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## ATTITUDES OF UMUTU COMMUNITY DWELLERS TO HEALTH CARE FACILITIES AND SELF- MEDICATION

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### *Abstract*

*The state of hospitals and other health care facilities fuels the desire of rural communities to seek medical treatment from unconventional sources. The paper surveys the attitude of the people of Umutu in the use of health care facilities available in the town. It also evaluated the prevalence of self-medication among the inhabitants through the use of a 17-item close-ended questionnaire structured on a 2 rating scale of “Yes” or “No”. The study recorded that most people in the community shun hospital treatment due to high charges and time consumption during treatment. Consequently, a high proportion of the respondents indulge in self-medication as it was cheaper, quicker and more convenient.*

**Key words:** Healthcare facilities, self-medication.

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### Introduction

The drive to maintain a healthy state of being is strong in mankind. This drive is satiated by eating well balanced diets and when the health status begins to wane, resorts to the intake of drugs. Health care facilities refer to health institutions which are provided to give medical services to people. In the rural areas the health institutions provided by governments come in the form of general hospitals, health care centres, dispensaries, and maternity homes. The infrastructural inadequacies experienced in these medical institutions in terms of facilities, drugs and specialist personnel have given room to private interventions in providing prototype services in terms of drug shops (chemists) and private clinics. Drugs can be said to be any substance used in medicine to restore the health of an individual to a state of normal biochemical function when afflicted by infections or diseases. It can also be regarded as any substance taken by some people to induce certain effect, such as happiness and excitement.

Based on these conceptions drugs can be classified into a) Soft drugs such as antibiotics and analgesics and b) Hard drugs such as heroin, marijuana and cocaine (Zakat, 2009.). Proper drug usage implies that drugs should be medically prescribed and in addition, the user should comply with the instruction of the prescription. Because of the relative importance of drugs to life and due to the fact that they are readily assessable, drugs are easily prescribed by parents, neighbours, students, colleagues and many more, who have no basic training as medics or paramedics.

According to Vizhi and Senapathi (2010), we daily practice self-medication in the form of self-care of our health. Self-medication has traditionally been defined as “the taking of drugs, herbs or home remedies on one's own initiative, or on the advice of another person, without consulting a doctor. Furthermore, Adhikary, Tiwari, Singh, and Karoo, (2014) defined the term to include acquiring medicines without a prescription, resubmitting old prescriptions to purchase medicines, sharing medicines with relatives or members of one's social circle or using leftover medicines stored at home.

Ocan *et al.*, (2014) reported that drugs designated as non-prescription offer patients improved access to treatment which is of benefit in timely management of common illnesses. In using non-prescription drugs, patients take responsibility of recognizing the appropriate indication, appropriate dosage regiment or seeking medical advice in cases where adverse events may occur or when the illness does not improve (Brass 2001). This is a challenge especially to patients in developing countries where there are high illiteracy levels.

### **Why people may engage in self-medication**

According to Solomon and Abede (2003), self-medication is very common and a number of reasons could be enumerated for it. Furthermore Phalke, Phalke and Durgawale (2006), cited that factors such as the urge for self-care, feeling of sympathy toward family members in sickness, lack of time, lack of health services, financial constraint, ignorance, misbelieves, extensive advertisement in print and electronic media and availability of drugs in places other than drug shops (such as buses, churches, game pitches) are responsible for the growing trend of self-medication.

Darshana (2014) further recorded that most consumers (patients) wish to take a greater role in the maintenance of their own health and are often competent to manage (uncomplicated) chronic and recurrent illnesses (not merely short-term symptoms) after proper medical diagnosis and with only occasional professional advice, e.g. use of antimalarial drugs, pain killers, antifungal creams and oral contraceptive. Ocan *et al.*, (2014) reported that antibiotics and antimalarial drugs were the most highly self-medicated drugs. These patients are understandably unwilling to submit to the inconvenience of visiting a doctor for ailment they rightly feel they can manage for themselves, given adequate information. Self-medication is common in most rural communities as it provides a low alternative to the people. The habit of self-medication often lead to indulgence that might predispose the individual to misuse or abuse of the drugs concerned.

Obviously, most drug users do not always comply with the instruction on the drug label and tend to use them without prescription. These attitudes constitute either drug misuse or drug abuse respectively. Drug abuse is a situation when certain drugs are taken in short or over the prescribed dosage. Misuse of drugs can also be seen as a situation an individual applies a drug meant for a particular ailment for another type of a major medical problem, especially in resource-poor economies. Furthermore, drug addiction becomes evident when someone's life has become dependent on drugs, hence drug abuse. Drug addiction is almost always recorded for lovers of hard drugs. Self-medication, including both the use of over-the-counter (OTC) drugs and the use of formerly prescribed drugs taken without a current physician's recommendation, is a public health concern.

### **Consequences of self-medication**

- Incorrect self-diagnosis: patients often base their diagnosis on preconceived symptoms and consequently present wrong diagnosis to drug vendors.

