QUICK-HEAL SYNDROME: AN INSIGHT INTO THE MENACE OF SELF-MEDICATION AMONG STUDENTS OF FEDERAL UNIVERSITY BIRNIN KEBBI

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ABSTRACT: The purpose of this study is to assess the issue of self-medication among students at Federal University Birnin Kebbi, Kebbi State, Nigeria. University students often engage in the unofficial procurement of drugs from medical shops when they experience health issues. A significant concern is that some of these drugs are sold to students by individuals with little to no formal medical training, including underage children who are under 18 years of age. These individuals may lack the necessary knowledge about proper dosage and prescriptions. Instead of utilizing the university's health facilities, many off-campus students prefer self-medication, likely because of the proximity of drug stores. This descriptive study involved 254 students selected via a stratified sampling technique. The findings reveal that the majority of students engage in self-medication, primarily on the basis of their own experiences. As a result, when they perceive a health issue, they often travel directly to a nearby drug store and request specific medications. This behaviour is most prevalent among students living off campus, underscoring the role of proximity in their choices. The health belief model was used as the theoretical framework to analyse this issue. The study recommends that the university administration or student unions organize seminars to educate students about the short- and long-term effects of self-medication, as many students are unaware of the potential negative consequences. Additionally, government agencies should take action to shut down unlicensed drug stores.

Keywords: Drug store, Self-medication, Students, University, Utilization

INTRODUCTION

Illness is a fundamental aspect of life for all living organisms, particularly when it affects humans and disrupts their daily routines. When a person experiences physical, social, or psychological distress, their immediate concern is how to restore and stabilize their health. Many people resort to quick fixes and often opt for informal solutions without a prescription. In this study, the concept of a quick fix will be examined in the context of student self-medication. According to the World Health Organization (WHO, 1946), health is defined as a state of complete physical, mental, social, and spiritual well-being, not merely the absence of disease and infirmity (see Amzat & Razum, 2014). Numerous researchers have proposed various definitions of health by the WHO, which are essential for understanding health-related behaviours. Consequently, the rights and responsibilities of both patients and physicians have

become more clearly defined, with an increasing focus on patients' role in taking proactive and effective steps toward recovery. Self-medication refers to the practice of obtaining drugs or injections without seeking proper medical advice from a qualified expert. This behaviour reflects a series of actions taken by individuals who perceive themselves as unwell and seek medication to achieve a stable and sound mental state, which may sometimes lead to adverse outcomes.

In many economically disadvantaged developing and underdeveloped countries, most episodes of illness are treated through self-medication. This practice is often driven by concerns about the quality of healthcare delivery systems and the uncertainty that health consumers feel about the benefits of professional healthcare. Countries in Africa, Asia, and Latin America are examples of regions where self-medication is prevalent and are often referred to as Third World countries because of their underdeveloped status (Hussain, 2008). Although self-medication is a common phenomenon worldwide, Nigeria is not exempt from this issue. The prevalence of self-medication varies across different populations and is influenced by factors such as age, gender, education, economic status, family, society, legal frameworks, drug availability, exposure to advertisements, and the nature of the illness.

Universities are institutions where students receive education and training, acquire life skills, and learn to become more self-reliant. For students to benefit fully from their university experience, it is crucial that they maintain both mental and physical health. Therefore, university administrations often provide healthcare services to meet students' physical and mental health needs (Alkhawaldeh, 2017). The sources from which individuals seek treatment can vary on the basis of their parental background, socioeconomic status, perceived severity of illness, access to public health facilities, and demographic characteristics. In the event of illness, students at Federal University, Birnin Kebbi, often resort to the unofficial acquisition of drugs from local medical shops. A significant drawback of this practice is that some of these drugs are sold by individuals with minimal medical training, including minors under the age of 18 who lack proper knowledge of dosage and prescription guidelines. Rather than utilizing the university's health services, many off-campus students turn to various forms of self-medication, possibly due to the proximity of these drug outlets. These students are aware that self-medication can lead to improper dosing, either excessive or insufficient, which can negatively impact their health and potentially hinder their academic success. These issues have sparked the researcher's interest and motivated an investigation into the underlying factors driving the prevalence of self-medication among students at Federal University Birnin Kebbi.

Conceptual clarification

Drug storage

A drug store/pharmacy/community pharmacy/chemist is a retail shop that provides prescription drugs, among other products. At the drug store, a pharmacist oversees the fulfilment of medical prescriptions and is available to advise on their offerings of over-the-counter drugs. A typical pharmacy would be in the commercial area of a community. Every hospital should have a medical store for procuring, stocking and distributing drugs and medicines to various departments (Merchant, Quadry, 2001).

