



THE PRACTICE OF SELF-MEDICATION: A SURVEY OF PORT HARCOURT CITY

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Abstract

The study examined the issue of self-medication as is practiced in the city of Port Harcourt. It seeks to comprehend the various ailments and drugs as well as the rationale behind personal prescription of over the counter (OTC) drugs. The study is purely a descriptive survey and a structured questionnaire was used to collect data from 300 respondents using a convenient sampling technique. The data was analyzed using percentages, bars, charts and scaling techniques. The study revealed that pains/headaches, malaria, microbial infections, fever and cough/cold were top on the lists of ailment leading to self-medication. It also showed that drugs such as ibuprofen, anti-malaria drugs, antibiotics, especially Ampiclox and Ampicillin were mostly used by individuals to self-medicate. More so, the study revealed that urgency of the need, more or less time, lack of funds or money to consult a physician and proximity of the pharmacies underscored personal adherence to self-medication. The study has shown that besides the lack of public health knowledge, the practice of self-medication in Port Harcourt city is socio-economically determined. The study recommends a nationwide enlightenment campaign on the dangers of self-medication as well as more scholarships for studying medicine to close the ratio gap of medical doctors to the population.

Key Words: Self-medication, Port Harcourt City, Self-care, Physician, antibiotics, anti-malaria, Prescription, over the counter drugs (OTC).

1.1 Background

Health is wealth as the popular saying goes, and as William Osler would have, “the desire to take medicines is perhaps the great feature that distinguishes man from animals”. But such desire without the appropriate medication from the appropriate quarters can lead to ill-health if not mal-health, as drugs and or medicines just as they can cure are as well destroyers. In recent time the issue of self-medication has become a topical one. Many, according to (Somsen and Schut, 1998; Barar, 2005 and Abasiubong et al. 2012,) have been hospitalized or even lost their lives to abused drugs due to personal prescriptions. A wide range of variegated definitions exist bordering on what Self-medication actually is. The Brazilian Health Surveillance Agency (ANVISA) defined the concept as the use of drugs without indicator, guidance or follow-up by a physician or dentist (Correa da Silva et al. 2012). According to WHO, self-medication is the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms. Mohamed et al. (2011) defined it as obtaining and consuming drugs without the advice of a physician either for diagnosis, prescription or surveillance of treatment. On the other hand, the International Pharmaceutical Federation (1999) defined self-medication as a practice by which an individual selects and uses medicines to treat symptoms or minor health problems, recognized as such by themselves (Galato et al. 2009). Clearly then, self-medication portends self-treatment of symptoms, illnesses, diseases without much assistance from a medical professional.

Self-care is an important aspect of human existence as it borders on personal, individual or even concerns for extended family members well-being. In every society people would and must of course necessarily take certain actions to stay well and alive. According to Talcott Parsons, when individuals do not take steps to recover from their illnesses, they would naturally be qualified as deviants. To this extent, those who fall sick or at the verge of being sick would tend to care for themselves from actually falling sick or even recovering at the slightest concern, so as not to risks the difficulty of totally been bed-ridden or unfit for daily chores. Here they would take drugs responsibly or irresponsibly. Responsible self-medication here means taking drugs in compliance and consultation with a medical professional, whereas irresponsible self-medication suffices a contradiction of the former. Self-medication can be beneficial to the individual’s health and is recognized by the WHO as part of self-care (Galato et al. 2009), and this is so when it does not negate compliance or consultation with a medical professional or excludes acceptable over-the-counter (OTC) drugs. This is so in that it can enhance the treatment of minor ailments that do not require medical consultation as well as reduce the pressure on medical services (Galato et al. 2009, Mohamed et al. 2011). For the purpose of clarity, over-the-counter (OTC) drugs are drugs that have been found to be safe and appropriate for use without the supervision of a health care professional such as a physician, and they can be purchased by consumers without a prescription.

Self-medication is a common denominator in Third World countries. This is calculable owing to the degree of poverty and inaccessibility of medical professionals, especially physicians. For instance, in Africa and particularly Nigeria (with a population of 170 million), the ratio of

doctors to patients is painfully 28 per 100,000 people. Mozambique with a population of over 22 million has just about 548 doctors; while South Africa has a ratio of 77, and an awful 6 per 100,000 people for Senegal (UNDP, 2006). Comparatively, Africa and indeed its constituent states are really far behind when mirrored against the United Kingdom, with 120,000 doctors for a population of 60 million (Strachan et al. 2011), meaning 500 doctors per 100,000 people. Therefore seeking medical assistance for a prescription before visiting the pharmacy becomes quite uneasy, when care is actually required to sustain good health. Various studies have shown the many reasons behind self-medication and to the extent its corresponding effect upon the society.