- Failure to seek appropriate medical advice promptly is also common among self-medicating patients. They will always rush to the hospital when the condition becomes critical.
- Incorrect choice of therapy: sometimes they rely on “mix-for-me” approach of treatment by drug shop attendants, who are themselves not qualified to make prescriptions for patients.
- Failure to recognize special pharmacological risks: the lack of knowledge of personal medical history and drug that may be allergic to them is also another risk factor associated with self-medication
- Failure to recognize that the same active substance is already being taken under a different name
- Excessively prolonged use
- Failure to recognize contraindications, interactions, warnings and precautions
- Storage in incorrect conditions or beyond the recommended shelf life.(WHO,2000)

### **Risks of self-medication**

Ayo-Aderele (2014) stated that the risk of self-medication include the following, among others:-

- Incorrect self-diagnosis, delays in seeking medical advice, possible severe adverse reactions, dangerous drug interactions, incorrect manner of administration, incorrect dosage, incorrect choice of therapy, masking of a severe disease and risk of drug dependence and abuse.
- abusive use of antibiotics which could promote bacterial resistance because, under normal circumstances, they should be prescribed after culture sensitivity test has been performed by a health professional to prevent resistance of the bacteria.
- Reduced libido:many people suffer reduced libido, not necessarily because of advancing age but mainly because of abusive use of pain killers through self-medication.Indeed, according to a study published in the journal Spine, men who are taking prescription pain pills in high doses and over long periods of time are more likely to experience erectile dysfunction — characterised by the inability to develop or maintain an erection of the penis during sexual performance.

- Liver failure: A physician, Dr. TomiAbegunde, as reported in Ayo-Aderele,(2014) added that paracetamol, an antipyretic (fever reducer) and analgesic (painkiller), can cause liver failure when used in large doses.
- Furthermore, the patient may be unaware that the same active substance is already being taken under a different name, as products with different trademarks may have the same active ingredient, leading to overdose and adverse drug reaction when taken together.
- Complications in foetuses: Exposing foetus to unsupervised drug use in-utero may result in intra-uterine growth and post-natal development retardation. If the exposure is in the early month of pregnancy, these children could suffer from serious complications, including congenital malformation, mental retardation etc. (Ayo-Aderele, 2014)

### **Statement of problem**

It is a growing reality that most people find it more fashionable to patronize road side medicine stores (herein referred to as chemists) for ease of receiving medical care. The weakened purchasing power of Nigerians has, coupled with ignorance motivated by impatience has compelled the people to seek cheap sources of medication, opposed to going to hospitals for proper medical care. Alternative health care facilities provided by private medical practitioners have equally reinforced misuse. This translates into obtaining ‘prescriptions’ from non-medical personnel which includes parents, neighbours, friends and medicine store attendants with the obvious consequence that self- medication becomes a viable choice of deriving health care services. The sum total effect of this disposition is that prescription drugs are misused and outrightly abused in extreme cases. This paper seeks to evaluate the attitude of people in Umutu community, Delta State, to available orthodox medical facilities as well as their dispositions towards self-medication.

### **Problem of the study**

This study was designed to:-

- i. Assess the response of the community to the use of health care facilities available.

- ii. Appraise the attitude of the people to health care.
- iii. Evaluate the prevalence of self-medication in Umutu.

### **Method**

The study was a survey of the people of Umutu in Ukwani Local Government Area, Delta State to evaluate their non-collective disposition to orthodox medicine and medical practice available to the community. Following the traditional delineation of the community, the community was divided into two and further divided into 4 zones from which 34 households were randomly selected for use in the study without reference to gender. A 17-item questionnaire structured on a rating scale of 'Yes' or 'No' was administered on the respondents. The attitude of the respondents to available medical facilities and towards self-medication was measured using a closed ended questionnaire structured on a rating scale of Yes or No and administered on the respondents.

### **Validity of instrument**

The instrument was first administered to a pilot group of 20. A retest was done using another group of 30 in order to establish content validity of the instrument. A reliability coefficient of 75% was recorded.

### **Characterization of the study community**

The study population generates from Umutu, a semi-rural community in Ukwani Local Government Area of Delta State. Characterization as a semi-rural community was informed by the absence of a daily market, industries, higher institution of learning etc. the health institution available there is a general hospital with only one medical doctor and a couple of nurses. Few private clinics are also available in the community.

### **Administration of instrument**

The community was divided into 4 zones and 35 households were sampled from each zone using the systematic sampling technique. In all, 140 questionnaires were administered and collected after completion. The responses were collated as YES or NO and then expressed in percentages.

