MEDIA INFLUENCE ON SELF-MEDICATIONS IN NIGERIA

Samuel Aondongu Ageva[1], Gabriel Onyebuchi Oguamanam[2], Augustine Ikechukwu Obah[3]* & Jane Onyinyechi Njoku[4]

[1,2]Department of Sociology/Anthropology, Nnamdi Azikiwe University, Awka, Nigeria

[3]Department of Sociology/Anthropology, University of Uyo, Akwaibom State, Nigeria

[4]Department of Public Health. Federal University of Technology Owerri, Imo State, Nigeria

*bennick222@gmail.com

ABSTRACT: Self-medication has become the norm in many nations, including Nigeria. This is due to the continuous dominance of media, which allows forums for people to assess information about their health concerns readily. The study's goal is to assess media and influence on self-medication in Nigeria, with lessons from Oshimili South Local Government Area, Delta State. A cross-sectional survey design with a multistage sampling technique was used. A total of 380 respondents aged 18 years and older were randomly selected, and data were collected via a structured questionnaire and in-depth interviews. The acquired data were presented and evaluated via descriptive statistics, including percentages, frequency distribution tables, and charts. The interviews were transcribed and evaluated via thematic data analysis. The findings revealed that the media play a significant role in self-medication, since many people seek medical information on the internet via Google. These findings suggest that the government regulates the production, marketing, and advertising of both over-the-counter (OTC) and nonprescription pharmaceuticals.

Keywords: Media, Prevalence, Self-medication

INTRODUCTION

Self-medication is a worldwide phenomenon. Self-medication is defined as the use of medication (modern or traditional) for self-treatment without seeing a physician for diagnosis, prescription, or therapy monitoring (Zemene, 2021). Self-medication has been reported to be increasing worldwide. People throughout the world are able to cure sickness; approximately half either wait for the problem to pass or apply a home remedy (Bassi et al., 2021). However, self-medication behaviours vary by country. According to Zemene (2021), industrialised countries have a reduced rate of self-medication as a result of a healthier environment and lifestyle, sophisticated illness prevention techniques, and economical and accessible health care facilities.

Yeika et al.'s (2021) comparative examination of the prevalence, habits, and factors related to self-medication in Africa indicated a much higher rate of self-medication. Sudan has an 89.7% prevalence, Egypt has 77%, the DR Congo has 90.7%, and Cameroon has 68.4%. Studies have shown that Ethiopia constituted 89%, Kenya constituted 76.9%, Tanzania constituted 58%, Uganda constituted 75.7%, and Eritrea constituted 45%. In West Africa, research in Ghana revealed a 70% prevalence of self-medication, 75% in Senegal, and 59.7% in the Ivory Coast, among others.

Despite the fact that several studies on self-medication practices have been completed in various regions of Nigeria, no study has been conducted that comprehensively expresses self-medication practices in the country. Previous research has shown that the prevalence of self-medication ranges from 60% to 90%. For example, a survey of undergraduate students at a Nigerian institution revealed that the incidence of self-medication was 67% in Lagos, Southwest Nigeria (Bassi et al., 2021). Similarly, a study of health workers in a tertiary hospital in Ondo State, Nigeria, revealed a 73% prevalence of self-medication (NBS, 2020). Following these studies, although Nigeria has a large number of doctors and health practitioners, self-medication has become commonplace.

Previous research (Nwankwo & Okolo, 2019; Zemene, 2021; Bassi et al., 2021; Almalki, 2022; etc.) has shown that self-medication in many countries is caused by a variety of factors, including socioeconomic status, reliance on previous experience, lifestyle, easy access to drugs, increased potential to manage certain illnesses through self-care, and increased availability of medicinal products. However, in most economically disadvantaged nations, including Nigeria, many pharmaceuticals are provided over the counter (OTC), and the bulk of health-related problems, approximately 60%-80%, are managed through self-medication as a lower-cost option. Furthermore, the media has intensified self-medication practices, accounting for 98% of symptom self-diagnoses. The internet is widely utilised in healthcare, with substantial implications for research, education, and patient care. According to Ashitha et al. (2022), Google is the most popular platform for accessing information on self-medication, with 90% of participants using it, followed by Instagram, TV commercials, YouTube, magazines, newspapers, and Facebook. Zaprutko et al. (2022) agreed that social media makes it easier to share information and expertise as part of interpersonal connections. For many people, the internet, particularly social media, has become the major and most reliable source of health information about self-medication. Nonetheless, Zaprutko et al. (2022) claimed that such trust could be harmful. This is because many of these internet information sources lack expert support.