Self-medication

Self-medication is the use of medications by a patient on his initiative or the advice of a pharmacist or a layperson instead of consulting a medical practitioner, obtaining and consuming medication without professional supervision, which comprises acquiring medicines without a prescription, purchasing drugs by resubmitting/reutilizing an old prescription, taking medicine on the advice of others or relatives or consuming leftover medicine already available at home (Al-Ameri, Abd Al-Badri and Lafta, 2017). Self-medication is a common feature in most nations worldwide, but Nigeria is not immune to this problem. However, self-medication varies across the population and is impacted by a variety of factors, such as age, gender, education, economic position, family, society, law, drug availability, exposure to an advertisement and the nature of the condition.

University

University is a place where students obtain their education and training, gain life skills, and learn to be more self-sufficient. Students must have healthy brains and bodies to benefit fully from university. As a result, the university administration provides healthcare services to students to satisfy their physical and mental health needs (Alkhawaldeh, 2017).

Utilization

Utilization is a systematic approach to the process and use of resources to aid in the learning process (Seels and Richey, 1994). During this phase, many internal and external factors can affect the utilization and process of learning. An example of an internal factor could be the learner's attitude towards technology, and an external factor could be a set of policies within a system, Emmanuel et al. (2011).

LITERATURE REVIEW

Self-medication is described as the use of medications on one's initiative or on the basis of the advice of a pharmacist or layperson rather than consulting a medical practitioner (Al-Ameri, Abd Al-Badri, & Lafta, 2017). The term "pharmacist" refers to a person licenced in the art, practice, or profession of preparing, preserving, compounding, and dispensing medicinal drugs but not in diagnosing illness or prescribing pharmaceutical treatments.

According to Osemene and Lamikanra (2012), the frequency of self-medication among university students in southwestern Nigeria has not been thoroughly examined. The factors driving self-medication behaviours remain a subject of ongoing debate in academic circles, raising numerous unresolved research questions. The study revealed that self-medication is particularly prevalent among middle-aged groups, specifically those aged 25--34 years and 35--44 years. This is notable because universities typically admit students who are 18 years or older, an age group characterized by a transition into adulthood, where decision-making processes—including those related to health—become more independent. Students in this age range often feel that they are no longer minors, leading them to make their own decisions regarding whether to visit a health centre or self-medicate. This behaviour underscores the prevalence of self-medication among individuals aged 25–44, with lower incidences observed in the 15–24 and 45+ age groups.

Moreover, females were found to have a higher rate of self-medication than males did. This may be attributed to the fact that many females prefer consulting with a female physician regarding sensitive health issues, particularly those related to reproductive health. When such consultation is not feasible, they may turn to self-medication instead. Within the university context, self-medication is significantly associated with factors such as age, gender, and academic level (Osemene & Lamikanra, 2012). OTC drugs, which can be purchased without a prescription, are easily accessible and play a major role in facilitating self-medication. Common OTC drugs include pain relievers, cold and flu medications, antiallergy medicines, vitamins, and energy tonics. The most frequently cited reasons for self-medication are fever, cold and cough, and headaches (Ghosh, Biswas, Mondal, Haldar, & Biswas, 2015 in Kulkarni et al., 2018). The authors further reported that knowledge about appropriate self-medication is often poor, attitudes toward self-medication are generally positive, and the practice of self-medication is common, although frequently inappropriate.

Among female graduate and undergraduate students at the sampled universities in southern Nigeria, self-medication was commonly used to manage menstrual symptoms. Antibiotics such as ampicillin, tetracycline, ciprofloxacin, and metronidazole are frequently used for this purpose. The level of education was identified as the most significant factor influencing self-medication among females, with more educated women being less likely to self-medicate. In contrast, age was found to be the least significant factor (Kulkarni et al., 2018).

Klemen et al. (2010) reported that 92.3% of students at a Slovenian university practiced self-medication, indicating that self-medication was widespread among students at the University of Ljubljana, Slovenia. This translates to nine out of every ten students engaging in self-medication. Similarly, Abdelmoniem and Idris (2007) reported that self-medication with antibiotics and antimalarial drugs was common among undergraduate students in Khartoum State, with 79.5% of students taking these medications without a prescription. Notably, self-medication with antimalarial drugs was less prevalent among females.

