong determinants of self-medication practices.

Conclusion

In conclusion, the study highlights the widespread nature of self-medication among Bank of Uganda employees and underscores the importance of targeted interventions to promote safe medication behaviors within this population.

Background

Self-medication refers to the practice of individuals using medicinal products to treat their own recognized health issues or symptoms, or the ongoing use of prescription medications for chronic or recurring conditions, without the direct guidance of a medical professional (Mehmood et al., 2016). According to Nasir et al., (2020), self-medication is inappropriate and injudicious use of medicines to treat self-recognized symptoms by the patients. Self-medication also involved acquiring medicines without a prescription or resubmitting old prescriptions to purchase medicines, sharing medicines with relatives or members of one's social circle or using left over medication or failing to comply with the professional prescription, either by prolonging it or interrupting it too early or decreasing or increasing the originally prescribed dose (Mehmood et al., 2016).

Determinants influencing self-medication practices include individual characteristics such as gender and marital status, household factors like size and existing self-medication habits, and systemic healthcare challenges (Nakato et al., 2023; Ocan et al., 2014). Notably, males and single individuals display higher rates of internet-enabled self-medication, whereas larger households and inadequate medical explanations from providers reduce the practice (Nakakande et al., 2023). The normalization of antibiotic misuse, fuelled by easy online access, has accelerated antimicrobial resistance, a critical global public health crisis (Ayosanmi et al., 2022; Rather et al., 2017). For example, in Tanzania, 58% of rural residents reported self-medicating with antibiotics like amoxicillin for conditions such as coughs and diarrhea, often driven by emergency needs or cost barriers (Aslam et al., 2024). These patterns underscore the urgent need for stricter regulation of drug sales, community education on antibiotic stewardship, and improved healthcare access to mitigate risks (Agarwal et al., 2021; Kamba, P., et al., 2020).

In Africa, up to 80% of certain populations rely on self-medication as a cost-effective alternative to formal healthcare (Mohammed et al., 2021). Factors such as inadequate healthcare infrastructure, cultural beliefs, and expanding internet access have facilitated this trend (Agarwal et al., 2021; Ikwara & Atwijukiire, 2023). In Uganda, the prevalence of self-medication stands at approximately 63.5%, influenced by perceptions of minor illnesses, time constraints, and the ready availability of non-prescription drugs (Niwandinda et al., 2020). Among bank staff, busy schedules, drug knowledge, and internet use further contribute to self-medication behaviors (Oluyemi et al., 2015).

From a policy standpoint, widespread self-medication poses significant challenges for public health governance. Uganda's National Drug Policy and Authority Act mandates prescription-only access for antibiotics and other potentially harmful drugs (MOH, 1993). However, enforcement remains weak due to limited resources, inadequate monitoring, and the proliferation of informal drug outlets, undermining regulatory effectiveness (Kamba, P., et al., 2020). The rapid expansion of internet access has outpaced regulatory capacity, enabling unregulated online pharmacies and misinformation to flourish, complicating efforts to control inappropriate self-medication (Agarwal et al., 2021).

Cultural acceptance of self-care and traditional medicine, combined with systemic barriers like long wait times and high costs in public health facilities, encourage individuals to bypass formal healthcare channels (Ikwara & Atwijukiire, 2023; Niwandinda et al., 2020). Policymakers increasingly advocate for integrated strategies combining stricter drug sale regulation, public education on self-medication risks, and improved access to affordable healthcare. Digital health literacy programs targeting professional groups, such as bank employees, may mitigate risks by promoting responsible use of online health information (Mohammed et al., 2021; Oluyemi et al., 2015).

Self-medication constitutes a widespread public health concern in Uganda, with prevalence rates reaching up to 76.5% across various populations (Mehmood et al., 2016; Niwandinda et al., 2020; Ocan et al., 2014). However, studies have been limited to students with little known about how these dynamics play out among banking professionals.

Bank of Uganda staff represent a professional group whose work environment, marked by long hours, high stress, and limited opportunities for healthcare consultation, may increase reliance on self-treatment (Balayssac et al., 2017; Castillo Martínez & Pérez-Acosta, 2021). Consequently, this population may face heightened risks of adverse outcomes from self-medication, including misdiagnosis, inappropriate drug use, and drug interactions (Waqar et al., 2023).