Given the disparity in figures regarding the prevalence of self-medication practices in Nigeria, it is critical to assess the overall situation and conduct an empirical study to elicit adequate ideas and opinions that will help provide a clearer picture of the factors exacerbating the continued prevalence of self-medication practices in the face of various government policies that condemn self-medication practices. It is in the light of the foregoing that this study aimed at evaluating media influence on self-medication in Nigeria, with lessons from the Oshimili South Local Government Area, Delta State.

Overview of self-medication

According to Bassi et al. (2021), the World Health Organisation (WHO) and the International Pharmaceutical Federation (IPF) describe self-medication as the process by which a person chooses and utilises medications to treat indications, symptoms, or minor health concerns that they perceive as such. In other words, self-medication is described as the use of medications to treat self-diagnosed disorders or symptoms, as well as the intermittent or continuous use of a prescribed substance for chronic or recurring diseases or symptoms. It is a technique for treating diseases and conditions with licenced medications that are available without a prescription and are safe and effective when taken as indicated. Zemene (2021) defined self-medication as the use of medication (modern or traditional) for self-treatment without first contacting a physician for diagnosis, prescription, or therapy monitoring. It entails receiving

medication without a prescription and using it on the recommendation of friends and family (Ayodeji et al., 2018).

Forms of self-medication

People self-medicate with a wide range of medications, both traditional and orthodox. The medicines that are widely misused differ by community. According to previous studies, antimalaria medications, analgesics, and antibiotics have been incorrectly used without a physician's prescription (Nwankwo & Okolo, 2019). Antibiotics are also widely used for self-treatment in Nigeria. It makes up 63.4% of the population in certain areas of the country. Similarly, Liu (2020) reported that nonprescription antibiotic use has been steadily increasing because of the low cost and accessibility of these medications. However, he expressed concern that the unrestricted use of antibiotics poses significant health risks, including antimicrobial resistance. According to Welz et al. (2018), the use of herbal medicine for self-medication is steadily increasing because of its popularity and perceived efficacy. Herbal medicine remains the major healthcare system for more than 80% of the world's population, particularly in underdeveloped countries. They added that there has been a dramatic increase in the use of herbs as prescription medications in some developed countries. Herbal remedies are abused and may not be as safe as advertised.

Media and self-medication

According to Ashitha et al. (2022), the emergence of media has generated enormous changes in society as a whole, with self-medication being one of the most prominent development trends today. The internet is widely utilised in healthcare, with major implications for research, teaching, and patient care. However, the media has had a significant influence on self-medication, particularly among the educated. According to Ashitha et al. (2022), the platform most commonly used for self-medication information is Google, followed by Instagram, TV commercials, YouTube, magazines, newspapers, and Facebook. Zaprutko et al. (2022) argued that social media enables the sharing of information and expertise as part of interpersonal connections. Many people now rely on the internet, particularly social media, for health information via self-medication. However, such trust may be harmful. This is because many of these internet information sources lack expert support. Agarwal et al. (2021) opined that the rapid growth of the internet has resulted in the availability of health-related information, even for the general public, who are heavily reliant on the internet to self-diagnose and self-medicate. Doctors are concerned about the general population's use of the internet to diagnose and treat health concerns through self-medication since individuals may misread and misuse information. This could be due to a lack of health literacy or complex, low-quality technical information. Obi, Okoli, and Onuchukwu (2023) stated that constant advertising through various forms of media, such as radio, television, and print media, has also contributed to the growth of this ugly trend, as manufacturers always end their advertisements with "If symptoms persist after two days, consult your doctor." This has indirectly aided the spread of self-medication practices, as people have always wanted to try their luck with these substances before going to see their doctors when things went out of control.

Scope of the Study

For clarity and to ensure the relevance of this study, it is confined to the Oshimili South LGA. This is one of the twenty-five local government areas making up the Delta State, created in 1996 after the creation of the Delta State from the defunct Bendel State.

Methodology

This study adopted a mixed-methods design incorporating quantitative and qualitative methods. Figures from the 2006 National Population and Housing Census reported a total population of 143,603 for the local government, whereas the National Bureau of Statistics 2022 population projection reported a population of 205,600 inhabitants, with the area primarily populated by members of the Anioma ethnic division.

