AN APPRAISALOF HEALTH COMMUNICATION CAMPAIGNS ON SELF-MEDICATION AMONGST UNDERGRADUATE STUDENTS OF KOGI STATE UNIVERSITY, ANYIGBA

BY

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P14ARTP8012

DEPARTMENT OF THEATRE AND PERFORMING ARTS,
FACULTY OF ARTS
AHMADU BELLO UNIVERSITY, ZARIA

MARCH, 2017

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A DISSERTATION SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES, AHMADU BELLO UNIVERSITY, ZARIA, IN PARTIAL FULFILMENT FOR THE AWARD OF MASTER OF ARTS (MA) DEGREE IN DEVELOPMENT COMMUNICATION

DEPARTMENT OF THEATRE AND PERFORMING ARTS,
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MARCH, 2017

DECLARATION

I hereby declare that this dissertationwas written by me and has not been submitted in part or in full for any higher degree. All citations are indicated and the sources of information are properly acknowledged by means of references.

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Jubril ABDULLAHI **Date**

CERTIFICATION

This is to certify that this Dissertation, entitled "**Appraisal of Communication Campaigns on Self-Medication Amongst Students of Kogi State University, Anyigba**written by AbdullahiJubril P14ARTP8012 meets the regulations governing the award of a Master of Arts Degree in Development Communication, from the Department of Theatre and Performing Arts, Faculty of Arts, Ahmadu Bello University, Zaria and is approved for its contribution to knowledge.

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DEDICATION

This dissertation is dedicated to the memories of those who for lack of knowledge have lost their lives in the course of indulging in inappropriate self-medication.

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ABSTRACT

The use of Communication Campaigns to support the fight against certain unhealthy practices such as self-medication has remained an essential focus engaging theattention of health communication stakeholders. The practice which is common among youth especially University students, call for a serious concern due to the adverse effect associated with it.Therefore, thisstudy focused on appraising the communication campaigns on self-medication among undergraduate students of Kogi State University, Anyigba. The Two-Step-Flow Theory provided the framework for this study.A survey Research method was employed for this study using questionnaire and focused group discussion to collectdata. From the analysis of the data collected, it was discovered that there was inadequatespreading of the coverage of the posters used for the campaign at strategic locations around the campus. Also, radio talk show on self-medication was not regular and popularamong students in the university. These findings thus point to why inappropriate self-medication still prevails among students in the university. The result revealed that majorityof students had knowledge of self-medication, but still practise it.Thus, communicationcampaign programmes in the university were found to be irregular and inadequate to impact positively on self-medication behaviour change among students of the university. However, interpersonal communication and the television were found to be the major sources of information onself-medication amongst the respondents. It was also establishedthat interpersonal communication and social media were the most effective means of reaching out to students about self-medication and its consequences. The study concludesthat media campaign on self-medication in Kogi State University has not effectively created positive response towards changing students' self-medication behaviour.It istherefore recommended that the University Authority should intensify effort on self-medicationcampaigns byfrequently featuring it in various campus-based programmes using tools of interpersonal communication and social media platforms. These will help to design acontext based language in packagingself-medication messages that will appeal to the sense of the target audience. By so doing, there is the likelihood that it may engender behaviour change on self-medication crises amongst students.

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CHAPTER ONE

GENERAL INTRODUCTION

1.0 Background of Study

The standard of living in every society is determined by an assessment of the cumulative development recorded in different sectors. Health, Education, Agriculture, Tourism, Aviation, Solid Mineral among others are sectors that drive development. The health sector occupies a sensitive position in this respect as the development of thesesectorsis essentially dependent on it. Therefore,the labour force must be a healthy one to be effective. Every good health care system aims to prevent human disease, injury, and disability; protect people from environmental health hazards and promotebehaviours that lead to good physical and mental health as well as assure availability of highquality health services (Encarta, 2009).

In recent times, human health hasbeen challenged and ravaged by several risky and unhealthy behaviours among which are smoking,illicit drug use, alcohol abuse, unhealthy diets, unsafe sex and also, self-medication. Of significant interest to this research is the disturbing trend of self-medication. The practice of self-medication is a global phenomenon, which has become an issue under debate in health care (Danshana, 2014). Evidence from Sarahrood&Arzi(2010:32) showed that self-medication is not restricted to a region or race since both developing and developed countries are experiencing the menace of inappropriate self-medication.

Self-medication by definitionis the taking of drugs, herbs or home remedies on one's own initiative, or on the advice of another person, without consulting a medical doctor. World Health Organisation(2008) defines self-medication as "the use of medications by a patient on his own initiative or on the advice of a pharmacist or a lay

person instead of consulting a medical practitioner. Also, the World Self-Medication Industry, (WSMI, 2010) holds that "self-medication is the treatment of common health problems with drugs especially designed and labeled for use without medical supervision and approved as safe and effective for such use". This makes self-medication activities central to many healthcare programmes.

Self-care and self-medication activities are central to many healthcare programmes, but the elements – for example good hygiene, appropriate levels ofnutrition and physical activity, risk avoidance and responsible use of nonprescription medicines – are diverse. To support self-care and responsible self-medication with nonprescription medicines, many countries and regions formed manufacturers and distributors associations during the last century. In 1970 the World Self-Medication Industry (WSMI) was also created to convey the social and economic value of self-care and responsible self-medication to global audiences. Working with the World Health Organisation and other Intergovernmental Organisations, WSMI demonstrated the importance of people (and not just patients) taking more responsibility for their own self-care and self-medication with nonprescription medicines. How well do people adhere to the rules of application is very fundamental in terms of appropriately treating their aliments with prescribed and non-prescribed drugs.

Afolabi (2012: 120) noted that craving for medicine and self-medication has been part of mankind from one generation toanother. In the same vein,Haak(1988)cited in Afolabi (2008: 7-14) opines that People generally hold the view that medicines should be used in the event of any sickness or discomfort. Beyond this, consumers are called upon to assume more responsibility for their health promotion and disease prevention

practiceswhich motivated them to embrace self-medication without consulting a physician provided caution is applied.

In another observation, Ahmad, Parimalakrishnan, Patel, Kumar, Balkrishnan and Mohanta (2012) noted that, in India and perhaps other developing countries, "a large number of people do not consult the physician when they fall sick. They either consult a drug store (retail pharmacy) and obtain medicine from the shelf, or consult a neighbour who may be having some tablets left over from his/her previous illness and thus procure the medicine from that neighbour". Barar (2005) stressed that "even if the drugs in question are used correctly, there may be side effects and increased chances of drug reactions which may also affect adherence to treatment and quality of life".

In their view, Kalaiselvi, Ganesh, & Archana (2014: 32-36) opine that "Self-medication among developing and developed nations may be due to the disparities in the cultural, economic, health care system and policies in each nation". These disparities are eminent in especially the health care system and policies that drive the system. In view of this, Martins, Miranda-Ada, Mendes, Soares, Ferreira(2002: 409) emphasizes the importance of careful drug history for General Practitioners and Physicians so as to be aware of what patients are taking before treatment commences especially where sub therapeutic doses are involved. This is where patients-caregiver communication becomes imperative.

Though, World Self-Medication Industry classified self–medication as responsible or non- responsible and as a result, the behaviour cannot be considered entirely harmful (Porteous et al., 2005). The encouragement of self-medication is seen as giving patients every opportunity to take responsibility and build confidence in their ability to manage

their own health. Supporting the above statement, WSMI (2010: 1-12) states that "the responsible use of non-prescription drugs to treat any kind of illness without consulting a physician and the appropriate enforcement of national regulations to combat self-prescribed medicines is a welcome development. We support safe and effective use of such products without requiring the intervention of a physician".

In line with the above statement, the National Drug Policy of Nigeria (2005) also emphasizes that: Drugs that can be sold without prescription and used for the short-term relief of symptoms, without prior medical consultation and precise diagnosis, shall be drawn up and published by government; Such listed drugs shall satisfy the criteria for the selection of essential drugs, be effective for their condition of use, and have a wide margin of safety; The list shall be reviewed from time to time in the light of experience and available new information…

As stated above, it means that the phenomenon called self-medication has been accepted world over;whichis evident in several studies conducted on self-medication across the globe. Afolabi (2012:) pointed out in a survey conducted in Poland that "self-medication, while widespread, does not imply a negative attitude towards health professionals or the existing system of medical care, rather, it gives an individual the room to take charge of minor illness without necessarily visiting a physician. By so doing, people will begin to sense the positive benefit of self-care in the form of self-medication and apparentlyits contribution toward improvement of the efficiency of the overall health care system.

Self-medication is indeed a very common practice in Nigeriaamong the economically deprived communities and the economically advantageous

ones.Severalstudies conducted revealed high prevalence of self-medication in Nigeria. For instance, Afolabi(2008: 120) in a study of market women in a suburban community of Lagos, Nigeria reported 95-98%; OmolaseC., Afolabi A., Omolase B.(2008: 8-14) established that 79% of ophthalmic patients and 85% of patients in the general out patients' clinic admitted self-medication. Bamgboye E., Amoran O., YusufO. (2006), in a study of workers in a tertiary hospital in Nigeria reported a prevalence of 73%. The study of Onajole&Bamgbala (2004) established in Lagos, that 71% of their respondents admitted to drug misuse. From the aforementioned studies, several reasons were advanced for why people indulge in the practice.

According to World Health Organization (WHO), the practice of self-medication without medical consultations is to enable effective and quick relief of symptoms; and also to reduce the burden on health-care service centres, which are often understaffed and inaccessible in remote rural areas (Phalke, Phalke, D., &Durgawale(2006). This is reflected in a revised version of the National Drug Policy in Nigeria. The document statesthat, "Self-medication is especially useful in any situation where access to health care facilities is limited. It can offer the advantage of providing quick and effective relief that does not require medical attention, thereby relieving pressure on medical personnel and freeing them to devote more time to serious problems".

Phalke*et al.* (2006: 34-35) states these reasons:

> The urge of self-care, feeling of sympathy towards family members in sickness, lack of time, lack of health services, financial constraint, ignorance, misbeliefs, extensive advertisement and availability of drugs in other than drug shops are responsible for growing trend in self-medication.

In additon, Zafar, Syed, Waqar, Zubairi, Vaqar, Shaikh, Yousaf, Shahid, Saleem (2008:214-217) added that:

> The availability of drugs together with poor awareness leaves the layman uninformed about the potentially lethal effects of some of these drugs. Also, the lack of a good primary health care system coupled with cost issues causes the generalpublic to approach various other doors instead of a doctor to seek help for a problem.

However, it istherefore evident that self-medication in itself is an acceptable practice but often comes with a caveat. In this circumstance, adequate knowledge and accurate information is needed to be able to use drugs effectively, to avoid risk and possible side effects that come with inappropriate self-medication pattern. This is evident in studies conducted in Switzerland and Nigeria respectively revealing that nearly one third of the population lacked sufficient drug knowledge, and consequentlythis lack of knowledge could lead people into misuse of drugs which is common with its side effects (Lam, Catarivas, Munco, & Launder, 1994). Furthermore, the availability of Over the Counter (OTC) drugs makes it easier for people to indulge in any form of self-medication. In this case,the buyer diagnoses his/her own illness and buys a specific drug to treat it which is medically wrong (WHO, 2004). This however, poses a lot of public and professional concern about the misuse and abuse of self-medication in most especially developing countries.