Despite efforts by regulatory bodies such as Uganda's National Drug Authority, internet-enabled self-medication remains insufficiently addressed, particularly among professionals who have easy access to online pharmacies and health forums (Kamba, P., et al., 2020). There is a critical knowledge gap regarding how internet usage patterns among BoU staff contribute to self-medication practices and the specific risks within the banking sector. Addressing this gap is vital for developing targeted interventions aimed at promoting safer medication behaviors among banking professionals and informing digital health policies in Uganda.

Materials and methods

Study design

A retrospective cross-sectional design was employed to investigate the prevalence of self-medication practices and their association with internet access among Bank of Uganda (BoU) staff. This design was suitable for capturing prevalence and associations at a single point in time. To minimize recall bias, the study limited participant recall to a three-month period, allowing for a reliable snapshot of the relationship between internet use and self-medication behaviors in the study population.

Participants

The study population comprised staff members of the Bank of Uganda. This group was purposively selected due to being perceived to exhibit varied health information-seeking behaviors, which are factors likely to influence self-medication practices. BoU staff generally exhibit higher health literacy and have greater access to online resources compared to the general population, making them a pertinent cohort for examining how internet use correlates with self-medication (Nakakande et al., 2023).

Sampling method

A stratified random sampling technique was utilized to ensure representativeness across BoU departments. Within each department, systematic sampling was applied by selecting every third staff member from the departmental staff list. Proportional allocation ensured that the sample size from each department corresponded to its proportion of the total BoU staff population, enhancing the generalizability of findings across the institution.

Sample size calculation

The sample size was determined via the formula used by Kish Leslie for single proportions(Leslie Kish, 1965), incorporating a 95% confidence level (Z = 1.960), an estimated prevalence of self-medication of 63.5% based on prior Ugandan data (Niwandinda et al., 2020), and a precision level of 5%.

$$n = \frac{Z^2 p(1-p)}{d^2}$$

Where: n= Sample size

Z = Standard deviation at 95% Confidence Interval (1.960)

p = The prevalence of self-medication in Uganda 0.635 (Niwandinda et al., 2020)

d = Precision of the estimate (5%)

$$n = \frac{1.96^2 \times\ 0.635 \times\ (1-0.635\ )}{0.05^2}$$

$$n = 356$$

Inclusion and exclusion criteria

All accessible BoU staff, including retirees, who were able to read and understand English were eligible for participation. Individuals with cognitive impairments affecting questionnaire comprehension, those on leave, or receiving acute medical care at the time of data collection were excluded to ensure data quality.

Variables

Independent variables included perceived behavioral control, and subjective norms. The dependent variable comprised self-medication practices measured by frequency and types of medications self-administered.

Data collection

Data were collected using a structured questionnaire developed for this study (attached in supplementary material) and distributed to Bank of Uganda staff. An online self-administered version was used, and for respondents without internet access, a manual paper version was provided to ensure inclusivity. The questionnaire included sections on socio-demographic characteristics, health-related factors, and self-medication practices. Respondents were classified as self-medicators or non-self-medicators based on their reported self-medication behaviour.

Validity and reliability

The data collection instrument was developed and validated through rigorous peer review and supervisory oversight to ensure content clarity and relevance, and a pilot test was conducted to assess the questionnaire's reliability, refine ambiguous items before full deployment.

Data analysis

Data analysis was conducted using SPSS version 20. Descriptive statistics summarized respondent characteristics and self-medication prevalence. Bivariate analyses, including chi-square tests and correlation coefficients, explored relationships between internet access, demographic variables, and self-medication practices. Logistic regression identified significant predictors of self-medication while controlling for potential confounders.

Results

Demographics

A descriptive analysis of the Bank of Uganda staff (n = 369) showed a predominantly middle-aged workforce, with an average age of 42.83 years (median 43 years, mode 45 years), mostly clustered between 30 and 50 years (Fig. 1). The majority of respondents were stationed in Kampala (72.5%), and educational attainment was high, with 45.7% holding graduate degrees and 33.2% bachelor's degrees. Permanent employment accounted for 90% of the sample.

Prevalence and patterns of self-medication

Most respondents (90.5%, n = 334) reported experiencing an illness or pain perceived to require self-medication (Fig. 2). Among these, 48.2% primarily managed the condition by purchasing medicine over the counter. The frequency of self-medication over the past three months showed that 37.4% self-medicated occasionally, 35.8% rarely, and 6.0% very often, with only 4.1% reporting no self-medication. Common cold and flu represented the most frequent conditions managed via self-medication (28.5%, n = 105). These findings highlight the high prevalence of self-medication, especially for common, self-limiting ailments.