As opined by (Al-Motassem et al. 2008; Hussain and Khanum, 2008; Ojha and Jakhoria, 2012) the most common reasons for self-medication were that the ailments were too minor to see a doctor, as well as long waiting time to be attended to by doctors. While Afolabi (2008) maintained that literacy and public health education were the main reasons for self-medication, Dean (1989), Nancy et al (1997), Somsen and Schut (1998), Lee et al (2001), Osemene and Lamikanra, (2012) and Asa et al. (2012) stated that a considerable population practiced self-medication and it is affected by socio-demographic (age, gender, education etc.) and socio-economic factors, and even lack of modern health care (Abasiubong et al. 2012). Given the prevailing circumstances of healthcare system in Nigeria, where fake drugs practitioners exist and the fact that patent medicine shops are in categories, it becomes imperative to understudy the issue of self-medication in one of the cities of the South-South geo-political zones of the country. Therefore the present study was conducted to determine the prevalence of self-medication among Port Harcourt city dwellers. The work does not border on non-medical forms (herbal medication) of self-care but is strictly focused on medical aspects of self-medication.

1.2 Purpose

The purpose of the study is basically to determine the extent of the practice of self-medication in Port Harcourt City.

1.3 Objectives of the study

The study is set to examine the types of ailments that provoke self-medication in Port Harcourt city. Secondly, to examine the kinds of over the counter (OTC) drugs that are patronized in the city. Thirdly, to also examine the underlying factors or reasons that give credence to self-medication, and lastly to make recommendation and contribute to the literature on self-medication.

1.3 Method of Study

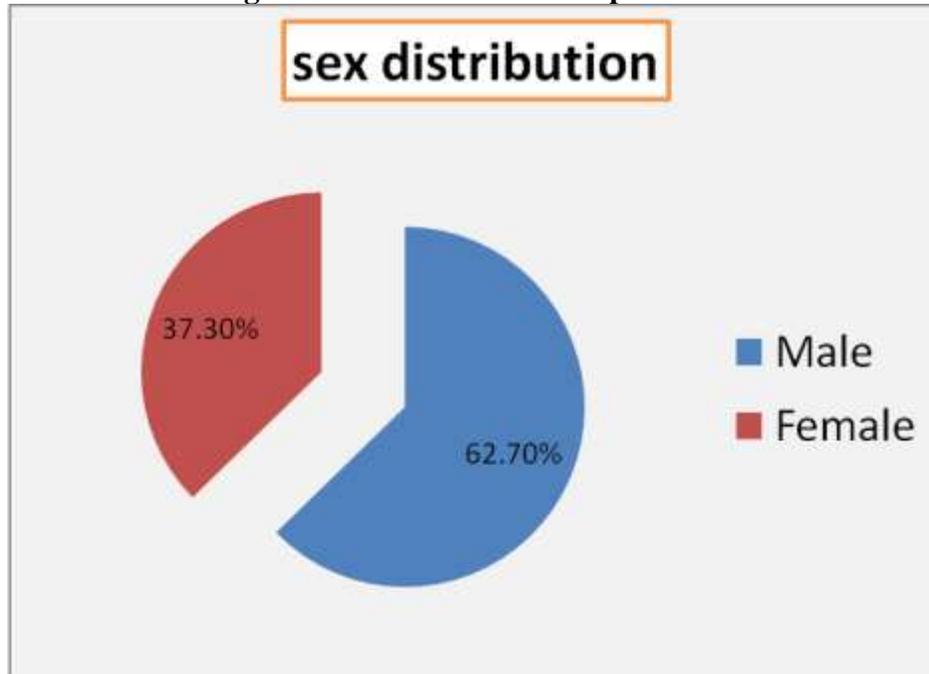
The study was conducted in Port Harcourt over thirty-five (35) Pharmacies between March and April, 2013. The cluster sampling method was adopted for the study. Port Harcourt city was clustered into eight (8) zones- (GRA Phase 1 and 2, Diobu Mile 1 and 2, Rainbow Town, Ogbunabali, D/line complex, Marine Base, Port Harcourt Township and Rumuola). The purpose of this clustering was to identify the various pharmacies/Chemists located within each of the zones. A total of forty-five of these were found, and were reliably informed of the purpose of the study, but ten (10) of these Pharmacies opted out and thirty-five of these were part of the study. The sample frame was defined as any respondent who suffered from any disease or ailment and visited any of the 35 Pharmacies within the respective zones. Those who asked for or purchased medicines on behalf of someone else were excluded from the study. For equality, fifty (50) structured questionnaires were distributed to each of the zones, thus amounting to four hundred (400). After distribution and retrieval, only 300 questionnaires were realized from the various clusters. The others were totally unusable. Hence the population of the study was three hundred (300) respondents.

