

Self-Medication Practices and Awareness of Safe Medicine Use Among School Students.

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Abstract

Safe medicine use is an important public health concern, especially among adolescents who increasingly make independent decisions about their health. This study assessed school students' awareness of medicine labels, dosage instructions, side effects, and medicine-related risks. Guided by the Theory of Planned Behavior, it examined how knowledge and beliefs may influence responsible medicine use. A descriptive, cross-sectional survey was conducted among 51 school students using a structured questionnaire containing demographic items and ten awareness statements measured on a five-point Likert scale. Data were analysed using frequencies, percentages, means, and standard deviations. The findings indicate that most students have a good understanding of safe medicine practices. However, moderate or low awareness among some respondents highlights the need for health education. Schools, parents, and healthcare professionals should work together to improve medicine literacy through awareness programmes, practical guidance, and age-appropriate educational initiatives that promote safer and more responsible medicine-use practices among adolescents.

Keywords

Safe medicine use, medicine literacy, adolescents, school students, medication awareness, dosage instructions, side effects, Theory of Planned Behavior.

23 1. Introduction

24 1.1 Background of the Study

25 Self-medication is the taking of drugs, alcohol or other substances for the relief of symptoms,
26 illnesses or pain, whether physical or psychological, without the supervision or diagnosis of a
27 licensed medical professional. It refers to the purchase and consumption of medicines based
28 on personal experience, advice from family or friends or previous prescriptions rather than
29 seeking professional medical advice. Self-medication is defined in the literature as the use of
30 drugs without the prescription or supervision of a physician to treat perceived health
31 problems.

32
33 Self-medication is a common practice among students worldwide. Students often use
34 medicines to manage common health conditions such as headaches, fever, coughs, colds,
35 allergies, and minor infections without seeking medical advice. Common examples of self-
36 medication include the use of painkillers such as paracetamol and ibuprofen, cold and cough
37 medicines, antacids, vitamins, and antibiotics

38
39 Several factors contribute to self-medication among students. These include easy access to
40 medicines, lack of time to visit healthcare facilities, financial constraints, academic pressure,
41 previous experience with similar illnesses, and the perception that minor illnesses do not
42 require professional consultation. (Begum, et al 2023)

43
44 Although self-medication can provide quick relief and reduce healthcare costs, inappropriate
45 use of medicines can pose serious health risks. These risks include incorrect diagnosis,
46 adverse drug reactions, drug interactions, overdose, and delayed treatment of underlying
47 health conditions, the misuse of antibiotics is particularly concerning because it contributes to
48 antimicrobial resistance, a growing global public health challenge that reduces the
49 effectiveness of antibiotic treatments

50 1.2 Growth of Self-Medication Globally and in India

51 Self-medication has become a common practice worldwide and is observed among people of
52 different age groups, educational backgrounds, and socioeconomic statuses. The increasing
53 availability of over-the-counter medicines, coupled with greater access to health information
54 through the internet and social media platforms, has encouraged many individuals to treat
55 minor illnesses without consulting healthcare professionals (World Health Organization
56 [WHO], 2000).

57 While responsible self-medication can help manage minor health conditions, inappropriate
58 use of medicines remains a significant public health concern. In recent times, the demand for
59 E-pharmacy is spiraling exponentially, especially during this pandemic, wherein several E-
60 pharma companies have emerged as lifelines, working unfalteringly to extend their services
61 to the public. The last 5 years has witnessed an increase in the CAGR by 15%–16%. Internet
62 penetration in both rural and urban India has risen significantly, and with the availability of

internet-enabled smartphones and high-speed broadband connectivity, the number of internet users is expected to grow exponentially. (Dcruz, et al, 2022)

1.3 Youth Adoption and Digital Lifestyle

Social media has been used by public health initiatives to quickly and effectively reach large audiences. Important messages like immunization, quitting smoking, illness prevention, healthy lifestyles, and yoga programs have been successfully spread quickly using social media.(Jain et al, 2024). The foundation of health awareness and how individuals cope with illnesses are initially learned from family. Students frequently look to their peers to follow health trends or participate in wellness challenges.

Students may attempt to self-diagnose conditions based on viral health trends or unverified advice instead of getting properly assessed by a physician. Relying on unverified sources for medical diagnoses can delay necessary care, lead to dangerous viral treatments, or cause users to consume unproven supplements or follow fad diets. Content moderation on health issues is difficult, and many students do not double-check the advice they find on platforms like TikTok. Research shows that a fraction of Gen Z users have experienced health problems as a direct result of following unverified social media advice

1.4 Problem Statement

Nonprescription drugs amongst youth, especially in students are being misused due to exposure to media and advertisements. It has become a serious ailment raising the concern of incorrect diagnosis and drug reaction as well. (Kalusar and Gupta, 2015). Self-medication, including the use of over-the-counter (OTC) drugs, is a common practice worldwide. While often appropriate for minor and easily recognizable symptoms, it requires careful consideration, proper knowledge, and awareness of potential risks.

Given these risks, Generation Z must seek health advice from reliable sources. Qualified healthcare professionals, such as physicians, nutritionists, and physical therapists, have the training and expertise to provide accurate and personalized advice.

1.5 Research Gap

Previous research on self-medication has mainly focused on adults, university students, or healthcare-related students. Many studies examine medicine-use behaviours among college populations, while fewer studies specifically investigate self-medication practices and awareness of safe medicine use among school students.

Although adolescents are known to engage in self-medication practices, research on their understanding of correct medicine use, dosage, risks, and safety awareness remains limited. Studies suggest that adolescents may have gaps in medication knowledge, highlighting the need for more research focused on younger students. (Zhang and Ma, 2025)

Therefore, this study aims to address this gap by examining self-medication practices and awareness of safe medicine use among school students, contributing to a better understanding of their knowledge and behaviours regarding medicines.

