

**KNOWLEDGE, ATTITUDE AND PRACTICES OF SELF-MEDICATION  
AMONG MALE ARTISANS IN SABO COMMUNITY, IBADAN NORTH  
LOCAL GOVERNMENT AREA, IBADAN, OYO STATE, NIGERIA**

**BY**

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## CERTIFICATION

I certify that this study was carried out by Saudat LAWAL in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Nigeria.

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## DEDICATION

This work is dedicated to Almighty Allah for His guidance and protection throughout this programme.

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## ABSTRACT

Self-medication is a human behaviour that involves the use of medications to prevent, treat and cure self-diagnosed ailment without prior medical consultation or physician prescription. Individual's busy schedule and complicated lifestyles made them shun waiting in hospitals to see physicians and result in self-medication. Male artisans have been reported to demonstrate poor health-seeking behaviours due to the nature of their job and the high demand for the services they render in society. However, there is insufficient information about male artisans' knowledge and other antecedent factors relating to self-medication. Therefore, this study was, designed to investigate knowledge, attitude and practise of self-medication among male artisans in Sabo community, Ibadan North Local Government Area, Ibadan, Oyo State, Nigeria.

A descriptive cross-sectional survey was adopted using a multi-stage sampling technique to select 216 respondents from the eight registered artisans group in Sabo community. A validated semi-structured interviewer-administered questionnaire was used to elicit information on the respondent's socio-demographic characteristics, knowledge, attitude and practice of self-medication. The total knowledge score was 20 points. Knowledge scores of 0-9, 10-13 and  $\geq 14$  were categorised as poor, fair and good respectively. The total attitudinal score was 12 points. Attitudinal scores of 0-7 and  $\geq 8$  were categorised as negative and positive respectively. The total practice score was 20 points and scores  $\leq 13$  and  $\geq 14$  were categorised as irrational and rational practices, respectively. Data were processed into the computer with the aid of IBM/Statistical Package for Social Science (IBM/SPSS) software version 22. Data were analysed using descriptive statistics and Chi-square test with the level of significance set at  $p=0.05$ .

Respondents' age was  $31.4 \pm 10.4$  years, above half (59.7%) had completed secondary school education and 53.3% were married. The majority (65.7%), of the respondents, live with their family and 60.6% earned more than N18,000 as average monthly income. Majority (81.5%) of the respondents had heard about self-medication, radio was the major source of information for 30.5%. Less than half of the respondents, 49.1%, correctly defined self-medication and 70.8% identified chemist as the major source where drugs used for self-medication are acquired. Almost all (97.2%) attest to have practiced self-medication and 53.8% practice self-medication sometimes. Few (22.2%) respondents, had good knowledge about self-medication, 35.2% had positive attitude towards self-medication and 43.1% practised self-medication in an irrational (negative) manner. No significant association was found between respondents' socio-demographic characteristics and practice of self-

medication. There was also no significant association between respondents' level of knowledge of self-medication and the practice of self-medication.

Most respondents engaged in self-medication for minor illness with no concern of whether the practice is rational or irrational. Health promotion and education programmes such as sensitisation campaign are needed with the aim of enhancing the artisans' knowledge about the danger inherent in the irrational use of drugs or self-medication.

**Keywords:** Irrational drug use, Over-the-counter drugs, Chemist, Drug prescription.

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## LIST OF ABBREVIATIONS

**SM-** Self-medication

**WSMI-** World Self-medication Industry

**WHO-** World Health Organization

**KAP-** Knowledge, Attitude and Practice

**OTC-** Over-the-counter

**PMV-** Patent Medicine Vendors

**PHC-** Primary Health Care

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## OPERATIONAL DEFINITION OF TERMS

**Self-medication:** The use of non-prescription drugs in curing self-diagnosed illnesses.

**Artisans:** These are a group of individuals that learn certain skills in a line of work in order to render services in exchange for money to cater for their daily needs.

**Over-the-counter drugs:** These refers to medicine that can be bought without a prescription. They are safe and effective when one follows the directions on the label and as directed by health care professionals.

**Patent medicine vendor:** A person without formal training in pharmacy who sells orthodox pharmaceutical products on a retail basis for profit.

**Self-diagnosed:** This is the process of diagnosing, or identifying, medical conditions in oneself. It may be assisted by medical dictionaries, books, resources on the Internet, past personal experiences, or recognizing symptoms or medical signs of a condition that a family member previously had.

**Drug-drug interactions:** These are changes in a drug's effects due to recent or concurrent use of another drug.

**Analgesics:** The term analgesics encompasses a class of drugs that are designed to relieve pain without causing the loss of consciousness.

**Antibiotics:** These include a range of powerful drugs that kill bacteria or slow their growth. They treat bacterial infections, not viruses.

**Sedatives:** They are a type of prescription medication that slow down the brain's activity.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the study

Self-medication (SM) is an integral part of health care because it is considered as one which plays a vital role in self-care (Bennadi, 2013). The positive impact of self-medication on people's health and the entire health care system can never be overemphasized provided it is rationally done (Bertoldi, Camargo, Silveira, Menezes, Assunção, Gonçalves and Hallal, 2014). According to Darden and Papageorge (2018), self-medication stemmed from the idea of providing healthcare access through shortcuts to forward-looking individuals that do not have access to better treatment options by allowing them to use substances that relieve symptoms or attempt to manage the symptoms of mental and physical pain outside of formal medical care.

Self-medication is often seen as a component of self-care which relates to what individuals do for themselves to preserve their health as well as to prevent and fight against certain illnesses (Ayanwale, Okafor and Odukoya, 2017). According to the World Health Organization [WHO] (2019), self-medication is a human behaviour that involves the act of taking medicines to prevent, manage and cure ailments that were diagnosed by such individual without prior medical consultation or physician prescription. Self-medication is a global phenomenon but more of a public health concern in low and medium-income countries (Jain, Malvi and Kumar, 2015).

Lukovic, Miletic, Pekmezovic, Trajkovic, Ratkovic, Aleksic and Grgurevic (2014) further asserted that self-medication also involves the users taking the medication for recurring or chronic diseases after it has been prescribed by a physician. The prevalence is high in both young and adult due to their attitude towards the utilisation of healthcare (Ayanwale, Okafor and Odukoya, 2017). Another aspect of self-medication was explained by Ayanwale et al. (2017) as a phenomenon where people share drugs with their family members that have been diagnosed with an ailment thinking they can care for themselves with such drugs when they come down with the similar ailment or when they used their own left-over medicines to treat a new ailment.

The medicines which are often used by people to treat self in form of self-medication are called non-prescription or over the counter (OTC) drugs, which are most times purchased from pharmacies without a medical doctor's prescription (World SM Industry, 2016). Pain relief medicines such as paracetamol or a panadol, antimalarial drugs, antibiotics, antipyretic, worm expellers, sedatives,



cough mixtures just to mention a few are believed to be safe medications and do not require a prescription (Auta, Omale and Folorunsho, et al., 2012).

The practice of self-medication is propelled by several factors ranging from individual-related factors, societal norms, economic situations and lack of government policy to control this menace. (Jain, et al., 2015). People's busy schedule and complicated lifestyles made them shun waiting in hospitals to see physicians and result in self-medication (Jain, et al., 2015). Other factors include the way the society take to self-medication like a normal thing and government's inability to make policy that will regulate or control this menace (Kanam and Haj-Ali, 2017).

Poverty has been identified to be a major reason for the high rates in practice of self-medication in Africa because of the popular belief that self-medication reduces the waiting time and financial costs to consult a physician (Suleman, Admasu and Mekonna 2009).

In Nigeria, the practices of self-medication has been linked with difficult access to health services, income, educational qualification and lack of control of drug and drug-related products (Obadiah, 2018). Also, cases of drugs being sold freely in unlicensed places such as stand-alone shops and the ones found in general markets, roadside shops, car parks, and other municipal places by persons who are not properly qualified have been reported (Inyi, 2014).

Self-medication has widely increased as a result of the obtainability of a range of over the counter medications (Pineles and Parente, 2012). Over the counter drugs worldwide, are said to be used to practice responsible self-medication which is supposed to be safe and effective. However, the hazard in this practice of "responsible" SM, especially in developing countries like Nigeria, is that most drugs that are meant to be prescribed are being issued without authorized or valid prescriptions (Walia, 2012).

Improper use of medication or drugs that are not prescribed can result in grave adverse drug reactions and possibly serious consequences (Beyene, Dobocho, Abdurahman and Aleachew, 2017). There are several accompanying risks of SM, which include the breeding of severe health complications such as adverse drug reaction, increased bacterial resistance and even lead to death in the absence of urgent medical attention (Gyawali and Saha, 2015)

Despite the increased efforts to fight against the practice of irresponsible self-medication, statistics still show that globally the practice of self-medication remains high.

## **1.2 Statement of the Problem**

Irrational self-medication, drug abuse and drug misuse have increasingly been on the global agenda because of their devastating effects on people's health (WHO, 2019).

Globally, self-medication is more prevalent in the developing nations when compared to the developed ones especially among women, men, medical students, health care professionals and rural residents with its devastating ill-health effects. It is an issue needing an urgent intervention in Nigeria as drugs are freely displayed for transaction at every nook and cranny part of the country thereby causing more harm than good with the prevalence ranging from 60% - 98% among these aforementioned groups (Ayanwale et. al., 2017). In Nigeria, Osemene and Lamiknara (2012) reported that the practice of self-medication was highest amongst individuals of age range 25 to 44 years, and lower among those of age range 15 to 24 years, with males reporting higher than females (Babatunde and Omolase, 2017). The prevalence of self-medication in Nigeria is estimated to be around 85% (Omolase, Adeleke, Afolabi and Afolabi 2007). In Southwest Nigeria, it accounts for 2.9 – 3.7% causes of deaths in clinics as a result of drug-drug interactions (Oyelola, Razaq and Eniola, 2010).

The common determinants of the increasing rate of self-medication practises in many parts of Nigeria have been poor healthcare systems, poverty, illiteracy, inadequate social amenities and poor health policy (Ayanwale et al., 2017).

## **1.3 Justification**

This study was conducted among male artisans because of the strong evidence documented about their poor health-seeking behaviour due to the nature of their jobs conducted by Olwig and Gough, 2013. Nzama (2013) also reported that African men delay seeking proper help and treatment when ill because they believe health workers are more welcoming to women than men. The study was geared towards addressing a key social issue which is of public health importance with the aim of assessing and improving the health status of the male artisans.

Previous studies on self-medication have been focused on undergraduates, medical students, pregnant women to mention a few. Limited studies have been conducted among community artisans who constitute about 30-35% of the population with their creative skills and services that are important to the development of nations (NPC and ICF Macro, 2014; Mohseni, Azami-Aghdash, Sheyklo et al., 2018). According to Akosile (2007), the health of these group of individuals (artisans) is paramount and should be researched. This study will contribute to the existing literatures which

were inadequate in aspect of knowledge, attitude and practise of self-medication among male artisans and will be relevant in facilitating the design and implementation of interventions to address the problem associated with self-medication.

#### **1.4 Research Questions**

This study provided answers to the following research questions:

1. What is the level of knowledge about self-medication among the respondents?
2. What is the attitude of the respondents towards self-medication?
3. What is the pattern of practice of self-medication among respondents?
4. What are the factors influencing self-medication practises among the respondents?

#### **1.5 Objective of the Study**

##### **1.5.1 Broad Objective**

The broad objective of the study is to investigate the knowledge, attitude and practise of self-medication among male artisans in Sabo community, Ibadan North Local Government Area, Oyo State, Nigeria.

##### **1.5.2 Specific Objectives**

The specific objectives are to:

1. Assess the level of knowledge of self-medication among respondents.
2. Determine the attitude of the respondents towards self-medication.
3. Identify the pattern of practice of self-medication among the respondents.
4. Identify the factors influencing self-medication practice among respondents.

#### **1.6 Research Hypotheses**

The following null hypotheses were tested by this study:

**H<sub>01</sub>:** There is no significant association between respondents' socio-demographic characteristics (age, income, and family structure) and practice of self-medication.

**H<sub>02</sub>:** There is no significant association between respondents' level of knowledge of self-medication and practice of self-medication.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Concept and Overview of Self-Medication

Self-medication is synonymously and wrongly perceived as self-care according to World Self-medication Industry (WSMI) (World Self-medication Industry, 2016), and it was reported to be more prevalent in the developing nations, where poor health care service delivery predominantly put people off towards practising self-medication as well as poor economic condition. It is also common among people living in economically privileged countries that have poor healthcare-seeking behaviour (Covington, 2006, World Self-medication Industry, 2016).

Self-medication practise has its driving force in people's economic reluctance towards healthcare and the socio-cultural behaviour of the population practising it. (Naqvi, Ahmad, Qadeer, Khan, Nadir and Alim, 2016). It also results from the efforts of various government and agencies including WHO in encouraging individual, family and community involvement in primary healthcare and self-reliance in health care matters (Afolabi, 2008, Agarwal, Uppal and Roy, 2014).

In this regard, WHO acknowledged the rationality behind self-medication in a range of situations, and in 1995, the WHO Expert Committee on National Drug policies stated that "medications may be approved as being safe for self-medication by the national drug regulatory authority" (Bowen, Kisuule, Ogasawara, Siregar, Williams and Hall, 2000). Example of such is paracetamol for a slight headache in Nigeria that people do not ask for a prescription before using. He further stated that "such medicines are normally used for the prevention or treatment of minor ailments or symptoms, which do not justify medical consultation. In some chronic or recurring illnesses, after initial diagnosis and prescription, self-medication is possible with the doctor retaining an advisory role" (Bowen, et al., 2000).

This, in turn, makes community people rely on old prescription, patent medicine vendor (chemist), significant others and friends' advice of doing self-treatment, self-care and self-medication when they come down with self-medication illness instead of going to the hospital (Chowdhury, Matin and Chowdhury, 2009). On the other hand, people's perception of illness, incessant advertisement from company and socio-demographic characteristics of drug users which includes sex, occupation and its associated stress level, age, attitudes about life and healthcare, health status, genotype and

social roles influences the rate at which self-medication is being practised among people (Awad, Eltayeb, Matowe and Thalib, 2005).

Self-medication has its benefits and potential risks on individuals, community and nation by augmenting the efforts of the healthcare system or jeopardizing it respectively. Benefits includes allowing individuals to actively take care of their own health by preventing and relieving minor symptoms or conditions with already prescribed drugs, helping community in prioritizing medical care thereby saving limited medical funds from being misused on trivial illnesses which can lower the expenses of community-sponsored health care programmes in addition to reducing the pressure on overall medical service provision by national healthcare system where health care workers are not enough (Bennadi, 2013).

Rational and Irrational self-medication are two ways in which self-medication can be described based on the appropriateness of its usage by the user. Despite the fact that self-medication involve the use of drugs or medicines to treat illnesses that are self-diagnosed without seeking the advice of any healthcare professionals if use appropriately, its practice is greatly liable to incorrect use and has its own hitches, which may bring about resources wastage, increased the resistance of disease-causing pathogens, and increased adverse reaction and its termed Irrational self-medication (Panda, Pradhan, Mohapatra and Mohapatra, 2016).

Irrational self-medication is on an upswing around the world especially in developing countries where drugs are not well-controlled and do more harm than good to those who practice it because of the resultant side-effects such as drug addiction, drug interactions, drug resistance and damage to the body (Ayanwale et al., 2018). Misdiagnosis, use of excessive drug quantities, use of expired drugs, prolonged duration of drug use as well as other negative health effects, toxicological risks and pharmacological risks was reported to be associated with self-medication (Arikpo, Eja and Enyi-Idoh, 2010).