InNigeria, easy availability of a wide range of drugs in the midst of inadequate public health services results in increased proportions of drugs being used as self-medication as opposed to drugs being prescribed by physicians. Though, Sharma, Verma, Sharma & Kapoor (2005: 37-45) pointed out that, “OTC drugs are meant for self-medication and are of proven efficacy and safety, however, their improper use due to lack of knowledge about their side effects and interactions could have serious implications”. It is more dangerous and suicidal especially in extreme ages (children and old ages) and

during special physiological conditions like pregnancy and lactation. This is because there is always risk of unknown interactions between active ingredients present in OTC drugs and prescription medicines as well as increased risk of worsening of existing disease pathology.More worrisome is theincorrect use of essential drugs among university students. Therefore, it is imperative to acknowledge the fact that the university environment is also part of the larger society made up of people with diverse sociocultural background especially the youth. Youth in any society occupy a delicate and sensitive position within the population structure. Thus unhealthy health-seeking behaviour becomes a common phenomenon, particularly the practice of self-medication among University students.

. The misuse of non-prescribed drugs amongst students has become a serious problem. Awad&Eltayeb (2007: 1249-1255) reported that "about 60-80 % of health problems are self-medicated which placed antibiotics self-medication pattern among undergraduate students in Nigeria at 56%". Olayemi, Olayinka, Musa (2010) and Sapkota, Coker, Rosembog, Atkinson, Sweet, Sopeju, Ojo, Otivhia, Ayepola, Shirman, Pottinger, &Ojo (2010) also demonstrated that in every four female students in Ekiti State, Southwest Nigeria, self-medication with antibiotics occur for the purpose of treating menstrual pain". Studies have suggested that self-medication practice is one of the remote causes of drug addiction which can also lead to drug abuse;the effects on an individual therefore form the basis for its cumulative effects on the society.

For instance, in countries (especially Nigeria) where drug addiction is a public health problem, there is a great challenge in getting skilled human power and the country will get a burden in the health delivery by spending the significant figure of the health

budget to the problem. Inappropriate self-medication (as studies have revealed) as one of the remote causes of drug addiction is not only a health problem but also a situation that brings social, economic and political crisis for a country. Good health affects several aspects of life and personal well-being which translate into a healthy population.A healthy population will have high work productivity, and thereby contribute to the improvement of country's living standards. Poor health on the other hand, makes people unable to work full-time and thus their income level is reduced, which will affect their livelihood and they will not be able to get their basic needs including health services (Gidey, Taju, &Hagos, 2006).

The trend of self-medication in tertiary institutions in Nigeria cannot be overemphasizedand Kogi State University is not an exception. For instance, studies by Achema, Odira, and Umerah(2014: 65-67) have identified the practice of self-medication among undergraduates of the University. 92% of therespondents (students) have good knowledge of it, but these studies didnot concentrate on the role of communication campaigns targeted at addressing inappropriate use of medicine. The studies also ascertain that various behavioural vices such as lesbianism, homosexual act and intake of dangerous substances (which could have a dangerous aftermath effecton students' health and academics) are common practices among undergraduates. This informed the choice of the University in order to appraise the communication campaigns towards establishing its effectiveness as intended.

Kogi State University which is the study area of this research is located inAnyigba, the eastern zone of the state. It was established in 1999 by the administration of Late Prince AbubakarAudu, the former governor of the State. Presently, it has eight (8)

Faculties including the Faculty of Medicine. To be specific, cases of self-medication among undergraduate students of the University are alarming. According to medical report of Kogi State University Clinic (2015), several adverse cases have been recordedinvolving students: Cases such as increased resistance of pathogens, adverse reaction to anti-malarial drugs, and drug addiction among others, all are due to self-medication. The Document further states:

> Students suffer from the negative effects of self-medication as a result of poor knowledge and practice of self-medication, and these students often use antimalarial, multivitamins, antibiotics and herbal remedies which have after effect on the student's health and academics as a result of poor knowledge of self-medication or usage of drugs.

In recent times, Kogi State University has been identified as a ground where social vices thrive largely among undergraduate students. These vices which are behaviourally situated may have been triggered by the use of various drug addicted substances and could be traced to harmful self-medication practices. Research have shown that self-medication among students of the University is one of the remote causes of drug addiction. This attitude and behaviour expert say could have serious implications on their health, academic, family members and the nation at large. In view of the above, efforts have been madeby the university clinic to this subtle means of youth (students) destruction, in creating self-medication awareness campaigns through posters and radio talk show programmes, but these campaigns have largely been ineffective. Also, a number of studies have been carried out among Undergraduates in the University, revealing largely, the extent of self-medication with respect to specific cases of adverse reactions.

In order to stem the tide of all forms of drug abuse (inappropriate self-medication inclusive) in Nigeria, media campaigns on illicit drug use and self-medication have been

embarked on by the National Drug Law Enforcement Agency (NDLEA), National Agency for Food and Drug Administration and Control (NAFDAC) and other stakeholders. All of them are geared towards creating awareness and sensitizing the people on possible means of avoiding risky behaviour toward self-treatment. The main reason for the media campaigns against self-medication is premised on the fact that people need information on the dangers associated with taking the initiative in treating themselves without consulting a doctor. So, in order to discourage behaviours that could increase inappropriate use of drugs among students, communication is key to creating the much needed awareness to influence a change of behaviour.

Acknowledging the importance of communication, Obaje (2016: 2) submits that, "effective communication is a sine qua non in the healthcare continuum as it directly affects the quality of patient care, safety, satisfaction and medical outcomes". He states:

> The central place of communication in the health care process is increasingly being recognized as critical to the success of the entire healthcare system. It is required not just for successful interaction between individuals and their healthcare providers but also between healthcare providers themselves. Improving the quality of communication is thus synonymous to improving patient outcomes. Communication between healthcare provider and their consumer affects every aspect of the health operations.

The above statement therefore demonstrates the strength of communication as indispensable in curbing not just inappropriate self-medication behaviour, but also other aspects of behaviour change related to health in general. As rightly put by Hybels and Weaver (1998: 5), 'To live is to communicate. To communicate is to enjoy life more fully'. Without the capacity for sophisticated channels for sharing knowledge, both within and between generations, advanced civilization would not exist (Hargie and Dixon, 2004). More specifically, it is often necessary to impart information on the wider public in order

to reach mass audiences, such as in public health campaigns. Effective health campaigns require diverse communication skills and strategies such that will help knowledge and understanding, towards making choice and informed decisions.

It is believed therefore, that if media campaigns are properly designed and executed,with effective campaign of delivering understandable and credible messages, it will form a major link in the communication processes geared towards achieving attitudinal or behavioural changes;more so that scholars in previous studies explained the phenomenon within the scope of scientific/medical reasoning (Coffman, 2002).The message must be designed to capture the right audience attention and disseminatedin such a way that are capable of influencing or causing a change in the audience attitudes.

1.2 Statement of the Research Problem

This study aims to appraise the health communication campaigns on self-medication amongst undergraduate students of Kogi State University, Anyigba. From a standpoint of World Self-Medication Industry (2010), self-medication in itself is an acceptable practice but often comes with a caution, emphasizing that if symptoms persist after three days, a doctor should be consulted. Drawing line between self-medication and drug abuse thus becomes an issue worthy of note. This is owing to the fact that Osemene&Lamikara (2012), Raginald, Kevin, Henry, Chukwuma, Kenechi(2014), Achema, Odira, Umerah (2014) emphasized that 'Self-medication is one of the remote causes of drug addiction'. The upsurge in drug abuse amongst students of tertiary institutions consequently necessitates an empirical investigation, owing to the fact that several studies have emphasised on the danger associated with self-medication.

According to Kogi State University Report (2015), students suffer from the negative effects of self-medication as a result of poor knowledge and inadequate

information on the practice of self-medication.These students often use antimalarial, multivitamins, antibiotics and herbal remedies which have after effect on the student's health and academics as a result of poor knowledge of self-medication or usage of drugs. Although some campaigns have been embarked upon by the University clinic in creating awareness and sensitizing students on the effects of self-medication, yet the prevalence of self-medication practice is ever increasing. To this end, it is imperative to ask some pertinent questions: Are students of the university aware of these campaigns? If they are, how far have these campaigns altered their attitude and behaviour towards inappropriate self-medication practice?It is against this backgroundthat this studyappraised the health communication campaigns on self-medication among students of Kogi State University, Anyigba with a view to ascertaining the influence ofthe medical campaign strategies of the University clinic on undergraduate students.

1.3 Aimand Objectives of the study

The aim of this study is to improve on health communication campaigns geared towards reducing incidence of inappropriate self-medication among students of Kogi State University.The specific objectives are to:

1. Identify the sources of information on self-medication among students of Kogi State University.
2. Examine the nature and effectiveness of the health communication campaigns on self-medication in Kogi State University.
3. Assess the attitude of students towards self-medication inKogi State University.

4. Identify feasible communication approaches that can improve health communication campaigns and reduce the risk of self-medication amongst students of Kogi State University.

1.4 Research Questions

The study addressed the following research questions:

1. What are the sources of information on self-medication among students of Kogi State University?
2. Howeffective is the nature of the health communication campaigns on self-medication in Kogi State University?
3. What is the attitude of students towards self-medication in Kogi State University?
4. Are thereany feasible health communication approaches that can reduce the risk of self-medication amongst students of the University?

1.5 Scope and Limitation of the Study

The scope of this study is limited to appraising the health communication campaigns on self-medication among undergraduate students of Kogi State University, Anyigba. The University comprisesof youths who come from various socio-economic and cultural background.The University presently has eight (8) Faculties with 23,264 student enrolments (Academic Planning Unit, 2015). Also, this study was primarily restricted to the undergraduate students,witha view to ascertaining the influence of self-medication campaigns of the University on them. The study was carried out within the context of inappropriate self-medication and the role effective health communication can play so as to engender a positive behaviour change among students. Given the fragile nature and characteristics of the sampled population (students), regular and effective communication

becomes central especially in university settings where youths constitute the majority of the population. The study was conducted between February and November, 2016.

This research work was limitedmainlyby the paucity of literature on the subject matter specifically from the perspective of communication scholars. Most of the previous researches consulted were conducted by medical scholars.Secondly, some respondents' reluctance to accept and fill the questionnaire was also an issue the researcher contended with;as students complained of lack of time which may have been one of the reasons why some of the questionnaires were not returned. Though, the situation was brought under control with the intervention of some of their lecturers who made it clear to them that filling the questionnaires would not take much of their time.

1.6 Significance of the Study

This research takes bearing from the study conducted by Achema*et al*., (2014) who examined the knowledge and practice of self-medication among undergraduate students of Kogi State University. Given the fact that the findings showed high prevalence of self-medication, further research is required to find out why self-medication is still prevalent among undergraduate students in the university.Following the over 90% knowledge of the hazards inappropriate self-medication poses to human health and wellbeing, The study adds a fresh perspective on the issue of self-medication by evaluating the communication campaigns deployed towards creating awareness on the dangers of treating self-diagnosed ailment without consulting a physician.

In view of the above, this studycontributes to the articulation of the media campaign role in creating sustained awareness on the problem of drug misuse among students of tertiary institutions. Itshall serve as a data base to DevelopmentCommunication

researchers who may be interested in learning the global fight on inappropriate self-medication pattern and for future researchers, who may be embarking on similar research in future. Itwill also serve as a reference material for Government and Non-governmental Organizations, Policy Makers and Media Campaigns Planners in the field of healthcare services, particularly on self-medication.

Again, the research significantly adds to the body of knowledge of medicine usage among policy makers and students.It provides health workers with empirical evidence on the need to evolve comprehensive communication strategies and approaches aimed at making students not only knowledgeable about self-medication but also on the danger inherent in the misuse, abuse and overdependence thereby making informed choices of healthy lifestyle. All these, would help in improving the self-medication communication campaign.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

'No communication, no society' has been an age long axiom that characterizes the importance of communication to both human and societal developments. However, the relationship between communication and development could be said to be that of a Siamese twins such that the existence of one is dependent on the other. For this study, the review dwells on the following: conceptual clarifications on communication, self-medication, and health communication, review related empirical studies and finally foreground the study with relevant theoretical framework.