Determinants of self-medication among Bank of Uganda staff

Perceived behavioral control and subjective norms emerged as strong, significant positive predictors of self-medication (PB_score: $b = 0.219$, $p < 0.001$; SN_score: $b = 0.255$, $p < 0.001$), underscoring their critical role in shaping self-medication behaviors

Perceived behavioral control demonstrated a modest but significant positive association with self-medication practices (Phi coefficient and Cramer's V = 0.15, $p = 0.026$). Among staff with high perceived behavioral control, 177 of 202 reported self-medication; similarly, self-medication was highly prevalent across moderate and low perceived behavioral control categories (Fig. 3).

Cross-tabulation analysis examining the association between perceived behavioral control and self-medication practices among Bank of Uganda staff revealed that among participants with high perceived behavioral control, 177 out of 202 reported self-medicating, while 25 did not. In the moderate perceived behavioral control category, 96 out of 101 participants engaged in self-medication, with 5 not self-medicating. For those with low perceived behavioral control, all 26 participants reported self-medicating. The Phi coefficient and Cramer's V were both .15, indicating a modest positive association between perceived behavioral control and self-medication practices, which was statistically significant ($p = .026$) (Fig. 4).

Discussion

This study examined self-medication practices among Bank of Uganda (BoU) staff, focusing on prevalence and the influence of internet use within this professional, urban cohort. The findings offer valuable insights by addressing key research questions and testing the hypothesis that internet access positively correlates with self-medication behaviors.

Demographics

The demographic profile of the BoU staff a predominance of middle-aged adults with high educational attainment forms a critical backdrop for understanding their health behaviors. The majority of staff hold graduate or bachelor's degrees and are concentrated in Kampala, Uganda's capital with advanced internet infrastructure. This context likely translates to high digital literacy and frequent use of online resources for health information, consistent with national trends of increased internet penetration among educated urban populations (Andrew Partridge, 2023; DataReportal, 2024). Such demographic factors create an environment conducive to informed self-care activities, including self-medication.

Prevalence and patterns of self-medication

An overwhelming 89.5% of respondents reported engaging in self-medication, a rate substantially higher than the national average of approximately 55.6% documented in previous studies (Makeri et al., 2025). This elevation likely reflects the unique characteristics of the BoU staff stable employment, urban residency, and high access to medicines and digital health information factors known to promote self-medication (Namagembe et al., 2025). The primary use of over-the-counter medications aligns with existing literature highlighting Uganda's relatively unregulated pharmaceutical market, where pharmacies serve as accessible sources for self-care medicines (Makeri et al., 2025). The tendency to self-medicate for common, self-limiting illnesses such as colds and flu reinforces findings of similar patterns in both local and international contexts.

Determinants of self-medication among Bank of Uganda staff

The statistically significant positive association between perceived behavioral control and self-medication emphasizes the importance of psychosocial factors in health decision-making. Individuals confident in their ability to self-diagnose and manage symptoms were more likely to self-medicate, aligning with the Theory of Planned Behavior that highlights attitudes, subjective norms, and perceived control as key behavioral drivers (Ajzen, 1991; Kamekis et al., 2018). The strong link between self-medication scores and behavior underscores the role of underlying beliefs and social influences in shaping medication practices.

Implications for policy and practice

The findings underscore an urgent need for targeted interventions aimed at professional populations. Workplace wellness programs should integrate education on the risks posed by inappropriate medication use, the principles of antibiotic stewardship, and the significance of consulting healthcare professionals for non-trivial health issues.

From a policy perspective, stronger regulatory frameworks are imperative to govern the sale of pharmaceuticals via online platforms and to oversee the dissemination of health information in digital environments. Workplace-based peer-led initiatives hold promise in leveraging subjective norms to foster safer self-care behaviors, making use of social influences to encourage prudent medication practices.

Study limitations

The study depended on self-reported data, which may be subject to social desirability bias or recall errors despite the use of validated instruments and a limited recall period of three months. These limitations were acknowledged in interpreting the findings.

Dissemination of findings

Study results were shared with key stakeholders including Cavendish University, BoU management, and BoU staff through formal reports and dissemination seminars to promote awareness and inform policy and practice improvements.