In a study on the perception and practice of self-medication among nonclinical students at the University of Sharjah in the United Arab Emirates, Sharif et al. (2012) reported that students had appropriate knowledge and perceptions regarding self-medication. They were aware of the potential adverse effects of drugs, the risks of concurrent drug use, the dangers of altering dosages, and the importance of seeking medical attention in cases of side effects, particularly in the presence of renal or liver disease or during pregnancy. The students viewed self-medication as a form of self-management for minor issues that could alleviate symptoms, but they also recognized the potential dangers if misused. Self-medication is most commonly used to treat headaches, minor pain, eye and ear problems, gastrointestinal issues, colds, fevers, and allergies. The most frequently used medications are analgesics, antiemetics, eye drops, nasal decongestants, and vitamins and minerals.

Ogar (2014), in a study on the prevalence of self-medication with antibiotics among tertiary students at the University of Ghana Medical School, reported that students often self-medicated with medications such as amoxicillin and ampicillin, believing that self-medication was less expensive than seeking medical care in hospitals, where delays were common. The study also revealed that many students lacked basic knowledge on the proper use of these medications. In exploring the Nigerian population's perspective on self-medication, Afolabi (2008) reported that students self-medicate to save money and time and to avoid the stress of visiting a doctor. Others self-medicate because they believe that short-term ailments can be treated

symptomatically with nonprescription medications and adequate hydration without needing to see a physician. Additionally, some students prefer self-medicating with antimalarial drugs, believing that orthodox treatments are more effective, popular, accessible, and affordable than traditional remedies are.

In a study on the prevalence of self-medication among university students in southwestern Nigeria, Osemene and Lamikanra (2012) reported that self-medication with antimalarial drugs and antibiotics is prevalent among students, particularly owing to the easy availability of these drugs and the high incidence of malaria and microbial infections. The primary sources of medications for self-medication were patent medicine stores, but community pharmacies, friends, family, and leftovers from previous prescriptions were also cited. The study suggests that education alone may not significantly reduce self-medication unless it is part of a broader effort focused on rational drug use and the consequences of self-medication. Additionally, 59% of the respondents indicated that long wait times at clinics or hospitals were a major reason for self-care, as these delays interfered with their tight lecture schedules. This implies that nearly six out of ten students preferred self-medication because of the inconvenience of accessing formal healthcare. All respondents (100%) agreed that they would use self-prescribed medications to treat self-diagnosed conditions.

Donald, Olayinka, Durojaiye, Adetunji, and Ese (2016) reported positive perceptions of self-medication among nonclinical students at Niger Delta University, Bayelsa State, Nigeria. Most respondents believed that self-medication is less expensive, saves time, and is as effective as prescribed medicines. The study identified several factors influencing self-medication, including minor illnesses, previous experience, the avoidance of long waiting times to see a physician, and time constraints. The most common self-medicated drugs are antimalarials, antibiotics, analgesics, and antipyretics, which are easily accessible over the counter and are often used for common conditions. The study further revealed that most respondents practiced self-medication by obtaining drugs from chemists, pharmacies, or markets by simply mentioning the name, describing symptoms, or identifying the drug category. Many respondents were familiar with the names, indications, and usage of the drugs they used for self-medication.

Afolabi et al. (2013), in their study on "Health-seeking behaviour and student opinions of health care services in a university community in Nigeria," reported that self-treatment was the most popular method of care among respondents. Self-medication via the use of over-the-counter drugs or medications obtained from friends or neighbours is often the first choice for managing illness. This was followed by visits to health centres, patent medicine dealers, community pharmacies, consultations with students in health-related academic programs, and the use of herbal medicines.

In Tehran, Latifi et al. (2017) examined the prevalence and determinants of self-medication among college students and reported that headaches, colds, menstrual issues, coughs, and sore throats were the most common conditions for which students self-medicated, likely because these issues are generally mild. Similarly, Lei et al. (2018) reported that cold and cough, cardiovascular disease, and gastrointestinal disease were the most prevalent ailments for self-medication among residents in Wuhan, China. The primary reasons for self-medication included the belief that the illness was not severe enough to warrant a doctor's visit, the inconvenience of visiting a doctor, lack of time, and the desire to avoid expensive medical fees.

Sawalha (2007), in an assessment of self-medication practices among university students in Palestine, reported that analgesics, decongestants, herbal medicines, and antibiotics were the drugs most frequently used for self-medication. The most common conditions treated with self-medication were headaches, sore throat, flu, and dysmenorrhea. Most respondents chose self-medication because they viewed their illnesses as uncomplicated or had prior experience with similar conditions. While respondents were generally knowledgeable about medications, they did not place high value on self-care. The study revealed that neither medication knowledge nor self-care attitudes were significant predictors of self-medication practices.