1.6 Significance of the Study

This study is significant as it helps understand the medicine-use habits and self-medication practices among school students. The findings can help schools develop more effective health education programs that improve students' awareness of safe medicine use. It can also support parents and teachers in identifying and addressing unsafe medication practices among students. Overall, this study aims to promote responsible medicine use and encourage safer health decisions among young people.

2. Review of Literature

2.1 Evolution of Self-Medication Practices Worldwide

Self-medication is a practice that has existed throughout human history, as people have long used available remedies and medicines to manage common health problems without directly consulting healthcare professionals. Traditionally, individuals relied on personal experience, family knowledge, and community practices to treat minor illnesses such as fever, pain, and coughs. As healthcare systems developed, self-medication continued because it provided a convenient way to manage simple health conditions.

The availability of over-the-counter (OTC) medicines made self-medication more common worldwide. OTC medicines allowed people to purchase certain treatments without a prescription, improving access to healthcare for minor illnesses. However, easier access also increased the risk of incorrect medicine use, including taking unsuitable medicines, incorrect dosages, or using medicines without understanding possible side effects.

In recent years, global concerns about self-medication have increased, especially due to the misuse of antibiotics. Using antibiotics without proper medical guidance can contribute to antibiotic resistance, where bacteria develop the ability to survive against medicines. The World Health Organization (WHO) considers antimicrobial resistance one of the major global health challenges because it can make infections harder to treat and increase healthcare risks. (Dcruz, et al, 2022)

Self-medication can be divided into responsible self-care and risky self-medication. Responsible self-care involves using safe medicines correctly, following instructions, understanding dosage, and seeking medical advice when symptoms become serious. On the other hand, risky self-medication includes using prescription medicines without guidance, taking antibiotics unnecessarily, sharing medicines, or relying on incorrect information. Therefore, promoting awareness about safe medicine practices is important to ensure that self-medication is beneficial rather than harmful.

2.2 Changing Health-Behavior Patterns Among Students in the Digital Age

Students increasingly search for symptoms online and use digital sources for health information. Research shows that social media platforms and peer networks can significantly influence health-related attitudes and decisions among young people. Many students also prefer quick self-care remedies or online advice before seeking professional medical help. However, health information found online is often incomplete, inaccurate, or misleading, which can contribute to poor health decisions and delays in obtaining appropriate medical care.

2.3 Health Belief Model and Medication Decision-Making

The Health Belief Model (HBM) suggests that students' medication decisions are influenced by their perceptions of risk, severity, benefits, and barriers. Students are more likely to self-medicate when they perceive an illness as minor and believe that treatment can be managed without professional consultation. Similarly, when medicines are viewed as safe and easily accessible, students may underestimate potential risks and adverse effects. Research has shown that perceived susceptibility, perceived severity, and perceived benefits significantly influence self-medication behaviors among university students (Pirzadeh & Mostafavi, 2014). Increased awareness of medication risks and consequences can encourage safer health-related decision-making and reduce inappropriate self-medication practices (Pirzadeh & Mostafavi, 2014).

2.4 Self-Medication Fatigue and Knowledge Deficits

Repeated use of medicine without professional guidance may lead to a false sense of familiarity with medicines. The World Health Organization (WHO) emphasizes that responsible self-medication requires adequate knowledge and access to reliable information to ensure safe and effective use of medicines. An Adverse drug event is a broader term encompassing any harm resulting from medication, including harm from the drug at a standard dose and harm due to inappropriate dosage or overdose. (Tariq et al, 2024)

2.5 Role of Free Medical Advice, Online Sources, and Peer Recommendations

Students often rely on advice from friends, family members, or online sources when deciding to use medicines without consulting a healthcare professional. While these sources are easily accessible and free, the information they provide may not always be medically accurate or appropriate for an individual's condition. Peer recommendations can also normalize self-medication, encouraging students to view medicine use as a routine solution for common health problems. In addition, information obtained from the internet may create false confidence in diagnosing illnesses and selecting treatments, increasing the risk of inappropriate medicine use, adverse drug reactions, and delayed professional medical care. (Cumbler et al, 2010)

3. Theoretical Background

3.1 Health Belief Model Framework

The Health Belief Model (HBM) explains how people's beliefs affect their health decisions. It suggests that people are more likely to take action based on how serious they think a health problem is, how likely they think they are to get it, and whether they believe the benefits of taking action are greater than the risks (Rosenstock, 1974).

In this study, the Health Belief Model helps explain why students choose to self-medicate. Many students may take medicine without seeing a doctor because they believe their illness is not serious. They may also think that self-medication is faster, cheaper, and more convenient than visiting a healthcare professional. However, if students become more aware of the risks of self-medication, such as taking the wrong medicine or experiencing side effects, they may be more likely to seek proper medical advice. Therefore, the Health Belief Model helps explain the factors that influence self-medication among students.

3.2 Theory of Planned Behavior in Health Choices

The Theory of Planned Behavior, developed by Icek Ajzen in 1991, refers to an individual's behavioral intention that directly drives their action. According to the theory, behavioural intention is shaped by three factors: Attitude, Subjective norms, and perceived behavioral control.

In the context of health factors, if students believe self medication saves time, money, or effectively treats minor illnesses, they may develop a positive attitude towards self-medication. If family members or people in the nearby environment who commonly self-medicate may influence students to view the behaviour as acceptable or normal. Easy access to OTC (over-the-counter) medicines and confidence in selecting and using them can help increase the willingness of the student to self-medicate.

This theory helps explain how social influences and perceived ability to use medicines can affect the student's beliefs to self medicate.

