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MEDICINE USE AND MEDICATION RELATED PROBLEM AMONG NIGERIAN UNDERGRADUATE STUDENTS

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ABSTRACTS: *Globally, more than 50% of all medicines are prescribed, dispensed or sold inappropriately. Unnecessary overuse of medicine can stimulate inappropriate patients' demand and lead to medicine stock out and loss of patient's confidence in the health system. The study seeks to investigate medicine use and medication related problems among undergraduate students in Nigeria universities. The study adopted Social action theory, in order to understand actor's motives and belief and their own interpretation of medicine. A descriptive research design was employed for the study, using both quantitative and qualitative methods of data collection. The sample size was collected through random purposive technique and a total of 202 questionnaires were distributed to students of Ekiti State University, Ado Ekiti and all the questionnaires were retrieved and used for the analysis. Also, 16 In-depth Interviews were conducted with male and female respondents and content analysis was employed for qualitative data. Findings showed that over half (60%)of the sample population, use medicine only when their health condition is getting worse because they had medication related problems the last time the used medicine. Consequently, the conclusions were drawn from the findings extracted from real life experiences rather than on assumptions or theoretical ideas. It was discovered that, majority of the students, discontinued the use of medicine, the last time they had medication related problems. Comparatively, a high proportion of the respondents' believed that drugs produced in Europe are of better quality compare to that of Africa and also they hate complaining to the physician about their health. Health workers and policy makers should increase the awareness appropriate medicine use and the consequences of inappropriate use of medicine.*

KEYWORDS: Medicine, Medication, Undergraduate, University, Nigeria.

INTRODUCTION

Background to the Study

Medicine use has a long history but the scientific study of the behaviour dimension of the use of medicine is more recent. The word "medicine" is derived from the Latin word "medicina" meaning the art of healing. Medicine is science and art of healing which includes a variety of health care practices who are involved in maintaining and restoration of health (WHO, 2012). In a broader form, World Health Organization (2004) defines medicine as a mixture of entities other than those required for maintenance of normal health, the administered of which alter biological function possibly structure. It is a substance that by its nature affects the structure of function of living organisms.

The experience of illness constitutes a serious challenge to an individual as an integrated and continuing entity (Charmaz 2013). One of the most important issues for many patients is the degree to which they can maintain control over their illness symptoms. Patients' responses to treatments and associated medicine taking are framed by cultural norms (Kawachi and Conrad 2012). Medicines or drugs such as antacid, analgesic and even antidepressant promise to enhance people's capacity to overcome the pain and discomfort which would otherwise impede their ability to remain socially and economically productive (Jegede, 2010).

From the medical perspective, high rate of noncompliance is regarded as irrational, harmful and wasteful. For instance, patients are castigated for making inappropriate demand on the system in relation to the use of antibiotics (Grime & Pollock 2010). In response to this, patients' tread a difficult path between balancing benefit and harm of pharmaceutical; trust in professionals and distrust of medicine and resistance to treatment.

Medicine use requires that patients receive medication appropriate to their clinical needs, in doses that meet their requirement, for an adequate period of time and at lowest cost to them and the community. However, more than 50% of all medicines are prescribed, dispensed or sold inappropriately on global basis (WHO, 2004). Similarly, 50% of patients with various health conditions fail to take their medicine according to prescription in spite of the fact that inappropriate use of medicine are harmful to patients and could lead to poor patient's clinical outcome and avoidable adverse drug reaction (WHO, 2012). Inappropriate medicine use wastes scarce economic resources that could be used for food or other necessities. Unnecessary overuse of medicine can stimulate inappropriate patients' demand and lead to medicine stock out and loss of patient's confidence in the health system. Much has been done in the past 20 years to improve the use of medicine. However, medication related problem continues to be a wide spread problem in developing and transitional countries. Based on reports published between 1990 and 2006, prescription and patient care practices did not exhibit much improvement (Grimshaw and Shirran, 2010).