## Results

From Table I, there is a general consensus by the respondents that they were aware of the existence of a general hospital and some clinics in the community but only 35.71 percent agreed to have registered there for treatment. A very low percentage (26.43) claimed to have ever gone there for treatment. Most of them reported that going to the hospital for treatment was time consuming (84.71) and expensive (92.86) percent respectively. Consequently, 71.43 percent of the respondents patronised medical stores (chemists) for their medical needs. These respondents believed that the chemists' attendants could mix different tablets for them (96.43 percent) which was cheaper (78.57 percent) and worked better. (84.71 percent) for them (Table II). Few respondents, however depend on herbal medicines because according to them herbals were cheaper (42.86 percent), heal better and faster (28.57 percent, Table III). Furthermore, 14.29 percent of the respondents took drugs to make them 'high' while 35.71 percent opined that drugs gave them power to work all day. A contrary opinion on these claims was however expressed by 84.71 and 64.29 percent, respectively (Table III). Interestingly, 02.86 percent of the respondents refused to accept that drug abuse gave rise to cases of madness among those afflicted with ailment in the community (Table III).

**Table 1: Awareness and patronage of health facility**

ITEMS	Yes	No	Yes %	No %
<b>Are you aware of the general hospital/clinics in this community?</b>	140	–	100.00	0.00
<b>Is your family registered in any of the above?</b>	50	90	35.71	64.29
<b>Have you ever gone to the hospital for treatment?</b>	37	103	26.43	73.57
<b>Is there a medical doctor at the hospital?</b>	132	08	94.29	5.71
<b>Treatment at the hospital is time consuming</b>	120	20	84.71	14.29

**Table II: Preference for self-medication**

ITEMS	Yes	No	Yes%	No%
You patronize only the medicine stores in town	100	40	71.43	28.57
Medical stores attendants can mix drugs for you	135	5	96.43	3.57
Mixed tablets work better	120	20	84.71	14.29
Mixed tablets are cheaper	110	30	78.57	21.43

**Table III: Reasons for self-medication**

ITEMS	Yes	No	Yes%	No%
You depend more on herbal medicine	40	100	28.57	71.43
Herbal drugs are cheaper	60	80	42.86	57.14
Herbal drugs heal better and faster	40	100	28.57	71.43
You take drugs to make you "high"	20	120	14.29	84.71
Drug intake gives you power to work all day	50	90	35.71	64.29
You take drugs to forget your thinking	45	95	32.14	67.86
Are there mad people in your community as a result of drug abuse?	10	130	7.14	92.86



## Discussion

Most indigenes of the community were aware of the availability of a general hospital but only few of them were registered there. Consequently most desires for health care were met from services from other sources. The study noted that treatment at the available general hospital was time consuming, inadequate and expensive for the economic status of the people, hence most of them patronised chemists for the usual ‘mix-for-me’ services which the chemists readily provided. This was in agreement with Phalke *et al.*, (2006). It was further recorded that most of such purchases were not done with any doctor’s prescription, as earlier documented by Vizhi and Senapathi, (2010) as well as Adhikary, Tiwari, Singh, and Karoo, (2014). In addition to this, some respondents have so much faith in herbal medicines which they believed were cheaper, healed faster and was readily available in accordance with the postulations of Ocan (2014), who had stated that patients are understandably unwilling to submit to the inconvenience of visiting a doctor for ailment they rightly feel they can manage for themselves, given adequate information. So it cannot be said that most people in Umutu community have a positive orientation towards the proper use of modern health care facilities. Thus the people still depend largely on self-medication.

The investigation also noted that a distinct proportion of the populace took certain drugs to give them power to work all day. However, cases of madness among some people in the community could not be ascribed to the abuse of drugs.

## Recommendations

It is pertinent to note that self-medication is not entirely bad as a disposition if it is superintended by a qualified health official. Even the World Health Organization (1986) is encouraging community treatment of common diseases using self-medication as this is thought to help reduce the burden on health care services. It is considered to be of benefit especially to developing countries where there is a challenge of limited healthcare infrastructure and human resource.

The government at the grassroots has to do more to enlighten the populace more on the need to embrace orthodox medical practice where drugs were duly prescribed following due process. There should be ethical reorientation of medical staff and sub-staff saddled with providing health care to the people to make their job to be patient-friendly.

In addition, efforts should be made to make treatment at government hospitals less time consuming, cheap and attractive. Where possible (as in some orthopaedic cases) orthodox and traditional medicines could be used for better service delivery. The populace should be enlightened on the dangers of mix-for-me across-the-counter drugs which are almost always done without doctor's prescription.

## **Conclusion**

The excessive indulgence in self-medication could readily dispose one to the numerous dangers of drug misuse and abuse. It is vital that drugs are taken to correct imbalance in some metabolic functions of the body. However, such intake should follow an ordered procedure of diagnosis, prescription and administration. Self-medication is an alarming concept. This study focused on the attitude of the people towards effective use of healthcare facilities, self-medication of prescriptive and non-prescriptive drugs, their use, and reason for using it. It would be safe, if the people who are using it, have sufficient knowledge about its dose, time of intake, side-effect on over dose, but due to lack of information it can cause serious effects such as antibiotic resistance, skin problem, hypersensitivity and allergy. Hence, in a developing country like Nigeria where we have poor economic status and high illiteracy level, it would be difficult to completely eradicate self-medication that is not superintended by a qualified medical personnel.

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