3.3 Rational vs. Irrational Self-Medication Concepts

According to the World Health Organization (WHO), rational self-medication refers to the appropriate use of approved over the counter medicines for the treatment of minor illnesses. It involves selecting suitable medicines, following the recommended dosage and duration, reading medication labels, and seeking professional medical advice when symptoms persist or worsen. When practiced correctly, rational self-medication can promote responsible self-care, reduce unnecessary healthcare visits, and improve access to treatment for minor health conditions.

In contrast, irrational self-medication involves the inappropriate or unsafe use of medicines. This may include taking incorrect dosages, using prescription-only medicines without medical advice, sharing medications with others, using antibiotics unnecessarily, combining medicines without understanding possible interactions, or continuing treatment for longer than recommended. Such practices increase the risk of adverse drug reactions, medication errors, treatment failure, and antimicrobial resistance.

Among school students, distinguishing between rational and irrational self-medication is particularly important because they may have limited knowledge of medicine safety and may rely on family members, friends, or information from the internet when making decisions about medicine use. As a result, some students may unintentionally engage in unsafe self-medication practices despite believing they are using medicines appropriately.

This study applies the concepts of rational and irrational self-medication to classify students' medicine-use behaviours as either safe or unsafe. By identifying the prevalence of each type of behaviour, the research aims to assess students' awareness of responsible medicine use and highlight areas where health education may be needed to promote safer self-medication practices.

4. Objectives of the Study

4.1 To assess the prevalence and patterns of self-medication practices among school students

4.2 To evaluate the awareness level of safe medicine use among school students

5. Hypothesis

H1: There is a significant relationship between self-medication practices and awareness of safe medicine use among school students

H2: Male school students demonstrate higher self-medication prevalence compared to female school students

6. Methodology

6.1 Research Design

The study employed a quantitative, descriptive, cross-sectional survey design to examine students' awareness, attitudes, and practices related to safe medicine use and self-medication. A quantitative approach was considered appropriate because it enabled the collection and statistical analysis of numerical data obtained from the participants. The cross-sectional design allowed the researcher to assess students' awareness and medicine-use practices at a specific point in time.

6.2 Study Population

The study population primarily comprised students enrolled in Grades 10 and 11 at The Mother's International School during the 2026–2027 academic year. These students were selected because adolescents increasingly begin to participate in decisions concerning their health and medicine use.

6.3 Sampling Method

A convenience sampling technique was used to recruit participants. Students who were available during the data-collection period and voluntarily agreed to participate were invited to complete the questionnaire. This sampling method was selected because it allowed the researcher to collect data from accessible participants within the available time and resources.

However, as convenience sampling is a non-probability sampling method, the findings may not be fully representative of all students at the school or of the wider adolescent population.

6.4 Sample Size

A total of 51 students participated in the study and completed the questionnaire. Responses received from the participants were included in the final analysis.

6.5 Research Instrument

Data were collected using a structured questionnaire developed to assess students' awareness and practices concerning safe medicine use. The questionnaire was divided into three sections:

1. Demographic information
2. Knowledge and awareness of safe medicine use
3. Attitudes and medicine-use practices

The demographic section collected basic information about the participants. The remaining sections included statements relating to medicine labels, dosage instructions, side effects, medical guidance, self-medication, and medicine-related risks.

6.6 Measurement Scale

The statements measuring students' awareness and attitudes were assessed using a five-point Likert scale. Participants were required to indicate the extent to which they agreed or disagreed with each statement.

Scale value	Interpretation
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5	Strongly Agree
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- | | |
|---|-------------------|
| 4 | Agree |
| 3 | Neutral |
| 2 | Disagree |
| 1 | Strongly Disagree |

269 For positively worded statements, higher scores indicated greater awareness of safe medicine
270 use or stronger agreement with responsible medicine-use practices. Negatively worded
271 statements, where applicable, were reverse-coded before the overall scores were calculated.

272 **6.7 Data Collection Procedure**

273 The questionnaire was administered to eligible students during the designated data-collection
274 period. Participants were informed about the purpose of the study and were requested to
275 respond honestly to all questions. Participation was voluntary, and students were allowed to
276 complete the questionnaire without providing personally identifying information.

277 After data collection, the responses were reviewed for completeness and organised for
278 statistical analysis.

279 **6.8 Data Analysis**

280 The collected data were analysed using descriptive statistical methods. Frequencies and
281 percentages were used to summarise demographic characteristics and response distributions.
282 Mean scores and standard deviations were calculated to assess the overall level of awareness
283 and variation in participants' responses.

284 Higher mean scores generally represented stronger awareness of safe medicine use, while
285 lower scores indicated areas in which further education or awareness may be required.

286 **6.9 Ethical Considerations**

287 Participation in the study was voluntary, and respondents were informed about the purpose of
288 the research. The confidentiality and anonymity of participants were maintained throughout
289 the study. No personally identifiable information was collected, and the data were used solely
290 for academic and research purposes.