In a study on self-medication practices among university students in Bangladesh, Idris et al. (2016) reported that many individuals purchase medications directly from community pharmacies, as these are more accessible and less costly than visiting a doctor's clinic first. Similarly, Al-Ameri, Abd Al-Badri, and Lafta (2017) conducted a cross-sectional study on the prevalence of self-medication among students at Baghdad University in Iraq. The study identified several reasons for self-medication, with the majority of students citing minor illnesses that they believed did not require medical attention. Others mentioned that they had experienced similar symptoms previously and opted to repeat the same medication. Additional reasons included the ease of access to medications, time savings, the cost of doctor consultations, crowded clinics, and long wait times.

Mekonnen, Zelalem, and Tezera (2018) explored self-medication practices and associated factors among nonhealth professional students at the University of Gondar in Northwest Ethiopia. The study revealed that the most commonly cited reasons for self-medication were mild or nonserious illnesses, previous positive experiences with the drug, and emergency use. Conversely, those who did not engage in self-medication cited fears of side effects, drug abuse and dependence, misdiagnosis, and the use of the wrong medication. Among the students who practiced self-medication, the primary source of information was previous exposure, followed by friends, pharmacists, the internet, books, and media.

Ajaegbu and Ubochi (2016), in their research on health-seeking behaviour among undergraduates in the Faculty of Health Sciences and Technology at the University of Nigeria Enugu Campus, reported that a significant number of students preferred visiting patent medicine sellers over traditional healthcare institutions. The study noted that these students often bypassed doctors, opting to conduct their investigations and self-administer treatments. The findings also indicated that most students only sought medical attention when the illness significantly impacted their ability to fulfil academic responsibilities, such as attending classes or clinical posts. Few students visit the hospital for a routine examination unless it is prompted by symptoms.

In research examining self-medication behaviour among undergraduate nursing students at the University of Jos in Nigeria, Emmanuel et al. (2011) reported that while the majority of respondents consulted a doctor when unwell, some did so only when it was necessary or convenient. The study also revealed that self-medication was prevalent due to the scarcity and cost of physicians, reliance on past prescriptions, the perception that their ailments were minor, and confidence in their knowledge of the medications they used. Some students also resort to self-medication during emergencies.

METHODOLOGY

Study area

The Federal University, Birnin Kebbi State, was one of the last five (5) among the twelve (12) universities that were established by the President, Dr. Goodluck Ebele Jonathan (GCFR). The University is located in the Kalgo Local Government Area, which is ten kilometres from the state capital. The establishment of the Federal University, Birnin Kebbi, was, however, deferred until 18th February 2013 alongside those of Gusau and Gashua. The National University Commission (NUC) approved the commencement of academic activities at the University with effects from the 2014/2015 academic session. The university started with two faculties: the Faculty of Arts, Social and Management Sciences, and the Faculty of Science, which were approved for take-off. Accordingly, undergraduate academic activities commenced at the take-off site donated by the Kebbi State Government under the leadership of the then His Excellency, Alhaji Sa'idu Nasamu Usman Dakin Gari, in November 2014, with a student population of 507 and an academic staff of 102 (FUBK Students handbook: 8--9). Federal University Birnin Kebbi now has a total population of students of up to six thousand five hundred eighty-eight years (6588). In all four faculties (Faculty of Arts, Management and Social Sciences, Faculty of Environment Sciences, Faculty of Sciences and College of Health Sciences).

Methods

This study is cross-sectional-based empirical research and descriptive. The study employed a quantitative research design in which structured questionnaires were administered to randomly sampled students. The study was conducted at FUBK, and the target population comprises students randomly selected from four faculties. Out of the total study population 5161 in all four (4) faculties, the Raosoft online sample size calculator guided the selection of the sample size. The sample size calculation guided the research to sample two hundred and fifty-four (254) respondents out of the total study population (5161). The sample size was calculated at a 6% margin of error, 95% confidence level and 50% response distribution. The table below presents the distribution of the sample size of the studies from each of the four (4) faculties.