According to Grime, Gaither & Pollock (2010), the more serious or risky a consumer believes in a medical condition, the less likely he or she would be able to choose or accept a generic product to treat it. Also, according to Horne and Weidman (2012), beliefs about a particular illness are interconnected with belief about medicine. Such beliefs are embedded in large cultural belief system of patient and are very important in defining what medicine could achieve under certain health related conditions. Besides this, the choice of arriving at a decision on what to use depends on the availability of such medicines, perceived efficacy, health literacy and the availability of medicine sellers and providers. Studies have shown that substance abuse and misuse of medicine is more prevalent among young people especially girls who are literate and have more access to different types of modern medicine such as Postinor, Cytotec, Arthrotec, Oxaprost, Cyprostol, Mibetec, Prostokos and Misotrol. While an appreciable level of contribution for studies focusing on medicine use among young people in developing nations exists, such is largely scarce in Nigeria. Hence this study aims at investigating medicine use, its meaning, experiences and prevalence among university undergraduates using a mixed method design.

Problems Statement

Medicines are examples of valuable things that assume a wide variety of meanings, far beyond their material (chemical) properties. For this study, the main research question is; how does medicine and handling of medication related problems reflect the belief of

undergraduate students? Belief is a social construct that reflects the meaning and interpretation social actors attach and derive from events. Like other dimension of social life of medicine, the influence of beliefs on social actors' attitudes, perception and interpretation of medicine is also an implication of how medication related problems are interpreted and addressed under any health related problems.

The major effect of medicine varies from person to person depending on factors such as body size, metabolism, general health and well being (Maxwell 2006). Patients develop belief about necessity of specific medication of maintaining their health status (Barber, Parson, Clifford, Daracott and Horne, 2004). Belief about illness and medicine are interconnected and may influence compliance and outcome (Ross, Walker, Macleod, 2004). However, little is known about how patients make decision concerning medicines or about the preference for one drug or the other.

Over the years it has become clear that individual health is closely limited to community health which is affected by the collective belief attitude and behaviour of everyone who lives in the community. According to Hughner and Weiner (2004) the consumer makes the key decision regarding where and when to seek care, when to consult and whether to comply. The same authors argued that consumers now have a much wider array of health choices and information available, ranging from orthodox to alternative. There is evidence that the level of knowledge about medicine in general may influence consumer's attitude and belief about medicine for particular illness (Horne and Winman, 2012). This suggests that perception concerning efficacy and safety of generic perception may depend on the medical condition being treated. Illness and treatment beliefs may also play a crucial role in people's decision about the choice between generic and brand medicine.

Research Questions

The following research questions guided the study:

1. What are students' perceptions on medicine use?
2. What are the experiences of students in handling medication related problem?
3. Are there certain health conditions believed not treatable by using modern medicine?
4. How are certain health conditions that are not amenable to the use of modern medicine be better handled?

Research Objectives

The main objective in this research was to gain a better understanding on medicine use and medication related problems among the students of Ekiti State University. The specific objectives include to:

1. Investigate students' perception on the use of medicine.
2. Explore the experiences of students' in handling medication related problems.
3. Investigate students' belief on the potency of modern medicine in handling all health related problems.
4. Examine specific health conditions that may be amenable to medicine use from the students' perspective.

Significance of the Study

The study focuses on medicine use and medication related problems. It is important to identify the possible factors responsible for students' perception on the use of medicine. Also to examine the attitude of students on medication related problems. The findings of the research would be useful to examine Organizations such as (WHO), the government, mass media, and general public as they add to the existing body of literature.

Scope of the Study

This study is limited to an investigation of the challenges encountered by the students Ekiti State University, Ado-Ekiti.

Study Population and Sample Size

The study was conducted among the undergraduates of Ekiti State University, Ado-Ekiti, Nigeria. A Sample of 202 undergraduates (male and female) who reside in the university area were purposively selected.

Design and Data Collection

The study employed Quantitative and Qualitative design. A self administered questionnaire was administered among 202 respondents consisting of male and female undergraduates. The majority of the questions were closed ended with few open ended. The questionnaire was divided into three sections. Section A consisted of questions pertaining to demographic characteristics such as age, gender and sex. Section B consisted of respondents' view of medicine use and Section C consisted of respondents' knowledge on medicine. Their effort at reconstructing health challenges and coping measures were also explored. All interview conducted was recorded in English and transcribed. In addition to the questionnaire instrument, 16 in-depth interviews were equally conducted among male and female participants to understand the reality of medicine use and medication related problems. The interview focused on the live experiences of the students on medicine use. Participants in the study were selected based on self-reported evidence of suffering from a health condition and evidence that they are currently on one form of medication or the other.