2.1 Communication

Scholars have defined communication in different ways depending on the context within which it is defined. Communication is the process of exchanging information. Information is conveyed as words, tone of voice, and body language. Northouse and Northouse, (1998) sees Communication as "the means by which information is imparted and shared with others". In the same vein, Berry (2007) views communication as "the transfer of information between a source and one or more receivers; a process of sharing meanings, using a set of common rules."We communicate information in many different ways. In humans, it is frequently done through spoken and/or written language, but non-verbal communication also plays a significant role in our interactions.

Thomas, R.K, (2006: 16) submits that:

> Communication involves the transfer of information from a human sender to a human receiver, for the purpose of increasing the receiver's knowledge, enabling him to carry out tasks, or influencing his attitudes and behaviour. The

> "information'' transferred refers to the conceptual representation of aspects of a universe in the form of a message that can be encoded and transmitted. Communication in any field may serve a number of purposes.

Similarly, the U.S. Office of Disease Prevention and Health Promotion, (2004:11) declared that:

> Communication refers to the transmission or exchange of information and implies the sharing of meaning among those who are communicating. Communication serves the purposes of initiating actions, making known needs and requirements, exchanging information, ideas, attitudes and beliefs, engendering understanding, and establishing and maintaining relations. Communication, thus, plays an integral role in the delivery of healthcare and the promotion of health.

From the definitions above, words like "shared", "transmission", "exchange" and "transfer" are prominent and this clarifies the view that communication involves two or more persons (interpersonal). Communication can be generated by a wide variety of sources, and the source is often critical to the acceptability of the message (Thomas, R.K, 2006).

Berry, D. (2007: 121)observed that:

> At its simplest level, communication requires a sender, a message, a receiver and a channel of communication. However, any communicative event is enormously complex; senders are often receivers, and multiple and contradictory messages may be sent via different channels. We have all experienced situations where a person says one thing but their tone of voice or body language indicates that they actually believe something else. Communication is social in a variety of ways.

This means that communication is a complex system through which messages are sent between a sender and receiver. However, it is not just communication that is important in human endeavour but effective and efficient communication. Effective communication is central to our ability to function as a member of society. It is a key aspect of all relationships, whether these occur in family, educational, work or social settings. Indeed, when such relationships break down or become stressful, the central complaint frequently relates to poor communication. However, Schofield (2004) noted that 'effective

communication was a drug that could be prescribed.' It has been shown to have beneficial effects, while ineffective communication can lead to a whole range of negative outcomes.' This translates to mean that emphasis must therefore be on *effective* communication, rather than on communication per se. there is a need to impart the right information, to the right people, in the right way, at the right time. Simply providing more information for the joy of it, cannot be a goal in itself. In their opinion, French and Adams, (2002: 87) affirmed that:

> The importance of effective communication is not just relevant to interactions that relate to patients in healthcare settings, such as general practitioner (GP) practices, hospitals and clinics, but is also fundamental at the wider public health level. Indeed, it has been argued that the most significant determinant of health is social and economic circumstance, and that the least important is individual health behaviour.

Health is an area where effective communication is particularly important, as good communication contributes to virtually all aspects of healthcare. There is now a substantial body of evidence to show that patients who are dealt with by healthcare providers with good communication skills have better health outcomes (Berry, 2007). The aforementioned view therefore attunes us to the concept of health communication.

2.2 Health Communication

Health communication is not an alien concept. It represents the interface between communication and health and is increasingly recognized as a necessary element for improving both personal and public health. Health communication can contribute to all aspects of disease prevention and health promotion. The most obvious application of health communication has been in these areas of health promotion and disease prevention.

Thomas, (2006) claimed that, "Research has uncovered improvement of interpersonal and group interactions in clinical situations (for example, between provider

and patient, provider and provider, and among members of a healthcare team) through the training of health professionals and patients in effective communication skills".

The growing interest in health-related issues created the platform for which interested health communication scholars in health care and health promotion came together to form the Therapeutic Communication interest group of the International Communication Association (ICA). The formation of this professional group became a remarkable momentright from inception of this modern field of health communication. However, at the 1975 ICA convention, held at the LaSalle Hotel in Chicago, another important milestone in the development of this field of study occurred. The members of the Therapeutic Communication Division voted at this conference to change the name of the group to the broader title of "Health Communication," recognizing the many ways that communication influences health and health care. According to the group, it was an important change because the new name represented a much larger group of communication scholars than the title 'Therapeutic Communication' did. Kreps (1996: 99-109) states that:

> The therapeutic communication title was most attractive to interpersonally-oriented communication scholars, while the name 'Health Communication' appealed broadly to scholars interested in persuasion, mass communication, communication campaigns, and the organization of health care services, as well as those interested in interpersonal communication.

As the name implies, health communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. It links the domains of communication and health and is increasingly recognized as a necessary element of efforts to improve personal and public health. (NCI, 1989; Piotrow et al, 1997, Jackson & Duffy, 1998).

Maibach&Holtgrave (1995: 219) espoused that the term Health Communication included the use of "communication techniques and technologies to positively influence individuals, populations, and organizations". Ishikawa and Kiuchi (2010) simplify our understanding by stating that, "Health Communication consists of interpersonal or mass communication activities focused on improving the health of individuals and populations". Achalu, Obumneke-Okeke and Bosah (2015: 747)citing Schiavo(2007),health communication is:

> A multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behaviour, practice, or policy that will ultimately improve health outcomes.

Academically, Lapinski and Rimal(2005: 127)see health communication as:

> A discipline within communication studies and is defined as the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. It could also be the study and practice of communicating promotional health information, such as in public health campaigns, health education, and between doctor and patient.

Research into health communication seeks to refine communication strategies to inform people about ways to enhance health or to avoid specific health risks (Schiavo, 2007). For individuals, effective health communication can help raise awareness of health risks and solutions provide the motivation and skills needed to reduce these risks, help them find support from other people in similar situations, and affect or reinforce attitudes (NCI, 1989). Health communication also can increase demand for appropriate health services and decrease demand for inappropriate health services. It can make available information to assist in making complex choices, such as selecting health plans, care providers, and treatments (NCI, 1989). For the community, health communication can be used to influence public agenda, advocate for policies and programs, promote positive

changes in the socio-economic and physical environments, improve the delivery of public health and health care services, and encourage social norms that benefit health and quality of life (Piotrow, 1997)

The practice of health communication has contributed to health promotion and disease prevention in several areas. One is the improvement of interpersonal and group interactions in clinical situations (for example, provider-patient, provider-provider, and among members of a health care team) through the training of health professionals and patients in effective communication skills (Jackson & Duffy, 1998; Eng. &Gustfson, 1999). Collaborative relationships are enhanced when all parties are capable of good communication. Another area is the dissemination of health messages through public education campaigns that seek to change the social climate to encourage healthy behaviours, create awareness, change attitudes, and motivate individuals to adopt recommended behaviours(Maibach, & Parrott, 1995; Atkin & Wallack, 1990; Backer T. *et al*., 1992).

Teresa, Thompson, Roxanne, & Miller (2003:83)stated:

> Another increasingly important application of health communication has been in reaching students in the college community. The National College Health Assessment has measured that 92.5% of college students reported being in "good, very good, or excellent health", however college students seem to battle serious problems with stress, depression, substance abuse, and a general lack of nutrition in comparison to other age groups and audiences.

However, health communication practitioners are actively and constantly striving hard to offer their expertise in new ways to reach these at-risk audiences in order to raise standards of public health in the college setting and to promote a healthier life style amongst students. Beyond the above, Health communication is seen to have relevance for virtually every aspect of health and well-being, including disease prevention, health pro-

motion and quality of life. This increase in the prominence of the field, externally, is happening contemporaneously with important developments taking place, internally, one of which is the focus on the study of environmental, social and psychological influences on behaviour and health. It is important to note that health communication include health promotion, behaviour change communication, communication for behaviour change, health education, entertainment education, training and visit, the use of Information, Education and Communication materials (IEC), flyers, posters, drama campaign among others. Given the global challenges posed by major threats, health communication scholars and practitioners recognize the importance of prevention and, with it, the need to understand human behaviour through the prism of theory. This has given rise to theorizing about the role of risk perceptions, social norms, emotions, and uncertainty in health behaviour.

2.3 Challenges in Health Communication

Despite the remarkable contributions the health communications field has made toward solving people's health issues, the challenges faced by health communication practitioners are enormous. According to Viswanath and Finnegan (2006), "one of the most pertinent challenges health communication faces is the general gap that has formed between the population's health literacy and the use of health communication". The purpose of disseminating health information is to influence personal health choices by improving health literacy. Nutbeam (2008: 2072-2078) states that, "improving health literacy is critical to empowerment. As a concept, health literacy encompasses more than transmitting health information and developing skills". It entails improving people's access to health information and support capacity to use it effectively; in order for them to make

informed choices, reduce health risks and increase quality of life (Zarcadoolas, Pleasant, & Greer 2006: 2003). In this light, health literacy is an important public health goal to reduce inequity. National Library of Medicine (NLM, 2000) opines that, "Even with access to information and services, disparities may still exist because many people lack health literacy. Baker, Parker, & Williams (1997: 1027-1030) observed that:

> Health literacy is increasingly vital to help people navigate a complex health system and better manage their own health. Regrettably, differences in the ability to read and understand materials related to personal health as well as navigate the health system appear to contribute to health disparities. People with low health literacy are more likely to report poor health, have an incomplete understanding of their health problems and treatment, and be at greater risk of hospitalization.

At all times people need accurate health information to be able to take informed decision concerning their health, but could only achieve that if they can access, understand, appraise and communicate information to engage with the demand of different health contexts in order to promote and maintain good health. Parker &Kindig (2006: 891-892) citing IOM (2004: 380)reflect on this:

> Health literacy is based on the interaction of the individual's skills with health contexts, the health care system, the education system, and broad social and cultural factors at home, at work, and in the community. This synergy between individuals and contexts led Rootman to propose another definition for health literacy as the degree to which there is a fit between the health information processing demands of different situations and the skills of individuals in those situations. It also acknowledges the essential contribution of literacy to health literacy and the fact that health literacy and general literacy can be expected to affect both health outcomes and costs to individuals and society.

As a result, the field of health communication has evolved and expanded greatly. From being initially a matter of high volume production of simple print material – posters and brochures for clinics – communication has become a vital strategic component of health programs. It represents not only the most conspicuous part of most preventive health

programs but also the strategic themes to enhance the importance of health programs for policymakers and the public alike.

2.4 Factors Responsible for Effective Health Communication

Health communication programmes have evolved from strength to strength. Therefore, to achieve effective health communication programme, it requires strategic communication approaches and the acknowledgement of the step by step processes aimed at addressing issues that are likely to arise, and by so doing solving those that are also likely to impede on effective communication for better health outcomes.Health communication has changed dramatically over the last half century, passing through at least four different periods: Rogers (1973) identified two of these era: the 'clinic era', and the field era.

The clinic era according to Rogers is based on a medical care model and the notion that if people knew where services were located they would find their way to the clinics. The field era is a more active approach emphasizing outreach workers, community-based distribution, and a variety of information, education, and communication (IEC) products. These included posters, leaflets, radio broadcasts, and mobile units. The social marketing era, developed from the commercial concept that consumers will buy the products they want at subsidized prices. Highly promoted brands stimulated the demand side while convenient access through local shops and pharmacies expanded the supply side (Andreasen, 1995; Rimon, 2001).

Directly linked to this study is the era of Strategic Behaviour Change Communication, founded on behavioural science models for individuals, communities, and organizations that emphasize the need to influence social norms and policy environments

so as to facilitate and empower the interactive and dynamic process of both individual and social change (Figueroa, Kincaid, Rani & Lewis, 2002; Piotrow& Kincaid 2001).