Lack of understanding of the harm that comes from this practice was reported by Afolabi (2008) as the reason why some people practice self-medication, but several other studies carried out among medical doctors presented that mainstream of the people that practice SM are learned in the modern medicine and hence have a perfect understanding of the ill-effects that can happen if they engage in self-medication but still practice it (Shah, Patel, Nayak, Patel and Sharma, 2018).

Self-medication can lead to bacterial resistance to some antibiotics and may quick the emergence of numerous resistant organisms. The aftermath of irrational self-medication could be difficult to treat and this has triggered an increase in morbidity rate which also account for a considerable percentage of lives lost in hospitals due to drug-drug interactions (Fadare and Tamuno, 2011; Osemene and Lamikanra, 2012).

From all the literature reviewed, it is evident that male artisans in the community will fall into the category of people that will favour self-medication and from previous interaction is more common among them due to their socio-demographic characteristics. Therefore, it is pertinent to relate their knowledge, attitude and practice of Self-medication with what has been previously studied.

## **2.2 Knowledge and Attitude of Self-medication**

The educational status may or may not matter when it comes to the issue of practising self-medication but knowledge about the drugs to be used is important as it can make the consumer make informed decisions regarding the practice of self-medication (Awad et al., 2005). Though, a lot of studies reported a high level of education as a foremost influence to self-medication practice (Afolabi, 2008; and Ayanwale et al., 2017).

Ayanwale et al., (2017) ascertained that self-medication is always common amid people who have good knowledge about the symptoms of their illness, drug trade names, how it can be used, what it is used for. It was further reported in their study among rural residents in Lagos on the concept of self-medication, that the majority of the respondents possess good knowledge on medicines and self-medication and was not in support of self-medication, yet majority practised it. Therefore, having good knowledge about self-medication does not mean one will not practice it (Arikpo et al., 2010)

One thing is to have good understanding and knowledge about the symptoms of illnesses as well as the medications to be taken in order to practice self-medication, another is to have good knowledge about the probable side-effects of self-medication. According to Lawan, Abubakar, Jibo and Rufai (2013) in their study on pattern, awareness and perception of health hazard linked with the practice of self-medication among adult resident in Kano in the Northern part of Nigeria, reports demonstrated that most of the respondents (65%) perceived that engaging in SM could lead to hazards, yet approximately 79% of the respondents admitted to practising self-medication despite the fact that half of them have awareness on at least one hazard of self-medication. Therefore consumers usually take informed choices regarding self-medication and its resultant side-effects

when they are aware of the probable resultant health hazards associated with it (Afolabi, Akinmoladun, Adebose and Elekwachi, 2010; Odira and Umerah, 2014).

Although studies conducted in Turkey by Dönmez, Güngör and Göv (2017), United Kingdom by Hughes, Whittlesea and Luscombe (2002) and in India by Sandeep, Mamath, Shaik et al., (2013) reported that respondents generally had poor knowledge of the potential side effects of their medications regardless of their higher level of education.

In general, most people practising self-medication usually have good knowledge about the medications as well as its resultant side-effects, therefore firm rule on over-the-counter medicines may be necessary so as to lessen health risks linked with SM (Lei, Jiang, Liu, Ferrier and Mugavin, 2018). While in those situations where people have poor knowledge about the medications used for self-medication and its side effects, targeted health education, strong health policy on the risks of Self-medication should be considered (Afolabi, 2008; Osemene and Lamikanra, 2012 and Lei et al., 2018).

There is no hard or fast rule on the great link between knowledge and attitude on self-medication because good knowledge does not guarantee favourable attitudes in some studies while good does it in some studies. In a related study by Dilie, Gualu, Haile and Zuleta (2017), 64.6% of the respondents showed quite an impressively good level of knowledge on self-medication and with 49.1% of the respondents that had quite favourable attitudes towards self-medication practice. This shows that having good level of knowledge does not necessarily translate to favourable attitude. This result was similar to the other ones reported in the study conducted by Thadani, Salman and Ahmad (2013) among second-year medical students in India on self-medication KAP and Beyene, et al., (2017) on self-medication KAP among “pharmacy students of rift valley university, Abichu campus, Addis Ababa, Ethiopia”.

A positive or negative attitude towards self-medication can do little or nothing in influencing practice as it was stated for knowledge in the previous literature reviewed. According to Agarwal and colleagues (2014), reported that medical students among the college students that participated in the study had a more watchful attitude towards the use of non-prescribed medicines.

Most of the students in that study including both medical and non-medical, accepted that monitoring of therapy after the use of self-medication will be good in order to aid in the first diagnosis and reduce the likelihoods of adverse effects that may be triggered by some of the drugs used for SM

and it was similar to the report in the study conducted by Raut, Vamsi and Rao, 2014; Dönmez, et al., 2018; and Ayanwale et al., 2018., where all the respondents have a positive attitude towards self-medication but the majority of them still end up admitting to practising it.

Another study conducted by Dilie, Gualu, Haile and Zuleta, (2017) showed that 50.9% of the respondents have an unfavourable attitude towards self-medication which was in contrast to that of Raut et al., 2014, Dönmez, et al., 2017 and Ayanwale et al., 2018

### **2.3 Pattern of Self-medication**

Self-medication usually does not depend on whether the users have good knowledge or bad knowledge, whether they have good perception and attitudes or bad perception and attitudes alone. The rate or prevalence of practice is depending on several economic and socio-demographic factors such as lack of strong regulation on over-the-counter drugs, slight illness, previous familiarity of self or a friend taking medicine, or to save cash and time, ease of treatment among host of others. (Bowen, Kisuule, Ogasawara, Siregar, Williams and Hall 2000; Awad, Eltayeb, Matowe and Thalib 2005; Afolabi 2008; Ayanwale, Okafor and Odukoya, 2018; Shah, Patel, Nayak, and Sharma 2018).

In another study carried out by Dilie and colleagues (2017), most of the respondents (58.4%) practise self-medication. This finding is similar to that of El Ezz and Ezz-Elarab (2011) the proportion of the respondents who practise self-medication was 55.0%.

### **2.4 Factors that Influence the Reasons for Self-medication**

Most of the factors influencing the reasons why people practice self-medication are usually multidimensional in nature but are usually categorized as environmental or individual-related. Those that are individual-related depends on their age, sex, job, educational level, marital status, faith, place of residence, race, earnings and culture which are domiciled in their socio-demographic and socio-economic status (Afolabi, 2008). According to a study by Sankdia, Agrawal, Rekha and Kothari (2017) in their study conducted on self-medication KAP among second-year undergraduate medical students in India, it was reported that most of the students who took part in the study practice self-medication because they have busy schedule in school and does not have time to visit a physician for slight illness, some felt it saves them useful time that may be spent in waiting in the hospital, some said because it provided quick relief. A study conducted by Ayanwale et al., (2017) also reported in their study conducted on self-medication among rural residents in Lagos, Nigeria, that their respondents practices self-medication because they felt it is more affordable and cost



effective; they assess their ailment as being minor; they cited that they have financial constraint and also due to the long delays in government hospitals.

In most of these studies reviewed, some of the respondents also gave various reason why they refuse to practice self-medication including the fear of harming their body system because they lack adequate knowledge about medicines that can make them use it rationally, some also fear the risk of the drugs having adverse effects on them while some simply fear the issue of drug misuse (Auta et al., 2012; Sandkia et al., 2017; Shah et al., 2018)

Most of the study reviewed showed that their respondents had good knowledge about self-medication in terms of its definition, harmful effects, dosage, interactions, and drug information as well as positive attitude against the use of self-medication. In spite of this, most of them still reported that the practice was very high, largely due to affordability and ailment judged as minor.

The prevailing self-medication practice all over the world is not influenced only by the level of knowledge, perception, attitude but a whole lot of other socio-economic, political, health care system-related factors which require a strong multisectoral collaboration between all the concerned stakeholder to control and reduce its adverse effects (Afolabi 2008; Arikpo et al., 2010; Bennadi, 2013 and Ayanwale et al., 2018).

## **2.5 Theoretical Framework**

The Social learning theory propounded by Albert Bandura highlights the significance of “observing and modelling the behaviours, attitudes and emotional reactions of others”. “Most human behaviour is learned observationally through modelling, that is from observing others, a person forms an idea of how new behaviours are performed, and on later occasions practise this coded information serves as a guide for action”. (Bandura, 2006). The Social Learning Theory (SLT) explains that “behaviour is influenced by environmental factors and not just psychological or cognitive factors”. Hence, SLT undertakes that psychological and environmental elements collectively impact the development of a particular behaviour.

The original SLT model has four basic components which include:

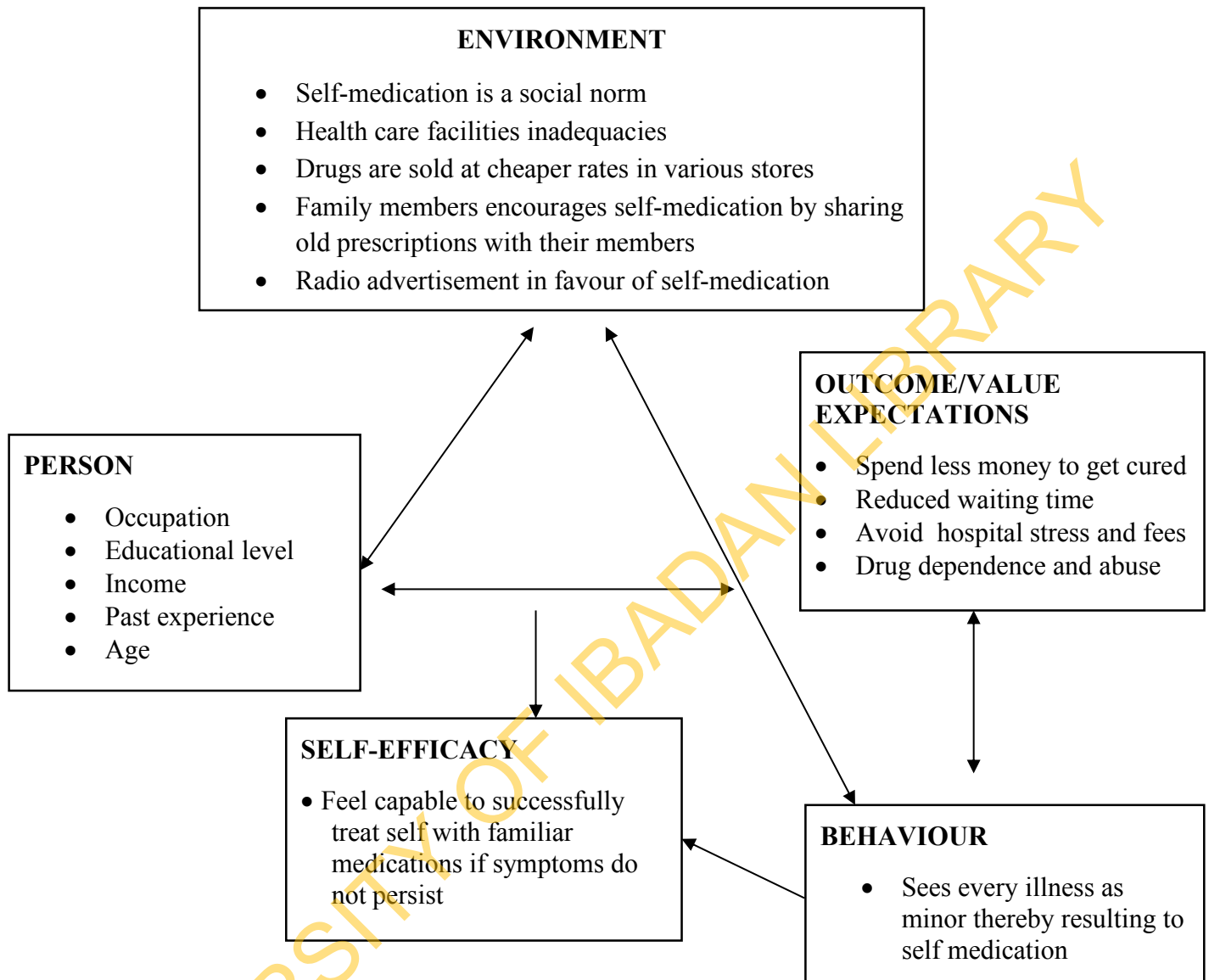
- Environment
- Observational learning
- Value expectancies
- Self efficacy

The model has been modified to include only three components because observational learning was not applicable to this category of respondents. The model and its application are briefly described as follows:

- **Environment:** In this study, it was obvious that self-medication practice was viewed as a social norm among the respondents because health care facilities are inadequate and ill-equipped which made drugs sold in cheaper rates at chemists stores a preferred choice of medication. Their family members also encourages self-medication by sharing old prescriptions with their members while radio advertisement promotes the practice of self-medication through various drug manufacturers drug potency testimonies
- **Value expectancies:** In this study, the respondents reported that they spend less money to get cured despite the fact that they did not go through hospital stress and long waiting hours, but some thought they may depend on the drugs for long or they may abuse the drugs.
- **Self efficacy:** Their sociodemographics characteristics and socio-economic status made them to feel capable to successfully treat themselves with familiar medications if symptoms do not persist.

The figure below shows a schema of the model

## Diagrammatic representation of the theoretical framework



Source: Bandura, (1973)

**Figure 2.1: An adapted Social Learning Theory (Model) of health behaviour.**

## CHAPTER THREE

### METHODOLOGY

#### 3.1 Study Design

A cross-sectional descriptive survey was used in this study.

#### 3.2 Description of Study Area

Sabo community is situated in ward 6 of Ibadan North Local Government, Oyo State. Sabo is largely populated by Hausa and Fulani settlers. The Hausas began to enter the Yoruba areas of what is today Nigeria in the 18th century. In time, the majority of Hausa and Fulani settlers in Ibadan came from the Northwestern and Northeastern regions of Nigeria. The Northwestern section includes Sokoto, Niger, and parts of Kaduna, Kwara, and Katsina States. The Northeastern area includes the rest of Katsina State as well as Kano and Bornu States. (Adamu 1978). The original Hausa settlement in Ibadan was at a site named Omiadeyegun. After a few years, the Yoruba rulers decided to move the Hausa and other strangers to an unoccupied area in the Mokola and Race Course section of Ibadan, near the army barracks. At that time, the area was an undeveloped . As a symbol of their hope and dedication, they named it New Town- ‘Sabon Gari’, and every other Hausa settlement in the south, east and west of Nigeria has carried that name (Garkuwa, 2019). There is no estimated population for Sabo because the population is clusteringly arranged without layout, making it difficult to estimate it unless an official censor is conducted there. The increasing Hausa trade-in Sabo gave raise to several artisan groups in the community which have contributed immensely to its development by creating jobs and also rendering services. Each of these groups has its own leadership structure apart from the Sarki which is the traditional leader. These artisans groups are registered with the Arewa group of Sabo Ibadan, Oyo State chapter. The workshops of artisans are located at every point within the community and this is where they spend the most part of their days. Most streets in the community that are occupied by these artisans have been named after them and they are as follows:

Layin Teloli

Layin Makera

Layin Macarniki

Layin Cafinter

Layin Masu gyara

Layin Suya

Layin Masu gini

Layin Masu hulla

### 3.3 Study population

All male artisans residing in Sabo community were the target for this study.

### 3.4 Sample Size

For this study, the sample size was estimated using the Cochran formula (Cochran, 1977) for single proportion and it was as follows:

$$n = \frac{Z^2 pq}{d^2} \quad (\text{Cochran, 1977})$$

p = prevalence of self-medication in Nigeria = 85% (Omolase, et al., 2009)

$$q = (q=1-p) \quad 1-0.85 = 0.15$$

d =  $\leq 0.05$  at 95% confidence interval

$$n = \frac{(1.96)^2 \times 0.85 \times 0.15}{0.05^2} = 195.9216 \sim 196$$

$$n = 196$$

Considering a non-response rate of 10% = 196

$$\text{I.e. } 10/100 \times 196 = 19.6 \sim 20$$

Total sample size used for this study was 216

### 3.5 Sampling Technique

A multistage sampling technique was adopted in selecting the eligible 216 male artisans from the various artisan categories using.