Method of Data Analysis

The quantitative data were analyzed using Statistical Product and Services Solution (SPSS) version 18. The data processing involved screening and editing of questionnaires. The data generated were analyzed through the use of statistical techniques such as descriptive analysis (tabulation and frequency distribution) and parametric tools (ANOVA). Data from qualitative interview were analyzed by using manual content analysis by transforming into numeric format to enhance easy analysis of data. Transcriptions of the tape recordings of key informant interview were also done.

Findings

Table 1: Demographic Characteristics of Respondent

CATEGORY	Frequency	Percent %

SEX		
Male	101	50.0
Female	101	50.0
Total	**202**	**100.0**
AGE		
15-20 years	53	26.23
21-25 years	94	47.0
26-30 years	45	22.2
30 years and above	10	5.0
Total	**202**	**100.0**
RELIGION		
Christianity	125	62.0
Islam	76	38.0
Traditional	1	1.0
Total	**202**	**100.0**
TRIBE		
Yoruba	95	48.0
Igbo	74	37.0
Hausa	13	6.4
Others	20	4.4
Total	**202**	**100.0**

Sources: Field Survey, 2015

In this study, a total number of 202 undergraduate students of Ekiti State University were sampled. Table 1 show that the majority of the respondents were within the ages of 21-25 while approximately 26% were 20 years and below. Based on the sample design and size, an equal proportion of males and females were selected. All the respondents were from the selected halls of residence and ten faculties in which majority of them were fresh and final year students. Most of the respondents (62%) were Christians, only 1% practiced traditional religion while 38% were of the Islamic faith. Information on respondents' ethnic affiliation showed that only 37% were Igbo's, Hausas and other ethnic groups were less than eleven percent. A major proportion was of the Yoruba extraction. This may be traced to the fact that the university is located in the western part of the country.

Table 2: Reported Health Conditions in the Last Three Months

Disease Experience	**Frequency**	Percentage
Malaria	80	40%
Cough/catarrh	63	31%
Diarrheal	20	10%
Cholera	15	7%
Typhoid	9	4%
Asthma	6	3%
Tuberculosis	5	3%
Diabetes	4	2%
Total	202	100%

Source: field report, 2015.

From table 2, more than half of the respondents had Malaria within the last three months preceding the study. A similar proportion of cases of cough and catarrh were reported by 31% of the respondents. Next to this was diarrhea which occurred among 10% of the total respondents. Other health conditions (cholera, typhoid, asthma, TB, diabetes) as summarized in table 2 occurred on only a few proportions.

Table 3: Respondents' Belief on Medicine Use

Variable	Strongly Agree	Agree	Never	Disagree	Strongly Disagree	Total
Modern medicine can treat all forms of ailment	5% (10)	14% (29)	15% (30)	55% (111)	11% (22)	100
Some ailments are not treatable with medicine	24% (49)	50% (100)	9% (19)	13% (26)	4% (7)	100
I love taking medicine when I'm sick because it is pleasurable to me	10% (21)	21% (43)	31% (62)	23% (46)	14% (29)	100
I use medicine once I feel sick	7% (15)	21% (42)	27% (54)	35% (71)	10% (20)	100
I rely on self-medication at the onset of disease	8% (16)	30% (60)	24% (50)	26% (52)	12% (24)	100
I am not comfortable with the use of medicine even if I'm sick	14% (29)	32% (65)	19% (38)	26% (52)	9% (18)	100
I cannot do without taking medicine	5% (10)	16% (33)	20% (40)	25% (50)	34% (69)	100
Prescribed use of medicine is harmful	32% (65)	38% (77)	7% (15)	15% (31)	7% (14)	100
Under dose could create additional problem	26% (53)	43% (86)	11% (23)	15% (30)	5% (10)	100
Over dose creates additional problem	46% (92)	30% (61)	9% (18)	12% (24)	4% (7)	100
If I am not forced I don't use medicine	16% (33)	30% (61)	20% (40)	24% (49)	9% (18)	100
Its only when my health condition is getting worse I use medicine	19% (38)	43% (86)	11% (22)	21% (43)	6% (13)	100%
I prefer some medicine to others	21% (42)	42% (84)	14% (29)	17% (34)	6% (13)	100%
Drugs produced in Europe are of better quality	18% (37)	29% (58)	14% (29)	28% (56)	11% (22)	100%
I have had medication related problems	9 % (19)	26% (53)	32% (63)	21% (42)	12% (25)	100%
The last time I had medication related problems I discontinued the use of	11% (23)	23% (46)	32% (65)	22% (43)	12% (25)	100%

medicine.						
I hate complaining to physicians about my health	10% (21)	26% (52)	21% (42)	29% (59)	14% (28)	100%

Source: field report, 2015.