2.5 Communication Campaigns

One important way to change the healthbehaviours of a large number of people is to conduct communication campaigns.Communication campaignaccording to Snyder (2001: 457-478) is"an organized communication activity, directed at a particular population for a particular period of time, to achieve a particular goal".In line with the above definition, Atkin & Rice (2013) sees communication campaign as "a process that encompass strategies for producing effects on knowledge, attitudes and behaviour across a variety of domains, including political, prosocial, environmental, and health outcomes". They further state that, "Communication Campaigns typically specify the purposive attempt to inform, persuade, or motivate behaviour changes in a relatively well defined and large audience, within a given time period, by means of organized communication activities involving mass and online/interactive media and often complemented by interpersonal support".

The term *campaign* includes organized, communication-based *interventions* aimed at large groups of people and *socialmarketing* efforts that include communication activities. Snyder (2001: 457) also noted that "Campaigns have promoted a wide variety of health behaviours, including seat belt use, dietary change, medication use, exercise, dental care, social support, substance use prevention and cessation, family planning, use of health services, and testing and screening for diseases. Health communication campaigns have been used to address many of the most common causes of death across the globe —poor

diet, physical inactivity, tobacco use, alcohol consumption, microbial agents, and toxic agents(National Center for Chronic Disease Prevention and Health Promotion, 2000)

Campaigns vary widely in the particular communication activities they use, which may include posters, handouts, public service announcements, discussion groups, workplace or clinic-based counseling, and in school presentations. Campaigns may use a variety of communication strategies totry to change the behaviour of the target populations, including strategies that attempt to change the political and economic context in which people are making decisions, those aimed directly at the populations, and those aimed at people who may have influence with the target population.Selecting which strategy or strategies to use depends on careful analysis of the context surrounding individual decision making, including existing patterns of communication about the behaviour and barriers to behaviour change (Snyder, 2000).

In the light of the above, Day (2000) posits that"communication campaigns have four stages: In the first stage formative research helps define the goals and the target audiences, as well as the "media diets" of the audiences. In the second stage, the audiences' campaign strategy is developed, messages are developed and pre-tested. Third, the campaign is implemented. Finally, the results are evaluated and used to further refine the strategy. In the first stage of a media campaign, formative research helps define which behaviours the campaign will attempt to change to achieve its broad goals". To select the most effective behaviours, it is necessary to explore what people already know, believe, and care about. For instance, a campaign aimed at eradicating inappropriate self-medication practices must find out what the people already know, including cultural and religious predictors of the behaviour and the inherent risk factors. According to Sandman

(2000), it is important to understand the difference between those who already perform the desired behaviour ("doers") and those who do not ("non-doers").

Day & Monroe (2000) suggest that formative research for a communication Campaign should explore the media "diet" of the audience. Are they literate? Do they listen to Radio? If so, which station(s) and at what time(s)? Do they read any publications regularly? Do they have access to TV, Internet, or other media and do they use it regularly? This Information, along with your budget, will help define the strategy and choice of media. With the goal in mind and information about the "media diet" of the audience in hand, strategic decisions can be made about selecting markets, media, sequence, frequency, and times. These factors form the essence of the campaign. Critical information about funding and how to obtain access to a variety of media opportunities will be needed at this time. Is the effort blessed with a charismatic spokesperson? Is free radio time available? How many newspapers cover the target region and is it possible to advertise in them? Does the audience travel along a particular route frequently, making road signs an option? How often should the message be repeated to achieve your goal? Is it necessary for the campaign to generate more resources to enable you to achieve the goal? (Day & Monroe, 2000).

In sum, campaigns can successfully change a wide variety of health behaviours, including inappropriate self-medicationbehaviours.The literature on campaigns suggests that it is important forhealth campaigns to pay attention to the specific behavioural goals of the intervention, target populations, communication strategies, activities, and channels, message content and presentation, and techniques for feedback and evaluation. Campaign planners should carefully select specific behaviours or products to promote that which are

both efficacious and “doable” for specific populations. The target populations should be based on current medication behaviours and risks, beliefs, resources, life circumstances, and communication patterns. A comprehensive strategy that addresses policy and environmental constraints, individual factors in behaviour change, and social influences on the target population should be considered.

Furthermore, a variety of channels should be chosen for their ability to reach the target population multiple times and help people remember the messages. The messages themselves need to be carefully crafted to persuade people to change their behaviour. Finally, campaigns need to have built-in methods of garnering feedback about campaign execution and effectiveness. Through careful planning and execution, health communication campaigns should succeed in changing the self-medication behaviours of some members of their target population.

Thus information, delivered at the correct time and in a targeted manner, is crucial to maintaining environmentally friendly behaviours.Information alone is not enough to support behaviour, but information can lead to a change in attitude that can lead to behaviour—just as educators have told us it would. But, without a motivator and an initial action to create cognitive dissonance and start the information seeking process, there is nothing to trigger the uptake of the information.

2.6 Self-Medication

Self-medication is a practice that has been acknowledged world over either as best practices and or otherwise in the treatment of certain ailments and diseases. The International Pharmaceutical Federation (FIP, 1999) defines self-medication as a practice by which an individual selects and uses medicines to treat symptoms or minor health

problems, recognized as such by them. When done correctly, self-medication can benefit the individual's health and is recognized by the WHO as part of self-care (WHO, 1998; WSMI, 2006). This means that the act of unguided Self-medication could be harmful while a guided one can be of immense benefit to one's health. Self-medication as an element of self-care is defined as the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms (WHO, 1998).

Self-medication has the approval of the WHO for quick and effective relief of symptoms of minor ailments without medical consultations in order to reduce burden on health care services, most especially in understaffed, inaccessible rural or remote areas (Phalke et al., 2006). Also, it has been found that inappropriate self-medication results in wastage of resources, increases resistance of pathogens and generally entails serious health hazards such as adverse drug reactions, prolonged suffering and drug dependence (Geissler PW, 2000: Kiyingi KS, 1993). On the other hand, if done appropriately, self-medication can readily relieve acute medical problems, can save the time spent in waiting to see a doctor, may be economical and can even save lives in acute conditions. It is now accepted that self-care in the form of responsible self-medication can be beneficial for patients, healthcare providers, the pharmaceutical industry and governments (Galato, Galafassi, Alano&Trauthman, 2009). However, it is also recognized that self-medication must be accompanied by appropriate health information.

Self-medication or treatment is the treatment of self-diagnosed diseases, disorders or symptoms.Self-medication products are those not requiring a medical prescription and which are produced, distributed and sold to consumers for use on their own initiative. Responsible self-medication can be used to prevent and treat symptoms and ailments that

do not need medical consultation or oversight. In Nigeria, some workers have also looked at the population prevalence of self-medication in general; however, the prevalence of antibiotic self-medication among medical undergraduates has not yet been studied (WHO, 2001). Providing myriads of definitions of self-medication isn't enough without citing valuable case studies that have been done in that regards.

2.6.1 Consequences of self-medication

From daily experience and documented views, self-medication practice has many consequences than advantages.It thus becomes necessary that efficient and proper knowledge dissemination should be promoted to reduce the unwanted effects to clients or patient. However, the practice still needs to be in a researchable area in order to weigh up its advantages and disadvantages and most importantly provide knowledge based on the reasons, consequences, and area for improvement.

According to Rohit, Lalit and Manisha (2010: 10), major problems related to self-medication is wastage of resources, increased resistance of pathogens, and generally entails serious health hazard such as adverse reaction and prolong suffering. In addition, it is widely believed that human behaviour such as inadequate dosing, incomplete courses and indiscriminate drug use have contributed to the emergence and spread of resistance to certain drugs in the country over the past few years (Omolase et al., 2007: 64-67).They further reiterate that,the consequences include the loss of relatively cheap drugs, and their replacement by new drugs which are more expensive (as in the case of replacement of chloroquine with the arthemether combination drugs), and may lead to poor drug-compliance. Furthermore, presently in Nigeria, drugs such as antibiotics, analgesics hormonal drugs and anti-hypertensives which must be prescribed by a physician before

purchase over-the-counter in developed countries find their way into the hands of consumers without a prescription. It is known that the patent medicine sellers go as far as dispensing the drugs as opposed to the stated regulation which instructs that OTCs are to be sold manufacturers pack only (National Mirror, Mar 6, 2011).

Afolabi, (2008: 120-127) reports that, insufficient curative treatment with chloroquine (CQ) for individual who treat themselves for suspected malaria fever could result in resistance to plasmodium falciparum. Chronic CQ toxicity was important in the causation of heart block in Africa, CQ retinopathy and abnormal opthalmogical findings, cardiac arrythmiasis, Steven-Johnson following self-medication with fansider has been reported. The consequences of inappropriate self-medication may not be immediate, but when it occurs the side effect could be disastrous.

Although self-medication is considered to be a useful tool to address minor ailments, inappropriate self-medication practice or medication abuse may lead to serious adverse reactions and possibly serious consequences. Therefore, there is a need to know the prevalence, determinants and risk factors associated with self-medication practices among the various segments of the community to develop appropriate educational, regulatory and administrative procedures utilized in alleviating the public health risks arising from improper practices of self-medication (Gutema, et al; 2011: P: 183-189)

According to steward (2000: 403-408), various studies have shown that lack of knowledge and information has conditioned many people take and use their medication incorrectly or in appropriately.This in turn leads to loss of efficacy and an inefficient use of the considerable resources which are spent annually on drugs (berhanemeskel&Seada, 2001: 4-12). In a descriptive study in Hong Kong in which patients were asked how much

they knew about the therapeutic and side-effects of the medications they used, 69% knew at least some of the therapeutic effects while 31% did not know any of the therapeutic effects, so rendering themselves at risk from inappropriate use of drugs (Tse, Chung & Munro, 1989: 303-306). This shows that knowledge and information remain indispensable when it comes to the issue of drug use.

2.6.2 Factors influencing Self-Medication

As the need for people to take a greater role in the maintenance of their own health is ever increasing, chronic and recurrent illnesses (not merely short-term symptoms) only require occasional professional advice. This may not be unconnected with the perceived benefits and factors influencing self-medication. According to results of many studies conducted at different countries on self-medication practice, the most prompting factors contributing to self-medication practice are inadequacies of health care facilities, delivery services including accessibility of the health care facilities, cost, waiting time, and lack of drugs and social distance of health workers.

Inthe same vein,Jombo, Mbaawuaga, Denen, Alao, Peters…and Yaakugh (2010: 57-63) state that, there was strong correlation between low economic statuses, low education, unemployment Vis a Visthe practice of self-medication among Makurdiinhabitants.Similarly,Gutema, Kidanemariam, Gadisa, Barhe, Hadera… and Dagne (2011: 183) avers that, most students used self-medication because they had prior experience of treating a similar illness; they had minor illness and need to avoid long waiting time for medical services. Also,Verma, Mohan and Pandey (2010: 60-64), report that, majority of professional students had a poor knowledge about appropriate self-medication while the knowledge of the benefits and risks was not adequate. In

addition,Chipwaza, Mugasa, Manyumana, Amuri, Makungu andGwakisa (2014: 253)asserts that, self-medication practice was occasioned by the shortage of drugs at health facilities, long distance to health facilities, inability to pay health care charges and the freedom to choose preferred drugs.

To sum it up, self-medication practice is greatly influenced by adequacy of health care facilities, hospital delivery services and accessibility of health care facilities among other factors. However, the researcher believe that, constant research into this phenomenon may create the ambience for stakeholders (policy makers) to take proactive measure towards proffering solutions that can engender positive behaviour change on inappropriate self-medication practice among the citizenry.