The Anioma dialects are commonly spoken in the LGA, whereas the religion of Christianity is extensively practiced in the LGA. The administrative headquarters of the local government is Asaba, whereas the other towns and villages making up the LGA are Okwe, Oko Amakom, Oko Anala, Oko Ogbele, and Odifulu. The others are Ebu, Illah, Eze, Otuogwu, Elenchele, and Anwai. The English language is the official language as well, piling up to English. In terms of health care facilities, the LGA has nine (9) primary health centres, two (2) general hospitals, and one (1) federal medical centre. These are basically located in towns and, hence, inaccessible to villages. There are patent medical stores (PMS) and pharmacies in all towns and villages. The lack of healthcare centres (hospitals) and the availability of drug outlets (PMSs and pharmacies) are, in part, potent predisposing factors for the high prevalence of self-medication in the local government.

The sample size for this study was 380 adults (18 years of age and older) living in the Oshimili South LG area. It was obtained via the formula for single proportions (n = Z^2p^q/d2) in a cross-sectional study. This study adopted a multi-stage sampling procedure, which included systematic sampling and simple random sampling techniques, to select the study participants. In stage one, the cluster sampling technique was used. Here, the local government was grouped into two clusters on the basis of the rural and urban divides. In step two, the two clusters were further broken down into eight (8) composite communities. Asaba, which is an urban area, was stratified into four (4) areas on the basis of major roads, namely, Nnebisi Road, Jesus Saves Road, DLA Road, and Old Anwai Road. On the other hand, Anwai was covered on the basis of the four (4) footpaths in the community. These were listed on a piece of paper and poured into a tin. Using the simple random sampling technique, two streets or footpaths were selected from each area. This gave a total of four (4) acres. In step three, in each of the streets or footpaths, the houses were numbered. Street numbering was used in the urban cluster, whereas primary healthcare immunisation numbering was used in the rural cluster. Then, with the use of a simple random technique, 95 compounds or houses were selected from each of the four streets or footpaths (i.e., 95 × 4 = 380). In any selected house, one adult aged 18 years and older was randomly selected from a household, resulting in a total of 380 respondents for the study. In other words, 380 respondents were drawn for the questionnaire, as it was also believed that the sample size was truly a representative of the population and therefore valid for generalization.

The justification for using only adults was that they have more informed decisions for self-medication than do children, who are mostly dependent on the decisions of their adult

relatives. The questionnaire and in-depth interview (IDI) guide were the instruments used for data collection. Both instruments were design to offer superlative insights on the subject. Finally, the quantitative data from the questionnaire were analysed via the Statistical Package for Social Sciences (SPSS) software, whereas the qualitative data were analysed via content analysis. This involves a thematic method where the collected data are edited, coded, and organised in line with the objectives of the study.

Table 1: Distribution of respondents by their sociodemographic characteristics

Variables	Frequency	Percent
GENDER		
Male	180	49.2
Female	186	50.8
Total	**366**	**100**
AGE		
18-22	2	0.5
23-27	25	6.8
28-32	63	17.2
33-37	106	29.0
38-42	81	22.1
43-47	51	13.9
48 years and above	38	10.4
Total	**366**	**100**
EDUCATION		
SSCE/GCE	9	2.5
OND/NCE	38	10.4
Bachelor's degree/HND	228	62.3
Postgraduate degree	91	24.9
Total	**366**	**100**
RELIGION		
African Traditional Religion	12	3.3
Christianity	329	89.9
Islam	21	5.7
Atheism	4	1.0
Total	**366**	**100**
OCCUPATION		
Unemployed	19	5.2
Student	37	10.1
Self-employed	87	23.8
Civil/Public servant	113	30.9
Farming	15	4.1
Trading	29	7.9
Other, specify	66	18
Total	**366**	**100**
RESIDENCE		
Urban area	291	79.5
Rural area	75	20.5
Total	**366**	**100**
Monthly Income (in Naira)		
Less than 50, 0000	68	18.6
51,0000 – 100,0000	124	33.9
101,000 and above	174	47.5
Total	**366**	**100**

Field Survey, 2024.

Table 1 show that 50.8% of the respondents were female, whereas 49.2% were male. The majority of the responders (29%) were between the ages of 33 and 37, with only 0.5% between the ages of 18 and 22 years. A total of 62.3% held a bachelor's degree or higher national diploma, whereas 2.5% had a GCE or SSCE. A total of 89.9% of the respondents were Christians, whereas 1% was Muslims. Civil or public servants made up 30.9% of the respondents, whereas farmers accounted for 4.1%. A total of 79.5% of the respondents reside in cities, and 20.5% live in rural areas. A total of 47.5% of the respondents earned at least 101,000 naira, whereas 18.6% earned less than 50,000 naira.