291 **7. Data Analysis**

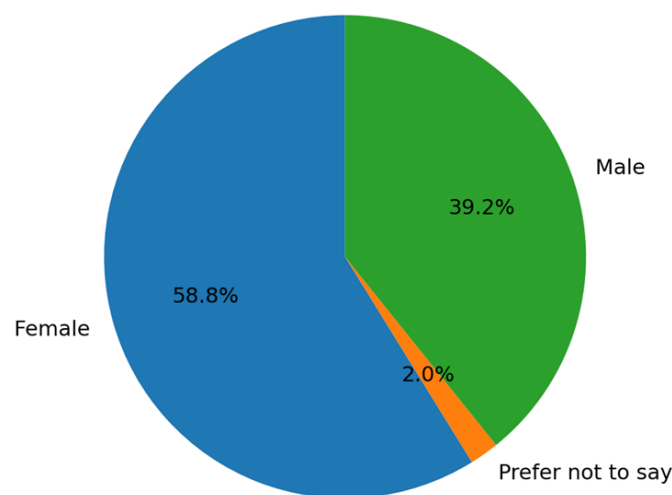
292 **7.1 Descriptive Statistics**

293 The final dataset includes 51 responses. Gender distribution was 30 female respondents, 20
294 male respondents, and 1 respondent who selected 'Prefer not to say'. Grade distribution was

295 27 from Grade 11, 21 from Grade 12, and 3 from Grade 10. Ages ranged from 14 to 25 years;
 296 responses above typical school age should be checked if strict school-student eligibility is
 297 required.

Statistic	Result
Sample size	51
Age mean	16.51
Age SD	1.80
Overall awareness mean	3.977 / 5
Overall awareness percentage	79.5%
Awareness SD	0.437
Awareness categories	High = 28, Moderate = 22, Low = 1

Gender Distribution of Respondents



298
 299 *Figure 1. Gender distribution of respondents.*

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 301 The overall awareness score was 3.98 out of 5, equivalent to 79.5% of the maximum possible
 302 score. This suggests that the sample generally shows moderate-to-high awareness of safe
 303 medicine use.

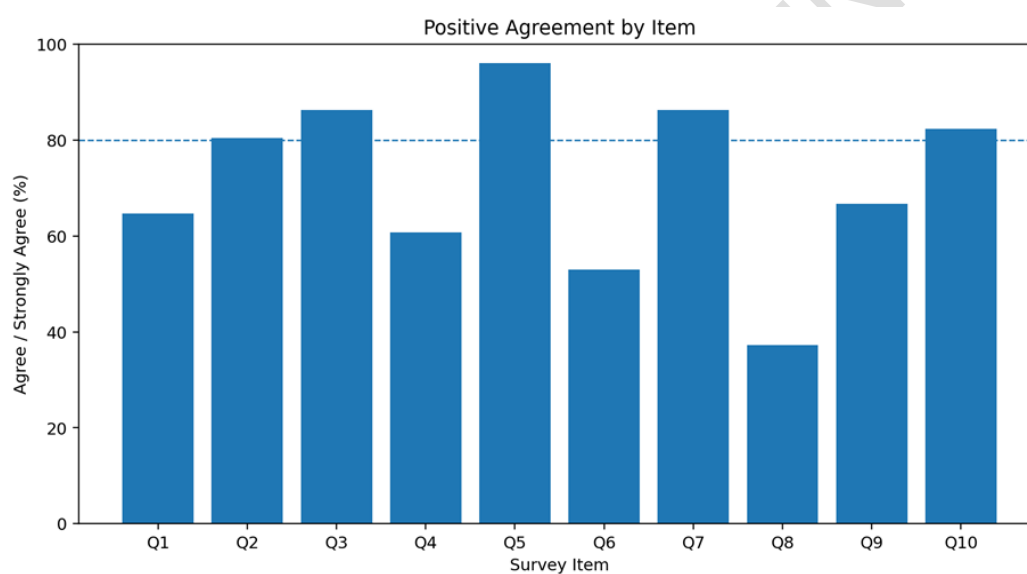
Item	Question	N	Missin g	Mean	SD	Agree/S A
Q1	Taking medicine without doctor's advice is risky	51	0	3.73	0.98	64.7%
Q2	Know correct dosage	51	0	4.04	0.77	80.4%
Q3	Consult professional before antibiotics	51	0	4.27	0.87	86.3%
Q4	Aware of possible side effects	43	8	3.91	1.r09	60.8%

Q5	Too much medicine can harm health	51	0	4.61	0.72	96.1%
Q6	Read instructions on medicine labels	51	0	3.47	1.22	52.9%
Q7	Check expiry date	51	0	4.39	0.94	86.3%
Q8	Sharing medicines can be dangerous	51	0	3.33	1.07	37.3%
Q9	Identify reliable medicine information sources	51	0	3.84	0.90	66.7%
Q10	School should provide more education	51	0	4.20	0.98	82.4%

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Figure 2. Overall awareness level distribution.



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Figure 3. Mean awareness score by item.

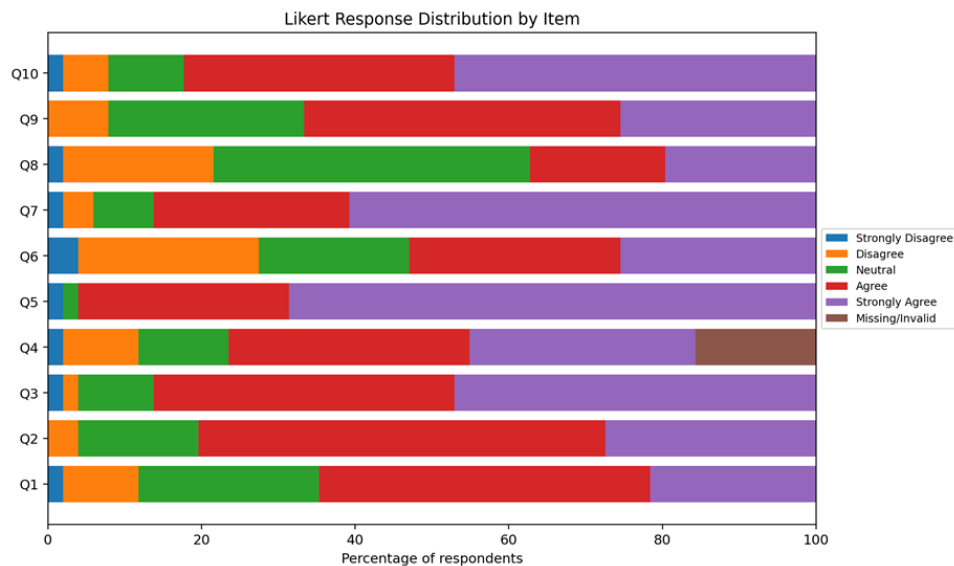


Figure 4. Full Likert response distribution by item.