2.7Empirical Review

Communication remains the key instrument for creating awareness on health promotions. Campaign is one platform through which these messages are made public with the aim of engendering a positive health behaviour change. Empirically, many studies have been conducted on communication campaigns on varied health issues: campaigns on HIV/AIDS, Breast Cancer, Female genital mutilation to mention but a few. In his study,Noar (2007) discussed the importance of healthcommunication campaigns and raised questions on whether they are capable of effectivelyimpacting public health. He concluded that, the literature was beginning to amass evidencethat targeted, well-executed health communication campaigns can have small-to-moderate effectsnot only on health knowledge, beliefs, and attitudes, but on behaviours as well, which cantranslate into major public health impact given the wide reach of mass media. Such impactcan only be

achieved, however, if principles of effective campaign design are carefullyfollowed (Noar 2007).

Also, Randolph and Viswanath (2004)in their studyhad arguedalong these lines and asked the following questions: In what ways are public health massmedia campaigns now attempting to succeed in a world crowded with media messages from amyriad of sources? What are the conditions that are necessary for a media campaign tosuccessfully alter health behaviours and alter outcomes in the long term? To what extent canthe successes and failures of previous campaigns be useful in teaching important lessons tothose planning campaigns in the future? (Randolph andViswanath, 2004).

In a related study, Wakefield,Loken&Hornik (2010) observed that mass media campaigns are widely used to expose high proportions of large populations to messages through routine uses of existing media, such as television, radio, and newspapers. Exposure to such messages is, therefore, generally passive. Such campaigns are frequently competing with factors, such as pervasive product marketing, powerful social norms, and behaviours driven by addiction or habit. In this review, they discuss the outcomes of mass media campaigns in the context of various health-risk behaviours (eg, use of tobacco, alcohol, and other drugs, heart disease risk factors, sex-related behaviours, road safety, cancer screening and prevention, child survival, and organ or blood donation). They assessed what contributes to these outcomes, such as concurrent availability of required services and products, availability of community-based programmes, and policies that support behaviour change. Their study concluded that mass media campaigns can produce positive changes or prevent negative changes in health-related behaviours across large populations (Wakefield, et al 2010)

Okofo (2016) studied the influence of media campaign on the eradication of Female Genital Mutilation (FGM) among women in South-South geo-political zone of Nigeria; findings indicated that majority of rural women in the zone, maximally expose themselves to anti FGM media campaign. This high audience rating could not be divorced from the use of media mix approach in such campaigns. Hence, the use of radio in such anti FGM media campaign obviously makes for increased exposure. The study therefore recommended that the Radio and Television should be constantly used because of their power of reach and believability. Similarly, Okeibunor **(**2012**)** researchedonEvaluation of the Media Campaign on Breast Cancer in Edo State; study revealed low exposure to media campaigns on Breast Cancer among women of Edo State due to the infrequent and incomprehensive nature of the media campaigns. The study therefore recommended that the analysis, planning, execution and evaluation of these breast cancer campaign programmes should be thoroughly researched and packaged to change Edo women from low performance of BSE and CBE to achieving a quick and prompt compliance of early presentation of breast cancer and to prevent untimely deaths.

Also, studies have been conducted on Self-Medication among university students across the globe, and results have shown high prevalence. Most of these studies basically dwell on knowledge, attitude and practice of self-medication among university students. In Nigeria, a high degree of self-medication is practiced. A Study carried out by (Oyelola, Razaq&Eniola, 2010) also showed that self-medication is huge a problem in Nigeria, due to the easy and illegal access to prescription, and controlled medicines without prescription and the fact that most drugs can be obtained from the pharmacies without prescription coupled with ignorance on the therapeutic actions and effects of the drugs. Researches also

show other problems that occur with self-medication to include a lack of understanding the effect of the medications, difficulty or inability to interpret medication information, alcohol, medication-food interaction, concurrent disease, clinical condition and patient ‘s condition, predisposing to adverse reactions.

Olayemi*et al*., (2010) studied the prevalence and pattern of self-medication with antibiotics among undergraduate students at the Main Campus of Ahmadu Bello University, Zaria, findings revealed that Self-medication with antibiotics was most prevalent among students of health-related faculties, Pharmaceutical Sciences (80.40%) and Medicine (80.40%) and least prevalent among students from the Faculty of Engineering (27.80%). The findings highlight the need for planning interventions to promote the judicious use of antibiotics within the student population and indeed the Nigerian population.

With reference to Reginald*et al*., (2014) evaluationof the practice of self-medication among undergraduates of Imo state university, the results revealed that most of the students (70%) had a good understanding of the concept of self-medication. Only 38.9% of the respondents consulted qualified doctor when ill, the rest (61.1%) practiced self-medication or by using drugs recommended by friends, family members or a paramedical worker. Reasons given for self-medication include cheaper costs (52%), avoidance of delay at the hospital (51.6%), past experience of the efficacy of the drugs (51.9%). The common reasons given by respondents for engaging in self-medication were that they were knowledgeable about the disease/treatment, their illness was mild, and that they had taken the same type of medicine in the past. The common classes of medicines used for self-medication were analgesics (26.0 %), antimalarial (19.8 %) and

vitamins/hematinic preparations (15.7 %). The major sources of medicines for self-medication were the Patent Medicine Stores (53.4 %) and the Community Pharmacies (40.5 %). The study revealed that no significant relationship exists between self-medication practice and medicine knowledge among respondent. However, self-medication practice was high and inadequate knowledge of medicines exists among respondents.In Conclusion, Reginald et al (2014) infers that the factors that influence self-medication should be addressed by appropriate stakeholders for it to be curbed.

More specifically, Achema*et al*., (2014) examined the knowledge and practice of self-medication among undergraduate students of Kogi State University, Anyigba. Findings showed that majority of the students (92%) have a good knowledge about self-medication, and therefore (41%) practice same even though they are very much aware of the dangers of self-medication.The findings of the above empirical studies underline the importance of communication to bring change in behaviour. The issue with the prevalence of self-medication in Nigeria is not a problem of knowledge but the challenge with the way it is being communicated alongside other intervening variables as explicated earlier. It is on this premise that this study seeks to look beyond medical explanations to the concept of self-medication with a view to establishing the role effective communication campaigns can play in reducing the crisis of inappropriate self-medication among students. This is relevant to the pursuit of this present study which appraised communication campaignson self-medication amongst undergraduate students of Kogi State University which is a deviation from earlier studies conducted on self-medication amongst university students. Therefore, the researcher's attempt to investigatethe efficacy of the communication

approaches employed by the university clinicobviously filled the gap previous studies have not been able to identify.

2.8 Theoretical Framework

There are various health communication theories that are used to address Behaviour change and communication issues. The Rational Model Theory, Health Believe Model,Transtheoretical Model of Change, Theory of Reasoned Action, and Theory of Planned Behaviour amonghave been used extensively for health education. These theories provide the building blocks for understanding health behaviour and how it can be influenced. Although theories cannot substitute for effective planning and research, they offer many benefits for the design of health communication programmes.

The Rational Model Theory and the Two Step Flow Theory provided theframework for this study.These theoriesare associated with the need to support information and knowledge with other external factors and why some communication campaigns have failed to alter behaviour as well as the role communication can play in engendering positive behaviour change when applied effectively. They were chosen based on the topic and target population. A part from being consistent with everyday observations, they are supported by previous research in a related area.

2.8.1 The Rational Model Theory

The Rational Model Theory is one of the most common behaviour change theories used by health educators. The theory is understood within the ambit of intrapersonal capacity, addressing individual characteristics that influence behaviour. Within this model, education strategies target individuals and groups and strive to encourage positive and prevent negative health behaviour choices. This is done by presenting relatively unbiased

information. This theory, also known as the knowledge, attitudes, practices model (KAP), is based on the premise that increasing a person's knowledge will prompt a behaviour change. It assumes that the only obstacle to acting "responsibly" and rationally is ignorance, and that information alone can influence behaviour by "correcting" this lack of knowledge thereby changing attitudes/beliefs andbehaviours that are perceived threat to people's healthy lifestyles through effective communication campaigns.

Efforts to encourage people to adopt health practices rely heavily on persuasive communications in health education campaigns. In such health messages, appeals to fear by depicting the ravages of disease are often used as motivators, and recommended preventive practices are provided as guides for action. People need enough knowledge of potential dangers to warrant action, but they do not have to be scared out of their wits to act. Rather, what people need is sound information on how disease is transmitted, guidance on how to regulate their behaviour, and firm belief in their personal efficacy to turn concerns into effective preventive actions. Responding to these needs requires a shift in emphasis from trying to scare people into healthy behaviour to empowering them with the tools for exercising personal control over their health habits (Bandura, 1994: 25-59)

As defined by Bernhardt (2004: 2051-2052), public health communications is the "scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable health information, communicated to and from intended audiences to advance the health of the public". Bernhardt further assert that, Public health communications should represent an ecological perspective and foster multilevel strategies, such as tailored messages at the individual level, targeted messages at the group level, social marketing at the community level, media advocacy at the policy

level, and mass media campaigns at the population level. Without supports in the social and physical environment, however, health communications alone may not be enough to sustain individual-level behaviour changes, may not be effective for relaying complex health messages, and cannot compensate for lack of access to health care or healthy environments (Freimuth& Quinn, 2004: 2053-2054).

In order to achieve any health communication intervention on behaviour change, the need to frequently remind the audience through communication becomes imperative. How often do people need to hear a message before it influences their beliefs or behaviour? This depends on several factors. Characteristics of target audiences (e.g. their readiness for change, the ways they process information), the complexity of the health issue, the presence of competing messages and the nature of the health message influence the relationship between exposure to a health message and an outcome effect (Kickbusch, 2001: 289-297).Also, repeated exposure to a message, especially when it is delivered through multiple channels, may intensify its impact on audience members (Freimuth& Quinn, 2004) even though Planners often assume that a certain percentage of the target audience will be exposed to a message and that a fraction of those who receive the message will be engaged by it (Rimer&Glanz, 2005), yet there are several possible paths throughwhich a health communications message can influence someone's beliefs and/or behaviour.

This study adopted the rational model theory in spite of its weaknesses because it exemplifies a clear linkage between knowledge, beliefs and behaviour. Knowledge is a necessary but usually not sufficient factor in changing individual or collective behaviour. Motivation usually must come from sources other than, or in addition to, factual

knowledge. For example, most people are aware of the hazards associated with self-medication, yet continue this behaviour. The facts are not what people find disenchanting or boring but rather, the moralization, superficial coverage of the subject matter, scare tactics, jargon and tedious methods of presentation (Green &kreuter, 1991: 20).

The relevance of the rational model theory to this study is premised on the assumption that lack of knowledge could cause an individual to act irrationally or irresponsibly due to ignorance, and that information with the right motivation can influence behaviour by correcting or modifying this lack of knowledge which is seen as a perceived threat to people's healthy lifestyles.

2.8.2 Two-Step Flow Theory

The Two-Step Flow Theory focuses on the influence of media messages. This theory asserts that information from the media moves in two distinct stages. First, individuals (opinion leaders) who pay close attention to the mass media and its messages receive the information. Opinion leaders pass on their own interpretations (either rightly or wrongly) in addition to the actual media content. To this end, the theory considers 'personal influence' as an intervening variable between the media's direct message and the audience's ultimate reaction to that message. Opinion leaders are quite influential in getting people to change their attitudes and behaviours and are quite similar to those they influence. In either case, the campaign might have activated a social diffusion process that increased the number of self-medication awareness campaign messages heard by opinion leaders. Also, these leadersmay invariably stimulate discussion that rejects or reinforces antidrug messages.

The theory refined the ability to predict the influence of media messages on audience behaviour, and it helped explain why certain media campaigns may have failed to bring aboutchange in audience attitudes and behaviour. The theory was propounded byPaul

Lazarsfeld, Bernard Berelson, and Hazel Gaudet in 'The People's Choice', a 1944 study focused on the process of decision-making during a presidential election campaign in the United State of America (USA). These researchers expected to find empirical support for the direct influence of media messages on voting intentions. They were surprised to discover, however, that informal, personal contacts were mentioned far more frequently than exposure to radio or newspaper as sources of influence on voting behaviour. In this study, the two step flow becomes relevant due to the assumption that messages from the media get to the opinion leaders first hand and it may have been interpreted differently in addition to the actual media content before getting to the actual audience for their own reaction. To this end, the need to ascertain why media campaigns may fail to alter audience attitude and behaviour becomes imperative.

