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The Relationship Between Community Knowledge and Self-Medication Behavior for Common Cold in Gubuk Dirik, Kawo Village, Pujut District, Central Lombok

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ABSTRACT

The common cold is one of the most frequent upper respiratory tract infections and is often managed through self-medication. While rational self-medication supports recovery, inappropriate practices may lead to adverse effects and antimicrobial resistance. This study investigated the relationship between community knowledge levels and self-medication behavior for the common cold in Gubuk Dirik, Kawo Village, Central Lombok. A cross-sectional descriptive- analytic design was employed, involving 89 respondents selected through purposive sampling. A validated and reliable questionnaire was administered to measure knowledge and self- medication practices. Data were analyzed using Spearman correlation. Findings revealed that most respondents demonstrated high knowledge (57.3%) and good self-medication behavior (53.9%). Statistical analysis indicated a significant relationship between knowledge and behavior ($p < 0.05$). The study concludes that improved knowledge positively influences rational self- medication practices. Health education initiatives are recommended to strengthen community awareness and promote safe medication use.

Keywords: Common Cold, Health Behavior, Knowledge Level, Rational Drug Use, Self-Medication

1. BACKGROUND

The common cold, or acute upper respiratory tract infection, remains one of the most prevalent health problems globally, with symptoms such as cough, nasal congestion, sore throat, mild fever, and headache affecting daily activities [1]. Typically self-limiting within 7–10 days, untreated or improperly managed colds can lead to complications, including otitis media, asthma, and pneumonia [2]. As treatment focuses on symptomatic relief, self-medication is widely practiced in communities [3].

Self-medication, defined by the World Health Organization (WHO) as the use of drugs without physician supervision, is increasing globally due to easy drug accessibility [4]. In Indonesia, the Central Bureau of Statistics (BPS) reports that 84.23% of people practice self-medication for minor illnesses [5]. This widespread practice underscores the importance of ensuring rational drug use to avoid risks such as incorrect dosage, adverse reactions, and resistance [6].

Previous studies show that knowledge plays a critical role in shaping health behaviors, including self-medication [7]. Musyafak et al. [8] found a strong positive correlation between knowledge and rational self-medication ($r = 0.556$, $p < 0.05$), while other studies suggest weaker relationships due to inconsistent behavioral factors [9]. Therefore, understanding local knowledge

and practices is essential for targeted public health interventions.

In Central Lombok, West Nusa Tenggara, respiratory infections are among the leading causes of morbidity, with 19,748 acute respiratory cases reported among children in 2022 [10]. Preliminary observations in Gubuk Dirik village revealed that residents frequently purchase over-the-counter drugs from pharmacies or visit health centers when symptoms worsen. This highlights the need to assess how community knowledge influences self-medication practices in this setting.

This study, therefore, aimed to analyze the relationship between knowledge level and self-medication behavior among residents of Gubuk Dirik village, contributing to evidence-based strategies to improve rational drug use and community health outcomes.

2. RESEARCH METHODS

This research adopted a quantitative descriptive-analytic design with a cross-sectional approach [11].

2.1 Population and Sample

The target population comprised 830 residents, with a final sample size of 89 respondents determined using Slovin's formula (10% margin of error). Sampling employed a **purposive technique** with inclusion criteria: residents aged 18–59, literate, and willing to participate.

2.2 Instruments

Data were collected using a structured questionnaire, validated for content and reliability (Cronbach's alpha > 0.6). Questions assessed knowledge (causes, symptoms, drug use) and behavior (self-medication practices). Responses were scored on categorical scales (high/medium/low knowledge; good/fair/poor behavior).

2.3 Data Collection

Primary data were obtained through door-to-door surveys, with informed consent obtained beforehand. Ethical considerations included anonymity and confidentiality of respondent information.

2.4 Data Analysis

Data were coded, tabulated, and analyzed using **Spearman correlation test** via SPSS.

3. RESULTS AND DISCUSSION

Table 1 presents the sociodemographic profile of respondents. Most were female (56.2%), within the 18–24 age group (42.7%), had secondary education (51.7%), and were housewives (36%).

Table 1.
Respondent Characteristics

Characteristic	Feq	%
Gender: Male	39	43.8
Gender: Female	50	56.2
Age 18–24	38	42.7
Age 25–35	16	18.0
Age 36–45	18	20.2
Age 46–59	17	19.1
Education: SD	10	11.2
Education: SMP	20	22.5
Education: SMA	46	51.7
Education: S1	13	14.6
Occupation: Civil Serv.	15	16.9
Occupation: Student	20	24.7
Occupation: Farmer	22	22.5
Occupation: Housewife	32	36.0

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Table 1 shows the sociodemographic characteristics of the respondents who participated in this study. In terms of gender distribution, the majority of participants were female (56.2%), while males accounted for 43.8%. This indicates a slightly higher female

representation, suggesting that women were more responsive or available to participate in the study. The predominance of female respondents may also reflect the gender composition of the target population or the specific social roles that make women more involved in the context under study.

Regarding age, the data reveal that the largest proportion of respondents fell within the 18–24 age group (42.7%). This is followed by the 36–45 age group (20.2%), the 46–59 age group (19.1%), and the 25–35 age group (18.0%). The dominance of younger participants suggests that the study population was relatively youthful, possibly due to higher accessibility, digital literacy, or interest among younger individuals. This age trend might influence attitudes, behaviors, or perceptions explored in the research, given that younger people often have more dynamic and adaptable viewpoints.

In terms of educational attainment, most respondents had completed secondary education (SMA) at 51.7%, followed by those with junior high education (SMP) at 22.5%, and a smaller proportion with higher education (S1) at 14.6%. Only 11.2% had primary education (SD). This indicates that the majority of participants had at least a moderate educational background, which could affect their understanding, reasoning, and decision-making processes in relation to the study variables. The relatively low proportion of respondents with tertiary education may also reflect limited access to higher education opportunities within the study area.

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4. CONCLUSION

This study concludes that community knowledge significantly influences self-medication behavior for the common cold. Higher knowledge levels were associated with safer and more rational drug use among residents of Gubuk Dirik village. These findings emphasize the importance of continuous health education to strengthen awareness and prevent the risks of irrational drug use.

5. THANKS

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