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Socio-spatial determinants of self-medication among pregnant women in Yopougon Ouassakara (Abidjan, Côte d'Ivoire)

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Abstract
The present research aims to analyze the socio-spatial determinants of self-medication in pregnant women. The problem was the practice of self-medication of pregnant women despite their state of pregnancy. The initiated investigation is based on the administration of a questionnaire to 100 pregnant women. These were selected on the basis of a reasoned choice approach within the Ouassakara district.
The results of the analysis revealed that 8% of women self-medicate during their pregnancy with pharmaceutical drugs. 87.5% use painkillers and 12.5% use antimalarials. 4% of pregnant women self-medicate for a need for rapid relief, 2% qualify their disease as mild ailments. 59% of pregnant women surveyed use traditional drugs during their pregnancy for malaria (44%). The analysis of the influence of sociodemographic and economic characteristics on self-medication showed from the chi 2 tests carried out that sociodemographic and economic variables such as the number of children, profession and income influence self-medication practice.

Keywords: Socio-spatial determinants, self-medication, pregnant women, Yopougon ouassakara (Abidjan, Côte d'Ivoire)

Introduction
Health is one of the most precious goods valued by man. Therefore, all human societies, regardless of their level of development, have health systems aimed at maintaining the well-being of populations. Thus men in their perpetual quest for well-being can often resort to all types of methods or drugs to solve their health problems. Self-medication is one of the preferred remedies of populations in case of illness. Indeed, in Côte d'Ivoire, the rate of self-medication is 37.32% or slightly more than one patient in three of the population practises self-medication according to SOUAGA K. *et al*, (2000) [1]. According to Mr. Salvador and B. Chamontin (2008), self-medication is more common in women who are more attentive to health problems. In other words, women are those who are most involved in this practice because of their strong involvement in the management of their health. They note that women aged 18 to 45 are the most likely to self-medicate. However, they represent the vast majority of women of childbearing age, and therefore likely to be pregnant (BIBLOT PHILIPPINE, 2013) [4].
Similarly, the practice of self-medication is not without consequences for the populations that engage in it. For D'Almeida (2003), self-medication promotes kidney risk, digestive risk, liver risk, skin risk, resistance and several other complications. These consequences on the health of populations have led in recent years to focus part of the attention of decision-makers on the issue of self-medication in Côte d'Ivoire.
This scourge therefore mobilizes many actors such as government, local and international organizations and arouses such a common interest in biomedical and social sciences. However, studies that discuss the factors, consequences and data of self-medication are generally the responsibility of the biomedical sciences. As for the social sciences very few studies are devoted to the research of the socio-spatial determinants of self-medication even less in pregnant women. This study is being conducted to fill this gap. It aims to question the socio-spatial determinants of self-medication in pregnant women of Yopougon precisely in Ouassakara.

Methodology
This study is based on documentary sources and a questionnaire survey, plus direct field observations.
The literature search consisted in consulting the work of researchers in this case theses, memoirs and articles that had to deal with the issue of self-medication. The stages of data collection began with the review of the literature that synthesizes the literature consulted for this purpose. These data were collected by the libraries. In addition to libraries, the Internet has been invaluable in the search for information. Here, the collection of information consisted in exploring the sites dedicated to scientific journals (cairn info, Perseus...).

Fig 1: Location of the Ouassakara district

1. Field Investigation

The appropriate survey instruments for this study were observation, and the questionnaire.

- **Direct observation investigation**

Observation is a crucial step in the process of data acquisition in geography. This method consisted in making field trips in order to discreetly observe the target population in its daily life. During these outings that took place during the year 2021, we had as working instruments a notebook and an Android phone for photos. Thus, through this observation, we were able to identify the daily practices of these women that we then compared with the information collected using the questionnaire.

