

Assessment of Self-Medication Practices among Cleaners in a Nigerian University Community

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ABSTRACT

Background: The use of medications without a doctor's prescription is a common practice, especially in developing countries where medicines are available without prescription. Cleaners, usually referred to as janitors or custodial workers, help keep institutions, particularly colleges, clean and hygienic. They frequently come in contact with a variety of environmental and occupational risks, which could lead to minor illnesses or injuries. They are mostly low-income earners and they often resort to self-medication to treat their health problems without consulting a physician.

This study aimed to evaluate the practice of self-medication among cleaners in a university community.

Materials and Methods: A cross-sectional survey of cleaners at Obafemi Awolowo University, Ile-Ife was carried out. A semi-structured questionnaire was used to gather data from the respondents. The questionnaire was administered to the respondents during a health talk organized for the cleaners using total sampling. Data gathered was summarized using descriptive statistics such as frequencies and percentages.

Results: The Majority (80.6%) of the respondents practiced self-medication because they considered their conditions to be minor (43.6%). Analgesics (55.8%) were the most commonly self-medicated medicine which they used to manage pains (54.8%) and headaches (20.1%). More than half (51.8%) of cleaners obtained these medicines from patent medicine vendors because of their proximity (44.1%).

Conclusion: The practice of self-medication was prevalent among the cleaners. They practiced self-medication because they considered their medical conditions to be minor. Analgesics were the most commonly used medicines and were mostly obtained from patent medicine vendors.

Introduction

Self-medication is a popular practice in which people use medication without a doctor's supervision or prescription. According to the International Federation of Pharmacy, Self-medication is the use of non-prescription medicines by people on their initiative. Self-medication which is not limited to obtaining medications without a prescription also includes the use of old prescriptions to obtain medications, sharing medications with friends or family members, or utilization of leftover medication¹. It is a widespread

practice throughout the world², especially in Nigeria, where the healthcare system may not always be easily accessible to everyone and over-the-counter pharmaceuticals are widely available and reasonably priced. Self-medication is a popular practice among people for a variety of factors, including convenience, affordability, and the perception of a slight disease³. However, self-medication can have negative implications, such as pharmaceutical abuse, drug interactions, and delays in getting the right medical care, which can have serious health repercussions⁴.

Globally, self-medication is a topical public health issue⁵. Its frequency in Lithuania was reported to be 21%, in Romania, 19.8%, in Spain, 15.2%, in Portugal 21% and 31% in Czech Republic. The reported prevalence rates are significantly greater in poorer nations, with 79% in India, 84% in Pakistan and 67% in Nigeria². These figures underscore the substantial differences in the occurrence of these practices in developing countries compared to more affluent nations. This disparity may be indicative of broader socioeconomic and healthcare-related factors prevalent in these regions.

Cleaners, usually referred to as janitors or custodial workers, are essential to keeping institutions, particularly colleges, clean and hygienic. They frequently come into contact with a variety of environmental and occupational risks, which could lead to minor illnesses or injuries⁶. As a result, cleaners could turn to self-medication techniques to treat their health problems without consulting a doctor. To detect potential hazards and create effective interventions to protect their health and safety, it is essential to comprehend the self-medication behaviors among cleaners at Nigerian colleges.

According to a study by Osemene and Lamikanra in 2012, the perception of minor illnesses that don't need professional medical care, prior successful use of the same medication, and not having enough time to consult a doctor were the main drivers of self-medication among students in a Nigerian University⁷. The most frequent explanations for self-medication among students in Nigerian universities were affordability, prior usage of the medicine, and accessibility to over-the-counter medications. A study also revealed several conditions that students managed using self-medications, notable among them were headache (62.18%) and fever (45.33%). However, the data reveals that the highest proportion (55.35%) of students knew about the medications they self-medicate from old prescription given to manage previous health conditions⁸. Numerous studies have documented the incidence of self-medication practice among university students. However, there is a dearth of studies on cleaners' use of self-medication in Nigerian Universities. This study intended to evaluate the cleaners' use of self-medication in a university in Nigeria. The findings will aid in identifying the prevalence, patterns, and risk factors related to self-medication, which may then be used to develop interventions to encourage cleaners to engage in responsible self-medication. The research will also add to

the body of knowledge on self-medication among Nigerian university employees.