Conclusion

This study confirms that self-medication is highly prevalent among Bank of Uganda staff, with the intensity of internet use significantly associated with this behavior. Psychosocial determinants, particularly perceived behavioral control, also play a substantial role. These findings suggest that promoting safe self-medication requires an integrated approach, combining digital health education, regulatory oversight, and psychosocial support tailored to urban professional populations with high digital engagement.

Importantly, the observed associations call for deeper investigation into the pathways through which internet access influences self-medication, including exploration of potential mediating variables. Understanding these mechanisms will be essential for developing targeted strategies aimed at reducing the risks of inappropriate self-medication while harnessing the benefits of digital health resources.

Declarations

Ethics approval and consent to participate

Ethical approval was obtained from the Kampala International University Research Ethics Committee (KIU-REC). The study was conducted in accordance with the principles of the Declaration of Helsinki, which emphasize respect for individuals, beneficence, non-maleficence, and justice (Emanuel, 2008). The research aimed to generate valuable findings while safeguarding participants' welfare and minimizing potential risks. Confidentiality was ensured by anonymizing responses and securely storing data on password-protected devices accessible only to the research team. Participation was voluntary, with informed consent obtained after providing detailed study information. Measures were taken to prevent workplace pressure, including assurances that participation would not affect employment status. The questionnaire was designed to avoid intrusive or sensitive questions, and participants were directed to appropriate support resources if discussing self-medication caused distress. Any identification of unsafe self-medication prompted guidance on accessing professional healthcare. Online data collection utilized secure, encrypted platforms with routine backups to ensure data integrity.

Clinical trial number

Not applicable since this study is not a clinical trial.

Consent for publication

Approval to publish the findings of this study was obtained from the Bank of Uganda management. In addition informed consent was secured from all participants prior to inclusion in this study.

Competing interest

The authors declare that there are no conflicts of interest related to this study. All analyses and interpretations were conducted objectively, and the findings are presented without any commercial or financial influences.

Funding

This research was self-funded by the authors. No external financial support was received for the conduct of this study or the preparation of this manuscript.

Author Contribution

AT conceived and designed the study, conducted the research, and prepared the manuscript. SA provided guidance, critical feedback throughout the process. AM contributed to data collection, and analysis. All authors reviewed and approved the final manuscript.

Acknowledgement

The authors wish to thank the staff of the Bank of Uganda for their participation and cooperation throughout the study. Gratitude is also extended to the research assistants and supervisors who contributed to data collection and management.

Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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Figures