The strongest awareness areas were harm from excessive medicine use (Q5), checking expiry dates (Q7), and consulting professionals before antibiotics (Q3). The weakest areas were understanding that sharing medicines can be dangerous (Q8), reading medicine-label instructions (Q6), and recognising the risk of taking medicine without medical advice (Q1). These weaker items indicate practical targets for school-level medicine-safety education.

7.2 Reliability and Validity of the Scale

Cronbach's alpha for the 10-item awareness scale was 0.610, calculated using 43 complete cases. This indicates moderate internal consistency for an exploratory school-student survey. The scale is usable for a preliminary paper, but the questionnaire should be refined before stronger claims are made.

Measure		Result	
Cronbach's alpha		0.610	
Complete cases used		43	
Number of items		10	
Average inter-item correlation	Spearman	0.138	
Reliability interpretation		Moderate internal consistency; improve item clarity and add practice/prevalence items.	
Item	Corrected item-total r	p-value	Alpha if deleted
Q1	0.214	0.168	0.601
Q2	0.344	0.024	0.574
Q3	0.160	0.306	0.611
Q4	0.096	0.538	0.632
Q5	0.420	0.005	0.560
Q6	0.384	0.011	0.557

Q7	0.266	0.084	0.589
Q8	0.148	0.345	0.622
Q9	0.363	0.017	0.568
Q10	0.556	0.000	0.516

320

321 Corrected item-total correlations show how well each item aligns with the overall scale. Q10,
 322 Q5, Q6, Q9, and Q2 contributed more strongly to the scale. Q4, Q8, and Q3 had weaker
 323 corrected item-total correlations, suggesting that these items may need clearer wording or
 324 may be measuring related but somewhat different aspects of medicine awareness.

325 For validity, the scale has basic face and content validity because the items directly address
 326 dosage, antibiotics, side effects, overdose risk, label reading, expiry checking, medicine
 327 sharing, information sources, and school education. However, construct validity is limited
 328 because the tool does not include behaviour/practice items and because one response option
 329 was ambiguously recorded as 'Option 2'.

330 7.3 Correlation Analysis

331 H1 stated that there is a significant relationship between self-medication practices and
 332 awareness of safe medicine use. Since no direct self-medication practice variable was
 333 collected, the exact hypothesis could not be tested. As a limited proxy, Q1 - awareness that
 334 taking medicine without a doctor's advice can be risky - was correlated with the overall safe-
 335 medicine awareness score from Q2 to Q10.

Test	Variables	Statistic	p-value	Result
H1 proxy	Q1 risk awareness vs Q2-Q10 awareness mean	Spearman rho = 0.139	0.331	Not significant
Gender awareness comparison	Male vs female awareness mean	Mann-Whitney U = 216.0	0.096	Not significant

336 The H1 proxy correlation was weak and not statistically significant, rho = 0.139, p = 0.331.
 337 Therefore, the current data does not provide statistical support for H1 under the proxy
 338 method. This should be reported cautiously because the survey did not measure actual self-
 339 medication behaviour.

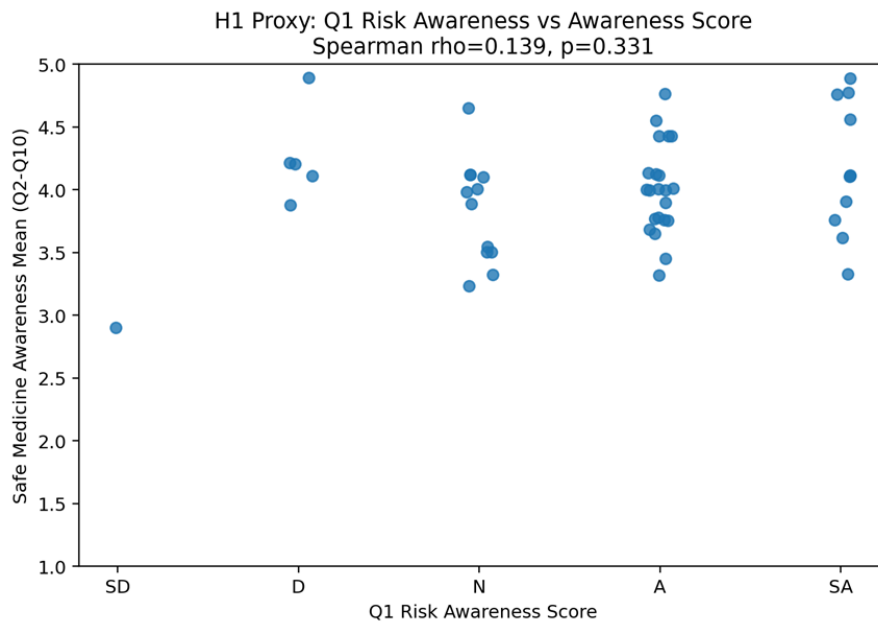


Figure 6. H1 proxy correlation between Q1 risk awareness and safe-medicine awareness score.