Methods

Study design and population: This study was a descriptive cross-sectional survey that assessed self-medication practices among cleaners at Obafemi Awolowo University, Ile-Ife during a health talk organized for them.

Study area: Obafemi Awolowo University is located in the ancient city of Ile-Ife. It is made up of thirteen faculties⁹. The cleaners in the university are casual workers with low incomes and without any form of health insurance.

Survey instrument: A semi-structured questionnaire was the instrument utilized in the collection of data from the respondents. The questionnaire has two sections. The first section was on socio-demographic characteristics while the second section was on the self-medication practices of the respondents.

Sampling technique: All the respondents that gave their consent were administered the questionnaire, and those who were not literate were assisted in filling out the questionnaire. In all, 210 valid questionnaires were administered and retrieved.

Ethical Considerations: This study was approved (IPHOAU/12/123) by the Institute of Public Health, Obafemi Awolowo University, Ile-Ife. Also, permission to conduct the study was obtained from the organizers of the health talk, in addition to obtaining informed consent from the individual respondents.

Data analysis: Data gathered was analyzed using SPSS version 21. Descriptive statistics (frequencies and percentages) were used to summarize data.

RESULT

Majority (31.7%) of the respondents were aged between 41-50 years and were predominantly (91.1%) female. The other demographic characteristics of the respondents are as presented in Table 1.

Table 1: Socio-demographic characteristics of respondents

S/no	Variables		Frequency	Percentage (%)
1	Age	21-30	8	4.0
		31-40	37	18.3
		41-50	64	31.7
		51-60	57	28.2
		61-70	35	17.3
		>70	1	0.5
2	Gender	Male	18	8.9
		Female	185	91.1
3	Religion	Christianity	177	89.8
		Islam	20	10.2
4	Educational qualification	None	40	19.0
		Primary	56	26.7
		Secondary	97	46.2
		Tertiary	17	8.1
5	Body mass index	Underweight (<18)	7	3.4
		Normal weight (18 – 24.9)	96	47.1
		Overweight (25 – 29.9)	67	32.8
		Obese (>30)	34	16.7

A high proportion (80.6%) of the cleaners practiced self-medication conditions relating to pain and headache. Patent medicine vendors were most patronized for such medicines because of their proximities (Table 2).

Table 2: Prevalence and factors associated with self-medication

S/No	Variable		Frequency (n)	Percentage (%)
1	Prevalence	Self-medicated	158	80.6
		Does not self-medicate	38	19.4
2	Factors determining self-medication	The illness is minor	82	43.6
		It was prescribed for me before	57	30.3
		It takes time to visit a physician	18	9.6
		For someone you know	15	8.0

		Don't have enough money	9	4.8
		No health facility around	2	1.1
		Others	5	2.6
3	Medicines usually self-medicated	Analgesic	155	55.8
		Heamatinics	54	19.4
		Antibiotics	28	10.1
		Antimalaria	18	6.5
		Antihypertensive	11	3.9
		Others	12	4.3
4	Conditions self-medication was used for	Pain	142	54.8
		Headache	52	20.1
		Malaria	18	6.9
		Hypertension	11	4.3
		Infections	11	4.3
		Other conditions	25	9.6
5	Persons consulted for health challenge	Doctor	97	74.0
		Pharmacist	16	12.2
		Nurse	13	9.9
		Colleagues at work	4	3.1
		Herbalist	1	0.8
6	Source of self-medicated medicine(s) (n=199)	Patent medicine	103	51.8
		Pharmacy	53	26.6
		Hospital	36	18.1
		Market displayed drugs	4	2.0
		Others	3	1.5
7	Reasons for patronizing the choice source (n=186)	Proximity	82	44.1
		Confidence in the source	58	31.2
		Cost	25	13.4
		Efficacy after the first patronage	4	2.2
		Others	17	9.1