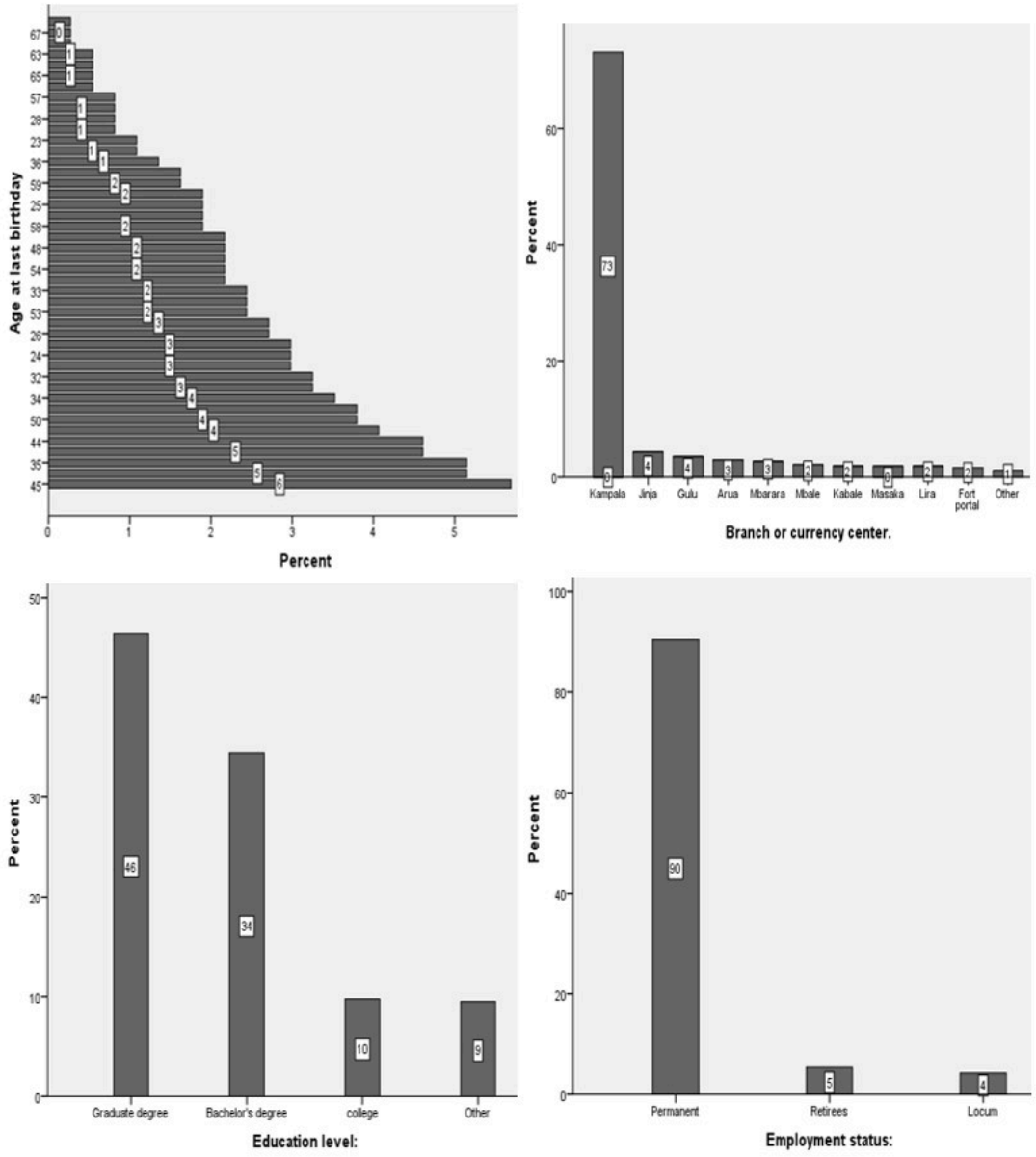


Figure 1

Demographics of BoU staff

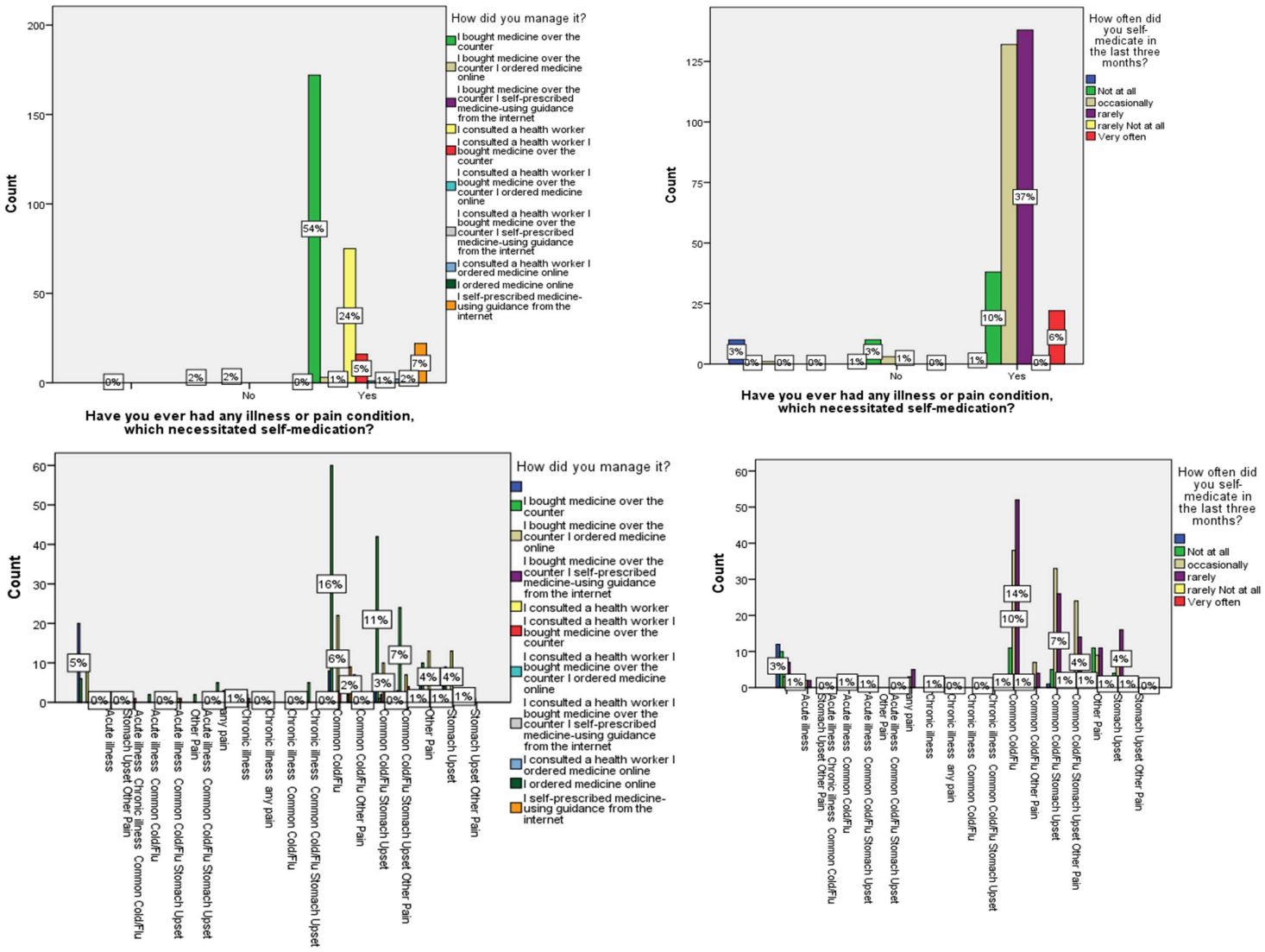


Figure 2

Patterns, prevalence, and determinants of self-medication among respondents