From table 3, more than two-third (74%) of the respondents supported the view that, some ailments are not treatable with medicine. Of these, 50% agreed while 24% strongly agreed. Almost 31% of the respondents were indifferent to the question, "medicine use is pleasurable to me''. Furthermore, less than one- fourth of the respondents' accepted the view "I use medicine once I feel uncomfortable'', 27 percent were indifferent and less than half of the respondents' disagreed with the view. Less than 40 percent of the respondents rely on self-medication, less than 50 percent don't while 26 percent were indifferent.

Furthermore, majority (65%) of the respondents revealed that they were not comfortable with the use of medicine. Also, less than one -fourth of the respondents cannot do without taking medicine a week, less than forty percent can do without medicine. A high proportion (73%) of the respondents were of the opinion that under dose could create additional health problems on the contrary (70%) considered overdose as a potential source of health problems. Interestingly, about 46% percent of the respondents are often forced before they use medicine while less than thirty percent use medicine without being forced. Majority (73%) of the respondents claimed that they use medicine only when their health condition was getting worse. Less than sixty percent of the respondents preferred some medicines to others.

However, in terms of interacting with a physician, about 36% of the respondents disclosed they hate complaining to the physician about their health. Also thirty five percent of the respondents have had medication related problems; thirty one percent have not had medication related problems. Furthermore, majority (73%) of the respondents' were of the opinion that drugs produced in Europe are of better quality, less than forty percent did not accept the view. Furthermore, thirty five percent of the respondents discontinued the use of medicine the last time they had medication related problems, while thirty four percent continued the use of medicine the last time they had medication related problems.

Table 4: Respondents' view on selected health conditions that are not curable using medicine alone

Diabetes	**Frequency**	**Percent (%)**
Yes	53	26.2
No	149	74.0
Total	**202**	**100.0**
HIV/AIDS		
Yes	28	14
No	174	86
Total	**202**	**100.0**
Cancer		
Yes	51	25
No	151	75
Total	**202**	**100**
Leprosy		
Yes	51	25

No	151	75
Total	**202**	**100**
Tuberculosis		
Yes	18	9
No	184	91
Total	**202**	**100**
Kidney problem		
Yes	58	29
No	144	71
Total	**202**	**100**
Sickle cell		
Yes	52	26
No	150	74
Total	**202**	**100**
Spiritual problem		
Yes	21	10
No	181	90
Total	**202**	**100**

Table 4 revealed that the majority (74%) of the respondents were of the view that diabetes cannot be treated with modern medicine. Virtually all (86%) the respondents disclosed or believed that HIV cannot be treated using modern medicine. One-fourth of the respondents accepted the view of cancer being treated through medicine, while 75% rejected this position. Furthermore, majority (75%) of the respondents believed that leprosy cannot be treated through medicine, while one –fourth of the respondents believed that leprosy can be treated through the use of medicine. Similarly, many of the students in the in-depth interview argued on health challenges that are difficult to treat using medicine. An interviewee argued:

> *Medicine has contributed to human life, by making a sick person well … However, some health conditions cannot be permanently cured. They can only be managed. I am more familiar with traditional medicine because I use it from childhood... Since traditional medicine makes me recover fast, I feel better about myself. Better health status can be enjoyed by living in peace with everyone around you* (part 2, male student).

Table 5: ANOVA Test of Respondents' Gender on their perception on medicine use

	Sum of Squares	**Df**	**Mean Square**	**F**	**Sig**
Regression	.178	1	.178	.178	.737
Residual	315.386	200	1.577		
Total	**313.564**	**201**			

Source: Field Report, 2015.