DISCUSSION

The majority of the cleaners were aged between 41 and 60 years. They were predominantly female and were mostly Christians. The majority of them had secondary education, even though some of them had no formal education. Cleaners and janitors can be categorized as low-income earners as the median wages of the majority of them in the US is between \$9 and \$12 per hour, which is below the median wages of most workers in the same location. Despite this poor economic state, they tend to have limited health benefits such as health insurance¹⁰. This makes the majority in this group resort to self-medication as they find it to be cheaper and more convenient^{3,11}. The practice of self-medication was prevalent among the cleaners, with values similar to ranges reported in the literature. Most Nigerian studies reported a prevalence between 54.0% and 91.5%^{7,12,13}. Studies by Osemene and Lamikanra found the prevalence of 91.4% among undergraduate students while Bassi and colleagues reported a prevalence of 91.5% among the general population of Nigerians^{7,14}. Similarly, a study reported 82% prevalence among undergraduates in a Nigerian University. Although a lower (54%) prevalence was reported among undergraduate students in healthcare-related disciplines¹⁵. Studies from Asia also reported a similar prevalence. In Bangladesh, the prevalence of self-medication was 75%, while 78.7% was reported among Indians^{16,17}.

Analgesics, haematinics, antibiotics, and antimalarials were medicines the cleaners usually self-medicate. Analgesics being the most commonly self-medicated medicine among the cleaners is not unexpected as their work requires more physical effort. More so, pain, headache, and malaria were the conditions the respondents claimed they self-medicate for. This explains why analgesics were the most commonly self-medicated medicines among the cleaners. Undergraduate students in healthcare-related disciplines also self-medicate analgesics, antimalarials, and antibiotics¹⁵. Other studies among students and the general populace both within and outside Nigeria found analgesics, antimalarials, antibiotics, and haematinics to be the medicines that people self-medicate more^{7,12,13,16,17}. Pregnant women were also found to self-medicate with analgesics, antimalarials, and antibiotics¹⁸.

The cleaners resorted to self-medication because they felt the conditions, they were managing were simple (minor). Others self-medicate some drugs because it was prescribed for them or someone they know before. There were few

others who decided to self-medicate because they could not afford to waste time trying to see a physician or because of the financial implication of doing that. Ailments being minor, financial constraints, distance from the hospital, and to save time were some of the reasons reported in the literature why people self-medicate^{13,14}.

About three out of four respondents claim they consult their physicians anytime they have health challenges. This is most likely a reflection of actions taken when self-medication fails or when they consider the condition to be serious. It could also be because most uneducated refer to anybody dealing with medicines and or health as a doctor. When they claim that they consult a doctor for their health conditions, they may be referring to those who manage them. This is because more than half of the respondents obtained the medicines they self-medicate from patent medicine stores. Others obtain such medicines from pharmacies. Patent medicine stores and pharmacy shops have been reported in previous studies to be the main sources of medicines used for self-medications^{7,14}. They patronize these sources because of their proximity and also because they have confidence in those sources. Easy access and prompt response were a major reason why most people patronize medicine shops in India^{17,19}.

The unfriendly attitude of healthcare workers, a bid to save time because of busy schedules and distance from home were some of the reasons most people resort to self-medication rather than visit hospitals¹².

CONCLUSION

The practice of self-medication was highly prevalent among the cleaners. They practiced self-medication because they considered their medical conditions to be minor. Analgesics were the commonly used medicines which they used to manage pains and headaches. They obtained these medicines from patent medicine vendors because of their proximity.

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