The collected data was analyzed using bars, charts and scaling techniques. Weighted score on Likert-type Scales was used to analyze the data proper, and it consisted of a number of statements which expressed levels of Agreement or Disagreement towards the given statement to which the respondent were asked to respond to. Each response was coded and given a numerical score, (Agree =1, Strongly Agree =2, Disagree =3, Strongly Disagree =4) and the scores were then summed to measure the response. The study questionnaire was in two parts. The first part contained questions bordering on demographic characteristics of the respondents such as age, gender, occupation, etc. The second part contained questions on core issues which dwelt on socio-economic variables such as health seeking behavior, names and sources of drugs used for self-medication, type of ailment treated through self-medication, factors influencing self-medication practices and strategies that may help reduce self-medication practices among the respondents.

1.4 DATA ANALYSIS

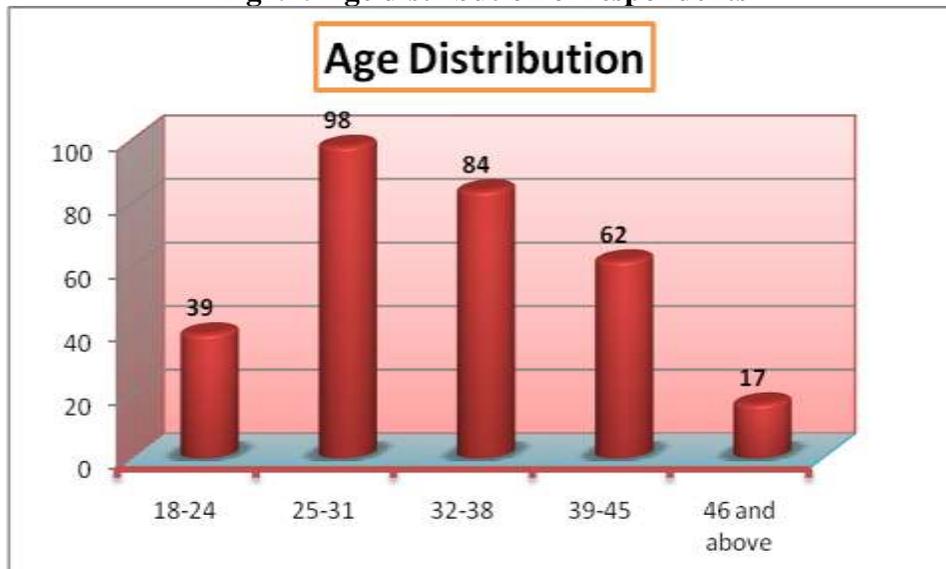
We begin this section by analyzing the socio-demographic characteristics of the respondents, this is shown thus:

Fig. 1: Sex distribution of respondents



The above figure 1.1 shows that majority of the respondents were males 62.7% (188), while 37.3% (112) were females.

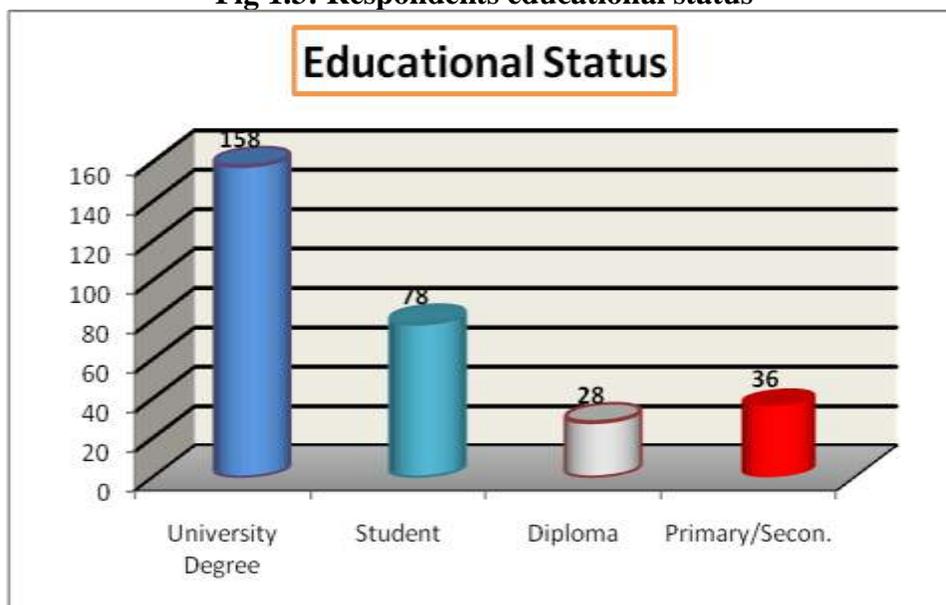
Fig1.2: Age distribution of respondents



As shown above, the age distribution of the respondents indicates that majority of the respondents fall into the age category of 25-31(32.7% or 98). This is followed by those in the 32-