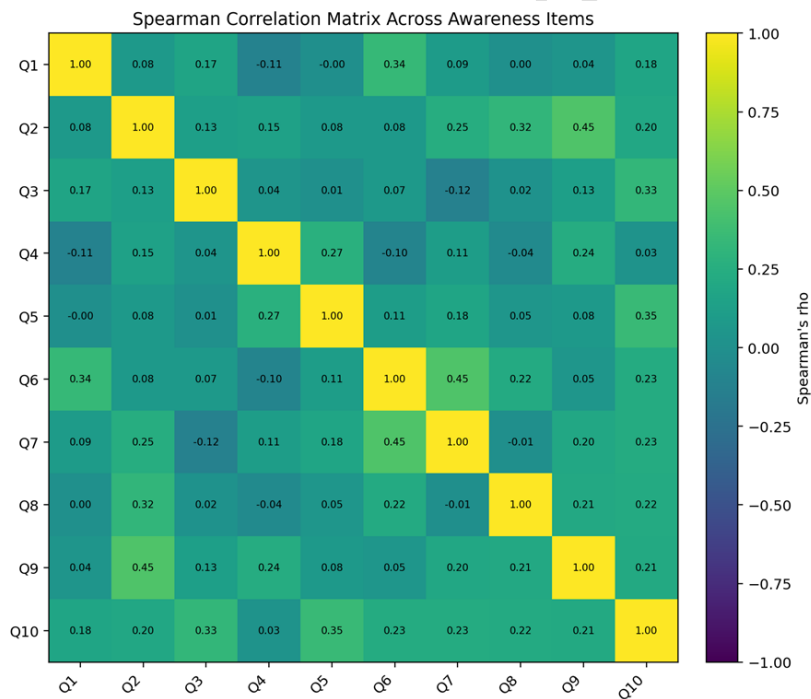


Figure 7. Spearman correlation matrix across awareness items.

H2 stated that male students demonstrate higher self-medication prevalence compared to female students. This hypothesis cannot be accepted or rejected because the dataset does not include a self-medication prevalence variable. An exploratory gender comparison of overall awareness showed females scoring higher on average (4.08) than males (3.88), but this difference was not statistically significant at $p < 0.05$.

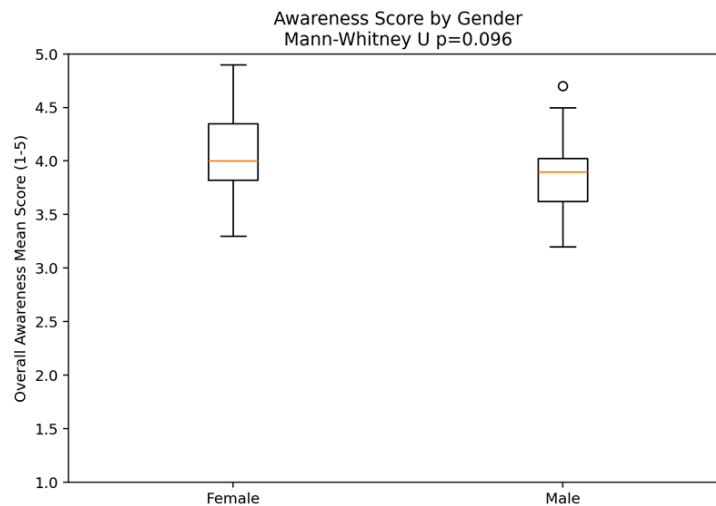


Figure 8. Overall awareness score by gender.

The descriptive analysis shows that respondents generally had moderate-to-high awareness of safe medicine use. Most students understood overdose risk, expiry-date checking, and the importance of consulting healthcare professionals before antibiotics. However, weaker awareness was seen in medicine sharing and label-reading behaviour, suggesting clear areas for school-based intervention.

The awareness scale showed moderate reliability. Correlation testing did not find a significant relationship using the available proxy measure. The main methodological issue is that the survey does not directly measure self-medication practice or prevalence. For a stronger final research paper, the questionnaire should add practice-based items such as frequency of taking medicines without prescription, types of medicines used, reasons for self-medication, source of medicines, and whether parents or doctors were consulted.

8. Results and Discussion

8.1 Overall Rate of Self-Medication Among School Students

The results indicate that the respondents demonstrated a relatively high level of awareness regarding the safe use of medicines. The overall awareness score was 3.98 out of 5, equivalent to 79.5%, suggesting that most students possess a good understanding of appropriate medicine use. Furthermore, 28 respondents (54.9%) exhibited a high level of awareness, while 22 respondents (43.1%) showed a moderate level of awareness. Only one respondent (2.0%) was classified as having a low level of awareness. These findings suggest that although the majority of students are knowledgeable about safe medicine practices, there remains a need for continued health education to improve awareness among all students.

8.2 Knowledge of Dosage, Medicine Labels, and Drug Interactions

The questionnaire assessed respondents' knowledge of safe medicine practices through statements related to reading medicine labels, checking expiry dates, knowing the correct dosage, understanding possible side effects, and identifying reliable sources of medicine information.

The findings indicate that most respondents agreed with these statements, suggesting that students generally understand the importance of following dosage instructions, checking medicine labels before use, and obtaining medicine information from trustworthy sources. This level of knowledge is essential in reducing medication errors and promoting the responsible use of medicines.

However, variations in individual responses suggest that not all students possess the same level of confidence or knowledge. These differences highlight the need for continued education on interpreting medicine labels and recognizing reliable health information

8.3 Awareness of Medicine Risks and Adverse Drug Reactions

The respondents also demonstrated a strong awareness of the risks associated with improper medicine use. Most agreed that taking medicines without professional advice can be risky, that sharing medicines with friends or family is dangerous, and that taking excessive amounts of medicine may cause harm.

These findings indicate that students generally understand the potential consequences of inappropriate medicine use and appreciate the importance of responsible medication practices.

