



## Letters to the Editor AMJ 2012 5, 11

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### Coursera: Free online learning for the world

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Dear Editor,

The internet has brought about a revolution in access to information. Coursera ([www.coursera.org](http://www.coursera.org)) is an educational technology company founded by two professors from Stanford University in the United States, Andrew Ng and Daphne Koller with the mission of bringing the best education in the world to anyone with the will to learn and an internet connection. The platform is funded by John Doerr and Scott Sandell. The company was established in early 2012 and by September around 1.2 million students from nearly 200 countries were taking courses at Coursera. Stanford University, the University of Michigan, University of Pennsylvania, and Princeton University were among the founding university partners. Other universities later joined and present data shows that 33 universities from eight different nations offer online courses through Coursera. Most schools are from the United States (US) including Brown University, California Institute of Technology, John Hopkins University among others. The University of Melbourne from Australia and the Indian Institute of Technology, New Delhi, India also offer courses.

Coursera at present offers courses in 18 different categories ranging from biology and life sciences, computer science, economics and finance, engineering, health sciences and medicine, physical and earth sciences, management and finance, education, mathematics, humanities and social sciences among others. In their description Coursera states their vision as 'we hope to give everyone access to the world-class education that has so far been available only to a select few. We want to empower people with education that will improve their lives, the lives of their families, and the communities they live in.'

Coursera is based on a concept known as massive open online classes (MOOC) which aims to make education available to thousands of people all over the globe regardless of geographical, physical and time boundaries. Coursera has announced 21 courses in medicine ranging from AIDS, principles of public health, introduction to pharmacy, clinical terminology for international students, drugs and the brain, contraception: choices, culture and consequences, clinical problem solving, introductory human physiology and introduction to pharmacology. The dates for many of these courses are yet to be announced while a few are scheduled to start in November. In the section 'Health and society and medical ethics' the courses proposed are global health cultures, health informatics in the cloud, the social context of mental health and illness, health for all among others. A selection of other topics are machine learning, introduction to sustainability, statistics one, networked life, a history of the world since 1300 and organisational analysis among others.

I have signed up for two courses on Coursera. The courses run smoothly and use video lectures which are broken down into 10 to 15 minute chunks with assessment quizzes embedded in the video lectures. Signing up for these courses is easy. You create an account just like an e-mail account and information about the courses will be sent by email. The interface is easy to use with announcements, course overview, expectations and grading and the course calendar on the left-hand pane. There are two tracks which can be followed, the basic track and the advanced track. The basic track requires viewing all video lectures, participating in the online discussion forum and completing the final online exam. The advanced track students will also write essay papers and evaluate essays written by other students. The core materials section includes links to the video lectures, suggested readings and discussion forums. The readings are available on the Stanford Open library and other libraries either free of cost or at a discounted price. SIPX, a repository for digital works is an important source of reading material. The subheadings and the course design vary for different courses just as they do in the real life classroom.



The online discussion forums are vibrant and involve a large number of users. The large number of discussion forums may seem intimidating for students like me who are not much into social networking and online communication. Overall I feel this is a good attempt to promote adult learning and offer courses to people who, for various reasons, do not have access to high standard college education. To join Coursera all you need is an internet connection and the will to learn. Internet access problems and connection speed may however slow down learning in many parts of the world like they do in Nepal!

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## Self-medication practice in Baghdad, Iraq

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Dear Editor,

Self-medication can be defined as “the use of pharmaceutical or medicinal products by the consumer to treat self-recognized disorders or symptoms”.<sup>1</sup> In Iraq, like other developing countries, a considerable amount of non-prescription medicines are purchased from community pharmacies and used without consulting the physician. Unfortunately, the inappropriate use of medicines may lead to a critical health care problem.<sup>2</sup> To date, the information on self-treatment practice in Iraq is unavailable. Hence, this pilot study was conducted to assess the self-medication patterns by consumers in Baghdad. The demographic characteristics, types of purchased medicines for self-treatment, source of information, and reasons for such practice were also determined.

A cross-sectional pilot study was conducted in Baghdad, the capital of Iraq, among consumers attending different community pharmacies to purchase medicines for self-treatment. The self-medication questionnaire published by Sawalha was used in this study, after getting permission from the author, as a tool for gathering data from the respondents.<sup>3</sup> Face and content validity was done to test the clarity, accuracy, and relevance of the questions. The internal consistency was assessed in the form of Cronbach’s Alpha which was 0.73. Approval for this study was obtained from the Syndicate of Iraqi Pharmacists which is the main body responsible for community pharmacies in the country in terms of registration, regulation, and monitoring.

Among the 84 respondents, slightly more than half were males (52.4%). The mean age of all respondents was 33.8± 9.13 years, with a range of 21–58 years. Most of them (66.7%) did not suffer from a serious disease. Their educational levels were low, primary/secondary, (9.5%); average, high school/institute, (16.7%); and high, college/postgraduate, (73.8%). While, their monthly income levels were low (56.0%); average (26.2%); and high (17.9%).

Interestingly, the majority of respondents (90.5%) reported the presence of medical clinics in their residential areas. Among the all purchased medicines; antibiotics were the most (85.7%) used for self-treatment without legal prescription from a qualified prescriber, other medicines are described in Table 1.

**Table 1: Types of medicines used for self- medication**

<sup>a</sup> Multiple answers were selected

Category	N (%) <sup>a</sup>
NSAIDs	55 (65.5%)
Antacid	44 (52.4%)
Antispasmodics	60 (71.4%)
Antibiotics	72 (85.7%)
Antihistamine	43 (51.2%)
Corticosteroids	43 (51.2%)
Cold remedies	68 (81.0%)
Hypnotics	21 (25%)
Vitamins	2 (2.4%)
Ointments and creams	50 (59.5%)

The most treated health problems were cold/cough (79.8%), headache (76.2%), diarrhoea/constipation (64.3%), joint pain (64.3%), tonsillitis (63.1%), oral ulcer (53.6%), weight loss (39.3%), indigestion (58.3%), skin diseases (35.7%), insomnia (28.6%), and anaemia (2.4%). Community pharmacy was the main source of medicine for self-treatment (61.2%) followed by leftover medications (31.7%) and family/neighbours (7.1%). Reasons that led to self-treatment were that respondents felt medical advice was unnecessary for the condition (57.0%), previous experience (30.5%), distrust of the available medical service (11.3%), and unavailability of physician (1.2%). Although self-treatment is prevalent in this study; adverse effects of medicines occurred in less



than half of respondents (46.4%). Critical health problems resulting from such practice may include drug interaction, incorrect diagnosis, and antimicrobial resistance. Therefore, public health awareness programs are necessary in Iraq. In addition, the role of the pharmacist is important to educate consumers about the appropriate use of medicines. Further, continuing education programs for pharmacists and introduction of pharmacy practice topics in the pharmacy curriculum are warranted.

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Sincerely,

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### References

1. Wijesinghea P, Jayakodyb R, Seneviratne R. Prevalence and predictors of self-medication in a selected urban and rural district of Sri Lanka. WHO South-East Asia Journal of Public Health 2012; 1:28-41.
  2. Shankar P, Partha P, Shenoy N. Analysis and quantification of self-medication patterns of customers in community pharmacies in southern Chile. Pharm World Sci 2008; 30:863-868.
  3. Sawalha F. A. A descriptive study of self-medication practices among Palestinian medical and nonmedical university students. Research in Social and Administrative Pharmacy 2008; 4:164-172.
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