- The first stage was a purposive selection of 8 registered associations of male artisans in Sabo community. This was so because only associations which comprise of a high population of male artisans and are registered with the Arewa Progressive group of Sabo were considered.
- For the second stage, proportionate sampling was done using the total number of artisans in each association, the sum of male artisans in all the associations selected and the proposed

study sample size. The sum of artisans in all associations was obtained from the Arewa Progressive group of Sabo, Oyo State chapter.

A proportionate calculation was done using the formula below

$$\frac{\text{Number of artisans in each association}}{\text{Sum of artisans in all artisan associations, Sabo}} \times \text{Sample size}$$

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**Table 3.1: Proportionate calculation for sample size determination and the number of respondents from each artisan association for this study**

SN	Registered Artisans' Association in Sabo	Number of Artisans	Proportionate calculation	Calculated sample
1	Fashion designer	95	$\frac{95 \times 216}{484}$	42
2	Blacksmith	74	$\frac{74 \times 216}{484}$	33
3	Auto-mechanic	63	$\frac{63 \times 216}{484}$	28
4	Carpenter	58	$\frac{58 \times 216}{484}$	26
5	Electrician	53	$\frac{53 \times 216}{484}$	24
6	Butcher	49	$\frac{49 \times 216}{484}$	22
7	Bricklayer	47	$\frac{47 \times 216}{484}$	21
8	Cap making	45	$\frac{45 \times 216}{484}$	20
	Total	484		216

- For the third stage, simple random sampling was employed to select the respondents who were willing to participate in their various workshops.

### 3.6 Inclusion Criteria

Eligibility for participating in the study was based on being:

- Must be an artisan working in a workshop
- Must be residing in Sabo community

### **3.7 Exclusion Criteria**

Male artisans in the study area were excluded if:

- They do not reside in Sabo community
- Do not have a designated workshop

### **3.8 Instrument for Data Collection**

A validated, semi-structured, interviewer-administered questionnaire was used to elicit information from the respondents.

The questionnaire was in five sections:

- Section A: Socio-demographic characteristics of respondents
- Section B: Knowledge of self-medication among respondents
- Section C: Attitude of respondents towards self-medication
- Section D: Pattern of the practice of self-medication among respondents
- Section E: Factors influencing self-medication practice among the respondents.

### **3.9 Validity of the Instrument**

Okoro (2002) stated that validity refers to the accuracy of an instrument that is, how well it measures what it is supposed to measure. The validity of the instruments was ensured by consulting relevant pieces of literature, researcher's supervisor, colleagues and other experienced researchers in the Department of Health Promotion and Education and the Faculty of Public Health. Also, content validation was done by ensuring that each item in the instrument measures what it sets out to measure and this was used in reviewing the final copy of the research instrument. These individuals edited and made useful corrections and suggestions before the actual administration of the questionnaire to the study respondents.

### **3.10 Reliability of the Instrument**

Pre-test of the instrument was conducted in order to establish the reliability of the instrument. The pre-test of this study instrument was conducted among male artisans in Sasa, a community in Akinyele Local Government Area, Sasa, via Ojoo, Ibadan which has similar socio-demographic characteristics with the study population Ten per cent of the research questionnaire among a similar



group of people in the selected community. A Cronbach Alpha reliability coefficient of 0.75 was recorded which confirmed that the instrument was reliable before the data collection.

### **3.11 Data collection procedure**

#### **Recruitment and Training of Research Assistants**

Four Research Assistants assisted in the administration of the questionnaire for data collection. They were trained in the administration of the questionnaire and obtaining informed consent. The Research Assistants were colleagues (Master of Public Health students) in the Department of Health Promotion and Education who are knowledgeable about the subject matter.

#### **3.12 Data management and Analysis**

Data collection was completed within two weeks of commencement (November, 2019). Serial numbers were written on the copies of the questionnaire for easy entry and recall. A coding guide was developed for ease of scoring the responses on the collection tool in order to facilitate the entry into the SPSS software for analysis. The questionnaire was also being reviewed to ensure completeness and was safely kept. Cleaning and coding of data for analysis were also being done. The data collected was carefully entered into the Statistical Package for Social Sciences (SPSS) version 22 at 5% level of significance.

A 20-point knowledge scale was used to measure, one point was allotted to correct answer and zero point for incorrect answer. Knowledge scores of 0 to 9, 10 to 13 and 14 to 20 were categorised as poor, fair and good knowledge, respectively. Respondents attitude was assessed on a 12-point attitudinal scale, any correct answer was allotted one point while an incorrect answer was allotted zero point. An attitudinal score of  $\leq 7$  points was classified as negative attitude and score of  $\geq 8$  was regarded as a positive attitude. The practice was also assessed using a 20-point practice scale, scores  $\leq 13$  and  $\geq 14$  were considered as irrational (negative) and rational (positive) practice, respectively.

Descriptive statistics were used for socio-demographic data to measure the mean and standard deviation. The association between self-medication and respondent characteristics were examined using Chi-square test analysis. The results of the analysed data were presented using tables and charts.

### 3.13 Ethical Considerations

Ethics approval was obtained from the Oyo State Ministry of Health Ethical Review Board before going to the field for data collection (AD 13/479/1455). The respondents' written informed consent was obtained after providing them with complete information about what the study entails.

Confidentiality of data: In order to assure respondents of confidentiality of the information that was supplied, the names of respondents were not be required, only identification numbers were assigned to the questionnaire for proper recording.

Beneficence to respondents: The outcome of the research was of benefit not only to the respondents, but to the male artisans assessed too on the danger of irrational self-medication which can be a means of intervention towards reducing its negative impact.

Non-maleficence to respondents: The proposed research was relatively risk-free since it did not require the collection of invasive materials. Therefore, the safety of the respondents was guaranteed.

Voluntariness: The respondents had detailed information on their participation before agreeing to joining the study. This was done so as to ensure that they fully understand the research and was willing to take part in it.

Participation in the study was completely voluntary and based on written informed consent. Written or informed consent was obtained from the young adults in vocational training. Respondents were made to understand that they were free to withdraw from this study at any time.

## CHAPTER FOUR

### RESULTS

#### 4.1 Socio-demographic characteristics of the respondents

Respondents' age ranged from 10 years to 59 years with a mean age of  $31.4 \pm 10.4$  years. Most of the respondents (48.1%) were within the ages of 20-29 years, 25.0%, were 30-39 years and 14.4%, were 40-49 years. On the highest level of education of respondents those with secondary school education (59.7%) were the most common, 16.7%, had tertiary education and while those with primary school education constituted 11.1%. More than half (53.3%) of the respondents were married, 45.8%, were single and 0.9% were divorced. The respondents comprised mostly of the Hausa ethnicity (87.5%) while the Yorubas constituted 11.1%. Majority of the respondents (98.1%) practise Islam with only a few (1.9%) are Christians. Most of the respondents (65.7%) currently live with their family while 34.3% live alone. Majority of the respondents (60.6%) earned above minimum wage (more than N18,000) and a minority (39.4%) earned below minimum wage (less than N18,000). The mean income of respondents was N20,000 with a minimum of N1000 and maximum of N300,000 (Table 4.1).

**Table 4.1 Sociodemographic characteristics of the respondents (N=216)**

<b>Characteristics</b>	<b>N</b>	<b>%</b>
<b>Age (in years)</b>		
10-19	11	5.1
20-29	104	48.1
30-39	54	25.0
40-49	31	14.4
50-59	16	7.4
<b>Mean age=31.4±10.4 years</b>		
<b>Highest level of educational attainment</b>		
No formal education	17	7.9
Primary school education	24	11.1
Secondary school education	129	59.7
Vocational school education	10	4.6
Tertiary education	36	16.7
<b>Marital status</b>		
Single	99	45.8
Married	115	53.3
Divorced	2	0.9
<b>Ethnic group</b>		
Yoruba	24	11.1
Igbo	3	1.4
Hausa	189	87.5
<b>Religion</b>		
Islam	212	98.1
Christianity	4	1.9
<b>Family structure</b>		
Alone	74	34.3
With family	142	65.7
<b>Income</b>		
<18,000	85	39.4
>= 18,000	131	60.6
<b>Nature of artisanship</b>		
Fashion designer	42	19.4
Blacksmith	33	15.3
Auto mechanic	28	13.0
Carpenter	26	12.0
Electrician	24	11.1
Butcher	22	10.2
Bricklayer	21	9.7
Cap making	20	9.3

#### **4.2 Awareness of self-medication among respondents**

There were 81.5% of respondents who had heard about self-medication. Radio was the major source of information for most respondents (30.5%), followed by health centre (21.9%) and 16.8% of respondents had family and friends as a source of information (Table 4.2).

#### **4.3 Knowledge of self-medication among respondents**

The respondents who correctly identified self-medication as the use of medicines without doctor's prescription were 49.1% and as the use of medicine to cure self-diagnosed ailment were 20.8% while those who wrongly identified self-medication as the use of medicine with doctor's prescription and treatment of illness in a clinic were 2.8% and 7.4%, respectively. A majority of respondents (70.8%) correctly identified chemist as the major source in which drugs used for self-medication are acquired while a very few, 2.8% and 1.4% erroneously believed that bar and school are places where drugs used for self-medication are acquired. A majority (65.3%) of the respondents understood that it is not safe to self-medicate anytime a person comes down with an illness while 34.7%, believed it is. Most of the respondents (76.8%), correctly identified a physician's advice as the best to adhere to when taking medications (Table 4.3).

#### **4.4 Knowledge of potential health risks associated with irrational self-medication among respondents**

Respondents who correctly identified the potential health risk of irrational self-medication as drug resistance and drug dependency were 36.1% and 22.9%, respectively while 7.5% and 5.7% respondents wrongly identified curing of severe illness and prevention from all illnesses, respectively as potential health risk (Table 4.4).

The overall knowledge of respondents on self-medication was deduced to be fair based on the 20 item multi-choice questions that were presented to them. Results showed that 42.1% had a fair knowledge of self-medication, 35.6% had poor knowledge and 22.2% had good knowledge (Table 4.5).

**Table 4.2: Awareness of self-medication among respondents (N=216)**

<b>Information on self-medication</b>	<b>N</b>	<b>%</b>
<b>Ever heard about self-medication</b>		
Yes	176	81.5
No	40	18.5
<b>Sources of information*</b>		
Health Centre	69	21.9
Pamphlet and Posters	26	8.3
Radio	96	30.5
Television	42	13.3
Pharmacy	29	9.2
Family and Friends	53	16.8

\* *Multiple responses*

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**Table 4.3: Knowledge of self-medication among respondents (N=216)**

<b>Knowledge of self-medication</b>	<b>N</b>	<b>%</b>
<b>Self-medication is</b>		
A form of self-care*	15	6.9
The use of medicine without a doctor's prescription*	106	49.1
The use of medicine to cure self-diagnosed ailment*	45	20.8
The use of medication based on experience*	28	13.0
The use of medicine with doctor's prescription	6	2.8
Illness treatment in a clinic	16	7.4
<b>Where are drugs used for self-medication are acquired</b>		
Provision store*	6	2.8
Chemist*	153	70.8
Family and friends*	40	18.5
Motor parks*	8	3.7
Bar	6	2.8
School	3	1.4
<b>Self-medication is safe anytime a person comes down with illness</b>		
Yes	75	34.7
No*	141	65.3
<b>When taking medication, whose advice is best to follow</b>		
Physician*	166	76.8
Chemist	29	13.5
Co-workers	6	2.8
Family members	15	6.9

\*Correct response

**Table 4.4: Knowledge of potential health risks associated with irrational self-medication among respondents**

<b>Health risks associated with irrational self-medication</b>	<b>No</b>	<b>%</b>
Drug resistance*	78	36.1
Drug dependence*	88	22.9
Masking of signs and symptoms of illness*	58	15.0
Drug abuse*	110	28.6
Curing of severe illness	29	7.5
Prevention from all illnesses	22	5.7

\* *Correct responses*

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**Table 4.5 Self-medication knowledge score of respondents (N=216)**

<b>Knowledge score</b>	<b>N</b>	<b>%</b>
Poor (0-9)	77	35.6
Fair (10-13)	91	42.1
Good (14-20)	48	22.2
Total	216	100.0

*\*Mean Knowledge score= 11.00*

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#### **4.5 Attitude of respondents towards self-medication**

Majority of the respondents (71.3%) agreed that self-medication is a form of self-care while 28.7%, disagreed with this statement. Most respondents (74.1%) agreed that pharmacists are good sources of information for minor medical problems, however, 25.9% disagreed with the statement. More than half of the respondents (52.3%) believed that self-medication is acceptable for them if they do not have time to visit the hospital while 47.7%, disagreed. More than half (64.8%), of the respondents, agreed it is dangerous to change medicine dosage for efficacy while 35.2%, disagreed to this. Majority of the respondents (78.7%) opined that irrational use of medicine could result in serious health complications while 21.3%, think otherwise. Majority of the respondents (86.6%) agreed to that fact drugs used for self-medication require monitoring while a few, 13.4%, disagreed. More than half of the respondent (65.7%) feel comfortable with the practice of self-medication while 34.3%, do not (Table 4.6).

The general attitudinal score shows that 64.8% of the study respondents had a negative attitude towards self-medication while 35.2% had a positive attitude towards self-medication (Table 4.7).

**Table 4.6: Attitude towards self-medication among respondents (N=216)**

<b>Statement</b>	<b>Agree N (%)</b>	<b>Disagree N (%)</b>
Self-medication is part of self-care*	154 (71.3)	62 (28.7)
Pharmacists are good sources of information for minor medical problems*	160 (74.1)	56 (25.9)
Self-medication is acceptable to me if I do not have the time to visit a hospital	113 (52.3)	103 (47.7)
Changing medicine dosage for efficacy can be dangerous*	140 (64.8)	76 (35.2)
All medications have adverse effects	148 (68.5)	68 (31.5)
Self-medication can mask signs and symptoms of an illness*	140 (64.8)	76 (35.2)
I can advise others to self-medicate	107 (49.5)	109 (50.5)
Advice for self-medication can be taken from others	111 (51.4)	105 (48.6)
Irrational use of medicine can result in health complications*	170 (78.7)	46 (21.3)
The drugs used for self-medication need monitoring*	187 (86.6)	29 (13.4)
I am comfortable with self-medication	142 (65.7)	74 (34.3)

\*Correct responses

**Table 4.7: Attitudinal score of respondents on self-medication (N=216)**

<b>Attitudinal score</b>	<b>N</b>	<b>%</b>
Negative (0-7)	140	64.8
Positive (8-12)	76	35.2
Total	216	100.0

*\* Mean attitudinal score=6.90*

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#### 4.6 Pattern of the practice of self-medication among respondents

Respondents who attest to the practice of self-medication were of the majority (97.2%) while 2.8% claimed to have never self-medicated before. Slightly more than half of the respondents (53.8%) practice self-medication sometimes, 26.2% and 20.0% self-medicate always and rarely respectively. Slightly more than half of the respondents (52.9%) take medications when illness symptoms are minor, 30.9% when the symptoms are moderate and 16.2% only take medications when illness symptoms are increasing in severity. More than half of the respondents (69.0%) began self-prescribed medication within one to two days of symptoms manifestation, 24.8%, began within one week and 6.2% began after one week of symptoms manifestation (Table 4.8).