Table 1: Proportional Distribution of Respondents in the Four (4) Faculties

S/N	FACULTY	POPULATION	SAMPLE OF POPULATION
1.	Faculty of Sciences	2623	130
2.	Faculty of Arts, Social and Management Sciences	1938	95
3.	Faculty of Environmental Sciences	433	21
4.	College of Health Sciences	167	8
	TOTAL	**5161**	**254**

The data were analysed on the basis of their nature and form. All the questionnaires were checked for consistency and completeness. The coded quantitative data that were collected from the respondents were sorted, cleaned and analysed via statistical analysis. The descriptive statistics used in this research were generated via the Statistical Package for Social Sciences (SPSS version 20.0). Basic descriptive statistics included the calculation of proportions and

frequency distributions. The data were further presented in tables, in which the percentage of each category of response was determined. A letter of ethical approval was obtained from the Dean of Students' Affairs, FUBK, as part of the requirement for approval to conduct the study. All the information given by the respondents was treated with strict and utmost confidentiality.

Theoretical framework

Health Belief Model

This paper employs the health belief model (HBM) as a theoretical framework to explore self-medication practices among students at Federal University Birnin Kebbi. The health belief model is a prominent and widely used social cognition model in medical sociology developed by social psychologists Godfrey M. Hochbaum, Irwin Rosenstock, and Stephen Kegels (Burns, 1992). It is linked to the interpretive paradigm in sociology and offers a microanalysis of behavior or a phenomenological orientation concerning health.

Initially, the model included four key concepts, but it was later expanded. The concept of "cues for action" was added to describe factors that can prompt behavior changes. In 1977, Albert Bandura introduced the concept of self-efficacy to explain how expectations can motivate behaviour. This addition has solidified the model's theoretical status, making it a valuable tool for explaining a range of health behaviours, including self-medication (Kirscht, 1974, in Amzat & Razum, 2014).

The health belief model aims to understand how people react to health issues and why some individuals engage in preventive measures while others do not. It posits that health-related behaviours are influenced by perceptions in seven critical areas:

i. Perceived susceptibility (to disease): Each individual perceives the possibility of experiencing an adverse effect on one's health. Knowledge of disease may increase perceived susceptibility and the consequent use of preventive measures.

ii. Perceived severity: if one contracts a disease, how serious will the effect be? The perceived experience of pain, discomfort, loss of work time and financial burden may trigger a change in behaviour. This is sometimes referred to as the "perceived seriousness of a disease".

iii. Perceived benefits: what are the perceived benefits of taking action by using preventive measures or taking steps to avert complications for nonadherence to treatment or medical suggestions?

iv. Perceived barriers: the perceived barrier should be achievable at a subjectively acceptable cost. Cost herein refers to factors that may constitute constraints or impediments to medically beneficial action. Such costs may be monetary, social, psychological or even medical.

v. Self-efficacy: following perceived susceptibility and seriousness of the outcomes of disease. The beliefs regarding self-efficacy of action. This is the belief that a particular action can be implemented and will then lead to certain expected outcomes.

vi. Cues to action: Cues to action are also important drives of action. This could include vicarious experiences of verbal persuasion or conviction. The experience could come as a result of direct observation of a disease condition

or contact with sufferers. A cue could be derived from information, education and knowledge about a particular disease and its control, measures and access to health care.

vii. Modifying factors: These factors include personal attributes or demographic characteristics. In addition to the level of susceptibility, other intervening factors, such as level of education, occupation, proximity to health centres, income, age, sex, and marital status, may influence the course of action taken. (Cited in Amzat and Razum, 2014).

The application of the health belief model to self-medication among students at Federal University, Birnin Kebbi, suggests that students are likely to engage in self-medication if they perceive themselves as ill (perceived susceptibility). This perception requires them to recognize the reality of the illness and its associated risks. The greater the perceived susceptibility is, the more likely students are to self-medicate to mitigate these risks. Moreover, this perception motivates students to seek out medications from pharmacies, especially when they view the threat as significant. The model also indicates that students self-medicate to avoid delays in accessing healthcare when symptoms are severe and need prompt attention. Students often rely on their knowledge of alternative healthcare options or previous experiences, especially if past self-medication is effective (self-efficacy). This leads them to quickly obtain medications that are perceived as effective and inexpensive (perceived benefits), rather than enduring the delays and inconveniences associated with formal healthcare facilities (perceived barriers). The model also highlights that factors influencing self-medication (modifying factors) include perceived causes, the accessibility of health facilities, and the duration and complexity of treatment processes. These factors collectively influence students' decisions to self-medicate.