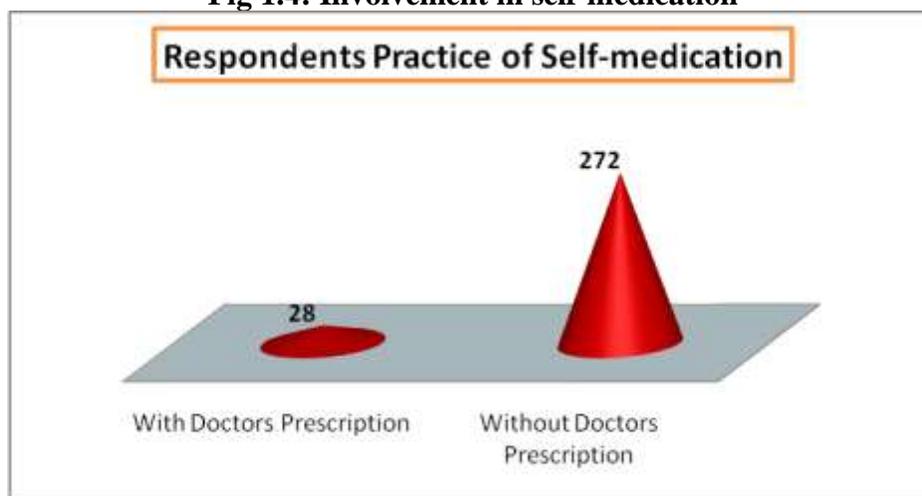
38 category (28% or 84). A relatively infinitesimal number of the respondents are in the age category of 46 and above (5.7% or 17), whereas 13% or 39 of the respondents are in the category of 18-24. Thus, the distribution shows clearly that the respondents of the study are rather quite young.

Fig 1.3: Respondents educational status



Majority of the respondents (52.7% or 158) as represented by the longest bar in Fig. 1.3 are holders of one University degree or the other. Some of the respondents (26% or 78) on the other hand are mainly students in respective Universities in the country. Though a relatively few respondents (9.3% or 28) are Diploma holders, (12% or 36) have primary school cum secondary school education.

Fig 1.4: Involvement in self-medication



The respondents were asked to show their level of agreement and disagreement on whether the drugs they purchased had a physician's prescription. The above fig 1.4 shows to a certain degree

that almost all the respondents (90.7% or 272) were without a Doctor's prescription. Only an insignificant population of the respondents (9.3% or 28) had a doctor's prescription for the drugs they purchased. This demonstrates the height of the practice of self-medication in the city.

Table 1: Types of Ailment suffered by the respondents

Types of drugs	Frequency	Percentage
Pains/Headaches	62	20.7
Microbial Infections	45	15
Malaria	51	17
Fever	38	12.7
Cough/Cold	25	8.3
Constipation	22	7.3
Skin Problems	15	5
Blood Pressure	8	2.7
Eye Problems	18	6
Boils/Sour Throat	16	5.3
Total	300	100

The table above shows ten top ailments the respondents suffer from, which brings them to the various Pharmacies for self-medication. Amongst these, pains/headaches (20.7%), malaria (17%), microbial infections (15%) and Fever (12.7%) are prevalent. While cough/cold (8.3%), constipation (7.3%), and eye problems (6%) have few sufferers, ailment like blood pressure seems to be quite rear, and is particularly uncommon amongst other age categories, except for 46 and above. It was further gathered, drugs like ibuprofen was a common drug the respondents purchased for pains/headaches. Amalax, Artesunate, Camoquine, etc were the most common drugs used for self-caring for malaria, while anti-biotics like Ampiclox, Ampicillin, and Septrin were popular with microbial infections.

Table 2: Showing variables of rationale for self-medication.