- **Questionnaire survey**

As a systematic interrogation technique to gather information from contacts, the survey was selected as one of our data collection instruments. It has been useful in collecting data that could not be collected either through literature review or observation. This survey was mainly quantitative. In this study, since we do not have a frame for pregnant women in the municipality of Yopougon, we opted for a non-probability sampling method by reasoned choice. Pregnant women were selected with the aim of forming a representative sample of social realities. The sample size is 100 pregnant women. For the choice of respondents, in each accommodation visited, we inquired about the presence of one or more pregnant women. When our interlocutor answers in the affirmative, we approach the pregnant woman to whom the questionnaire is administered after her agreement. It should be meant that before administering the questionnaire to pregnant women, the subject, the anonymity and its purpose were explained to them.

- **Processing of data collected**

Quantitative data from the questionnaire was captured in Excel in its 2013 version after the questionnaire was processed. After data entry, we had a database, and then using the PivotTable module, we related socio-demographic and economic variables through simple tables and PivotTables. Subsequently, we used both descriptive statistics to identify frequency distributions and inferential statistics. Regarding inferential statistics, it is the test of Khi two khi2) at the threshold of significance of 5% that was used to assess the relationships between the variables that influence the self-medication of pregnant women. To do this, the use of self-medication was chosen as a dependent variable and socio-demographic and economic variables as independent variables.

Results

1. Analysis of self-medication in pregnant women

a. A majority of pregnant women who do not self-medicate outside their period of pregnancy

Table 1 below shows the distribution of pregnant women after taking non-prescription medication outside the period of pregnancy.

Table 1: Distribution of pregnant women by non-prescription drug use outside pregnancy

Self-medication outside The period of pregnancy	Non	Yes	Grand total
Ouassakara	67	33	100

Source: Our Surveys, 2021

The majority (67%) say they do not use self-medication outside the period of pregnancy, while 33% say they use self-medication. The absence of self-medication among a majority of members may suggest a preference for formal medical consultations or distrust of self-medication. On the other hand, the non-negligible proportion practising self-medication indicates a certain autonomy in the management of their health and may reflect cultural habits or informal medical practices. It is important to note that self-medication has potential risks and that it is recommended to consult a health professional before taking medication, to ensure safe and effective use of medications.

b. A majority of pregnant women who do not self-medicate during pregnancy

Table 2 below shows the distribution of pregnant women by non-prescription drug use during pregnancy

Table 2: Taking non-prescription medication during pregnancy

Self-medication during the period of pregnancy	Non	Yes, several times	Grand total
Ouassakara	92	8	100

Source: Our Surveys, 2021

The vast majority say they do not use self-medication during pregnancy. This suggests a preference for more formal health approaches and adherence to medical guidelines during this critical period. However, it is important to note that 8% reported having used self-medication several times during pregnancy. This may raise maternal and fetal health concerns, as self-medication during pregnancy may pose potential risks to fetal development.

c. Type of pharmaceutical drug consumed during pregnancy

Table 3 below shows the distribution of pregnant women by type of drug consumed during pregnancy

Table 3: Distribution of pregnant women by types of drugs used during pregnancy

Grand total	Unrelated	Subtotal	Antiulcer	Antimalarial	Anti-diarrheal	Painkiller
100	92	8	0	1	0	7

Source: Our Surveys, 2021

Most respondents (92%) say they did not take medication during pregnancy without the advice of a doctor. Those who reported using drugs, a small number (8%) reported using painkillers. Other types of drugs, such as anti-diarrheas, Antimalarials and antiulcers. Caution in the use of medication is always recommended, and it is essential to consult a health professional before taking any medication.

d. Reason for taking medication without the advice of a health worker

Table 4 below shows the distribution of pregnant women by reasons for taking medication without the advice of a health worker.