FINDINGS

Table 2: Sociodemographic characteristics of the respondents

Variable	Responses	Frequency	Percentage
Sex of respondent	Female	112	44.8
	Male	138	55.2
	Total	**250**	**100**
Age category	18-29	231	92.4
	30-40	17	6.8
	41-50	1	4
	51 and above	1	4
	Total	**250**	**100**
Faculty of Study	Fac. Of Science	127	50.8
	Fac. Of Art	94	37.6
	Fac. Of Environmental	21	8.4
	College of Health Science	8	3.2
	Total	**250**	**100**
Level of study	100	67	26.8
	200	47	18.8
	300	79	31.6
	400	57	22.8
	Total	**250**	**100**

The table shows that more than half of the respondents (55.2%) were male, which reflects the higher enrolment of males than females at Federal University Birnin Kebbi. The majority of respondents (92.4%) were aged between 18 and 29, indicating that most students at the university are young. With respect to the faculty of study, half of the respondents (50.8%) were from the Faculty of Sciences. More than a quarter (37.6%) were from the Faculty of Arts, Management, and Social Sciences, while 8.4% were from the Faculty of Environmental Sciences, and 3.2% were from the College of Health Sciences. The variation in these figures is due to the differing numbers of students across the faculties. To ensure proportional representation in the sampling, a greater number of students from the Faculty of Sciences was taken into account. In terms of the level of study, more than a quarter of the respondents (31.6%) were in their third year (300 level). This distribution is a result of the researcher's focus on faculty representation in sampling, with students from each faculty being randomly selected across different levels.

Table 3: Analysis of self-medication among students in FUBK

Variable	Responses	Frequency	Percentage
Self-medication is the use of drugs without a physician's prescription or the orientation of a physician	Agree	200	80.3
	Disagree	49	19.7
	Total	**249**	**100**
Have used a drug without a doctor's prescription.	Yes	161	64.4
	No	89	35.6
	Total	**250**	**100**
Ways come to be aware of these drugs	Experience	146	62.4
	Nonmedical personnel	26	11.1
	Information on the leaflet	27	11.5
	Advertisements	23	9.8
	Others	12	5.1
	Total	**234**	**100**
How to request the medication needed	Mentioning the name	72	29
	Telling symptoms	166	67
	Others	10	4
	Total	**248**	**100**
Place of obtaining these drugs	Chemist's store	130	52
	Pharmacist	144	44
	Hawkers	2	2
	Others	2	2
	Total	**248**	**100**

The table shows that the majority of respondents (80.3%) understood self-medication as the use of drugs without a physician's prescription or guidance. This finding indicates that most students at Federal University, Birnin Kebbi, are aware of the concept of self-medication, and even if they engage in self-medication, they do so with a certain level of awareness. When asked how they become aware of the drugs they use, 62.4% of respondents reported that they rely on their own experiences. Additionally, when in need of medication, 67% of the

respondents said they requested drugs by describing their symptoms. This suggests that those who self-medicate often use previous prescriptions, especially if they have experienced a similar illness before, or if they describe their symptoms to pharmacists to obtain the necessary medication. More than half of the respondents (52%) obtained their medications from chemist stores. This is likely due to the easy accessibility of these stores in the study area, where students can acquire drugs without a doctor's prescription by simply mentioning their symptoms.

Table 4: Analysis of self-medication among students in FUBK

Variable	Responses	Frequency	Percentage
Self-medication drugs are cheaper than prescription medicines	Agree	157	62.8
	Disagree	93	37.2
	Total	**250**	**100**
Students engage in self-medication because they feel more comfortable going to the chemist to buy medicines than consulting a doctor	Agree	175	70.6
	Disagree	73	29.4
	Total	**248**	**100**
Self-medication is not harmful and has no adverse effect	Agree	80	32.1
	Disagree	169	67.9
	Total	**249**	**100**
Self-medication provides quick relief of symptoms	Agree	146	58.6
	Disagree	103	41.4
	Total	**249**	**100**
Consulting a physician when an ailment is minor is not necessary	Agree	90	36.3
	Disagree	158	63.7
	Total	**248**	**100**

The table shows that 62.8% of the respondents agreed that self-medication drugs are cheaper than prescription medicines are. This finding indicates that many students opt for self-medication, primarily because these drugs are more accessible and affordable, especially without the need for a doctor's prescription. Additionally, 70.6% of the respondents felt more comfortable purchasing medicines from chemists than from consulting a doctor. This preference may stem from discomfort with campus health services; some students prefer to obtain drugs from nearby chemist shops where their identity remains anonymous rather than discussing personal health issues with medical professionals. Moreover, 67.9% of the respondents disagreed that self-medication is harmless and has no adverse effects. Despite this, more than half of the respondents (58.6%) believed that self-medication provides quick relief from symptoms.