Variables	Likert Scale				Weighted Score	Total Score	Percentile	Rank
	1	2	3	4				
Lack of Money	89	94	57	60	678	1500	45.2%	2
Lack of time	76	71	65	88	765	1500	51%	1
Waste of time	132	88	22	58	606	1500	40.4%	4
Nearness Pharmacy	109	161	14	16	537	1500	35.8	5
Safe to use	98	121	54	27	610	1500	40.6%	3

Table 2 above shows clearly that the variables of the rationale for the practice of self-medication are rankable. Whereas lack of time ranks first with 51%, lack of money ranks second with 45.2%. This is followed by safe to use 40.6%, waste of time 40.4% with nearness to pharmacy ranking the least. This scenario tells us the basic reason for practicing self-medication is the urgency of the need to take care of the ailment. With this in mind, most people who indulge in

self-medication are frustrated by the lack of time to make it quickly to the clinics/hospitals to get professional attention from a physician. In other word, most people would generally want to visit the clinic to be attended to by a medical doctor, but the urgency or perhaps the severity of the ailments warrants self-medication. In any case, this finding is synonymous with the work of Ojha and Jakhoria (2012), Jain et al. (2011) and James et al. (2008). Furthermore, the finding shows the lack of public health knowledge among the respondents, so much so that they would have to wait to be sick before checking on themselves.

The lack of money (45.2%) is another particularly major reason for indulgence in self-medication, as Gupta et al. (2011) also found out in their study, that monetary reason was the major rationale behind self-medication. Though those who practice self-medication can afford over the counter medication, they can hardly afford a visit to the hospital which to them is expensive and unaffordable. Apparently, proximity or nearness to a pharmacy with a percentile of 35.8% does not seem to be a very cogent reason for self-medication when compared to the safety of the use of such medications. With a percentile of 40.6%, over the counter drugs are considered very safe to use irrespective of the form, whether responsible or irresponsible as it were. The point is, most people who indulge in self-medication, careless to understand how safe a drug is or not. Since over time they have indulged in the act and have not incurred any aftermath, they naturally see self-medication as been appropriate vis-à-vis consulting a medical professional. Visiting a clinic or hospital to get medical care/attention was found to be a waste of time. The respondents considered self-medication better than going to clinics/hospitals because their time would be wasted and they would generally deteriorate in their health than get better. This is so in that seeing a physician involves various protocols, since in many cases the doctors are not enough to attend to the teeming population of patients. One of the respondents told the researchers that

“You would have to wake up pretty early to get to the University teaching hospital where you will still meet crowd of people and take a number and wait till it gets to your turn. We have to do so because we cannot go to a private clinic which is rather very expensive. Hence the choice of coming to this pharmacy to get drugs I know can cure me is even better than going there to waste my time”.

It was also discovered in this study that age is related to the practice of self-medication, as the practice was more common among the age category of 25-31 and 32-38 and artisans (those with unskilled labour), for instance road-side mechanics, carpenters, masons, bricklayers, etc were more into the practice of self-medication. This scenario of course is attributable to both their socio-economic status as well as poor knowledge of public health.

Over the counter drugs are categorized, there are those requiring valid prescriptions before being sold. There are also those that do not require valid prescriptions from a physician. Most of the medicines used for ailments by the respondents of this study falls short of OTC medicines/drugs not requiring valid prescription. This shows that Pharmacies in the city continue to dispense

medicines to patients without any consideration of a prescription, which is however a contradiction of medical laws in Nigeria.

Conclusion

The study revealed that the practice of self-medication in Port Harcourt Nigeria is quite high, and is particularly so amongst the not “very” young population. Most of the ailments suffered by those who practice self-medication include Pains/Headaches, Malaria, Microbial Infections, and Fever *inter alia*. The drugs commonly use to some extent require valid prescription by a medical professional, yet are handed out by the pharmacies without one. Lack of time or perhaps the urgency of the need to care for ailment is related to self-medication. It is also very clear from the study that the practice is equally socio-economically determined. It is considered a waste of time to visit government hospitals and even worse very expensive and unaffordable the private clinics, which gravely reinforces continuous improvement in self-medication. It therefore behoves on the government to strategize on having more medical doctors in the country to close the ratio gap between doctors and the people. This, the government can do by giving out more scholarships to young men and women to encourage studies in the medical profession. There is need to increase awareness campaigns on the dangers of self-medication. This should be communicated in English and all local languages with posters and flyers so as to enhance knowledge of public health in the country. A system should be in place to monitor Pharmacies who dispense unlisted out of the counter drugs without prescription. To this end, further studies are required in this direction especially to comprehend whether or not Pharmacies are care givers or capitalist ventures. Going forward, it would be an addition to the literature to understand the relationship between income level proper and self-medication in Port Harcourt City, as this study falls short of this.

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