Table 4: Distribution of pregnant women by reasons for taking medication without the advice of a health worker

Total General	Not concerned	Subtotal	Waiting time too long	Mild ailments	Lack of money	Need for quick relief
100	92	8	0	2	2	4

Source: Our Surveys, 2021

A small number (8%) cited specific reasons for using drugs. Among these reasons, the need for rapid relief was cited by 4% of members, indicating that some resort to drugs to get immediate relief. Other reasons include lack of money (2%) and mild ailments (2%). These reasons may suggest that some members choose self-medication because of financial constraints or in response to symptoms they consider minor. The majority (92%) do not seem to be concerned by these specific reasons, perhaps indicating a general tendency to avoid self-medication or to have not been confronted with situations requiring such an approach.

e. Analysis of traditional drug intake during the period of pregnancy

Table 5 below shows the distribution of pregnant women by traditional drug use during pregnancy.

Table 5: Distribution of pregnant women by traditional medications during pregnancy.

Grand total	Yes several times	Non
100	59	41

Source: Our Surveys, 2021

The majority (59%) report using traditional drugs several times during pregnancy. This suggests a preference or common practice of using traditional remedies to treat certain conditions or symptoms during that specific period. On the other hand, 41% reported not using traditional drugs during pregnancy. It is important to note that the use of traditional drugs during pregnancy can carry risks, since some remedies can have adverse effects on the health of the mother and fetus. Therefore, it is recommended to consult a Health professional before using any type of medicine, including traditional remedies, during pregnancy.

f. Reason for taking traditional drugs during the period of pregnancy

Table 6 shows the distribution of pregnant women according to the reasons for taking traditional medications during pregnancy.

Table 6: Distribution of pregnant women by reason for taking traditional medicines

Grand total	Unaffected	Subtotal	Tension	Paludic affection	Stomach pain	Rheumatological condition	Gynecological condition
100	41	59	0	44	4	3	8

Source: Our Surveys, 2021

Since pregnant women reported using traditional medications during pregnancy (a subtotal of 59), the reasons for use vary:

- Gynecological condition: 8 reported using traditional medications for gynecological problems.
- Rheumatological condition: 3 for rheumatological problems.
- Stomach pain: 4 for stomach pain.
- Malaria: The most frequently cited reason is malaria, with 44 people reporting using traditional medicines to treat malaria.
- Tension: None mentioned using traditional drugs to treat

g. Analysis of how traditional medicines are used

Table 7 below shows the distribution of pregnant women by traditional drug use.

Table 7: Distribution of pregnant women by traditional drug use

Grand total	Unaffected	Subtotal	Purge	Absorption and purging	Absorption
100	41	59	31	21	7

Source: Our Surveys, 2021

Women who reported using traditional drugs during pregnancy (subtotal of 59), do so through different modes. Absorption only is practiced by 7 women. Absorption and purging is performed by 21 women, suggesting a combined approach to treat certain conditions. The most frequently cited method is purging, with 31 people reporting using traditional drugs in this way.

Analysis of Self-Medication by Socio-Demographic and Economic Characteristics

a. Analysis of self-medication by age and neighborhood

Table 8 below shows the distribution of pregnant women by age following self-medication.

Table 8: Distribution of pregnant women by age and neighborhood by self-medication practice

Self-medication			
Age	**Non**	**Yes, several times**	**Grand total**
Ouassakara	**92**	**8**	**100**
Undefined	1	0	1
Under 20	9	0	9
20 to 30 years	58	2	60
30 to 40 years	23	5	28
40 years and over	1	1	2

Source: Our Surveys, 2021

For the category "Not defined", 1 person indicated not having practiced self-medication. Among women under 20,

all reported not having self-medicated. In the 20 to 30 age group, the vast majority (58 out of 60) did not self-medicate, while 2 people reported having done it several times. In the 30-40 age group, most (23 out of 28) did not self-medicate, but 5 reported doing it several times. In the 40+ category, half (1 in 2) did not self-medicate. The majority of women who self-medicate are in the 30+ age group. However, the results of the Khi 2 test (P-value = 0.11) show that there is no dependence between the age of pregnant women and the use of self-medication.

b. Analysis of self-medication according to nationality

Table 9 below shows the distribution of pregnant women by nationality according to the practice of self-medication