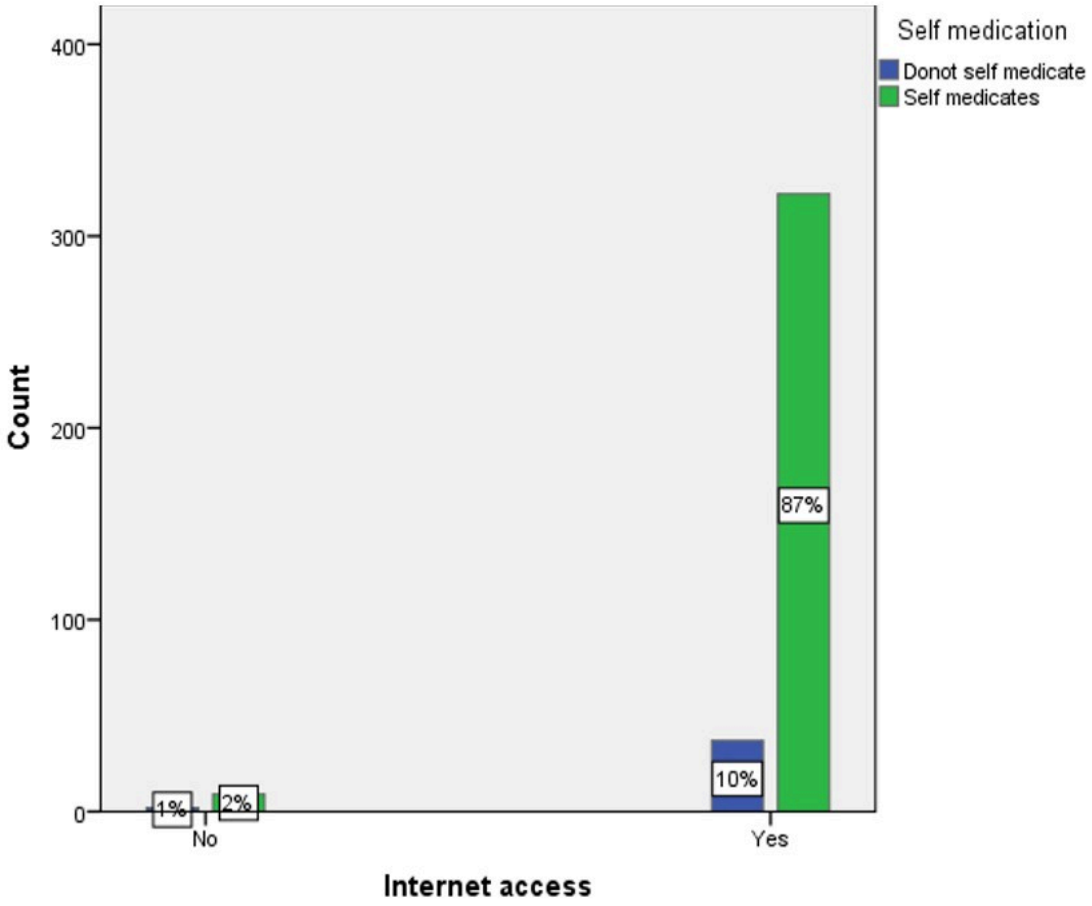


Figure 3

The association between internet access and self-medication practices among Bank of Uganda (BoU) staff