Table 5: Analysis of self-medication among students in FUBK

Variable	Responses	Frequency	Percentage
Self-medication drugs save time.	Agree	176	70.4
	Disagree	74	29.6
	Total	**250**	**100**
Self-medication removes the stress of queuing up to see a physician	Agree	185	74
	Disagree	65	26
	Total	**250**	**100**
Use of same medication when presented with same symptoms without prescription	Agree	149	59.6
	Disagree	101	40.4
	Total	**250**	**100**
Factors that influence students to Practice Self-Medication	Previous experience	66	26.5
	Confidence in self-knowledge about drugs	45	18.1
	The urgency of the problem	22	8.8
	Illness is minor	11	4.4
	Distance of healthcare centres or hospitals	20	8
	Personal convenience	6	2.4
	All of the Above	79	31.6
	Total	**248**	**100**

The table indicates that 70.4% of the respondents agreed that self-medication saves time. Additionally, 74% of the respondents believed that self-medication alleviated the stress of waiting to see a physician. More than half of the respondents (59.6%) reported that they used the same medication for recurring symptoms without a prescription. This suggests that many students at Federal University, such as Birnin Kebbi, prefer self-medication over visiting a physician, particularly at the university clinic. They often rely on previous prescriptions when the symptoms are similar to those of past illnesses. This preference is evident, as students frequently purchase antimalaria drugs and even injections from chemist shops, driven by long queues and delays at the university clinic. The table also reveals that 31.6% of the respondents identified several factors influencing their decision to self-medicate, including previous experience, confidence in their knowledge about drugs, the urgency of the health issue, the perception of the illness as minor, the distance to healthcare centres, and personal convenience. These factors collectively motivate students to engage in self-medication, reflecting a tendency to address health concerns quickly and conveniently.

DISCUSSION OF THE MAJOR FINDINGS

The study analysed self-medication practices among students at Federal University Birnin Kebbi (FUBK). The findings revealed that a significant majority of the respondents (80.3%) agreed that self-medication involves the use of drugs without a physician's prescription or guidance. This finding indicates that most FUBK students have a clear understanding of what

self-medication entails. This aligns with the definitions provided by Al-Ameri, Abd Al-Badri, and Lafta (2017) and the World Health Organization (2008), which describe self-medication as the use of medications initiated by the patient or on the basis of advice from a pharmacist or layperson rather than a medical professional. This includes acquiring medicines without a prescription, reusing old prescriptions, taking medication on the basis of advice from others, or using leftover medication already available at home.

Furthermore, a substantial number of respondents (64.4%) reported using drugs without a doctor's prescription, indicating that students at FUBK engage in self-medication with awareness. This finding is consistent with Hussain et al. (2011), who noted that in many developing and underdeveloped countries, self-medication is common due to inadequate healthcare delivery systems and scepticism about professional medical care. Kulkarni et al. (2018) also reported a positive attitude towards self-medication among first-year medical students in Bahrain, with frequent but often inappropriate use of medication. Similarly, Rohit et al. (2010), Klemen et al. (2010), and Abdelmoniem and Idris (2007) reported high prevalence rates of self-medication, including 87% among professional students, 92.3% among Slovenian university students, and 79.5% among undergraduate students in Khartoum State using antibiotics or antimalarial drugs without prescriptions. These studies collectively highlight the widespread practice of self-medication among students across different regions and institutions.

Furthermore, the study revealed that a significant proportion of respondents (62.4%) became aware of medications through personal experience. This finding aligns with the findings of Donald, Olayinka, Durojaiye, Adetunji, and Ese (2016), Sawalha (2007), Al-Ameri, Abd Al-Badri, and Lafta (2017), and Mekonnen, Zelalem, and Tezera (2018), who reported that individuals often use medications they have previously used for similar symptoms or have had positive experiences with. This underscores the importance of past experience in influencing self-medication practices, with many students relying on previous prescriptions when dealing with familiar symptoms.

The study also revealed that a significant number of respondents (67%) request medications on the basis of their symptoms rather than using past prescriptions. This approach reflects a preference for describing symptoms to obtain appropriate medications rather than relying solely on previously used prescriptions. Additionally, 62.8% of the respondents engaged in self-medication because they believed these drugs were less expensive than prescription medicines were. This finding supports findings from Ogar (2014), Afolabi (2008), Donald, Olayinka, Durojaiye, Adetunji, and Ese (2016), Lei et al. (2018), Idris et al. (2016), and Al-Ameri, Abd Al-Badri, and Lafta (2017), which indicate that students often perceive self-medication as more cost-effective than hospital care, which is frequently associated with delays.