Table 9: Distribution of pregnant women by nationality by self-medication practice

Self-medication			
Nationality	**Non**	**Yes, several times**	**Grand total**
Ouassakara	**92**	**8**	**100**
Burkinabé	3	0	3
Guinean	1	0	1
Ivorian	85	8	93
Malian	2	0	2
Nigerian	1	0	1

Source: Our Surveys, 2021

All Burkinabe, Malian, Nigerian and Guinean women say they did not self-medicate. At the level of Ivorian women, the vast majority (85 out of 93) say they have not practiced self-medication, while 8 reported having practiced it several times. The results of the Khi 2 test (P-value = 0.655) also show that there is no dependence between the nationality of pregnant women and the practice of self-medication.

c. Analysis of self-medication according to ethnicity

Table 10 below shows the distribution of pregnant women by ethnicity according to self-medication.

Table 10: Distribution of pregnant women by ethnicity by self-medication practice

Self-medication			
Ethnicity	**Non**	**Yes, several times**	**Grand total**
Ouassakara	**92**	**8**	**100**
AKAN	40	5	45
GUR	3	0	3
KROU	8	1	9
North Mandé	21	2	23
Mande sud	13	0	13
ECOWAS	7	0	7

Source: Our Surveys, 2021

For members of the AKAN ethnic group, the majority (40 out of 45) said they did not self-medicate, while 5 members said they did it several times. Among the members of the GUR ethnic group, Mandé Sud, all and ECOWAS, say they did not practice self-medication. For members of the KROU ethnic group, the majority (8 out of 9) said they did not self-medicate, while 1 member said they did it several times. For members of the North Mande ethnic group, the majority (21 out of 23) said they did not self-medicate, while 2 members said they practiced it several times.

The analysis of the table shows that Akan and Krou women are more self-medicating than women of other ethnic groups. The results of the Khi 2 test (P-value = 0.473) show that there is no dependence between the ethnicity of pregnant women and the practice of self-medication.

d. Analysis of self-medication according to the place of birth of pregnant women

Table 11 below shows the distribution of pregnant women by place of birth following the practice of self-medication.

Table 11: Distribution of pregnant women by place of birth by self-medication practice

Self-medication			
Place of birth	**Non**	**Yes, several times**	**Grand total**
Ouassakara	**92**	**8**	**100**
Undefined	2	0	2
Abidjan	27	1	28
Centre	16	2	18
Is	12	1	13
Nord	11	1	12
West	8	1	9
South	11	2	13
Excluding ivory coast	5	0	5

Source: Our Surveys, 2021

For those whose place of birth is not defined, 2 people reported not having self-medicated, and there is no indication of multiple self-medicating. Among those born in Abidjan, the majority (27 out of 28) said they did not self-medicate, while 1 said they did it several times. For people born in the Central Region, the majority (16 out of 18) report not having practiced self-medication, while 2 people reported having practiced it several times. Those born in the East, North and West regions reported that they did not self-medicate, while 1 person in each region reported that they did so several times. For people born in the South region, the majority (11 out of 13) reported not having self-medicated, while 2 people reported having practiced it several times. Among people born outside Côte d'Ivoire, the majority (5 out of 5) said they had not self-medicated.

In total, it is remembered that regardless of the place of birth the majority of pregnant women abstain from consuming pharmaceutical drugs without a prescription. The results of the Khi 2 test (P-value = 0.162) also show that there is no dependence between the place of birth of pregnant women and the practice of self-medication.

e. Analysis of self-medication by marital status

Table 12 below shows the distribution of pregnant women by marital status following self-medication.

Table 12: Distribution of pregnant women by marital status by self-medication

Self-medication			
Marital status	**Non**	**Yes, several times**	**Grand total**
Ouassakara	**92**	**8**	**100**
Single	23	1	24
Groom	32	1	33
Common-law union	37	6	43

Source: Our Surveys, 2021

Single women (23 out of 24) reported not having self-medicated, only 1 reported having done it several times. For married women, the majority (32 out of 33) said they did not self-medicate, while 1 said they did it several times.