Majority of the respondents (70.9%) will check drug expiration date after purchase while 29.1% will not. Almost half of the respondents (48.3%) checked the expiration date on the medicine's back cover, 35.6% and 16.1% checked on the medicine's casing and seal cover respectively. Slightly more than half of the respondents (57.6%) read the medication instructions sheet for self-prescribed drugs while 42.4%, do not (Table 4.9). More than half (61.4%) of the respondents follow instruction sheet accordingly. Slightly more than half of the respondents who read medication instructions sheet (56.2%) ask for clarification if instructions are too complex while 43.8%, do not. Respondents who asked for clarification of medicine instruction from their friends, relatives and chemists were 31.6%, 22.9% and 20.3% respectively. Most of the respondents who do not read instruction sheets (67.4%) rely on chemist's instructions and 25.0% had past experience. More than half of the respondents (59.0%) will stop self-medication and see a physician if illness persist, 31.4%, will stop taking medicine and consult a chemist and 8.1% will increase the dose on their own (4.10).

In a trend of illnesses that were commonly treated with self-prescribed medications by respondents, 30.3%, 25.8%, 16.3%, 13.4%, 6.2%, 5.6%, 2.1% and 0.4% of them, self-medicated for headache, fever, cough and cold, body ache, stomach ache, ear problem, diarrhoea and eye problem respectively (Figure 4.1). Medications that are commonly used by respondents to cure self-diagnosed illnesses are presented on a piechart. Almost half of the respondents (45%) self-medicated with analgesics, 27% with antibiotics and 17% with cough syrups (Figure 4.2).

The overall practice score shows that 56.9% of the respondents do practice self-medication in a rational (positive) manner and 43.1% of the respondents practice it in an irrational (negative) manner. (Figure 4.3).

**Table 4.8: Pattern of the practice of self-medication among respondents (N=216)**

<b>Practice of self-medication</b>	<b>N</b>	<b>%</b>
<b>Ever self-medicate before</b>		
Yes	210	97.2
No	6	2.8
<b>Frequency of self-medication</b>		
Always	55	26.2
Sometimes	113	53.8
Rarely	42	20.0
<b>When medications are taken</b>		
When there are minor symptoms	111	52.9
When the symptoms are moderate	65	30.9
When the symptoms are increasing in severity	34	16.2
<b>Number of days after the manifestation of symptoms before self-medication</b>		
1-2 days	145	69.0
1 week	52	24.8
After 1 week	13	6.2

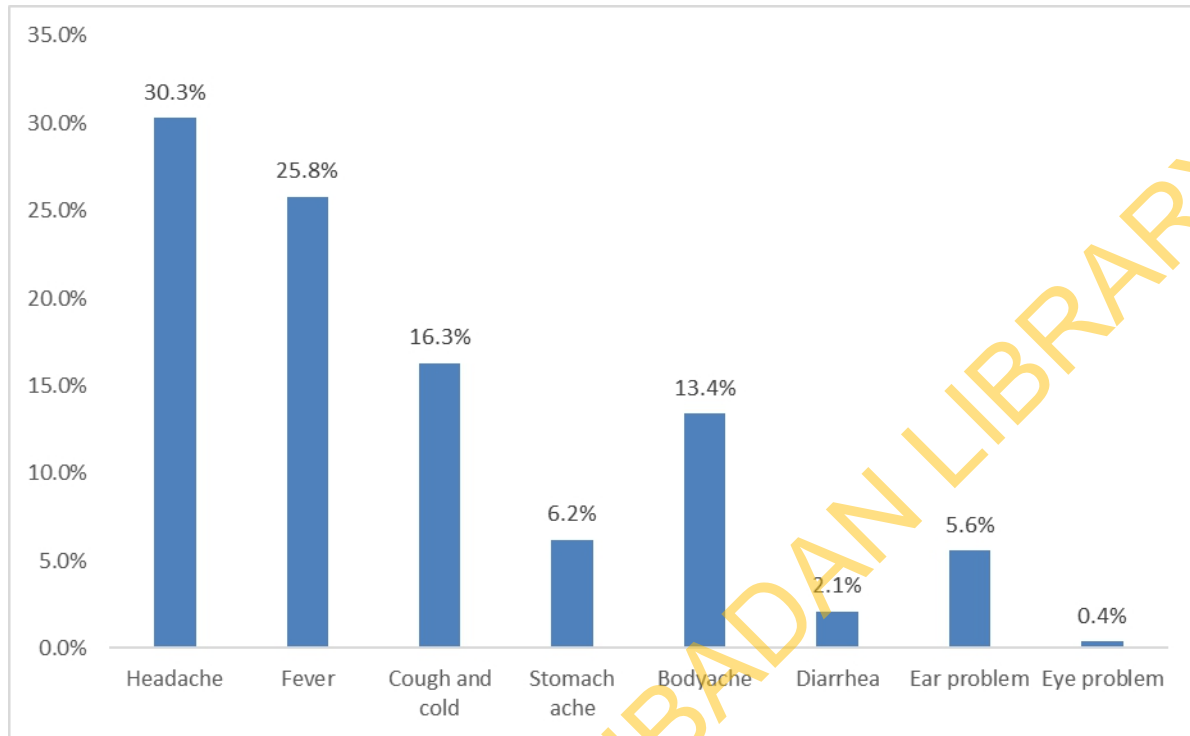
**Table 4.9: Self-medication practice associated with drug instructions**

<b>Check drug expiration date after purchase</b>	<b>N</b>	<b>%</b>
Yes	149	70.9
No	61	29.1
<b>If yes, where</b>		
Drug casing	53	35.6
Back cover	72	48.3
Seal cover	24	16.1
<b>Read the medication instruction sheet after a drug purchase</b>		
Yes	121	57.6
No	89	42.4
<b>Frequency of checking</b>		
Every time I buy a new pack	76	62.8
When I buy medicine for the first time	36	29.8
Only when side effects appear	9	7.4

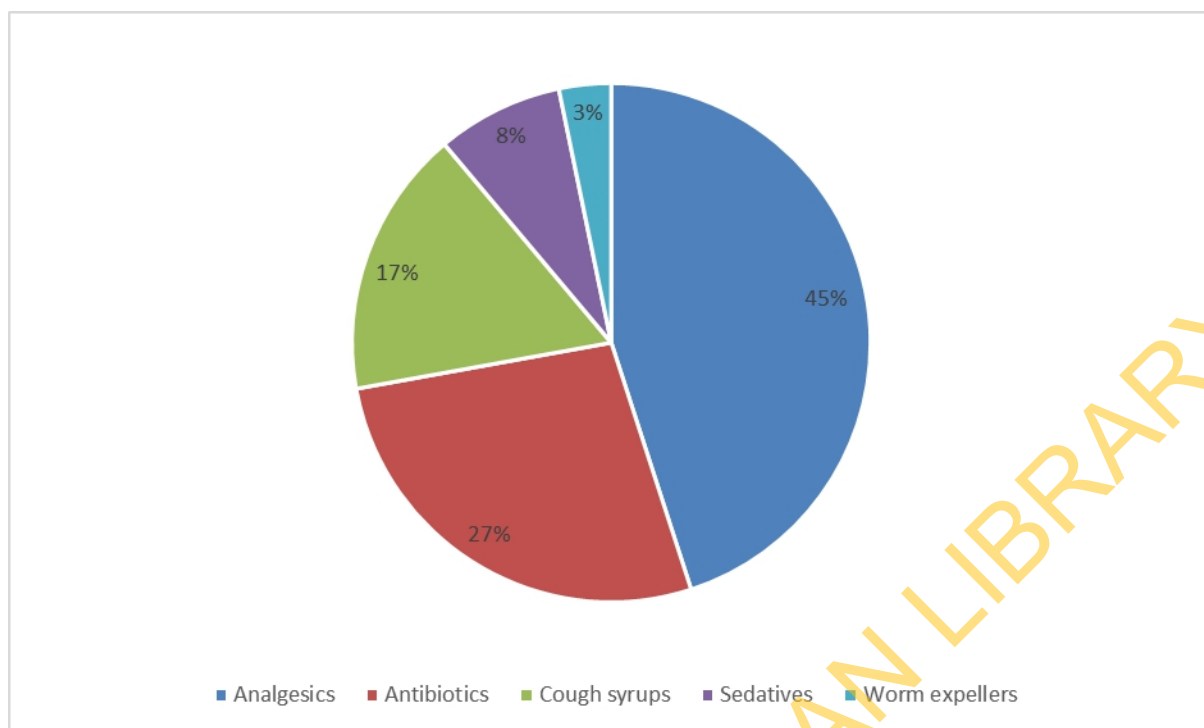
**Table 4.10: Self-medication practice associated with drug instructions compliance**

<b>Follow the instruction sheet accordingly</b>	<b>N</b>	<b>%</b>
Yes	129	61.4
No	81	38.6
<b>Ask for clarification if instructions are too complex</b>		
Yes	118	56.2
No	92	43.8
<b>If yes to clarification, from who</b>		
Friends	37	31.6
Relatives	27	22.9
Chemist	24	20.3
Internet	16	13.6
Pharmacist	14	11.6
<b>If no to clarification, why</b>		
Rely on chemist's instruction	62	67.4
Have experience	23	25.0
Rely on co-workers' advice	5	5.4
Rely on family members' advice	2	2.2
<b>What to do if illness persists</b>		
Stop taking medicine and see the physician	124	59.0
Stop taking medicine and consult the chemist	66	31.4
Will increase the medicine dose on my own	17	8.1
Will decrease the medicine dose on my own	3	1.5



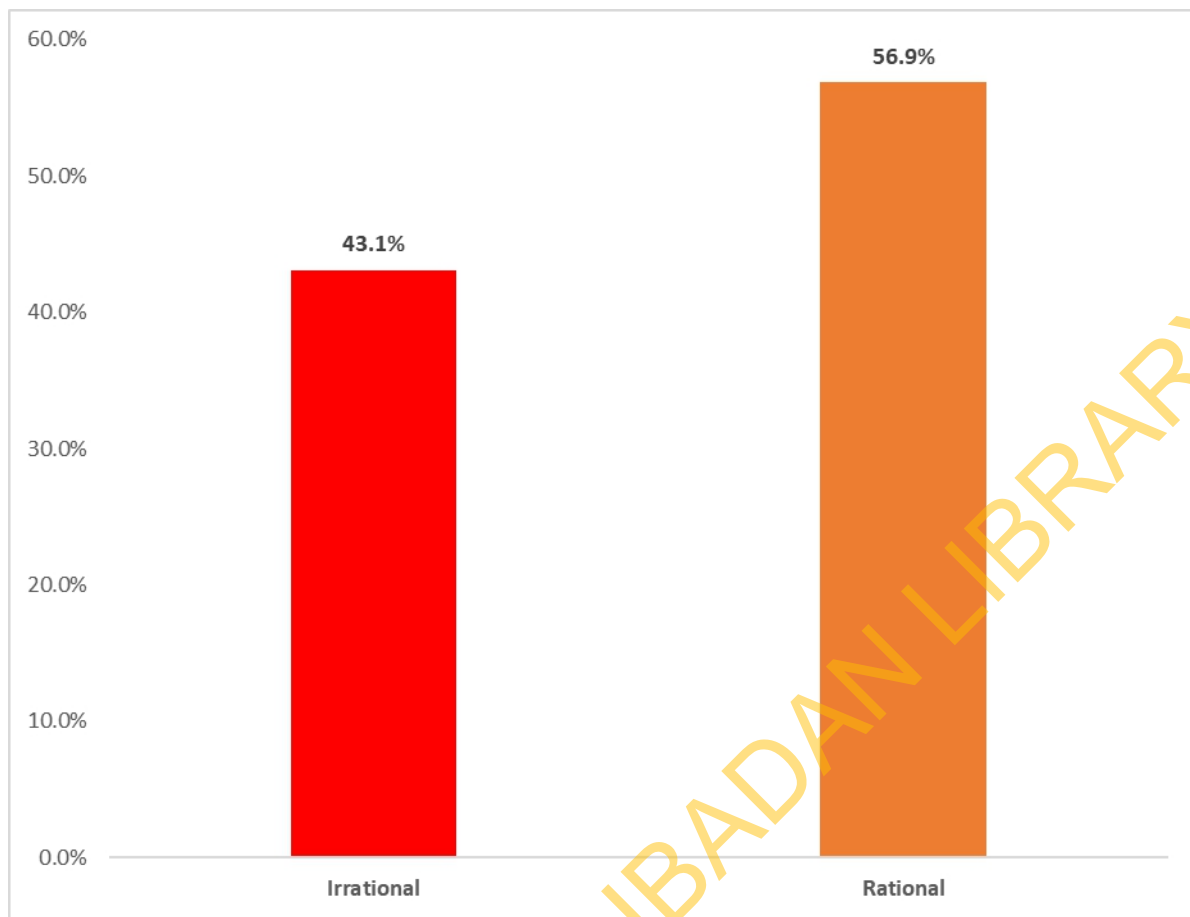


**Figure 4.1: Self-diagnosed illnesses mostly treated by respondents**



**Figure 4.2: Commonly used medicines by respondents for self-medication**

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**Figure 4.3: Self-medication practice among respondents (N=216)**

#### **4.7 Factors influencing self-medication practice among respondents**

Respondents who identified the availability of drugs at cheaper rates, the attitude of health workers and poor healthcare services as the environmental factors which made them practice self-medication were 78.2%, 68.9% and 66.7%, respectively (Table 4.11). According to 64.8% of the respondents, self-medication felt safe because most people treat illnesses on their own without it resulting to any form of complication, 62.0% felt it was safe because their friends administer medicines for them if they fell ill and 56.5% believed advertised medicines are totally harmless (Table 4.12). Respondents who chose self-medication because it provides the fastest form of relief and time saving were 65.2% and 62.5% respectively (Table 4.13). Self-medication is practised by 67.1% of the respondents because of the lower cost of treatment, 66.7%, because there is no need to visit the doctor for minor illness, 60.1% because of busy work schedule and 57.9% because they have past experience on medications (Table 4.14). A very few of the respondents claimed to have never practised self-medication before as 19.4% did so because they rarely fell ill and 2.8% because of the risk of using wrong drugs (Table 4.15).

**Table 4.11: Environmental factors influencing the practice of self-medication among respondents(N=216)**

<b>Environmental factors influencing self-medication*</b>	<b>N</b>	<b>%</b>
Poor healthcare services	144	66.7
The attitude of health workers	149	68.9
There is limited access to good health care facilities	93	43.1
Drugs are readily available at cheaper rates in various chemists	169	78.2

\* *Multiple responses*

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**Table 4.12: Observational learning that influences the practice of self-medication among respondents (N=216)**

<b>Observational learning influencing self-medication*</b>	<b>N<sub>2</sub></b>	<b>%</b>
Medicines that are often used are advertised, so they are harmless	122	56.5
Most people treat illnesses on their own without complications	140	64.8
There are people around that can help with prescriptions	107	49.5
Friends offer me medicine whenever I fall ill	134	62.0

\* *Multiple responses*

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**Table 4.13: Outcome and value expectations that influence the practice of self-medication among respondents (N=216)**

<b>Outcome and value expectations influencing self-medication</b>	<b>N</b>	<b>%</b>
*		
It is time-saving	135	62.5
I spend very little to get cured	117	54.2
I do not have to face long hospital queues and protocols	113	52.3
It provides me with the fastest form of relief	141	65.2
*Multiple responses		

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**Table 4.14: Personal and behavioural factors influencing the practice of self-medication among respondents (N=216)**

<b>Personal and behavioural factors influencing self-medication*</b>	<b>N</b>	<b>%</b>
Past experience on medications	125	57.9
Confidence in knowledge about medicines	81	37.5
Lower cost of treatment	145	67.1
For ease and convenience	122	56.5
There is no need to visit the doctor for minor illness	144	66.7
There is always let over medicine available at home to cure any illness	128	59.3
I don't like to leave my workplace to visit the clinic	130	60.1

*\*Multiple responses*

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**Table 4.15: Reasons for non-practice of self-medication among respondents (N=216)**

<b>Reasons for non-practice of self-medication*</b>	<b>N</b>	<b>%</b>
Lack of knowledge about medicines	5	2.3
Risk of adverse effects	6	2.8
Risk of using wrong drugs	5	2.3
Risk of misdiagnosing	6	2.8
Risk of drug dependence	3	1.3
Rarely fall ill	6	2.8

*\*Multiple responses*

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## 4.8 HYPOTHESES TESTING

**Hypothesis One:** There is no significant association between respondents' socio-demographic characteristics and practice of self-medication.