8.4 Perceptions of Medicine Education in Schools

One of the questionnaire items asked whether schools should provide more education about the safe use of medicines. The majority of respondents agreed with this statement, indicating that students recognize the value of receiving additional health education within the school setting.

9. Conclusion

9.1 Summary of Findings

This study examined the awareness of safe medicine use among school students using a structured questionnaire. A total of 51 respondents participated in the study. The findings revealed that the respondents demonstrated a generally high level of awareness, with an overall mean score of 3.98 out of 5 (79.5%). More than half of the respondents (54.9%) were classified as having a high level of awareness, while 43.1% demonstrated a moderate level of awareness. Only 2.0% of the respondents exhibited a low level of awareness.

The results also showed that most students understood the importance of reading medicine labels, checking expiry dates, taking the correct dosage, recognizing possible side effects, and consulting healthcare professionals before using antibiotics.

9.2 Behavioural Insights

The findings suggest that students generally possess the knowledge needed to make informed decisions about medicine use. High levels of awareness regarding dosage instructions, medicine labels, side effects, and medicine-related risks indicate that many students recognize the importance of using medicines responsibly.

10. Recommendations

Schools should incorporate medicine safety education into health-related subjects, seminars, or awareness campaigns. Providing students with accurate information on the proper use of medicines, reading medicine labels, understanding dosage instructions, and recognizing potential risks may promote responsible medicine practices.

11. Limitations of the Study

The study involved only 51 respondents from several schools, which limits the generalizability of the findings to other schools or student populations. Second, the study relied on self-reported responses, making the results subject to response bias and social desirability bias and inaccuracies in participants' self-assessments.

12. Future Scope of Research

Future studies should include a larger and more diverse sample of students from multiple schools or regions to improve the generalizability of the findings.

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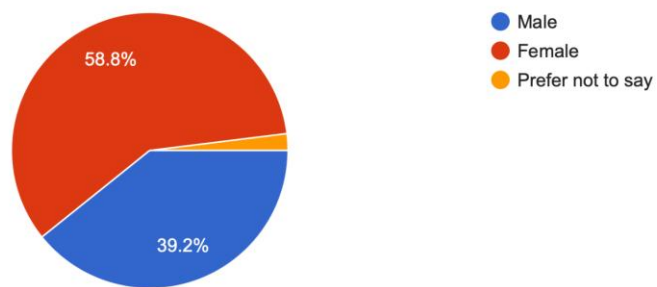
14. Appendices

14.1 Questionnaire

1. I read the instructions on medicine labels before taking any medicine.
2. Taking medicine without a doctor's advice can be risky.
3. I check the expiry date before using a medicine.
4. I know the correct dosage of medicines I take.
5. It is important to consult a healthcare professional before taking antibiotics.
6. I am aware of the possible side effects of medicines.
7. Sharing medicines with friends or family can be dangerous.
8. I understand that taking too much medicine can harm my health.
9. My school should provide more education about safe medicine use.
10. I feel confident in identifying reliable sources of information about medicines.

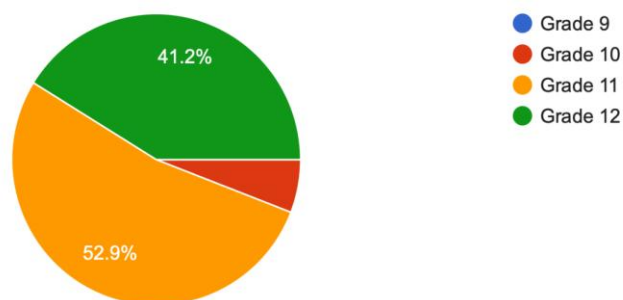
14.2 Additional Tables or Figures

Gender
51 responses



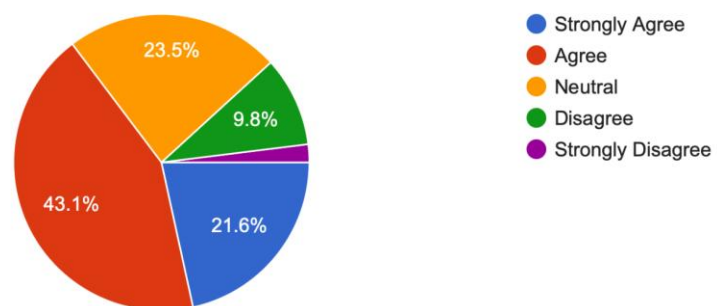
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Grade
51 responses



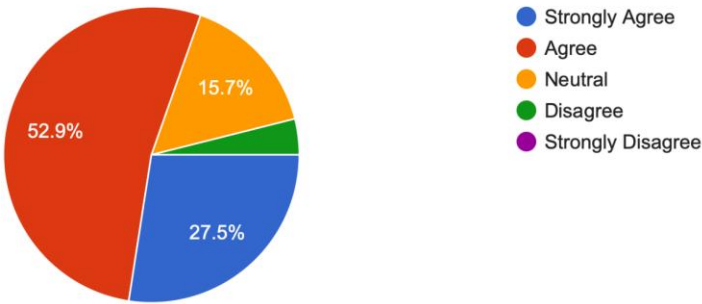
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Taking medicine without a doctor's advice can be risky.
51 responses



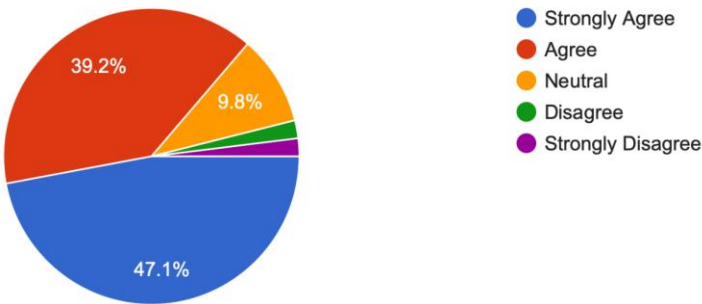
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I know the correct dosage of medicines I take.
51 responses