Among those in a common-law relationship, the majority (37 out of 43) reported not having self-medicated, while 6 people reported having done it several times.
Analysis of the table shows that pregnant women in common-law relationships are more likely to use non-prescription pharmaceutical drugs than single and married pregnant women. However, (p-value = 0.540) is also above 0.05; there is therefore no relationship between the marital status of pregnant women and the use of self-medication.

f. Analysis of self-medication according to religion

Table 13 below shows the distribution of pregnant women by religion following the practice of self-medication.

Table 13: Distribution of pregnant women by religion by self-medication

	Self-medication		
Religion	**Non**	**Yes, several times**	**Grand total**
Ouassakara	**92**	**8**	**100**
Catholic	22	0	22
Evangelical	33	6	39
Muslim	32	1	33
Protestante	3	1	4
Without religion	2	0	2

Source: Our Surveys, 2021

All members of the Catholic religion (22 out of 22) reported that they did not self-medicate, and no member reported having self-medicated several times. For members of the evangelical religion, the majority (33 out of 39) said they did not self-medicate, while 6 people said they did it several times. Among members of the Muslim religion, the majority (32 out of 33) said they had not self-medicated, while 1 said they had done it several times. For members of the Protestant religion, the majority (3 out of 4) said they did not self-medicate, while 1 person said they did it several times. Among members without religion, the totality (2 out of 2) declare not to have practiced self-medication.
The majority of pregnant women surveyed do not self-medicate regardless of religion, except Christian women who self-medicate more (8%) compared to Muslim pregnant women (2.66%). The p-value = 0.167 is also greater than 0.05. This shows that there is no relationship between religion and self-medication.

g. Analysis of self-medication by education level

Table 14 shows the distribution of pregnant women by education level by self-medication practice

Table 14: Distribution of pregnant women by education level following self-medication

	Self-medication		
Educational level	**Non**	**Yes, several times**	**Grand total**
Ouassakara	**92**	**8**	**100**
Levelless	22	1	23
Primary	20	2	22
Secondary	37	4	41
Superior	13	1	14

Source: Our Surveys, 2021

The majority of members with no education (22 of 23) reported that they did not self-medicate, while one reported that they did so several times. For those with a primary level of education, the majority (20 out of 22) report not having practiced self-medication, while 2 people reported having practiced it several times. Among those with a secondary level of education, the majority (37 out of 41) report not having practiced self-medication, while 4 people reported having practiced it several times. For the higher level of education, the majority (13 out of 14) reported not having self-medicated, while 1 reported having done it several times.
The analysis shows that 10% of the women interviewed with primary education and 10.81% with secondary education practice self-medication. However, due to a p-value of 0.131 above the threshold of significance of 5%, it is deduced that there is no dependence between the level of education of pregnant women and the practice of self-medication.

h. Analysis of self-medication by profession

Table 15 below shows the distribution of pregnant women by occupation according to the practice of self-medication

Table 15: Distribution of expectant mothers by self-medication practice

	Self-medication		
Profession	**Non**	**Yes, several times**	**Grand total**
Ouassakara	**92**	**8**	**100**
Informal activity	40	1	41
Shopkeeper	4	2	6
Student	13	0	13
Training/Education	0	1	1
Health professional	1	0	1
Unemployed	30	4	34
Private sector worker	4	0	4