Figure 1: Respondents' responses concerning whether they self-medicate when they are ill
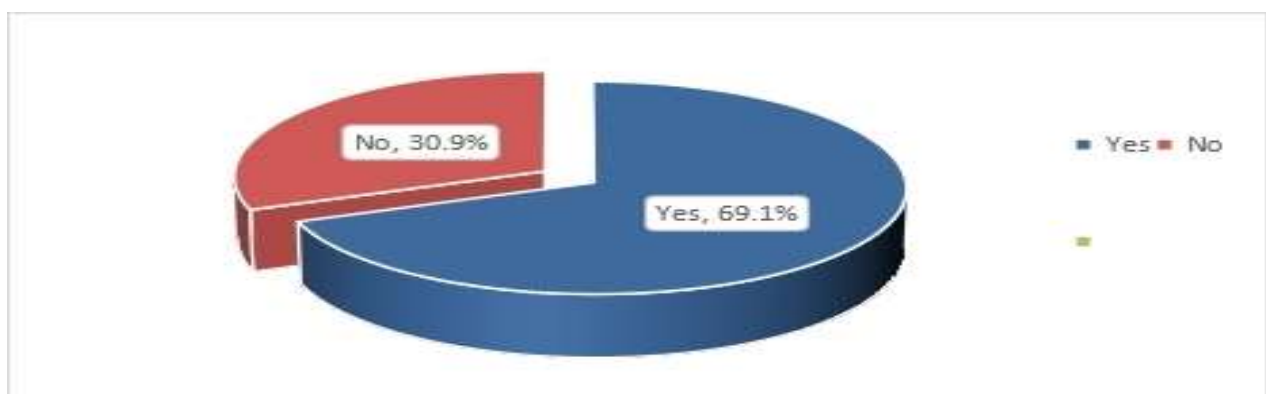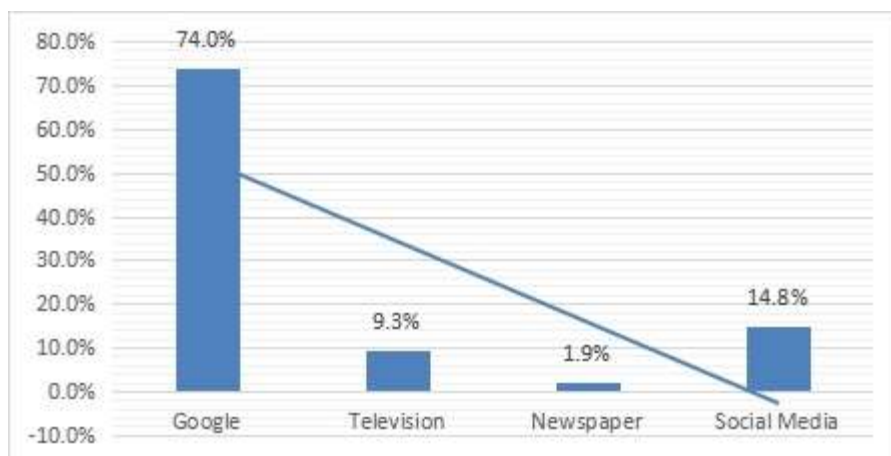

Field survey, 2024

According to Figure 1, the majority of the respondents (69.1%) believed that they self-medicated, whereas 30.9% disagreed. This conclusion was reinforced by data from an in-depth interview. According to an IDI participant, self-medication is prevalent. When you have a fever or headache after a stressful day, the easiest thing to do is take paracetamol. You only visit the hospital when medications fail to treat the problem. I use medications when I believe the situation is not serious. I cannot visit a hospital or health clinic for a simple headache. (37-year-old male, Manager, patent medicine store, Asaba).