Going by the tenets of this theory, in this work, it rendered its relevance in providing a framework for understanding why certain communication campaigns fail. The study adopted the two step flow theory in spite of its criticism. As explained by the critics, the research conducted by Lazarsfeld and associates (1944) in determining media influence on people's voting decision was not designed to specifically test the flow of influence, rather the experiment was decidedly lacking in explanations. The findings of the study by the proponents were collected in a random sample, stating that subjects in a random sample can only speak for themselves. For these reasons, each person could only say whether or not they considered his/herself an advice giver. Lazarsfeld and his associates in the 1940 election study were unable to determine the specific flow of influence as it concerns the opinion leaders which rendered the methodology deficient in determining who the opinion leaders are and how they are different from the average populace.

Central to its assumption is the fact that people are still most successfully persuaded by give-and-take information with other people and that the influence of the mass media was less automatic and less potent.This study served as a framework upon which the Two Step Flow Theory found confirmation to the relevance of interpersonal relations in the design of communication campaigns for better health outcomes especially in the realm of appropriate self-medication practice amongst university students.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This research study was designed to appraise the communication campaignson self-medication amongst undergraduate students of Kogi State University, Anyigba.It is anchored on a research methodology in order to help achieve the aim. Research Methodology is central to research as it forms the building block of every research.Therefore, the methodology deployed in this study is discussed under the following:

3.1 Research Design

The study utilized the surveyresearch method. Survey research design scientifically samples and interview people to analyze and report what they said. Ohaja (2003) asserts that survey is usually employed in studies of attitudinal and behavioural trends with the researcher seeking to uncover their demographic psychological underpinnings.This design was adopted because the population of the study comprises of several human beings (students) who are slightly dispersed in different departments and faculties and who are likely to give answers that vary.To thoroughly examine the research topic, the researcher conducted this studyusing quantitative and qualitative research approach.

Denzen and Lincoln (2005: 1-29) clarify that Quantitative research methods attempt to maximize objectivity, replicability, and generalisability of findings, and are typically interested in prediction. Central to this approach is the expectation that a researcher set aside his or her experiences, perceptions, and biases to ensure objectivity in the conduct of the study and the conclusions that are drawn. In this study, the use of

questionnaire availed the respondents a level of anonymity required to maintain objectivity in the entire process.

On the other hand, Qualitative research methods focus on discovering and understanding the experiences, perspectives, and thoughts of participants—that is, qualitative research explores meaning, purpose, or reality (Hiatt, 1986: 736–743). In other words,qualitative research is anactivity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices come in a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level,it employs an interpretive, naturalistic approach to the world view. As explained by Denzin and Lincoln(2005: 3), the unique interactions imply that different results could be obtained from the same participants depending on who the researcher is, because results are created by participants and researcher in a given situation.

The choice of using these methods (quantitative and qualitative) to investigate the phenomenon under study was necessitated by the fact that both methods play a complementary role and, taken together, can provide additional understandings into the concept of self-medication, particularly as it involve youths (Students). In this study, the focused group discussions were used to help illuminate on various aspects of the investigation that could not be sufficiently addressed by the limitation of the structured questionnaire. Neuman (2000: 149-150) explains that "the fusion of qualitative and quantitative method of research study can be more comprehensive or fuller. The idea of looking at something from multiple points of view improves accuracy as both styles have complementary strengths".

3.2 Study Population

According to Best (2007), "population is any group of individuals who have one or more characteristics in common that are of interest to the researcher. The population may be all the individuals of a particular type or a more restricted part of that group". Also, the population of a study refers to all those persons or things that fall under the umbrella of the topic that can be used to achieve the research objectives (Ohaja, 2003). In view of the above definitions, the population of this studyconstitutes undergraduate students of Kogi State University.The total number of registered undergraduate students in Kogi State University for the 2015/2016 academic session stands at 17,390 with 7,021 female students and 10,369 male students within the eight (8) faculties in the University (Academic Planning Unit, 2015). The population (which include both male and female undergraduates) for this study was drawn from four faculties with a total number of students put at 12, 656. Also, within these four faculties, the population of male and female undergraduates stands at 7, 672 and 4, 984 respectively.

3.3 Sample and Sampling Procedure

The impracticality of studying the entire population requires sampling. A sample refers to the elements drawn out of the population to be studied and it is usually done through a technique. Sampling technique is thus the systematic process through which a part is taking out of the population and studied as a representation of the whole. Sampling technique is a plan stipulating how elements are drawn from the population. The multi stage random sampling technique was used to determine the sample size in this work.

STAGE ONE: Out of the eight faculties in Kogi State University, four faculties were selected using simple random sampling. They include faculties of Management

Sciences,Social Sciences, Arts and Humanities and Natural Sciences. This is because these faculties constitute a larger population among other faculties in the university.

STAGE TWO: Using simple random sampling, three departments were selected from each of the faculties.

STAGE THREE: Out of the twelvedepartments, two levels were selected from each using simple random sampling. The rationale for selecting two levels each is to ensure equal representation of the sampled population. Thesedepartments are represented in the table below:

Department	**Level**
Accounting	300 and 400 level
Public Administration	200 and 400 level
Business Administration	100 and 200 level
Mass Communication	300 and 400 level
Political Sciences	100 and 400 level
Economics	200 and 300 level
Theatre Arts	400 and 100 level
English and Literary Studies	300 and 200 level
Philosophy and Religious Studies	100 and 400 level
Biological Sciences	400 and 300 level
Physics	400 and 200 level
Mathematics	200 and 100 level

STAGE FOUR: The Questionnaire was divided equally across all the departments selected and accidental sampling was used to administer them to the levels selected.

A study sample of 381 was drawn from the study population by looking at the different sample sizes worked out by Philip Meyer's (1973) table. According to the table,a population size that falls within 50, 000, 381 as a sample size is suitablefor the

population.The researcher chooses 381 sincethe population for this study (12,656) falls within Meyer's specification as shaded in the table below.

S/N	Population Size	Sample Size
1.	Infinity	384
2.	500,000	384
3.	100,000	383
4.	**50,000**	**381**
5.	10,000	370
6.	5,000	357
7.	3,000	341
8.	2,000	322
9	1,000	278

Populations and Sample Sizes as Determined by Meyer (1973)

3.4 Instrument for Data Collection

Questionnaire

According to Bulmer (2004), questionnaire is a well-established tool within social science research for acquiring information on participants' social characteristics, present and past behaviour, standards of behaviour or attitudes and their beliefs and reasons for action with respect to the topic under investigation. For this study, the questionnaire was structured into five sections. The first section addressed the respondents' demographic data. Followed by the second, third, fourth and fifth which addressed research questions one, two, three, and four respectively. A total of three hundred and eighty one(381) self-

administered copies of questionnaire were distributed to students from twelve departmentsacross four faculties using the accidental sampling technique.

Focused Group Discussion (FGD)

Focused group is a form of qualitative research in which a group of people are asked about their perceptions, opinions, beliefs, and attitudes towards a product, service, concept, advertisement, idea, or packaging. A focused group discussion could be defined as a group of interacting individuals having some common interest or characteristics, brought together by a moderator, who uses the group and its interaction as a way to gain information about specific or focused issue. Unlike the one way flow of information in one-on-one interview, focused group generates data through the 'give and take' of group discussion. Listening as people share and compare their different points of view provides a wealth of information, not just about what they think, but why they think the way they do (Kothari, 2004: 1-2).

Questions are asked in an interactive group setting where participants are free to talk with other group members. It can be used for learning about groups and their patterns of interaction. An advantage is their fairly low cost compared to surveys, as one can get results relatively quickly and increase the sample size of a report by talking with several people at once (Marshall & Gretchen, 1999). In this study, the researcher involved two groups in the discussions.The two groups comprised6 members (participants) each. The age group was between 18 and 24 years.

Participants who cut across twelve departments,were randomly selected from four faculties; namely Social Sciences, Management Sciences, Arts and Humanities and Natural Sciences. It is important to note here that the focused group participants were not part of

respondents who fill the questionnaire. The essence was to enable the researcher to elicit responses from participants on issues associated with self-medication and its attendant consequences. The FGD was also used in order to raise other salient issues that were not covered by the questionnaire.Issues like the effects of self-medication on the study population.

3.5Pre-Test and Validation of Research Instrument

Twenty copies of the questionnaire were pre-tested among students of the faculty of social sciences in Ahmadu Bello University, Zaria. The questionnaire comprised of both open and close ended questions. The questionnaires were administered to the students through their class representatives who also returned the filled ones. The act of filling and returning of the questionnaire was taken as consent of the students that items contained in the questionnaire were well understood. The essence of pretesting was to check the validity of the field instrument and to use the data generated to adjust ambiguities found for administering the questionnaire during this pre-test phase. At the end of the pre-testing exercise, ambiguities observed were removed before the actual field study began. The lead questions were: Have you heard of self-medication before? From which source did you hear about self-medication? Other questions include: The knowledge about self-medication campaign in their school, reasons for indulging in self-medication, and media credible to them among others.

3.6 Method of Data Analysis

The information from the returned questionnaires were coded and entered using the Statistical Package for Social Sciences (SPSS) version 12 to analyze the quantitative data.

This is in order to obtain frequencies, percentages and statistical measurements upon which presentation, analysis and interpretations were made. The descriptive thematic method was applied for the qualitative data. This involved transcription of the data from the Focused Group Discussion (FGD).

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This study employed the survey research methodology. It made use of both the quantitative and qualitative research methods using the questionnaire and focused group discussion as sources of data collection. As earlier stated in this study, the respondents of the study comprise undergraduate students of Kogi State University, Anyigba, and the study appraised the communication campaigns on self-medication amongst undergraduate students of the University. It looked at this phenomenon in the light of the communication campaigns employed by the university clinic in creating awareness on the hazards that emanate from self-medication and inappropriate use of essential drugs. The chronological presentation was in the under listed order:

- Data presentations on the demographic variables of respondents.
- Respondents' sources of information on drugs/self-medication.
- Nature of communication campaigns on self-medication
- Respondents attitude towards self-medication
- Communication approaches aimed at reducing self-medication.

4.1 Data Presentation

The instruments for the study were the questionnaire and the focus group discussion. In all, the questionnaire contained twenty seven (27) questions. Four (4) were open-ended while twenty three (23) were close-ended questions. The instrument was self-administered. A total of 381copies of the questionnaire were distributed using the multi stage sampling techniques. 350 copies were completed and returned representing 95% return rate. The demographic variables of the respondents were measured using question

items 1-3 in the questionnaire (see Appendix A). Data generated from their responses were presented in tables and charts while analysis was done using simple percentage and weighted mean score (WMS) based on a five point Likert scale with a mean criterion of 3.0 and above used to confirm the agreement of responses to questions. Therefore, any mean response below 3.0 is negative and was rejected. For the FGD, the researcher engaged 12 participants comprising of two groups. Data from the FGD was analysed using the descriptive thematic method.

Section A: Demographic Characteristics of Respondents

Table 1: Age of Respondents

Variable	**Characteristic**	**Frequency**	**Percentage (%)**	**Mean age**
Age	15-20 years	103	29.4	22.3
	21-25 years	189	54.0	
	26-30 years	52	14.9	
	31- 35years	5	1.4	
	36 years and above	1	0.3	
	Total	**350**	**(100%)**	

Source: Researcher's Field Data, 2016

The distribution in table 1 above shows the age groups of respondents from the university. The table shows that the age of respondents ranges from 15 years to 36 and above. The highest age range of respondents was between 21-25 years with 54.0%of the population, while respondents between 31 years and above constitute 6.2%. Also, those within the age range of 15 - 20 have the second highest number of respondents with 29.4% of the population. From the mean age of 22.3, it could be deduced that the study population of this study are undergraduate students.