Source: Our Surveys, 2021

Among those engaged in informal activity, the majority (40 out of 41) reported not having self-medicated, while 1 reported having done it several times. For those engaged in commercial activity, the majority (4 out of 6) reported not having practiced self-medication, while 2 people reported having practiced it several times. Among the students, all (13 out of 13) said they had not self-medicated. For people with a profession related to training or education, all (1 out of 1) report having practiced self-medication. All those who work in the health field report not having practiced self-medication. The unemployed, the majority (30 out of 34) report not having practiced self-medication, while 4 people reported having practiced it several times. Among those working in the private sector, the majority (4 out of 4) report not having practiced self-medication.
The analysis of the table shows that women traders practice self-medication more than other women. The results of the test of khi 2 p-Value = 0.00 below the threshold of significance of 5% show an dependence between self-medication and the profession of pregnant women. We deduce that the more pregnant women have the status of shopkeeper, the more they self-medicate.

a. Analysis of self-medication by number of children

Table 16 below shows the distribution of pregnant women according to the number of children following the practice of self-medication.

Table 16: Distribution of pregnant women by number of children following self-medication

Self-medication			
Number of children	**Non**	**Yes, several times**	**Grand total**
Ouassakara	**92**	**8**	**100**
First pregnancy	39	2	41
1 à 3	47	5	52
4 à 6	6	0	6
7 à 10	0	1	1

Source: Our Surveys, 2021

For those who are in their first pregnancy, the majority (39 out of 41) report not having practiced self-medication, while 2 people reported having practiced it several times. For women with between 1 and 3 children, the majority (47 out of 52) reported not having self-medicated, while 5 reported having done it several times. Among the respondents with between 4 and 6 children, the totality (6 out of 6) declare not having practiced self-medication. For those with between 7 and 10 children, the totality (1 out of 1) declare having practiced self-medication.

Women with more than 7 children are more likely to self-medicate than women with fewer than 3 children. This is confirmed by the results of the chi 2 test showing that there is dependence between the number of children held by pregnant women and the practice of self-medication in view of the p-value of 0.028 below the threshold of significance of 5%.

b. Analysis of self-medication by income of pregnant women

Table 17 below shows the distribution of pregnant women by income according to the practice of self-medication

Table 17: Distribution of pregnant women by income by self-medication practice

Self-medication			
Income	**Non**	**Yes, several times**	**Grand total**
Ouassakara	**92**	**8**	**100**
Without income	44	4	48
Less than 30,000	3	0	3
30000 à 50000	8	0	8
50000 à 100000	5	2	7
100000 à 200000	2	0	2
200000 à 300000	0	1	1
Undefined	30	1	31

Source: Our Surveys, 2021

Among those without income, the majority (44 out of 48) reported not having self-medicated, while 4 people reported having done it several times. For those with an income of less than 30,000, the totality (3 out of 3) declares not to have practiced self-medication. Among those with an income between 30,000 and 50,000, the majority (8 out of 8) report not having practiced self-medication, while 2 people reported having practiced it several times. For those with an income between 50,000 and 100,000, the majority (5 out of 7) report not having practiced self-medication, while 2 people reported having practiced it several times. Among those with an income between 100,000 and 200,000, all (2 out of 2) report not having practiced self-medication. For members with an income between 200,000 and 300,000, all (1 in 1) declare having practiced self-medication. Among those with an undefined income, the majority (30 out of 31) report not having practiced self-medication, while 1 person reported having practiced it several times.

It is noted that women with a high income practice self-medication more than low-income women. The results of the chi-2 test confirm that the monthly income of pregnant women influences their practice of self-medication given the P-value of 0.00 below the threshold of significance of 5%. This suggests that the more income pregnant women have, the more they self-medicate.

k. Analysis of self-medication by monthly expenses of pregnant women

Table 18 below shows the distribution of pregnant women by monthly expenditure level following self-medication practice.

Table 18: Distribution of pregnant women by income by self-medication practice

Self-medication			
Expenditure	**No**	**Yes, Several times**	**Total**
Ouassakara	**92**	**8**	**100**
Without expenditure	83	6	89
15000 to 25000	5	1	6
25000 to 50000	4	1	5

Source: Our Surveys, 2021

Of the respondents reporting zero expenses, the majority (83 out of 89) reported not having self-medicated, while 6 reported having done it several times. For those reporting expenses between 15,000 and 25,000, the majority (5 out of 6) reported not having self-medicated, while 1 reported having done it several times. Among those reporting expenses between 25,000 and 50,000, the majority (4 out of 5) reported not having self-medicated, while 1 reported having done it several times.