Figure 2: Respondents' views on whether they use the media for health information and treatment without consulting a doctor
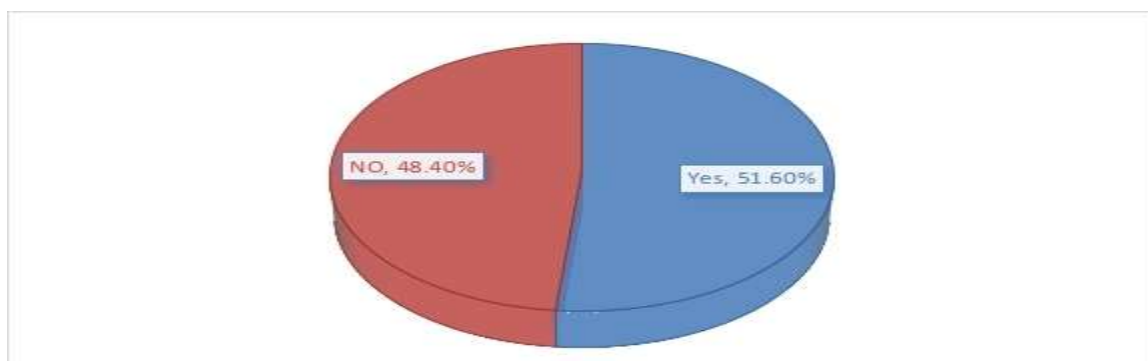
Field survey, 2024

Figure 3: Respondents' views on the most commonly used media platform

Field survey, 2024

Figure 3 above presents the media platform used by the respondents for information on self-medication. A total of 74% of the respondents chose Google as the media platform they used most for sourcing information about drugs, whereas 1.9% used newspapers. This revealed that the majority of the respondents use Google to practice self-medication, perhaps due to their high level of education, ability to afford a smartphone, and access to the internet. Hence, this implies that they read the least in newspapers.

FINDINGS

This study revealed that many people self-medicate when they are sick, particularly when they have headaches. This finding is consistent with that of Bassi et al. (2021), who discovered that self-medication is a common habit. The study also revealed that most people seek information from pharmacies before self-medicating. This finding supports the findings of an earlier study by Akande-Sholabi, Ajamu, and Adisa (2021). According to previous studies, self-medication is less expensive; hence, it is extensively used. This finding is consistent with Uyang et al.'s (2023) finding that, owing to the high expense of hospital consultations, many people prefer self-medication. Similarly, the study is in partnership with that of Yeika et al. (2021), who discovered that money is a significant factor influencing self-medication. His research revealed that those with higher incomes prefer advanced healthcare services, whereas those with lower incomes prefer less expensive alternatives such as self-medication. This survey also revealed that hospital costs are extremely costly; hence, many people prefer self-medication. Many people dislike going to the hospital because it takes so long.

The study revealed that the media plays a significant role in self-medication, as many people seek medical information via the internet via Google. This is consistent with Ashitha et al.'s (2022) findings that consumers prefer to obtain medical information online. These findings are also consistent with Zaprutko et al.'s (2022) claim that social media facilitates the sharing of health information and expertise as part of interpersonal connections. For many people, the internet, particularly social media, has become a key and reliable source of health information about self-medication. It was also shown that people self-medicate because they can search for and obtain information on illnesses and medications on the internet. This finding supports

the findings of Ashitha et al. (2022), who reported that social media has become a valuable resource for obtaining information about drugs and disorders. They also discovered that the most popular outlets for obtaining health information are Google, Instagram, TV commercials, YouTube, magazines, newspapers, and Facebook.

Recommendations

The ubiquity of self-medication emphasises the importance of public health education and regulatory measures to encourage safe practices and reduce the potential harm caused by self-treatment. As a result of the study's findings, the following recommendations were made:

1. The Pharmacy Council of Nigeria (PCN), the Association of Community Pharmacists of Nigeria (ACPN), the Patent Medicine Dealers, and NGOs should organise awareness campaigns from time to time to enlighten the public about the dangers of self-medication. This can be organised in schools, markets, churches, mosques, and other public entertainment centres.
2. The cost of healthcare should be subsidised by the government. This should be done at all levels of government (i.e., federal, state, and local governments). The National Health Insurance Scheme (NHIS), the state, and local governments' health schemes should be strengthened and made accessible. The Delta State government has a subsidised and functional healthcare scheme for civil servants and free medical care for pregnant women and infants between 0 and 5 years of age. This approach is commendable and should be adopted by all states.
3. Media (both print and social media) have been found to be major factors influencing self-medication. These media platforms can equally serve as good channels for sustained enlightenment against self-medication. Therefore, NGOs should promote safe and responsible self-medication practices through the use of social media, such as Facebook, Instagram, TikTok, etc., and mass media.
4. The government should regulate the production, sale, and advertisement of over-the-counter medications (OTCs) as well as nonprescription drugs. These regulations reduce the rate at which drugs are advertised in the media, thus making it imperative for people to always seek adequate medical care instead of self-medicating through the influence of the media.

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