There is no significant association between the ages of respondents and the practice of self-medication. Although the respondents within the ages of 20-29 years had a good practice of self-medication, the difference was not significant. The data, however, reveals that age does not influence the practice of self-medication. Researcher fails to reject the null hypothesis as p-value equals 0.227. The association between respondents' income and practice of self-medication is not statistically significant as p-value equals 0.216. Therefore, the researcher fails to reject the null hypothesis. There is no significant association between the family structure of respondent and practice of self-medication as p-value equals 0.536. Therefore, the researcher, fail to reject the null hypothesis (Table 4.16).

**Hypothesis Two:** There is no significant association between respondents' level of knowledge of self-medication and practice of self-medication.

There is no significant association between the level of knowledge of self-medication and practice as p-value equals 0.544. The researcher fails to reject the null hypothesis. This implies that the level of knowledge of respondents on self-medication do not translate to practicing positive or negative self-medication behaviour (Table 4.17).

**Table 4.16 : Association between respondents' socio-demographic characteristics and practice of self-medication**

Demographic characteristic	Practice		X <sup>2</sup>	P-Value
	Poor N (%)	Good N (%)		
<b>Age (Years)</b>				
10-19	5 (4.5)	6 (4.9)		
20-29	48 (51.6)	56 (45.5)		
30-39	16 (17.2)	38 (30.9)	5.644	0.277*
40-49	16 (17.2)	15 (12.2)		
50-59	8 (8.6)	8(6.5)		
<b>Income</b>				
<18,000	41 (44.1)	44 (35.8)		
≥18,000	52 (55.9)	79 (64.2)	1.534	0.216*
<b>Family structure</b>				
Live alone	34 (36.6)	40 (32.5)		
Live with family members	59 (63.4)	83 (67.5)	0.384	0.536*

**Table 4.17: Association between respondents' level of knowledge of self-medication and practice of self-medication**

Level of knowledge score	Practice		$X^2$	P-value
	Poor N (%)	Good N (%)		
Poor (0-9)	30 (32.3)	47 (38.2)	1.218	0.544*
Fair (10-12)	43 (46.2)	48 (39.0)		
Good (14-20)	20 (21.5)	28 (22.8)		
<b>Total</b>	93 (100.0)	123 (100.0)		

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## CHAPTER FIVE

### DISCUSSION, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Discussion

##### 5.1.1 Respondents Socio-demographic Characteristics

Most respondents are in the younger age group and this is similar to the findings of Azuogu, Eze, Azuogu, Onah, Ossai and Agu (2018) on healthcare-seeking behaviour among artisans in Abakaliki where it was reported that the highest proportion was among the younger group. Majority of respondents in the study were younger age group and this can be related to the fact that the majority of male artisans are youth and young adults in their twenties and thirties.

The respondents in this study, were predominantly are educated (secondary school graduates) as more than half of them had completed secondary education compared to the smallest proportion with no formal education. Conversely, National Population Commission (NPC) and ICF Macro (2014) documented in 2013 Nigerian Demographic and Health Survey (NDHS) that nearly 40% of the population had completed secondary education. The majority of the respondents were married, this can be attributed to socio-cultural perceptions about conceded ages at the marriage in the study area. Majority of the respondents were predominantly of Hausa ethnic background and are majorly Muslims; there were no respondents of traditional religious affiliation.

The mean of the average monthly income of the group was slightly above the national minimum wage with this findings being related to the one reported by Campbell, Owoka and Odugbemi (2019), in their study among artisans in Lagos where the mean income was also above the national minimum wage, while nature of artisanship were proportionately selected with the fashion designer group being the group with the highest proportion followed by the blacksmiths and the least of the groups was the cap making group.

##### 5.1.2 Knowledge of Self-Medication among Respondents

Self-medication is a shared phenomenon all over the world but it is more rampant in developing countries when compared to the developed countries due to wider increase of drug availability without prescription (Klemenc-Ketis, Hladnik and Kersnik, 2010). From this study, it was observed that almost all of the respondents were aware of self-medication and this made the findings on level awareness in this study to be very similar to the findings from the study conducted on self-medication in Sokoto by Attahiru, Awosan, Hassan and Arisege (2018), whereas, almost all the respondents were reported to be aware of self-medication. The high level of awareness of self-

medication among the respondents in this study could be due to the fact that the respondents reside in urban communities, where most of the pharmacies and patent medicine stores are concentrated; and these drug outlets not only promote self-medication but also threatens utilization of health facilities, as they mostly provide uncontrolled access of the populace to drugs as it was reported by Adebayo and Azuzu (2015).

It was further revealed in this study that the information source for awareness on self-medication was through listening to Radio advertisements, listening to information from health personnel in health centres, reading on both electronic and print media, seeking advice from pharmacists and close relatives. This report was slightly similar to the findings from Osemene and Lamikanra (2012) where it was reported that the sources of drugs for self-medication were patent medicine vendors, community pharmacies, friends, relatives and left-over drugs from previous prescriptions. Other studies with similar findings include the studies conducted by Afolabi (2008), Kehinde and Ogunowo (2013) and Hailemicheal et al., (2016), in their studies conducted on factors influencing self-medication among adult Nigerian population. It was reported in those studies that the respondents' source of information for awareness on self-medication was from Patient Medicine Vendors (PMVs), medical practitioners, fellow market women, advertisement in both print and electronic media as well as friends and family members. The major differences between this study and those studies in terms of the source of information for awareness were in the category of respondents assessed, the dominant source of information medium and the percentage of the people that got their information from these media among the respondents.

In this study, the target group was male artisans while in those studies, Nigerian adult population, Lagos state Urban slum community people and college of health sciences students were the target population; in this study, listening to radio advertisement was the dominant source of information while seeking advice from PMVs and reading from both print and electronic media was the dominant source of information in those studies; PMVs and print media got the highest proportion as source of information for awareness in Afolabi (2008); Kehinde and Ogunowo (2013) and Hailemicheal et al., (2016) studies, whereas listening to radio advertisement got the highest proportion in this study. This difference may be due to the fact that this study was conducted among artisans that are Hausa-speaking ethnic group which constitute the largest proportion among total radio listeners in Nigeria (Broadcasting Board of Governors, 2014).

The respondents generally had a fairly good knowledge of what is meant by self-medication which was simply defined by the majority as “the use of drugs not prescribed by authorized medical personnel”; and as “the use of medicine to cure self-diagnosed ailment”. Despite the fact that majority of respondents in this study graduated from secondary schools, some group of respondents still wrongly defined self-medication as “the use of medicine with doctor’s prescription” and “treatment of illness in a clinic”. These findings were supported by a study conducted by Kuku and Odusanya (2011) in their study conducted on self-medication attitudes and practices among residents of Ikeja LGA in Lagos where it was reported that respondents defined self-medication in various ways but with most respondents defining it as a “means of self-care and “the use of drugs not prescribed by authorised medical personnel”.

The predominant sources of drugs used for self-medication in this study was chemist shop which is a variant name for Patent Medicine Vendors medical store, family and friends, this may be due to ease and convenience that both provides in getting drugs to use compare to other sources and this was similar to the results found in the study done by Klemenc-Ketis et al., (2010).

More than half of the respondents affirmed that self-medicating is unsafe while very few did not know whether it is safe or not and the majority also feel that it is best to follow physician’s advice when taking medication while few others think otherwise. These responses coincide with Kuku and Odusanya (2011), but in spite of the varying opinions, nearly all the respondents in that study still confessed to having practised self-medication in one month.

As reported by most studies (Agarwal et al., 2014 and Uppal et al., 2017), majority of the respondents in this study considered irrational self-medication most likely to be associated with side effects with varying options of drug abuse, drug dependence, drug resistance, masking of signs and symptoms of illness as the likely consequences while the overall level of knowledge of respondents for all the respondents is fair with one-fifth of the respondents having good knowledge, nearly half having fair knowledge and one-third having poor knowledge which agrees with most studies conducted in Nigerian among urban residents as a result of high level of awareness, stress-free access to internet, wider media coverage on related health issues, readily available drugs, level of education, social status. (Esan, Fasoro, Odesanya, Esan, Ojo, and Faeji, 2018).

### **5.1.3 Respondents Attitude towards Self-medication**

There is a great link between the level of education, knowledge and attitude in most knowledge, attitude and practice (KAP) studies conducted and this knowledge, attitude and practice (KAP) study conducted on self-medication also follow the same trend (Okwa, Soremekun, Adeseko and Raheem, 2012). In this present study, the bulk of the respondents had a negative attitude towards self-medication as it was shown in their agreement and disagreement with both positive and negative attitudinal statements presented in the study attitude assessment instrument.

A larger percentage of the respondents see self-medication as a form of self-care and the majority of the respondents also rely on pharmacists source of information for minor medical problems. This finding was similar to the one reported by Uppal, Agarwal and Roy (2014), where the respondents assessed agreed that self-medication can be advised or advise can be accepted from others of medical knowledge, majority of the respondents in that study also agreed that self-medication needs to be monitored but was at variance with the study conducted by Sankdia, Agrawal, Rekha and Kothari (2017), where the respondents agreed that it is compulsory to visit qualified personnel when one fall ill.

A considerable amount of the respondents also agreed that self-medication is acceptable for them if they do not have time to visit the hospital and more than half agreed that it is dangerous to be changing medicine dosage for efficacy. This further coincides with a study conducted by Uppal et al. (2012) and Hailemichael et al., (2016) where more than half of their respondents agreed that it is acceptable to do self-medication in other to save time, cost and quick relief while nearly all of the respondents also agreed that it is unsafe to practice self-medication with changing of drugs respectively.

### **5.1.4 Pattern of Practice of Self-medication among Respondents**

People's attitude, unlike knowledge, usually has little or nothing to do with their pattern of practice of self-medication as it was reported by previous literature because of the series of factors responsible. The pattern of practice of self-medication including negative awareness, knowledge of the drug trade names and functions, low perception of the risk associated with drug use, stress-free internet access, wider media coverage on related health issues, readily available drugs, level of education, social status, lack of strong regulation on over-the-counter drugs, mild illness, prior experience of self or a friend taking medicine (Flaiti, Badi, Hakami and Khan, 2014; Ayanwale et al., 2017).



In this study, the few numbers of respondents who reported that they do not practice self-medication considered the risk of adverse effects, were afraid of the risk of misdiagnosing, said they rarely fall ill while others were afraid because they had no substantial knowledge about medicines and risk of drug dependence.

In this study, almost all the respondents attest to the fact that they practice self-medication which is similar to the reported prevalence of self-medication reported in a study conducted by Sawalha (2007) in Palestine. The findings from this study showed a prevalence of self-medication higher than any other prevalence reported in other studies conducted among other target groups in Nigeria and outside Nigeria. The survey by Fakeye, Adisa and Olatunji (2010) among hospitalised patients in South-western Nigerian reported a moderate level of prevalence while a high level of prevalence reported in a study conducted by Kehinde and Ogunowo (2013), Esan et al., (2018); Hailemicheal et al., (2016) and Sankdia et al., (2017). The reasons for the high prevalence reported in this study may be as a result of their low average monthly income which may not be enough to consult a medical personnel or visit hospital any time they have symptoms of illnesses, the tedious nature of their job and the long duration that they spend in their workshops attending to numerous customers every day of the week which may likely bring bodily discomfort and that will require them to seek quick relief by practising self-medication and in order to save time without visiting hospital or consulting any medical personnel.

There are various reasons why people practice self-medication depending on their socio-demographic and socioeconomic status. In this study, more than half of the respondents gave some reasons in favour of self-medication that they see no need to visit medical personnel because their ill-health conditions were minor; roughly one-quarter choose when the symptoms are moderate while less than half do self-medication when the severity of illness has increased. This finding is similar to the one reported in the study of Sankdia et al. (2017) where nearly all the respondents stated that there was no reason for visiting hospital or meeting medical personnel for minor ailments. Concerning the time they start self-medicating, begin self-prescribed medication within one to two days of symptoms manifestation while others waited after a week which made the findings to be similar to the one found in Shveta and Jagmohan (2011) in their study on self-medication pattern.

Despite the fact that majority of people that practice self-medication seek advice from chemists and medical practitioners, they also read the inscription on the drugs' casing and caplets for specific information that can help them in taking appropriate medication. Respondents in this study are not

different from other groups of respondents assessed in other self-medication related studies because when asked if they check drug expiration date after purchase or read medication instructions sheet for self-prescribed drugs or seek clarification if the instructions are not clear. This coincides with the study conducted by Lei, Jiang, Liu, Ferrier and Mugavin (2018) where nearly all of the respondents read the instruction. This may be due to the fact that they all attained a secondary level of education and most of them can read and write.

It is usually written on the drug's information sheet that if symptoms of illness persists after administration of self-prescribed drugs, the users should consult their physicians or visits the nearest hospital, whereas this advice is not being usually followed by most people that practice self-medication but when the intent was assessed in this study, just a little more than half of the respondents responded that they would stop self-medication and see a physician if illness persist. This may be the outcome of poor implementation of strict regulatory policy on the over the counter sales of drugs in Nigeria because the users know that they will get both prescription and non-prescription drugs to use even when there is adverse drug reaction or microbial drug resistance.

#### **5.1.5 Factors Influencing Self-Medication Practice among Respondents**

Factors responsible for self-medication can be personal or healthcare system-related because both factors combine to greatly influenced the practice of self-medication. When asked about healthcare system-related factors that can influence their decisions, one-third of the respondents in this study opined that free access to cheap drugs is one of the leading, other small fraction believed that attitude of health workers discourage them from visiting hospitals for both minor and complicated illnesses, approximately one-third believed they are discouraged from visiting healthcare facilities because of the poor healthcare services rendered and very few said they had limited access to good healthcare facilities.

The factors stated above was also reported to be similar in study conducted by Esan et al. (2018) where the respondents were reported to practice self-medication because of the unfriendly attitude of health care workers, lack of time to go to clinic, distance to the clinic from residential area and that drugs prescribed in the clinic do not improve health condition.

On factors that may be responsible for why respondents feel safe with practicing self-medication, one-third of the respondents said that the medicines they use are advertised which makes them harmless, similar percentage felt most people treat illnesses on their own without it resulting to any form of complication, less than half admitted to the fact that they are people around them who

could help with drug prescriptions and the remaining percentage said their friends offer them medicine whenever they fall ill. This report is similar to the one reported in the study conducted by Dilie, Gualu, Haile and Zuleta (2017) and Abubakar, Abubakar, Umar and Ahmed (2013), this is due to the people around them that have been sharing testimony of how they successfully treat illnesses without complications and the make-believe results they hear on radio stations.

On the other type of factor discussed above which is personal to the users, lower cost of treatment was the number one factor cited by a considerable number of the respondents while others cited availability of leftover medicine at home which is still related to cost because they will not incur any cost of treatment, some cited past experience on medications, confidence on knowledge about medicines, lower cost of treatment, for ease and convenience, no need to visit the doctor for minor illness and the dislike to leave workplace to visit the clinic. Various studies reported different motives for why persons engage in self-medication. To mention a few is knowledge about the disease/treatment, preceding understanding, mild diseases, as it was reported by Auta, Shalkur, Omale and Abiodun (2012). Goel (2013) also reported some other reason similar to the ones reported in this study, which includes the availability of medications, affordability and to save time. These motives, however, are subject to the environment and study populations where the studies were carried out.