Furthermore, (75%) of the respondents perceived sickle cell anemia curability as an untreatable health condition with the use of medicine, only 25 per cent believed that it can be treated with medicine. On emotional related problem, (90%) of the respondents were in agreement with the view that spiritual problems cannot be treated through the use of

medicine. However, the study did not find a relationship between gender and perception on the use of medicine. Since p-value (0.735) in the ANOVA table is greater than 0.05, it could be concluded gender does not have any significant relationship on perception on medicine use. The means that, whether student's perception of medicine use is positive or negative, it does not have anything to do with whether the student is a male or female

A respondent argued:

Health challenges that are difficult to treat using medicine, such as AIDS, sickle cell anemia, spiritual problem etc can lead to stigmatization of such patient (part 4, male student).

Table 6: Perceived solutions to health problems not treatable using modern medicine

Source: field report, 2015

From table 6, more than half of the respondents (53%) were of the view that prayer was the solution to complicated health problems. Next to this is medication which occurred among 28 per cent of the total respondents. Other solutions to the health conditions as summarized in table 4.6 occurred on few proportions. To one of the respondents:

Medicine is used to treat different forms of ailment such as malaria, typhoid fever, cholera etc. and ailments that cannot be permanently cured such as HIV, sickle cell anemia, spiritual problem etc. I am not sure if there are medicines for all types of existing condition. Health challenges difficult to treat using medicine can be traumatic for the patients. From my point of view, prayer or the use of traditional drugs are the only solutions to the health conditions that cannot be treated through medicine (Part 3, female student).

	Frequency	**Percent %**
Prayer	107	53
Medication	56	28
I don't know	28	14
Use of traditional medicine	9	5
Missing	2	1
Total	**202**	**100**

Test of Hypothesis

This section shows the validation of hypotheses guiding the study. These hypotheses are suggested explanations of assumptions as basis of reasoning. Moreover, as there is a need for decision to be made as to these hypotheses, statistical techniques such as correlation and chi-square will be used to test these hypotheses and appropriate decisions will be made. **TEST OF HYPOTHESIS 1**

H_O: There is no significant relationship between respondents' gender on their perception on medicine use.

H_1: There is a significant relationship between respondents' gender on their perception on medicine use.

Decision rule:

Reject H_0: If p-value is less than 0.05 otherwise do not reject

Table 7: ANOVA Test of students on their attitude and experiences in relation to handling medication related problems

	Sum of Squares	**Df**	**Mean Square**	**F**	**Sig**
Regression	.599	1	.599	.394	.531
Residual	303.782	200	1.519		
Total	**304.381**	**201**			

Test of Hypothesis 2

$H_{o:}$ There is no significant relationship between the attitude and experiences of students in relation to handling medication related problems.

H_1: There is significant relationship between the attitude and experiences of students' in relation to handling medication related problems.

Decision rule:

Reject H_0: If p-value is less than 0.05 otherwise do not reject.

Since the p-value (0.531) in the ANOVA table is greater than 0.05, we do not reject $H_{O.}$ Then we conclude that the data provides sufficient evidence to conclude that there is no significant relationship between the attitude and experiences of students in handling medication related problems.

Table 8: CHI-SQUARE TEST ON STUDENTS' BELIEF THAT ALL HEALTH CONDITIONS ARE NOT CURABLE USING ONLY MODERN MEDICINE

	Value	Df	Sig
Pearson chi- Square	36.946 (a)	16	.002
Likelihood Ratio	38.394	16	.001
Linear by Linear	3.237	1	.072
Association N of valid cases	202		

Field report, 2015.

The Social Meaning of Medicine

Numerous definitions have been given to medicine by the interviewees based on their understanding of what medicine is all about. Most of the interviewees (10) are familiar with traditional and modern medicine. From the responses of the interviewees, it was observed that there was an intimate tie between cultural and health belief. For instance, using traditional medicine like Agbo (malaria medicine) is viewed as acceptable by some (5) of the interviewees. They believed that Agbo would work faster for malaria than the orthodox medicines. One of the interviewees argued:

"I prefer traditional medicine to modern medicines because it works faster for me. I have been drinking Agbo from childhood and I do not think modern medicine can work faster for me". (part2, male student)

While the use of traditional medicine could be faster for some, another interviewee argued otherwise:

"I hate traditional medicine e.g. Agbo because it is too bitter. I can choose to take paracetamol medicine with beverage or juice. But it is impossible to do that with Agbo. Moreover, there is the tendency to take over dose traditional medicine unlike the orthodox medicines that has prescription". (Part4, female student)

In contrasts to the arguments depicted in the extracts, one of the interviewee detests both traditional and modern medicine. He argued:

"*I fall sick once in a blue moon, and if at all I am heal, I pray to God and I get well".*

(part1,male student)

From the responses of the interviewees, it has been perceived that the role and value of medicine is linked to the judgments shaped and the religion the patients find themselves.