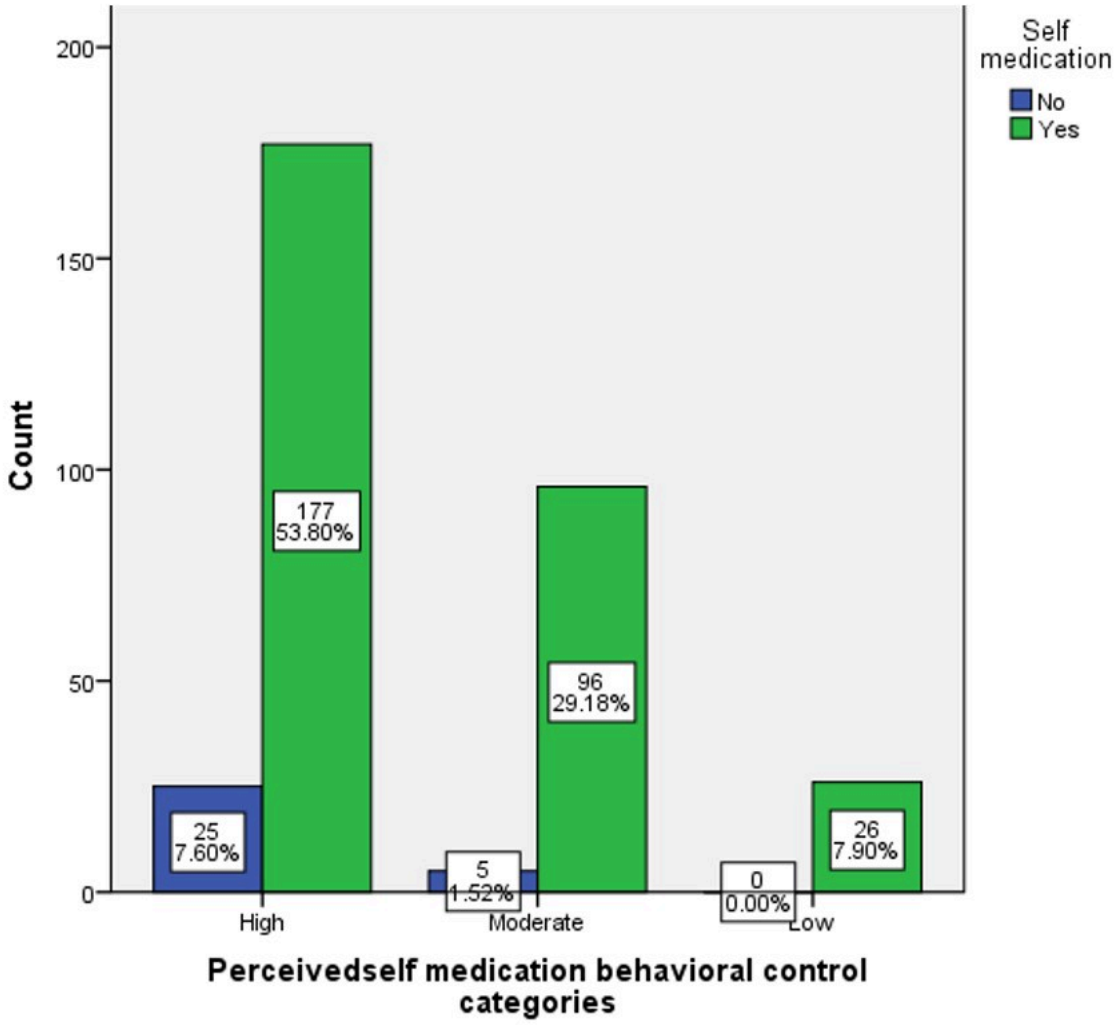


Figure 4

The association between perceived behavioural control and self-medication practices among Bank of Uganda staff

Supplementary Files

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- Datacollectiontool.pdf