#### **5.1.6 Implications of the findings for Health Promotion and Education**

Findings from this study revealed that respondents have easy access to drugs which made them practice self-medication. Therefore, there is a need for a study that will generate data for health policymakers to control the unfettered drug distribution in our society. Majority of the artisans who participated in this study affirmed to the practice of self-medication because of several personal, environmental and healthcare system-related factors which call for appropriate health promotion and education strategies such as public enlightenment, information and behavioural change approaches on the danger of irrational self-medication.

This study indicated that apart from Patent Medicine Vendors (Chemists), radio and pharmacy; friends and families were highlighted to be the next most preferred sources of information on self-medication. This implies that the artisans assessed in this study have come to know and trust these sources as a reliable platform to seek knowledge of self-medication practices.

## 5.2 Conclusion

This study has revealed that over majority of the respondents which are male artisans in Sabo community, would select self-medication anytime they fell ill. The respondents in this study lean towards to select self-medication if they self-diagnosed the illness to be minor and felt that there was no need to visit the doctor for minor illness, having little or no concern to whether they practice it in a rational or an irrational manner.

This study has effectively shown that it is not possible to pinpoint any particular cause of the constant rise in the practice of self-medication as it has become a social norm and individuals have different reasons for choosing to self-medicate. However, it is important to promote the rational practice of self-medication to prevent the potential health risks of its irrational practice.

## 5.3 Recommendations

In view of the findings, the following recommendations were made:

1. Male artisans in Sabo community should be sensitized by healthcare workers and health promotion and education professionals on the significance of shunning irrational self-medication. This will bring about a sustainable behavioural change among the respondents.
2. The Federal Ministry of Health should also mandate the pharmaceutical companies that produce drugs to include the three (3) major languages in Nigeria to their instruction sheets. This will encourage more people to read medicine instructions before consumption.
3. There is a need for a uniform drug consultation facility, providing consumers with professional drug consulting services in order to lessen the health risk of self-medication. More actions are required to prevent harms of irrational self-medication in Nigeria, such as enabling accessible and affordable medical services, improved health insurance coverage and development of community health services (Primary Health Care).
4. Health talk on ways to practice rational self-medication and its importance should be aired on most media outlets especially the radio which is often listened to by the artisans in Sabo community. This will increase their awareness of self-medication and enable them to make informed health choices.

## REFERENCES

- Abubakar S., Abubakar M., Umar M., and Ahmed R., 2013. Pattern, awareness and perceptions of health hazards associated with Self-medication among adult residents of Kano metropolis, Northwest Nigeria *Indian Journal of Community Medicine* 2013 Jul-Sep; 38(3): 144–151.
- Achema G., Odira C., and Umerah C. 2014. The knowledge and practice of Self-medication among undergraduate students of Kogi State University, Anyigba. *African Journal of Health Education*, 72, 66-81.
- Adamu, M. 1978. *The Hausa Factor in West African History*. Zaria, Nigeria: Ahmadu Bello University Press.
- Adebayo A.M, Azuzu M.C 2015. Utilization of community-based health facility in a low-income urban community in Ibadan, Nigeria. *Afr J Prim Health Care Fam Med*; 7(1). doi: 10.402//phcf.v7:1.735
- Afolabi A. O, Akinmoladun V. I, Adebose I. J, Elekwachi G., 2010 Self-medication profile of dental patients in Ondo State, Nigeria. *Niger J Med*; 19:96-103.
- Afolabi, M. A. 2008, Factors influencing Self-medication among adult Nigerian population.
- Agarwal. M., Uppal. D. and Roy. V. 2014. Assessment of self-medication KAP among college students of Delhi University. *International Journal of Basic and Clinical Pharmacology*. Vol 3, No 6.
- Ajibola, O., Akintoye, B., Eze, C. and Omoleke, S. 2018. Self-medication with antibiotics; attitude and knowledge of antibiotic resistance among community residents and undergraduate students in Northwest Nigeria. [www.mdpi.com/journals/diseases](http://www.mdpi.com/journals/diseases).
- Akosile, A., 2007. Skills acquisition, key to grassroots empowerment. <http://www.thisday.org>
- Arikpo G., Eja M. and Enyi-Idoh K. 2010. Self medication in rural Africa: The Nigerian Experience. *The internet journal of health volume 11 number 1*.
- Attahiru, A., Awosan, K. J., Hassan, M., and Arisegi, S. A. 2018. Awareness, Risk Perception And Practice of Self-Medication among Pregnant Women Attending Ante-Natal Clinics in Sokoto, Nigeria. *Journal of Drug Delivery and Therapeutics*, 8(4), 256-262. <https://doi.org/10.22270/jddt.v8i4.1782>

- Auta A., Shalkur D., Omale S. and Abiodun A. H. 2012 “Medicine knowledge and self-medication practice among students,” *African Journal of Pharmaceutical Research and Development*, vol. 4, no. 1, pp. 6–11.
- Auta, A, Omale S, Folorunsho T.J., David S, Banwat, S.B. 2012. Medicine vendors: Self-medication practices and medicine knowledge. *SNorth America Journal of Medical Science*;4:24-8
- Awad A., Eltaved I., Matowe L., Thalib L. 2005. Self-medication with antibiotics and antimalarial in the community of Khartoum State, Sudan. *Journal of Pharmacy and Pharmaceutical Sciences*.8(2):326-331.
- Awad, A., Idris, E., Lloyd, M., Lukman, T. 2012. "Self-medication with antibiotics and antimalarials in the community of Khartoum State, Sudan" *Journal of Pharmacy and Pharmaceutical Sciences*.8 (2): 326–331.
- Ayanwale, M.B., Okafor, I.P., and Odukoya, O.O. 2017. Self-medication among rural residents in Lagos Nigeria. *Journal of Medicine in the Tropics*, Vol.19, 65-71.
- Azuogu, B.N., Eze, N.C., Azuogu V.C., Onah C.K., Ossai E.N., Agu A.P 2018. Appraisal of healthcare-seeking behavior and prevalence of workplace injury among artisans in automobile site in Abakaliki, Southeast Nigeria. *Niger Med J* 2018;59:45-9.
- Babatunde, H.D., and Omolase, A.V. 2017. Self-medication among general outpatients in a Nigerian community hospital. *Annals of Ibadan Postgraduate Medicine*. Vol. 5 No2.
- Bandura A 1969 *Principles of Behavior Modification*. New York: Holt, Rinehart and Winston.
- Bandura A 1973 *Aggression: a Social Learning Analysis*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. 1977. Self-efficacy: toward a unifying theory of behavioral change. *Psychological*
- Bandura, A. 2006. *Autobiography*. MG Lindzey and WM Runyan (Eds.), *A history of psychology in autobiography* (Vol. IX). Washington, DC: American Psychological Association.
- Bennadi, D. Self-medication: A current challenge. *J. Basic Clin. Pharm.* 2013, 5, 19–23.
- Bertoldi, A.D.; Camargo, A.L.; Silveira, M.P.; Menezes, A.M.; Assunção, M.C.; Gonçalves, H.; Hallal, P.C. 2014. Self-medication among adolescents aged 18 Years: The 1993 Pelotas (Brazil) birth cohort study. *J. Adolesc. Health* 55, 175–181.

- Beyene, G., Dobocho, P., Abdurahman, M. and Aleachew, J. 2017. The knowledge, attitude, and practice of Self-medication among pharmacy students of Rift Valley University,
- Bowen D, Kisuule G, Ogasawara H, Siregar CJ, Williams GA, Hall C, 2000. Guidelines for the Regulatory Assessment of Medicinal Products for use in Self-Medication,
- Broadcasting Board of Governors. 2014. Contemporary Media Use in Nigeria. <https://www.bbg.gov/wp-content/media/2014/05/Nigeria-research-brief.pdf>
- Bruce, A, Thyer Phd and Laura L. Myers Phd 1998 Social Learning Theory, *Journal of Human Behaviour in the Social Environment*, 1:1, 33-52, DOI: 10.1300/J137v01n01\_03.
- Campbell P.C., Owoka O.M. and Odugbemi T.O. 2016 National health insurance scheme: Are the artisans benefitting in Lagos state, Nigeria?. *J Clin Sci* 2016;13:122-31.
- Chowdhury N., Matin F. and Chowdhury S.K 2009. Medication taking behaviour of students attending a private university in Bangladesh. *International Journal of Medicine*. DOI: 10.1515/IJAMH.2009.21.3.361.
- Creswell, J.W. Qualitative inquiry and research design: Choosing among five approaches . 3<sup>rd</sup> edition. Thousand Oaks, California: Sage; 2013.
- Da Silva M. G., Soares M. C. and Muccillo-Baisch A. L. 2012. Self medication in university students from the city of Rio Grande, Brazil. *BMC Public Health* 12, 339. Doi:10.1186/1471-2458-12-339.
- Dilie A., Gualu T., Haile D. and Zuleta F.A. 2017. Self-medication KAP among health science students at Debre Markos University, *Northwest Ethiopia. Journal of Public Health and Epidemiology*. Vol. 9 (5). Pp. 106-113.
- Donmez, G., Gungor, F. and Gov, R.A. 2018. Knowledge, attitude and practice of Self-medication with antibiotics among nursing students in Turkey. *Global Journal for Research Analysis*, vol. 7, No. 3(2018).
- El Ezz N.F. and Ez-Elarab H. S. 2011. Knowledge, attitude and practice of medical students towards self medication at Ain Shams University, Egypt. *J Prev Med Hyg*. 2011 Dec;52(4):196-200.

- Esan D.T., Fasoro A.A, Odesanya O. E., Esan T. O., Ojo E. F., and Faeji C.O. 2018“Assessment of Self-Medication Practices and Its Associated Factors among Undergraduates of a Private University in Nigeria,” *Journal of Environmental and Public Health*, vol. 2018, Article ID 5439079, 7 pages, 2018. <https://doi.org/10.1155/2018/5439079>.
- Fadare J.O. and Tamuno I. 2011. Antibiotic self medication among university undergraduates in Northern Nigeria. *Journal of Public Health and Epidemiology* vol. 3(5), pp. 217-220.
- Fakeye T.O., Adisa R., and Olatunji E. 2018. The Self-medication among hospitalized patients in selected secondary health facilities in South Western Nigeria. *Canadian Journal of Public Health*, 234, 112-120.
- Flaiti, M., Badi, K., Hakami, W. and Khan, S. 2014. Evaluation of self-medication practices in acute diseases among university students in Oman. *Journal of Acute Disease*. 3. [10.1016/S2221-6189\(14\)60056-1](https://doi.org/10.1016/S2221-6189(14)60056-1).
- Goel D. D. 2013 “Self-medication patterns among nursing students in North India,” *IOSR Journal of Dental and Medical Sciences*, vol. 11, no. 4, pp. 14–17.
- Gyawali, S. and Saha, P. 2015. The knowledge, attitude and practice of Self-medication among basic science undergraduate medical students in a medical school in Western Nepal. <https://doi.org/10.22502/jlmc.v6il.174>
- Hailemicheal, W., Sisay, M. and Mengistu G. 2016. Self-medication KAP among Harar Health Science College Students, Harar, Eastern Ethiopia. *Journal of Drug Delivery and Therapeutics*. 6. [10.22270/jddt.v6is.1329](https://doi.org/10.22270/jddt.v6is.1329).
- Hughes L, Whittlesea C, Luscombe D. 2002. Patients knowledge and perceptions of the side-effects of OTC medication. *Clin Pharmacol Ther*; 27:243.
- Inyi, M.B. 2014. Self-medication: A major cause of health issues. <https://www.researchgate.net>
- Jain S, 2015. Concept of self-medication: A review. *International Journal Pharmaceutical Biology Archive*.;2:831–6.
- Kehinde O. O. and Ogunowo B. E 2013. The pattern of antibiotic use in an urban slum in Lagos State, Nigeria. *West African Journal of Pharmacy* (2013) 24 (1) 49-57.



- Khanam P., and Haj-Ali D. 2017. Assessment of the knowledge of the self-medication behaviours towards antibiotics among nursing students at King Saud Bin Abdulaziz University for Health Sciences, *Al Ahsa Journal for Nursing Care* 6: 431. DOI: 10.4172/2167-1168.1000431.
- Klemenc-Ketis Z., Hladnik Z. and Kersnik J. 2010. Self-medication among healthcare and non-healthcare students at University of Ljubljana, Slovenia. *Med Princ Pract.* 2010; 19(5): 395–401. Published online 2010 Jul 14. doi: 10.1159/000316380.
- Kuku, K. and Odusanya, O. 2011. Self Medication: Knowledge , Attitude and Practices in the Ikeja Local Govt. Area of Lagos Nigeria. 10.13140/RG.2.2.14749.00489.
- Lawan U.M., Abubakar I.S., Jibo A.M., Rufai A. 2013. Pattern, awareness and perceptions of health hazards associated with Self-medication among adult residents of Kano metropolis, north-western Nigeria. *Indian Journal of Community Medicine*;38:144-51
- Lei X., Jiang H., Liu C., Ferrier A. and Mugavin J. 2018. Self-medication practice and associated factors among residents in Wuhan, China. *International Journal of Environmental Research, Public Health.* 2018; 15(1).
- Lukovic J.A., Miletic V., Pekmezovic T., Trajkovic G., Ratkovic N., Aleksic D., and Grgurevic A., 2014. Self medication practices and Risk Factors for Self-medication among Medical Students in Belgrade. *Plos ONE* 2:240-253.
- Mugenda, O. M. and Mugenda, A. G. 2003. Research methods: Qualitative and Quantitative Approaches. Nairobi: Acts Press.
- Naqvi, A.A., Ahmad R., Qadeer O., Khan, M.H., Nadir, M.N and Alim M. 2016. The prevalence of self medication and factors affecting its practice in pharmacy students of Karachi, Pakistan: A mis mode study. *Journal of Young Pharm*, 8(3): 230-238.
- National Population Commission (NPC) [Nigeria] and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.
- Newman, B. M., and Newman, P. R. 2007. Theories of human development: Lawrence Erlbaum.