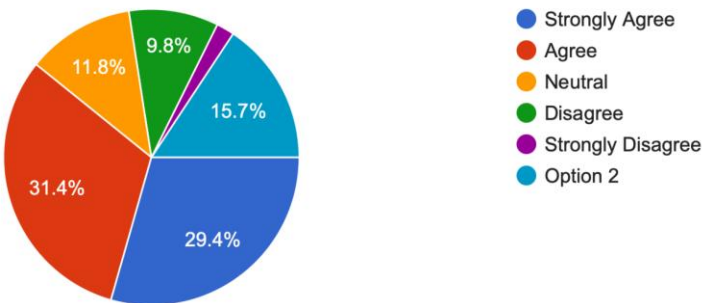
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It is important to consult a healthcare professional before taking antibiotics.
51 responses



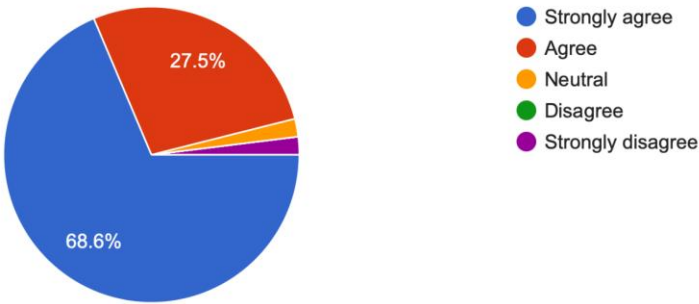
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I am aware of the possible side effects of medicines.
51 responses



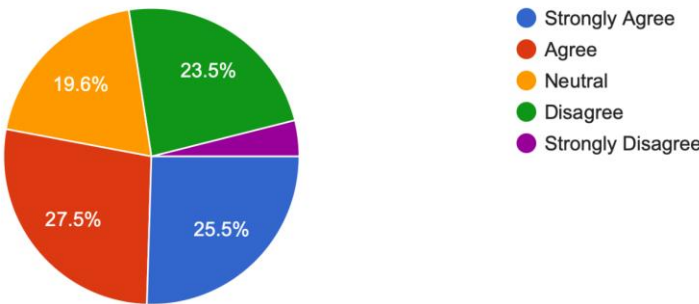
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I understand that taking too much medicine can harm my health.
51 responses



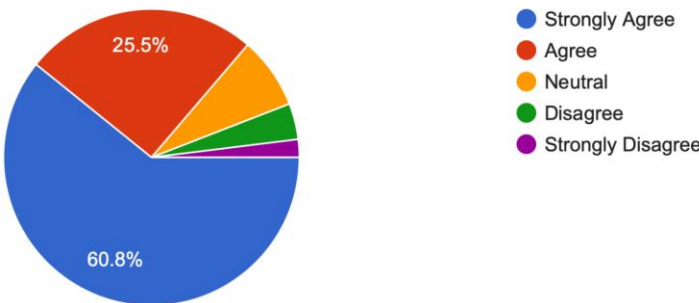
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I read the instructions on medicine labels before taking any medicine.
51 responses



523

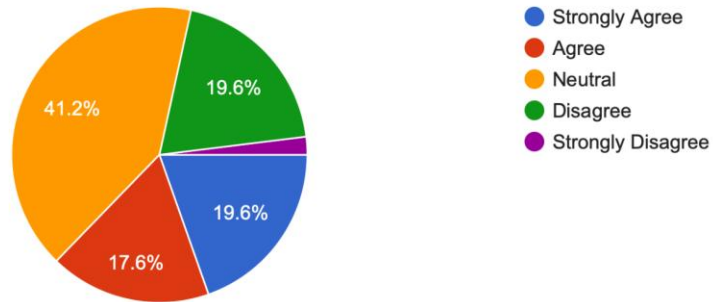
I check the expiry date before using a medicine.
51 responses



524

Sharing medicines with friends or family can be dangerous

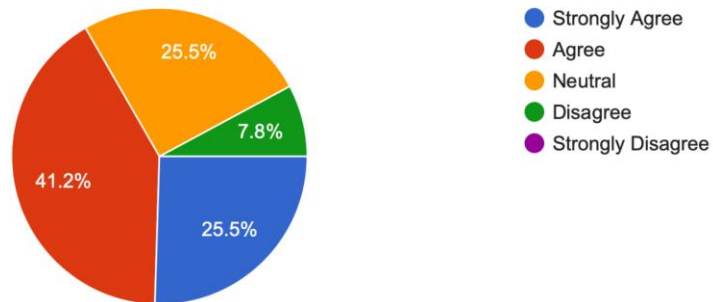
51 responses



525

I feel confident in identifying reliable sources of information about medicines.

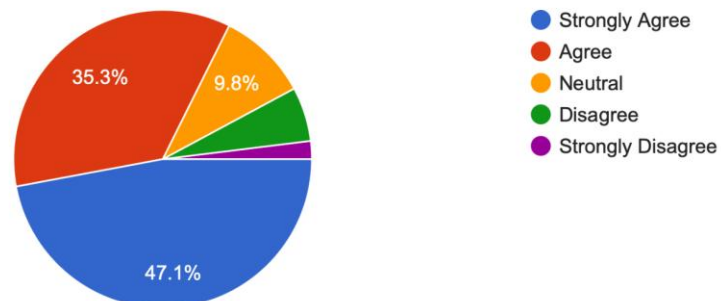
51 responses



526

My school should provide more education about safe medicine use.

51 responses



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