(The p-value = 0.540) more than 0.05; shows that there is therefore no relation between the expenses of pregnant women and the use of self-medication.

Discussion

Physiological causes in pregnant women

Taking medication without a prescription has become a commonplace gesture in the daily life of populations including pregnant women with a prevalence of 58.3% according to (Hamadi M., 2018) [8]. Pregnant women are therefore at greater risk in cases of self-medication, misuse, medication abuse, inappropriate prescribing or even a lack of awareness of the dangers associated with drugs increase the risk of using teratogenic drugs or drugs contraindicated during fetal life (Cissé Karidja, 2018). Indeed the maternal organism undergoes physiological changes during pregnancy. These changes affect the blood circulation, the cardiovascular system, the respiratory system, the digestive system and the osteolabial system.

Sex, age and self-medication

In general, sex and age are factors that very often influence populations in choosing self-medication. Indeed, the study carried out by Delestre, (2020) [7] shows that the 46-65 age group has a higher probability of self-medication in its sample. Based on the results of a survey conducted in Bamako by Konaté L., (2004), we find that 40.41% of respondents were between 30-50 years old and 28.33% were between 20-30 years old. He mentions that men represented

85.41% of the workforce because they were in charge of family health expenses. This view is consistent with that of Kachi *et al*. (2016), who show that men with a proportion of 67.59% bought more Street Medicines (MDR).

Education level and self-medication

According to Biblot P., (2013) [4] the higher the level of study and the greater the self-medication. Hamadi M., (2018) [8] goes in the same direction as the previous author. Following the results of her work which show that 53% of the pregnant women interviewed made have a higher education. Indeed, pregnant women with a higher level of education than the baccalaureate represent a large proportion of pregnant women who self-medicated. For d'Almeida (2003) quoted by Yéo, (2018) "there is a slightly higher percentage among people with a certain level of education."

Socio-professional category

The rate of self-medication varies according to the profession because all professions use it. According to the results of the study of Koumako K. (2020), 39.5% of the respondents who self-medicate are housewives because of their low purchasing power. For Costiou V. (2016) [6] managers and craftsmen have a stronger tropism to self-medication than workers. This is justified by the fact that, benefiting from more comfortable incomes, the burden represented by the cost of drugs was less sensitive for these socio-professional categories.

Conclusion

The results of the analysis revealed that 67% of the women surveyed do not self-medicate outside their pregnancy period. On the other hand, 33% of women self-medicate during their pregnancy with pharmaceutical drugs. Among women who self-medicate during their pregnancy, 87.5% use painkillers and 12.5% use antimalarials. 4% of pregnant women self-medicate for a need for rapid relief, 2% also qualify their disease as mild ailments. 2% of women say they self-medicate for lack of money. Regarding the use of traditional drugs, the results of the analysis show that 59% of pregnant women surveyed use traditional drugs during their period of pregnancy. The reasons for the use of traditional drugs indicate that 44% of women use them for malaria conditions and 8% take traditional drugs for gynecological conditions.

It should be noted that 4% of the respondents use traditional drugs because of stomach pain, 3% of women use traditional drugs for rheumatological conditions. Most pregnant women make use of traditional medicines by purging or by absorption and purging. The analysis of the influence of sociodemographic and economic characteristics on self-medication showed from the chi 2 tests realized that sociodemographic variables such as age, ethnicity, place of birth, marital situation, the religion and education of pregnant women do not influence the practice of self-medication. Only the number of children influences the practice of self-medication according to the chi-2 test where the p-value was estimated at 0.028. In terms of economic characteristics, the chi 2 tests carried out have shown that there is a dependence between the profession, income, and the practice of self-medication.

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