Moreover, 70.6% of the respondents preferred self-medication because they felt more comfortable purchasing medicines from chemists than consulting a doctor. This is consistent with Hussain et al. (2011), who reported that in many developing and underdeveloped countries, self-medication is prevalent because of concerns about the quality of healthcare delivery and concerns about professional medical care. Some students at FUBK might feel uncomfortable with the campus healthcare system and therefore choose to self-medicate, opting for chemist shops where they can obtain medication without disclosing personal health information.

The findings from the study revealed that a significant proportion of respondents (67.9%) disagreed with the notion that self-medication is harmless and has no adverse effects. This contradicts Sharif et al. (2012), who reported that students are aware of the potential adverse effects of self-medication, including the risks associated with drug interactions, improper dosing, and the need for medical consultation in cases of adverse effects, especially in individuals with underlying conditions such as kidney or liver diseases, or during pregnancy. Sharif et al. (2012) suggested that people often view self-medication as a manageable approach to minor health issues but recognize that misuse can be harmful. This finding also contrasts with those of Mekonnen, Zelalem, and Tezera (2018), who identified fears of side effects, drug abuse, misdiagnosis, and improper medication use as common reasons for avoiding self-medication.

Additionally, 63.7% of the respondents disagreed with the statement that consulting a physician is unnecessary for minor illnesses. This finding contrasts with research by Donald, Olayinka, Durojaiye, Adetunji, and Ese (2016), and Lei et al. (2018), which suggested that minor illnesses are a primary reason for self-medication. These studies revealed that individuals often choose self-medication for minor ailments to avoid the perceived inconvenience of visiting a doctor. The respondents in this study, however, indicated that even when self-medicating, they recognize the importance of consulting a physician regardless of the perceived severity of the illness.

Furthermore, the study revealed that a substantial number of respondents (70.4%) believe that self-medication saves time, and 74% feel that it alleviates the stress of waiting to see a physician. This finding supports findings from Ogar (2014), Afolabi (2008), Donald, Olayinka, Durojaiye, Adetunji, and Ese (2016), and Lei et al. (2018), which highlight that self-medication is often preferred owing to its cost-effectiveness and the convenience of avoiding delays typically associated with medical care. These studies revealed that students commonly self-medicate to save time and reduce the burden of visiting a doctor. This is evident among students at Federal University Birnin Kebbi, who frequently choose to self-medicate, often using previous prescriptions, especially for conditions such as malaria. The long wait times at the university clinic drive students to seek quicker relief through self-medication, including the purchase of antimalaria drugs and injections from chemist shops.

Conclusion

Health plays a crucial role in the conduct of daily academic activities, and good health is largely determined by positive health-seeking behaviours. Effective health behaviours contribute to overall well-being, which is essential for achieving academic success. This study assessed self-medication practices among students at Federal University Birnin Kebbi. The findings reveal that self-medication among students is often driven by the desire for quick remedies or fast relief from health issues. Academic performance can be optimized only when students are physically, mentally, socially, and psychologically well.

The research findings both align with and diverge from those of previous studies. Many students exhibit a "quick-fix" approach when dealing with health problems or discomfort. The study concludes that a significant portion of students at Federal University, Birnin Kebbi, prefer self-medication, as it offers immediate relief, despite potential side effects that may differ from those expected with physician-prescribed medications. This tendency for self-medication is

motivated by the need for rapid recovery, which allows students to swiftly resume their academic responsibilities.

Recommendations

On the basis of the findings of the study, the following recommendations are proposed:

1. **Regulation of Drug Vendors**: Relevant government agencies should take stringent action against unlicensed drug vendors who administer medications and injections without proper laboratory tests and prescriptions from qualified healthcare professionals. This will help ensure that medications are dispensed safely and responsibly.
2. **Health Education Initiatives**: The university administration should regularly organize health orientation programs and seminars to educate students on the benefits of utilizing university health services. This initiative should emphasize the importance of seeking professional medical advice rather than relying on self-medication.
3. **Awareness Campaigns**: Seminar series should be conducted, either by university authorities or student unions, to raise awareness about the risks associated with self-medication. These seminars should cover both short-term and long-term effects to help students make informed decisions about their health.
4. **Enhanced Availability of Medications**: The university administration should ensure that university health services are consistently stocked with essential medications. This will encourage students to use the university clinic for their health needs and reduce the tendency to self-medicate.

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