Medicine and its Relevance

Medicines are one of the most cost–effective health interventions. Billions of people take medicines every year. However they are only effective, if used correctly. Medicine has been interpreted by most (14) of the interviewees as drugs used to cure ailments such as typhoid, malaria cough etc. One of interviewees said:

"Medicine is used to treat different forms of ailment such as malaria, typhoid fever, cholera etc. and ailments that cannot be permanently cured such as HIV, sickle cell anemia, spiritual problem etc."(part3, female student)

In contrasts to the cure of ailment, with the use of medicine, virtually all (15) the interviewees believed that ailments such as HIV, sickle cell anemia, spiritual problems etc cannot be cured using medicine. One of the interviewee argued:

"The use of medicine can never cure HIV, spiritual problems, sickle cell anemia and some other incurable ailments. Maybe in future, there might be discoveries of medicine that can cure such ailment. But for now, medicine can only suppress incurable disease".(part4,female student)

Virtually all the interviewees believed that incurable ailments can only be cured through divine intervention.

CONCLUSION

More than 50% of all medicines are prescribed, dispensed or sold inappropriately and also patients with various conditions fail to take their medicine according to prescription. Inappropriate use of medicine was widely reported as more than average used medicine based on perceived symptom and likely treatment.

However, the respondents' were able to list health conditions that cannot be treated through the use of medicine and also share their experiences on medication related problems. It was discovered that, majority of the students, discontinued the use of medicine, the last time they had medication related problems. Comparatively, a high proportion of the respondents' believed that drugs produced in Europe are of better quality compare to that of Africa and also they hate complaining to the physician about their health. This explains why their perception has been negative towards the use of medicines.

Thus, these findings will add to existing knowledge of students on medicine use and medication related problems as it serves as response to the objectives of the study which is to examine the attitude of students on medication related problems.

Implication for Future Use

In view of the above findings, it is obvious that this study has many implications for further studies. This research cannot claim to have unveiled various reasons that may account for students' perception on medicine use and medication related problems. More researches have to be done in this area especially in some other parts of the country so as to really explore the wiliness of students on medicine use and their experiences in handling medication related problems.

RECOMMENDATIONS

There is evidence that the level of knowledge about medicine in general may influence consumer attitude and belief about medicine for particular illness. The depth of impact of inappropriate use of medicine on communities and economics is still unknown and it should be a major concern to individuals, communities and the nation. We cannot claim ignorance or fold arms and watch able bodied men and women waste away by the use of inappropriate drugs. Based on the findings of this study, the following will go a long way to strengthen the effectiveness of appropriate use of medicine.

Firstly, health workers and policy makers should increase the awareness on appropriate medicine use and the consequences of inappropriate use of medicine. In this regard, the international organization, government and private sector could assist in building the local infrastructure for efficient health care delivery as the existence and easy availability of services can motivate people not to take unprescribed drugs.

Health planners and policy makers should find a way of including traditional medicine in medical care in the country by starting from Federal government hospitals to merge the services of orthodox doctors and Native doctors. When this is done, it is believed that the others like the private and state services would follow suit because this merge has more potential than a single medical system.

Furthermore, health planners should organize a fair distribution of medicine and not paper a document that speaks about efficient and equitable medicine distribution. The task of the policy makers is to write text before certain deadline and get them accepted by those who carry political authority.

Concerned private agencies can also assist the public agencies to establish laws on inappropriate use and prescription of medicine. Good communication skills between the patients and medical practioners are also very important.

Finally, we must acknowledge that planning medicine is not too easy. Medicines, as we have seen, have commercial, social and other values which draw them out of the control of planning. But the government can play their part by a de facto fair and steady distribution of medicine which would be a significant and political achievement as it brings credibility to a government. This would be one of the most convincing proofs of good governance. These amongst others have been identified and hope to change the perception on the use of medicine and medication related problems.

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