Table 2: Sex of Respondents

Characteristics	**Frequency**	**Percentage**
Male	147	42%
Female	203	58%
Total	**350**	**(100%)**

Source: Researcher's Field Data, 2016

Table 2 above shows the sex distribution of the respondents. The table indicates that out of 350 respondents, 147 (42%) were male students while 203 (58%) were female. This shows that both male and female students were sampled for this study. The Female students constituted majority of the respondents.

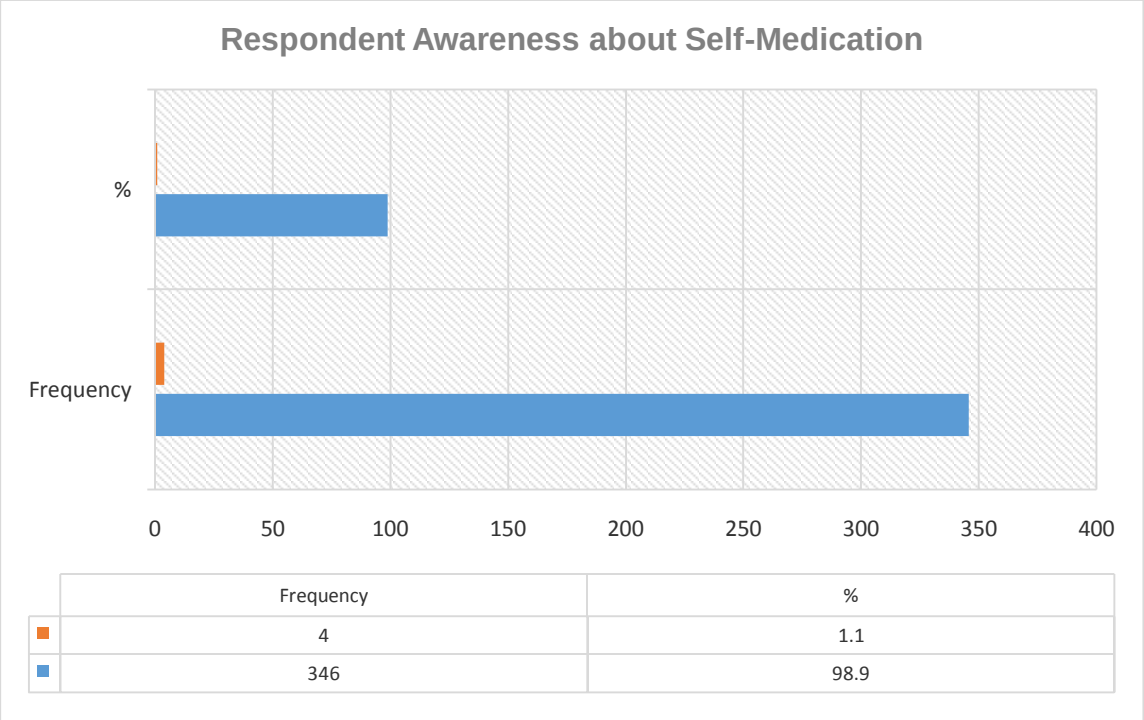
Table 3: Academic Level of Respondents

	Variable	**Characteristic**	**Frequency**	**Percentage (%)**
	Level	100 level	66	18.8%
		200 level	73	20.9%
		300 level	87	24.9%
		400 level	124	35.4%
Total			**350**	**(100%)**

Source: Researcher's field data, 2016

Table 3 above shows the academic levels of respondents. The 400 level students emerged as the highest respondents with 35.4% of the population. Followed with 200 level students (20.9%), 100 level (18.9%) and 300 level with 24.9% of the population respectively.

Section B: Sources of Information on Drugs/Self-Medication



	Frequency	%
	4	1.1
	346	98.9

Source: Researcher's Field Data, 2016

Fig 1: Respondents' awareness about Self-medication

Figure 1 reveals that 346 respondents representing a response rate of 98.9% have heard about self-medication before. Only 1.1% of the population said NO representing 4 respondents. This implies that self-medication is a common phenomenon in the study area. This finding is in consonance with Reginald *et al*., (2014) who affirmthat students in tertiary institution have a good understanding of the concept of self-medication.

Majority of respondents from the FGD session have also heard about self-medication before. They attempted clarifying what it means by defining it. Only few could not give a clear explanation of what it means. Responses from FGD participants reveal that they understood the concept of self-medication, as it was defined thus:

> The treatment you give to yourself when you fall sick without necessarily consulting a medical Doctor.And this is usually done through various means just to enable you get well at that particular moment. (FGD*Participants from Faculty of Management, 2016*).

Another participant in FGD session said:

> Self-medication is the act whereby you diagnose an ailment all by yourself and you provide solution to what you feel is wrong with your health instead of seeking for medical advice. Sometimes it is based on previous diagnoses from the hospital depending on the seriousness of the illness. (*Participants from Faculty of Social Sciences, 2016*).

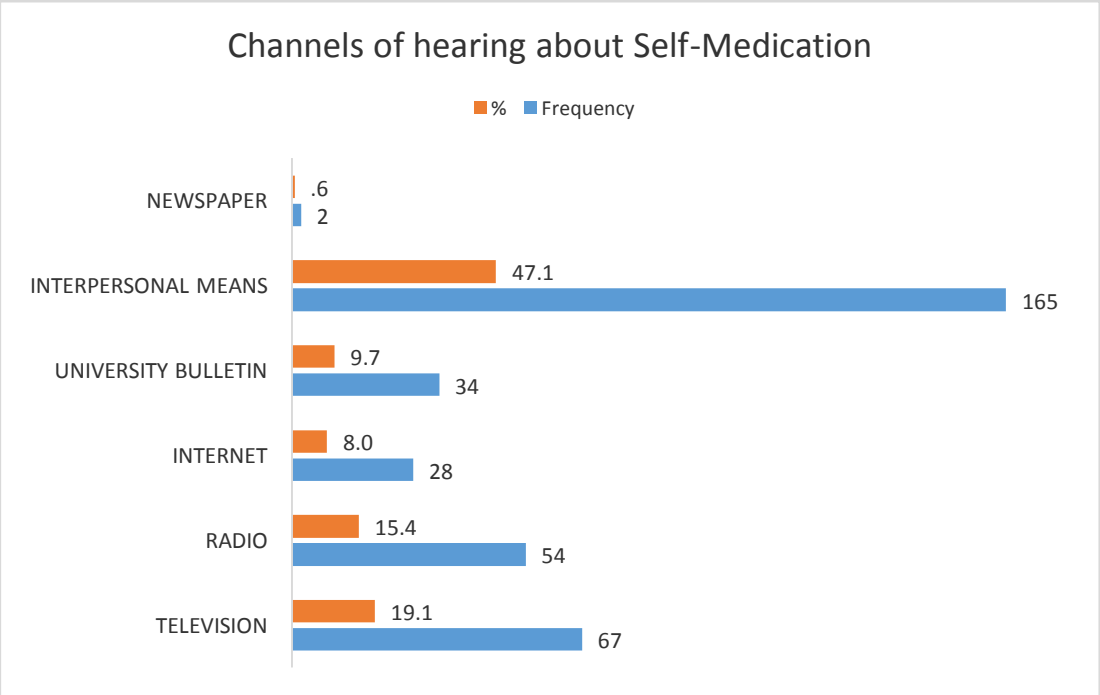


Fig 2: Respondents' Sources of Information on Self-Medication

Figure 2 above indicates respondents' response to the channels where they receive information about self-medication. It is a common phenomenon to note that the media is one powerful instrument capable of creating awareness for behaviour change. As it appears above, interpersonal communication dominated the chart with 165 respondents representing 47.1%. Interpersonal communication (IPC) refers to face-to-face

communication. It could either be one-on-one or a small group (e.g. a health worker who dialogues face-to-face with a group of village women in). UNICEF (2005) states that "diffusion theory informs us that many people tend to rely on mass media to learn about new ideas but they use interpersonal networks to move from knowledge to trial and continued practice of a new behaviour". This is an indication that the use of interpersonal means is an effective communication tool that can be used to create awareness on the danger which harmful self-medication practice can cause to the human health.

Also in the chart, Television has 67 respondents, while Radio has 54 respondents representing 19.1% and 15.4% of the population respectively. The newspaper came last with only 2 (.6%) respondents. The low usage of newspaper by the respondents reflects poor reading habit amongst students of tertiary institution. Data from the FGD sessionsupport findings from the questionnaire which shows that majority of the respondents get information about self-medication through interpersonal communication. They claim that they get to hear about self-medication from friends, family and other interpersonal sources most of the time. This is reflected in the response below;

> I get information concerning health generally from watching television andlistening toradio, but much of self-medication discussions have not really been featured except for advertisement purpose, where you will hear about particular brand of drugs. In the advertisement they usually say after taken the drug, if symptoms persist, consult your doctor. Most of the knowledge I have on self-medication were gotten through personal interaction with friends, family other face- to- face communication.*(FGD Participants from Faculty of social Sciences, 2016*).

Table 4: Respondents' Perception of Sources of Information on Self-Medication

Sources of Information	Grade	Rank
Television	2.70	7th
Radio	2.85	5th
Internet/social media	3.57	2nd
Newspaper	2.31	9th
University bulletin	2.53	8th
Hospital/clinic visit	3.38	3rd
Posters/fliers	2.9	4th
Road show/jingles	2.78	6th
Interpersonal means	3.82	1st

Source: Researcher's Field Data, 2016

Table 4 shows the respondents' perception of sources of information on self-medication. In this question, respondents were expected to grade the above information sources using the following grading parameters: 1= poorly effective, 2= less effective, 3= fairly effective, 4= more effective, 5= most effective.

From the data, interpersonal communication was graded first with 3.82 mean. The internet/social media came second with a scoring rate of 3.57 mean marks, which was closely followed by hospital/clinic visit with 3.38 scoring rate. The newspaper came last with 2.31 score. This is not unconnected with the poor reading habit exhibited amongst the Nigerian citizens especially the youth. Therefore, the findings in table 4imply that interpersonal communication is the most effective source of information on self-medication. It was also noticed that only newspaper has an insignificant impact.

From the response of the participants of FGD from both faculties (Social and Management Sciences), majority adduced to the fact that they become more aware and

knowledgeable on issues of self-medication through face to face talk with friends, family members and relatives. Although they agreed that media contributed immensely to awareness creation, majority still believe that interpersonal communication contributed more. One among the FGD participants at Faculty of Social Sciences has this to say;

> Self-medication is a serious issue as we were told by our parents and sometimes from medical officials.The danger indulging in itcould be dangerous. (*FGDParticipants from Faculty of Social Sciences, 2016*).

However, another group of FGD participantsinferred their knowledge on source of information as follows;

> We listen to radio regularly and watch television programmes informing the public on dangers of self-medication. These media have been good sources, but there areseveral information on drug use from hospitals and health workers through the verbal means. No matter what the Radio and television relay, people must talk about them through the platform of interpersonal means. Though a lot of discussions appear on a social media, it is indeed people that made them available. So human beings cannot be isolated from talking to themselves. (*FGDParticipants from Faculty ofManagement Sciences, 2016*).

Section C: Nature of Communication Campaigns on Self-Medication

Table 5: Respondents' Awareness of Self-Medication Campaigns in Kogi State University.