- Ngigi, C.K. 2016. Self-medication with antibiotics prior to seeking treatment among adult patients attending outpatient department at Gatundu sub-county hospital, Kiambu county, Kenya. Unpublished doctoral thesis.
- Nzama, N. 2013. Masculinity and men's health seeking behaviours amongst Black/African men: the case of Durban, KwaZulu-Natal, South Africa.
- Obadiah, L.F. 2018. Psychosocial predictors of Self-medication among Nigerian populace. *Nigerian Journal of Health Psychology*, 45, 22-31.
- Odira C. and Umerah C. 2014. Knowledge and practice of Self-medication among undergraduate students of Kogi State University, Anyigba – Nigeria. *Int Prof Nurs J*;12:65-7.
- Okoro, O. M. 2002. Measurement and Evaluation in Education. Obosi: Pacific Publisher Ltd.
- Okwa, O., Soremekun, B.M., Adeseko, O. and Raheem, A.M.. 201. Artisans and traders' knowledge, attitude and practices of malaria in selected areas of Lagos, Nigeria. *Global Adv Res J Med Med Sci*. 1. 68-74.
- Olwig, M.F. and Gough, K. V. 2013. Basket weaving and social weaving: Ghanaian artisans' mobilization of resources through mobility in times of climate change. *Geoforum*, 45, 168.177 <http://doi.org/10.1016/j.geoforum.2012.11.001>.
- Omolase CO, Adeleke OE, Afolabi AO, Afolabi OT. 2007. Self-medication amongst general outpatients in a Nigerian community hospital. *Ann Ibadan Postgrad Med*;5:64-7.
- Osemene KP. and Lamikanra 2012. A study of the prevalence of self-medication practice among university students in Southwestern Nigeria. *Tropical Journal of Pharmaceutical Research August 2012; 11 (4): 638-689*.
- Oshikoya, K., Senbanjo I., Njokanma O. 2009. Self-medication for infants with colic in Lagos, Nigeria. *BMC Pediatrics* 9:9
- Oyelola F.T., Razaq A, Eniola O. 2010. Self-medication among hospitalized patients in selected secondary health facilities in South-Western Nigeria. *Pharmaceutical Practice*;8:233-7.
- Pan, H., Binglin C., Dangui Z., Jeremy F., Frieda L., and William B. 2012. "Prior Knowledge, Older Age, and Higher Allowance Are Risk Factors for Self-medication with Antibiotics among University Students in Southern China". *PLoS ONE*.7 (7): e41314

- Panda A., Pradhan S., Mohapatra G. and Mohapatra J. 2016. Drug-related problems associated with self-medication and medication guided by prescription: *A pharmacy-based survey. Indian Journal Pharmacol.* 48:515-21.
- Pineles, L. and Parente, R. 2012. Using the Theory of Planned Behavior to Predict Self-medication with Over-the-Counter Analgesics. *Journal of health psychology.* 18.10.1177/1359105312465912
- Raut P, Vamsi D, Rao BV. 2014. Evaluation of the knowledge, attitude and practice of Self-medication among second year B.SC nursing students. *J Drug Deliv Ther;*4(3):150-3.responsible self-medication.
- Sandeep, A., Mamath G.T., Shaik S.B., Bhimaray K.G., Mahadevamma L, Katti R.V. 2013. Self-medication: Knowledge and practice among urban and rural population. *International Journal of Pharmaceutical Biology*4:488-92.
- Sankdia R.K., Agrawal M., Rekha P.B. and Kothari N. 2017. A Questionnaire based study regarding the self-medication KAP among second year undergraduate medical students. *International Journal of Medicine. Doi: 10.5530/ijpcs.6.1.1*
- Sawalha AF; 2007 Assessment of self-medication practice among University students in Palestine: Therapeutic and Toxicity Implications. *The Islamic University Journal (Series of Natural Studies and Engineering)* 15(2):67-82
- Seam Md., Bhatta. R., Saha B., Das A., Hossain Md., Uddin, S.M., Karmakar P., Choudhuri S., and Sattar M. 2018. Assessing the Perceptions and Practice of Self-Medication among Bangladeshi Undergraduate Pharmacy Students. *Pharmacy.* 6. 6. 10.3390/pharmacy6010006.
- Shah H., Patel R., Nayak S., and Sharma D. 2018. The practice of Self-medication among undergraduates medical students of GMERS medical college Valsad, Gujarat. *International Journal of Medical Science and Public Health,* 249-254.
- Shveta S. and Jagmohan S. 2018. A study of self medication pattern in Punjab. 10.13140/RG.2.2.11372.05764.

- Suleman S., Admasu K. and Mekonna Z. 2009. Assessment of self-medication practices in Aeesndebo town, Jimma zone, Southern Western Ethiopia. *Research in social and administrative pharmacy*. 5 (1): 76-81.
- Syed N., Naseer, M., Memon M.Q. and Rani, K. 2014. Prevalence of Self-medication and its practice among the medical and non-medical students. *Journal of the Liaquat University of medical and Health Sciences*. 13. 79-82.
- Syed, N. 2015 Self-medication amongst University Students of Karachi: Prevalence, knowledge and attitudes. *Student Corn*20: 120-210.
- Thadani S., Salman M.T. and Ahmad A. 2013. Self-medication KAP Among Second Year Undergraduate Medical Students. *Journal of Rational Pharmacother Research*. 1. 131-134.
- Walia J k. Over the Counter Sale of Drugs – How to Curb this Practice? *India Medical Times*. 2012. [Last accessed on 2015 September 19]. Available from: <http://www.indiamedicaltimes.com/2012/11/13/over-the-counter-sale-of-drugshow-to-curb- this practice/>
- WHO/EDM/QSELF-MEDICATION/00.1 (PDF). Geneva: World Health Organization; Available from: <https://en.wikipedia.org/wiki/Self-medication>. [Last accessed on 2019 May 20].
- World Health Organization 2000, Guidelines for the Regulatory Assess Self-medication of Medicinal Products for use in Self Medication. Geneva.
- World Health Organization. 1998 Role of Pharmacists in Self-Care and Self-Medication; World Health Organization: Geneva, Switzerland, Available online: <http://apps.who.int/medicinedocs/pdf/whozip32e/ whozip32e.pdf> accessed on 26 January 2019.
- World Self-medication industry 2016“What is self-Medication”.Available from:<https://www.Self-medication.org.. http://www.wSelf-medicationi.org/about-self-care-and-self-medication/what-is-self-medication/> [Last accessed on May 20 2019].

Zardosht M., Hashemi F.B, Jashidi E., Ghahramanloo A.A., Khazaeli P., Dastoorpoor M. and Esrebsari F. 2016. Prevalence and cause of self medication among medical students of Kerman University of Medical Sciences, Kerman, Iran. *Global Journal of Health Science*. Vol. 8, No. 11.

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## APPENDIX I

### INFORMED CONSENT FORM

#### **Title of the research:**

Knowledge, attitude and practice of self-medication among male artisans in Sabo community, Ibadan North Local Government area, Ibadan, Oyo state, Nigeria

#### **Introduction**

You are invited to take part in a research study. Before you decide whether to participate, you need to understand why the research is being done and what it would involve. Please take the time to read or to listen as I read the following information. You may talk to others about the study if you wish. Please ask me if there is anything that is not clear, or if you would like more information. When all of your questions have been answered and you feel that you understand this study, you will be asked if you wish to participate in the study and if yes, to sign this 'Informed Consent Form'. You will be given a signed copy to keep.

#### **Purpose of the Study and Study Requirements**

Dear Respondent,

My name is **Lawal Saudat**, I am a postgraduate student at the Department of Health Promotion and Education, Faculty of Public Health, University of Ibadan. The purpose of this study is to gather information about the knowledge, attitude and practice of self-medication among male artisans in Sabo community, Ibadan North Local Government Area, Oyo State.

You have been invited to take part because you are a male artisan in Sabo community that meets the inclusion criteria for selecting the participants for this study. . If you agree to take part in the study, you will be asked to sign an informed consent form. You will also be asked to respond to questions about the knowledge, attitude and practice of self-medication. You will complete the questionnaire within 30 minutes approximately. There are no risks associated with this study and your participation will not cost you anything other than your time of answering the questions in the questionnaire. **You should not write your name on the questionnaire.** All information collected will be treated as anonymous and will not be linked to you in any way. The information collected will be of benefit to health administrators and health promoters on how to educate the artisans' community so as to influence their attitude towards the practice of self-medication.

Participation in this research study is entirely voluntary and you can withdraw at any time. If you choose to withdraw at any time, this will not affect you in any way but please note that some of the information that has been obtained about you before your withdrawal may be modified or used in reports and publications. These cannot be removed anymore, however, the researcher promises to make an effort in good faith to comply with your wishes as much as is practicable. The researcher will inform you of the outcome of the research through journal articles. Your willingness to complete the questionnaire implies you have given consent to participate in the study. Kindly

append your signature in the section below as a form of written consent to participate in the study. Thank you for your cooperation.

**Statement of the person obtaining informed consent:**

I have fully explained this research to \_\_\_\_\_ and have given sufficient information, including about risks and benefits, to make an informed decision.

Date: .....

Signature: .....

Name: .....

**Statement of the person giving consent:**

I have read the description of the research and have had it translated into a language I understand. I have also talked it over with the researcher to my satisfaction. I understand that my participation is voluntary. I know enough about the purpose, methods, risks and benefits of the research study to judge that I want to take part in it. I understand that I may freely stop being part of this study at any time. I have received a copy of this consent form and additional information sheet to keep for myself.

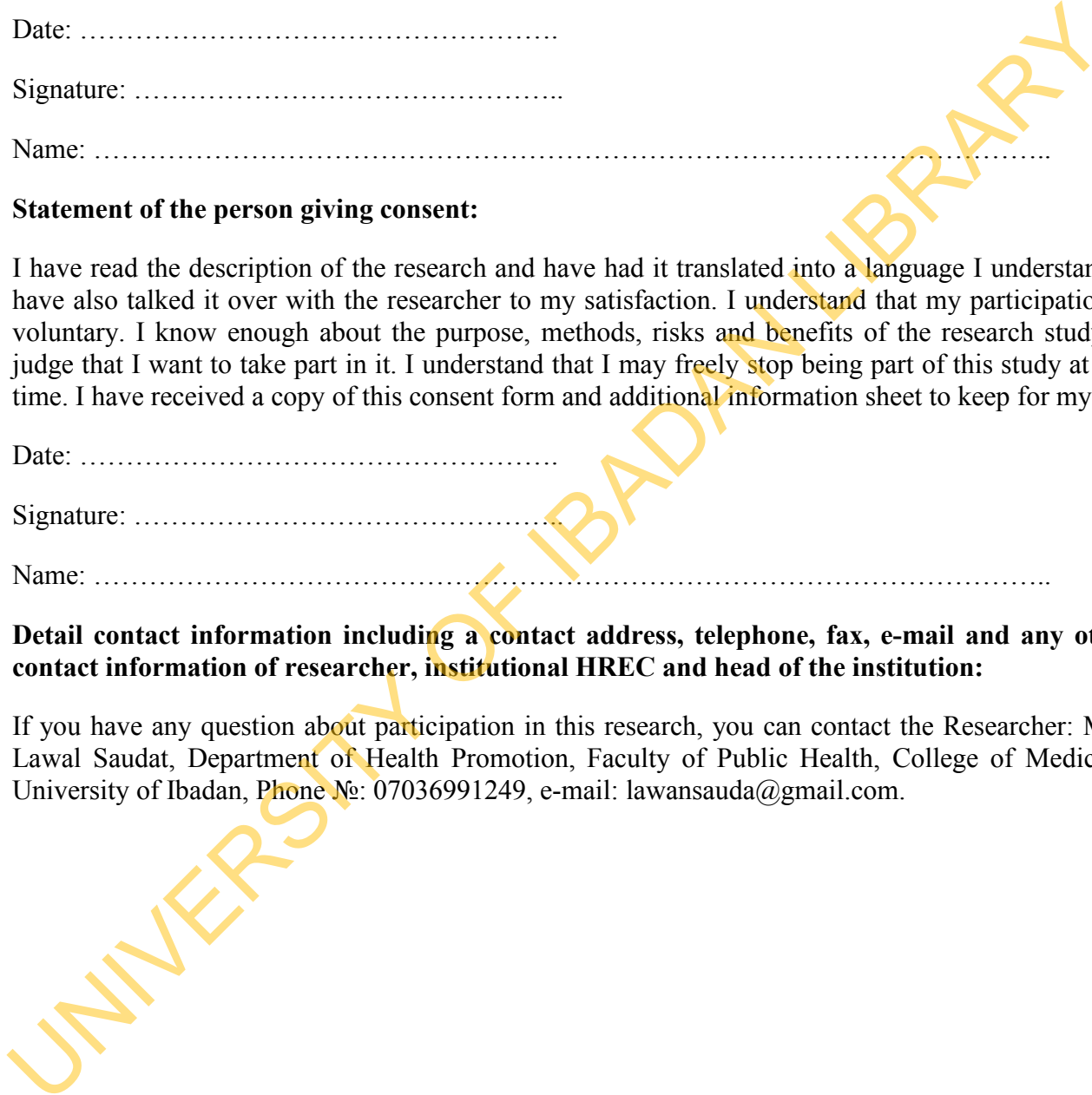
Date: .....

Signature: .....

Name: .....

**Detail contact information including a contact address, telephone, fax, e-mail and any other contact information of researcher, institutional HREC and head of the institution:**

If you have any question about participation in this research, you can contact the Researcher: Miss Lawal Saudat, Department of Health Promotion, Faculty of Public Health, College of Medicine, University of Ibadan, Phone №: 07036991249, e-mail: lawansauda@gmail.com.



## APPENDIX II

### QUESTIONNAIRE

#### KNOWLEDGE, ATTITUDE AND PRACTICE OF SELF-MEDICATION AMONG MALE ARTISANS IN SABO COMMUNITY, IBADAN NORTH LOCAL GOVERNMENT AREA, IBADAN, OYO STATE, NIGERIA

I am a postgraduate student of the University of Ibadan presently conducting a research titled “Knowledge, Attitude and Practice of Self-medication among male artisans in Sabo community, Ibadan North Local Government Area, Ibadan, Oyo State”.

In filling this questionnaire, your honest answers will be appreciated.

Serial Number \_\_\_\_\_

Thank you for cooperating.

#### SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

**Instruction:** Kindly respond appropriately to the following by marking or writing as appropriate in the space provided

1. What is your ethnic group? 1= Yoruba [ ] 2=Igbo [ ] 3= Hausa [ ] 4=Other (specify).....
2. What is your religion? 1=Islam [ ] 2= Christianity [ ] 3=Traditional [ ] 4=Others (specify) .....
3. What is your age as at last birthday (in years)? \_\_\_\_\_
4. What is your marital status? 1= Single [ ] 2= Married [ ] 3=Divorced [ ] 4=Widowed [ ] 5= Separated [ ]
5. What is your highest level of education: 1 = No formal education [ ] 2 = Primary [ ] 3 =Secondary [ ] 4=Vocational [ ] 5 = Tertiary [ ]
6. What is your Occupation?: 1 = Fashion Designer [ ] 2 = Blacksmith [ ] 3 = Bricklayer [ ] 4 = Butcher [ ] 5 = Carpenter [ ] 6=Electrician [ ] 7= Cap making [ ] 8 = Auto-mechanic [ ] 9 = Others (specify) \_\_\_\_\_
7. What is your family structure? 1. Live alone [ ] 2. Live with family members [ ]
8. Expected income \_\_\_\_\_



## SECTION B: KNOWLEDGE ABOUT SELF-MEDICATION

**Instruction:** - Kindly go through the questions given below and provide answers in the spaces provided or tick (✓) against appropriate answer. Each correct answer carries 1 mark.

9. Have you heard of self-medication? 1= Yes [ ] 2= No [ ]
10. If yes, where? 1= Health centre [ ] 2= Pamphlets and posters [ ] 3= Radio [ ] 4= Television [ ] 5= Pharmacy [ ] 6= Family and friends [ ] 7=others (Specify).....
11. What do you understand by self-medication?

		Yes	No
A	It is a form of self-care		
B	Use of medicines without doctor's prescription		
C	Use of medicine to cure self-diagnosed ailment		
D	Medication based on past experience		
E	The use of medicine with doctor's prescription		
F	Illness treatment in a clinic		

12. Where are drugs used for self-medication acquired?

		Yes	No
A	Provision store		
B	Chemist		
C	Family and Friends		
D	Motor parks		
E	Bar		
F	School		

13. Is it safe to practice self-medication anytime a person comes down with an illness? 1.= Yes [ ]  
2.= No [ ]

14. What are the health risks associated with self-medicating anytime you fall ill?

		Yes	No
A	Drug resistance		
B	Drug dependence		
C	Masking of signs and symptoms of illness		
D	Drug abuse		
E	Curing of severe illness		
F	Prevention from all illness		

15. When taking medications, whose advice is best to follow? 1= Physician [ ] 2= Chemist [ ] 3= Co-workers [ ] 4= Family members [ ]

### SECTION C: ATTITUDE TOWARDS SELF-MEDICATION

**Instruction:** Kindly go through the questions given below and tick (✓) either agree or disagree.

S/N	Statement	Agree	Disagree
16.	Self-medication is part of self-care		
17.	Pharmacists are good sources of information for minor medical problems		
18.	Self-medication is acceptable for me if I do not have time to visit the hospital		
19.	Changing medicine dosage for efficacy can be dangerous		
20.	All medications have adverse effect		
21.	Self-medication can mask signs and symptoms of an illness		
22.	I can advise others to self-medicate		
23.	Advise for Self-medication can be taken from others		
24.	Irrational use of medicine can result to health complications		
25.	The drugs used for self-medication need monitoring		
26.	I am comfortable with self-medication		

## SECTION D: PRACTICE OF SELF-MEDICATION

**Instruction:** Kindly respond to the following as appropriate as possible

27. Have you ever self-medicated before? 1.=Yes [ ] 2.= No [ ]

**(If No, go to question 43)**

28. If yes, what illnesses have you self-medicated for? 1= Headache [ ] 2= Fever [ ] 3= Cough and cold [ ] 4= Stomach ache [ ] 5= Body ache [ ] 6= Diarrhea [ ] 7= Ear problem [ ] 8= Eye problem [ ] 9= others (specify).....

29. How often do you self-medicate? 1.= Always [ ] 2.= Sometimes [ ] 3.= Rarely [ ]

30. What kind of medicine do you often self-medicate with? 1= Analgesics (Paracetamol) [ ] 2= Antibiotics (Amphiclox) [ ] 3= Cough syrup (Coughlin) [ ] 4= Sedatives [ ] 5= Worm expellers [ ] 7= others (specify).....

31. When do you take these medications? 1= When there are minor symptoms [ ] 2= When the symptoms are moderate [ ] 3=When the symptoms are increasing in severity [ ] 4=Before symptoms to prevent disease [ ] 5= Others (specify) .....

32. How many days after the manifestation of symptoms do you begin to self-medicate? 1.=1-2 days [ ] 2.= 1 week [ ] 3.= After 1 week [ ]

33. Do you check for drug expiration date after purchase? 1.= Yes [ ] 2.= No [ ]

34. If yes, where? 1.= Drug casing [ ] 2.= Back cover [ ] 3.= Seal cover [ ] 4.= Instruction leaflets

35. Do you read the medication instruction sheet after drug purchase? 1. Yes [ ] 2. No [ ]

36. If yes, how often do you check?

1. Every time I buy a new pack [ ]
2. When I buy a medicine for the first time [ ]
3. Only when side effects appear [ ]

37. Do you follow the instruction sheet accordingly? 1.= Yes [ ] 2.= No [ ]

38. Do you ask for clarification if you find the instruction too complex? 1.= Yes [ ] 2.= No [ ]

39. If yes, from who?.....

40. If No, why? 1.=Rely on chemist's instructions [ ] 2.= Have past experience [ ] 3.= Rely on co-workers' advise [ ] 4.= Rely on family members' advise [ ]

41. When the illness persists after self-medication, what do you do?

1. Stop taking the medicine and see the physician [ ]
2. Stop taking the medicine and consult the pharmacist [ ]
3. I will increase the medicine dose on my own [ ]

4. I will decrease the medicine dose on my own [ ]

### SECTION E: FACTORS INFLUENCING SELF-MEDICATION

The following considers factors that may likely influence you to practice self-medication. Tick response as it applies to you. (Multiple response allowed).

42. I choose to treat illnesses myself because

A	Poor healthcare services	
B	The attitude of health workers	
C	There is limited access to good health care facilities	
D	Drugs are readily available at cheaper rates in various shops	

43. It is safe to practice self-medication because

A	Medicines that are often used are advertised, so they are harmless	
B	Most people treat illnesses on their own without complications	
C	There are people around me that can help with prescriptions	
D	Friends offer me medicine whenever I fall ill	

44. I am comfortable with self-medication because

A	It is time saving	
B	I spend very little to get cured	
C	I don't have to face long hospital queues and protocols	
D	It provides me fastest form of relief	

45. Which of the following were your reasons for taking medicine without doctor's prescription?

A	Past experience on medications	
B	Confidence on your knowledge about medicines	

C	Lower cost of treatment	
D	For ease and convenience	
E	There is no need to visit the doctor for minor illness	
F	There is always let over medicine available at home to cure any illness	
G	I don't like to leave my work shop to visit the clinic	

46. Which of the following were the reasons that discouraged you from taking medicine with doctor's prescription? If **no** to question 2(multiple responses allowed)

A	Lack of knowledge about medicines	
B	Risk of adverse effects	
C	Risk of using wrong drugs	
D	Risk of misdiagnosing	
E	Risk of drug dependence	
F	Rarely fall ill	

Thank you for your time.

### APPENDIX III

#### SANAR DA IZINI

#### **ILIMI, DA KUMA DA RA'AYI DA AL'ADAR SHAN MAGANIN KAI A CIKIN MUHAMMIN MASU AIKIN HANNU A SABO, IBADAN NORTH GWAMNATIN GIDA, IBADAN, OYO STATE, NIGERIA**

Mai amsa,

Ni yarinyan makarantar digiri ne a sashen kula da lafiyar lafiya da kuma Ilimi, Makarantar Kiwon Lafiya Jama'a, Kwalejin Kimiyya, Jami'ar Ibadan. Dalilin wannan binciken shi ne tattara bayanai game da **ILIMI, DA KUMA DA RA'AYI DA AL'ADAR SHAN MAGANI BADA KAI A CIKIN MUHAMMIN MASU AIKIN HANNU A SABO, IBADAN NORTH GWAMNATIN GIDA, IBADAN, OYO STATE, NIGERIA**. Lura cewa sa hannu a cikin wannan binciken yana da son rai ne kawai kamar yadda za ka iya yanke shawarar dakatarwa a kowane lokaci ba tare da la'akari ba. An ba kowannen tambayoyin LAMBA don boye ainihin ku. Dukkanin bayanan da za a tattara a wannan binciken za a bi da su tare da cikakkiyar sirri.

Yin shiga cikin wannan binciken yana da matukar muhimmanci kamar yadda zai taimaka wajen fahimtar ilmi, halin da kuma aikin masu sana'a game da batun shan magani da fahimtar yadda za a magance ta da masu tsara manufofin kiwon lafiya. Da fatan a sake lura cewa babu amsa ko kuskure ga tambayoyin da aka tambaye ko maganganun da aka yi. Lokaci da ake buƙatar kammala wannan tambayar shine kimanin minti 20-25. Yin shirye-shiryenka don yin tambayoyi yana nuna ka ba da izinin shiga.

Na gode da hadin kai

**Lambar Serial** \_\_\_\_\_

## KARI NA A

### DANGAN TAKAR ADABI DA AL-ADUN KEWAYE DA KAI

### BAYANAN ALKALUMA NA ZAMANTAKEWA

**Umurni: A amsa daidai da wafannan abubuwa ta hanyar yin alama ko rubutu kamar yadda ya kamata a cikin sarari da aka bayar.**

1. Wane yari ne kai? 1 = Yoruba  2 = Igbo  3 = Hausa  4 = Sauran (saka) \_\_\_\_\_
2. Mai ne matsayin aurenka? 1 = Saurayi  2 = Ma'aurata  3 = Matacce  5 = Zare
3. Mai ne addininka? 1 = Musulunci  2 = Kiristanci  3 = Traditional  4 = Wasu (saka) .....
4. Mai shekarunka ne a ranar haihuwa (a cikin shekaran nan)? \_\_\_\_\_
5. Mai ne babban matakin ku na ilimi: 1 = Babu ilimi na ilimi  2 = Na farko  3 = Na biyu  4 = Siffarwa  5 = Mahimmiyya
6. Mai ne Zamaninku?: 1 = Zane mai Zane  2 = Mai haski  3 = Mai gini  4 = Mai suya   
5 = Mai takalma  6 = Mai hada kujeru  7 = mai kiyaye garkuwa  8 = Mai sarrafa motoci  9 = Wasu (saka) \_\_\_\_\_
7. Mai ne tsarin iyali? 1. Yi rayuwa kadai  2. Ku zauna tare da 'yan uwa
8. Kudɪ na Gwani ...

## KARI NA B

### TAMBAYOYI AKAN ILIMI NA SHAN MAGANIN KAI

Umurni: Bayyana cewa ka amsa ga wadannan kamar yadda ya kamata

9. Me kuke fahimta game da shan maganin kai?

10. Shin kana so ka magance maganin kwayoyin maganin kwayoyin kwayoyi? 1. = Ee  2. = A'a

11. Ka san abin da yake jikin shan magani nan? 1. = Ee  2. = A'a

(Idan ba haka ba, je Tambaya 13)

12. Idan haka ne, wanene daga cikin bayanan da ake bayarwa game da kwayoyi amfani da shan magani? 1. Labarun kafonin watsa labarai (rediyon da talabijin)  2. Littattafai da lakabi  3. Aboki

4. Aboki [5] 5. 'Yan'uwanmu  6. Masu aikin kiwon lafiya [7.] Dokokin [8] Pamacy  9. Masu seyada magani a anguwa  10. Wasu (Aika) \_\_\_\_\_

13. Mene ne ainihin tushen amfani da shan shan magani? 1. Gidan Lafiya  2. Gida  3. Likita  4. Yanuwan na  5. Aboki

14. Kuna ganin yana da kyau a yi amfani da shi? 1. = Ee  2. = A'a

15. A lokacin da kake shan magani, menene shawararka? 1. Likita  2. Pamacy  3. Wasu masu aiki a asibiti  4. Iyaye 5. Aboki  6. Tsara a talabijin ko jarida [7]. Kwarewar mutum  8. Wasu (saka) ..... ..



## KARI NA C

### TAMBAYOYI AKAN RA'AYI NA SHAN MAGANIN KAI

Umurni: Yi dacewa ta hanyar tunani ko ka yarda ko kuma ba ka yarda ba

S/N	Bayani	Na Yarda	Ban Yarda ba
16.	Shan magani bad a umarni likita ba wani ɓangare na kula da kai		
17.	Pamacy suna da kyakkyawan bayani don kananan matsalolin rashin lafiya		
18.	Zan iya shan magungunan bad an umarni likita ba idan ban sami kudi ko lokaci don ziyarci asibiti ba		
19.	Ƙara yawan miyagun maguguna na iya zama haɗari		
20.	Duk magunguna suna da tasiri a jiki		
21.	Magungunan kai na iya rufe alamu da bayyanar cututtuka		
22.	Ina iya ba da shawara akan shan magani ga wasu mutane		
23.	Zan iya karban shawara akan amfani da magani za daga wasu		
24.	Abin shan kansa ba yana haifar da juriya na antimicrobial cikin jiki ba		
25.	Shan magani yana bukarar saka idanu		
26.	Ina jin dadi tare da shan magani bada umarni likita ba		
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## KARI NA D

### TAMBAYOYI AKAN AL'ADAR AMFANI DA MAGANIN KAI

Umurni: Yi dacewa ka amsa da wadannan kamar yadda ya kamata

27. Ka taba shan maganin kai? 1= Ee [ ] 2= A'a [ ] (**Idan A'a, je zuwa tambayar 43**)
28. In eh, wasu ciwo ka sha wa maganin kai? 1= ciwon kai [ ] 2= ciwon ciki [ ] 3= tari [ ] 4= zazabi [ ] 5= ciwon jiki [ ] 6= zaawo [ ] 7= ciwon kunne [ ] 8= ciwon ido [ ] 9= wasu (saka).....
29. Shin shan magani ne na farko na magani idan ka zo da rashin lafiya? 1. = Ee [ ] 2. = A'a [ ]
30. Idan haka, sau nawa? 1.= Ko da yausha [ ] 2.= Wani lokaci [ ] 3.= Samsam [ ]
31. Wasu irin Magana kake shi?
32. Yaushe kake shan magani? 1= Kafin ciwon yayi tsanani [ ] 2= In ciwon yayi tsanani [ ] 3= In tsanani ciwon ya karu [ ] 4= Kafin ciwon ya zo [ ] 5= Wasu (saka).....
33. Mene ne lokaci ne da za ku fara yin magani? 1. Nan da nan [ ] 2. Bayan sa'o'i sha biyu [ ] 3. Bayan sa'o'i ishirin da hudu [ ]
4. kwana dai ko biyu [ ] 5. Wata daya [ ] 6. Piya da wata daya [ ]
34. Yaya yanayin magani kuke so? 1. Gidan gida [ ] 2. Gidajen asibitin [ ] 3. Babu fifiko [ ]
35. Yaya za ku dauka wadannan magunguna? 1. Lokacin da akwai kananan cututtuka [ ] 2. Lokacin da alamar cututtuka suna da matsakaici [ ] 3. Lokacin da alamar cututtuka suna karuwa a cikin tsananin [ ] 4. Kafin bayyanar cututtuka don hana cutar [ ] 5. Wasu (saka) .....
36. Kuna bincika ranar karewar miyagun kwayoyi? 1. = Ee [ ] 2. = A'a [ ]
37. Idan haka ne, ina? 1. Gwanin kwayoyi [ ] 2. Kushin baya [ ] 3. Takalmin murfin [ ] 4. Takardun umurni [ ]
38. Kuna karanta takardar umarnin magani?
1. Na'am, duk lokacin da na sayi sabon saiti [ ]
  2. Ee, lokacin da na saya magani a karon farko [ ]
  3. Ee, kawai lokacin da alamun sakamako ya bayyana [ ]

4. A'a, ba ni [ ]

5. Wasu [ ]

39. Kuna bin takardar umurni daidai da haka? 1. = Ee [ ] 2. = Babu [ ]

40. Kuna tambaya don bayyanawa idan kun sami umarni ma hadaddun? 1. = Ee [ ] 2. = A'a [ ]

a. Idan haka, daga wane ne? .....

41. Idan magani ba shi da tasiri, me kake yi?

1. Dakatar da shan maganin kuma ganin likitan [ ]

2. Dakatar da shan maganin kuma ka tambayi magunguna [ ]

3. Zan kara kashi a kaina [ ]

4. Zan rage kashi a kaina [ ]

**KARI NA E**

**TAMBAYOYI AKAN ABUBUWAN DA KE SA SHAN MAGANI BA DA UMARNI LIKITA BA**

42. A ganin ka, wanene daga cikin wadannan dalilan ne dalilan da suka sa kuyi aiki da kansa?

(Dauka Na'am / A'a )

A	Babu bukatar ziyarci likita don kananan kwayar cuta	
B	Saurin taimako	
C	Ajiyar lokaci	
D	Amincewa kan iliminka game da magunguna	
A	Tattalin arziki	
B	Saukaka da saukakawa	
C	Kacewar yawan mutane	
D	Abokane na suna bani magani	
A	Shine abin da kudi na zan iya saya	
B	Ba se na saya ba	
C	Yana da mafi sauri wajen taimako	
D	Shine wanda akwai	

43. Na zama yi wa kai na magani soboda

44. Ya yarda yi wa kaina magani soboda

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45. Wasu dalileh ne suka hana ka zuwa karban magani a kurin likita?

A	Sanin maganin	
B	Ilimi nan a magungun sosai	
C	Naman sauki a kasha kudi asibiti	
D	Naman hanyan sauki	
E	Ba anfanin zuwa gurin likita ma kanan ciwo	
F	Akwai maganin sha a gida	
G	Bana son barin kurin aiki na	

46. A ganin ka, wanene daga cikin wadannan dalilan da ba sa shan magani ba? (Dauka Na'am / Babu)

	<b>Dalili</b>	Ee	A'a
i.	Rashin ilmi game da mag-+-+-----+unguna		
ii.	Hadarin mummunar tasiri		
iii.	Hadarin yin amfani da kwayoyi mara kyau		
iv.	Hadarin na fadar ciwon da babu		
v.	Rashin lafiyar miyagun kwayoyi		
vi.	Hadarin yin amfani da kwayoyi ba daidai ba		
	Idan da wasu (don Allah saka)...		

Wadannan ana daukar su a matsayin dalilai wanda zai iya ba ka damar yin maganin kansa, amsar sakon kamar yadda ya shafi ka (amsoshi da yawa)

Na gode don lokaci