Variables	**Frequency**	**Percentage**
Yes	55	15.7%
No	295	84.2%
Total	**350**	**100**

Source: Researcher's Field Data, 2016

Table 5 shows respondents' awareness of self-medication campaigns in the University. The table indicates that majority of respondents (84.2%) are not aware of any self-medication campaign in their school. Only 55 (15.7%) respondents are aware of self-

medication campaigns in the University. This is an indication that self-medication campaigns in the university have not been widespread, but limited especially to the university clinic. Therefore, the need to intensify campaign and popularize it among students of the University becomes imperative.

To further corroborate this, the FGD results from the two faculties also subscribe to a low campaign and awareness of self-medication in the University campus. They concluded that information dissemination is poor and not widespread most of the time limited to the clinic where posters can be seen occasionally. This fact can be extracted from the views of participants as highlighted below;

> Some of us have spent two years, three years in this school. Others arein their fourth year in this school; and we can say boldly that we have not heard of any campaign or programme in respect of self-medication. It is possible the school clinic is involved in self-medication campaign, but it should be open campaigns such that students can benefit from. Among all of us, no one can authoritatively attest to the fact that he or she has set eyes on the campaign. It should not be an insider affair but the one that students can see and be affected by the message. *(FGD participants from Faculty of Management Sciences, 2016)*

> Most of us in this gathering have not heard or see where any information was placed emphasising campaigns on self-medication. In fact, if these campaigns are made public, is likely to address some of the unwholesome medication practice by students. We see it as a laudable programme, but students should be properly informed through various channels; not just pasting it at the clinic and assume that it will be seen and adhere to. (FGD *Participants from Faculty of Social Sciences, 2016*).

Table 6: How long Respondents received self-medication Information from their sources.

Response	Frequency	Percentage
6 months	32	9.1%

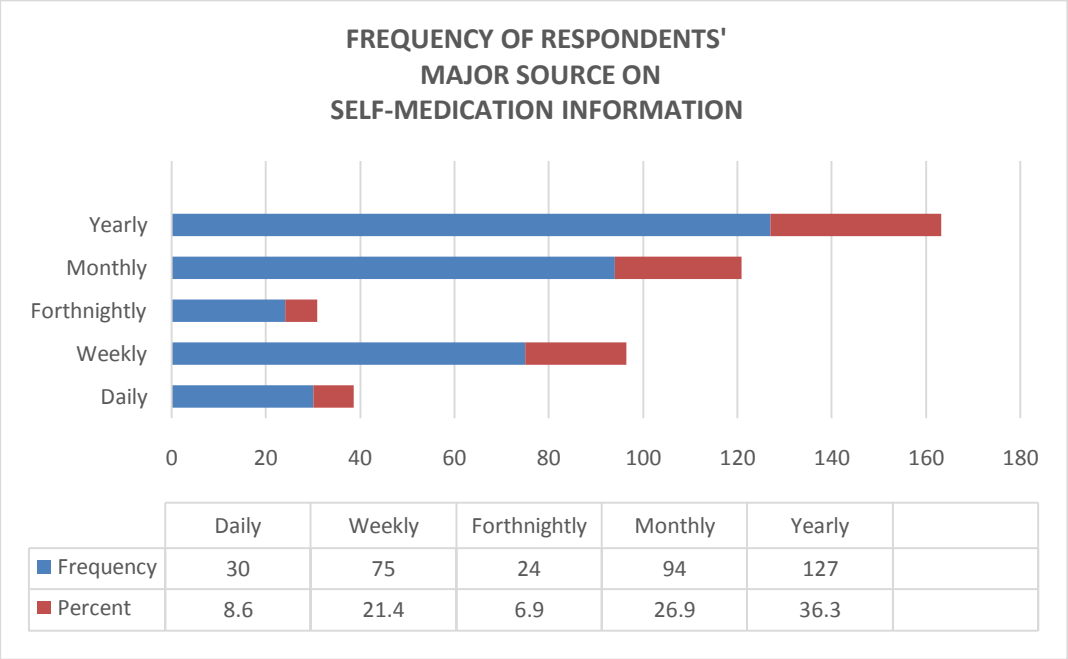
One year	50	14.2%
Two years	32	9.1%
Three years	22	6.2
Above three years	214	61.1%

Source: Researcher's Field Data, 2016

Table 6 above shows how long the respondents received self-medication information from their sources. Above three yearsgroup received the highest number of responses with 214 respondents representing 61.1% of the population. One yeargroup was second with 14.2%; 6 months and 2 years have 9.1% responses each. 3 years had only 6.2% of the total responses. Also, the FGD results authenticate that majority have heard about self-medication not least than 3 years from their major sources.FGD participants infers in this manner;

> Before some of us gained admission into this school, parents have consistently warned thatwe should keep off from bad friends, drug abuse and other juvenile delinquencies. Some are in their final year now running 4or five years programme.In the hostel, self-medication is a common practice amongst students. We may have interest in different media as sources for informationon self-medication. We have Radio, Televisionand Newspaper and, but they rarely comment on self-medication. Even on campus we have not heard about self-medication information from any source! (*FGDParticipants from Social Sciences, 2016*).

It could be deduced that the longer period it took respondents to access self-medication information may have influenced their level of indulgence in self-medication. Thus,the frequency of access to information on a particular issue has a direct bearing on the level at which campaign messages can influence behaviour change as it relates to the subject matter.



	Daily	Weekly	Forthnightly	Monthly	Yearly	
Frequency	30	75	24	94	127	
Percent	8.6	21.4	6.9	26.9	36.3	

Source: Researcher's Field Data, 2016

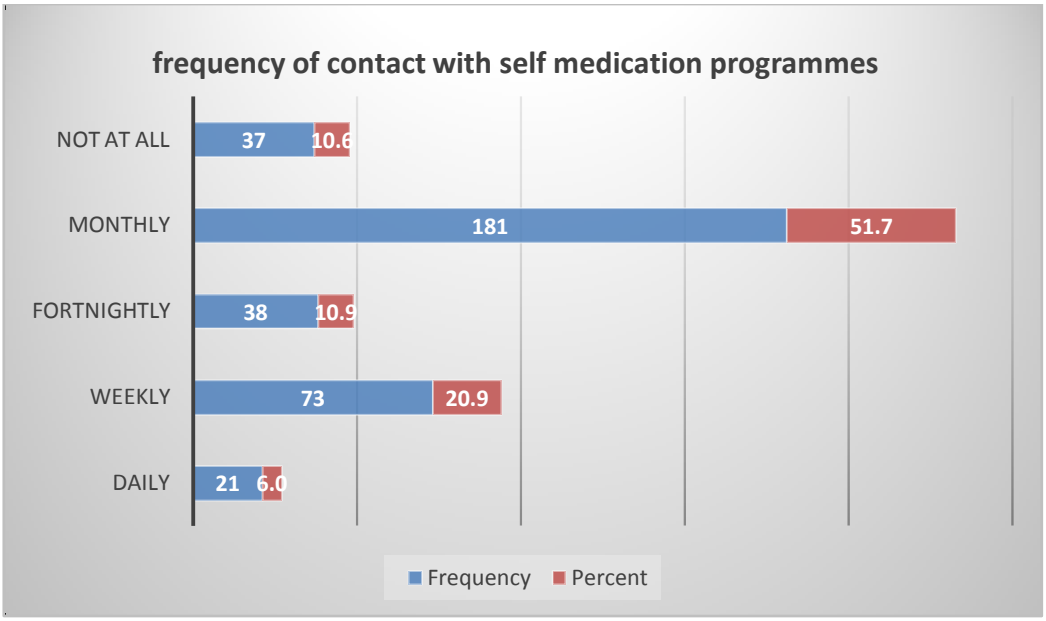
Fig 3: frequency of respondents'major source on self-medication information

Figure 3 above shows how often the respondents' medium of major sources feature information on self-medication. From figure 3 above, 127 (36.3%) respondents said their major source of information features issues on self-medication yearly. 94 respondents representing 26.9% said their major source of information features self-medication issue monthly. Other respondents affirm that the medium of their major source of information feature self-medication on weekly, fortnight as well as on daily basis; with respondents numbering 75 (21.4%), 24 (6.9%) and 30 (8.6%) respectively. Thus, it couldbe deduced here that respondents' major sources do not feature self-medication information often.

Also, Responses from FGD session corroborate the fact that respondents' major source of information on self-medication do not feature self-medication information regularly. Their discussion is hereby transcribed and paraphrased below;

Radio is one medium loved by most of usbecause we listen to all kinds of programmes. In one way or the other, we must have been familiar with various health programmes both on

radio and television. They only talk about different diseases and their symptoms and not on drug administration. NAFDAC and NDLEA concentrate mostly on their core mandate and not on self-medication. People need the right information to be able to make informed choices concerning their health. This is possible via the use multiple channels to disseminate appropriate information for the benefit of students (*FGDParticipants from Faculty of Management Sciences, 2016*).



Source: Researcher's Field Data, 2016

Fig 4: Respondents' frequency of contact with self-medication programmes

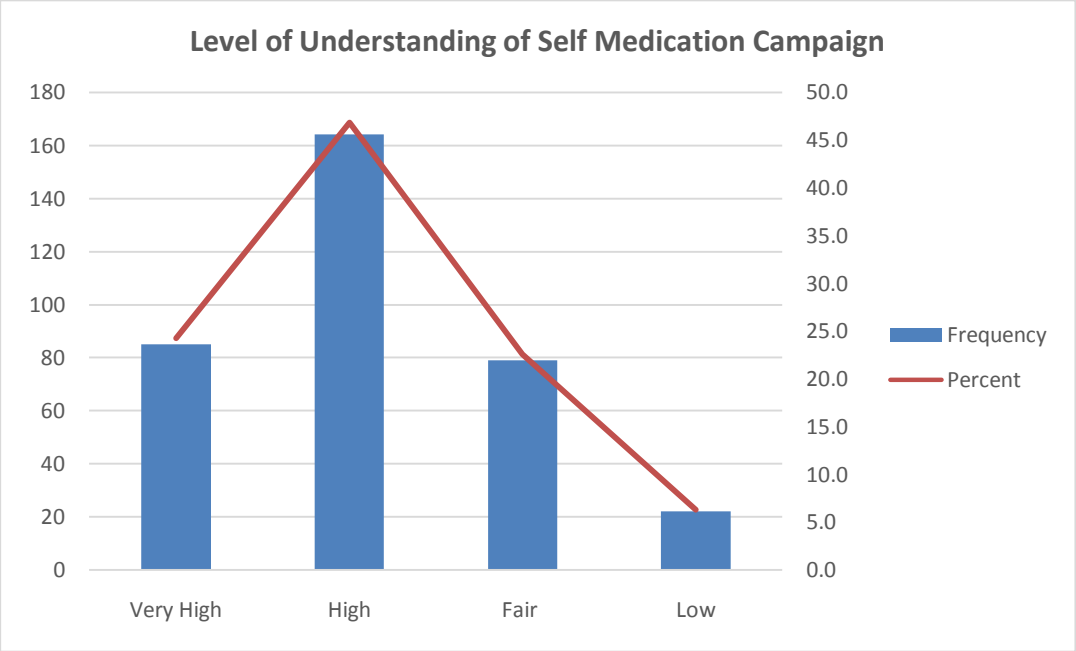
Figure 4 above shows the respondents' frequency of contact with self-medication programmes in any media. As stated above, 181 respondents representing 51.7% have contact with self-medication programmes monthly. While 73 respondents indicating 20.9% have contact with self-medication programmes weekly. Also, 38 (10.9%) and 21 (6.0%) respondents have contact with the programme on two weeks and daily basis. The figure also reflects that 37 (10.6) respondents do not have contact with self-medication programmes at all. Thisfinding suggests that majority of the respondents showed negative attitude towards sourcing for information or programmes associated with self-medication.

This is evident in the number of respondents who have access to information on self-medication daily representing just 6.0% of the population.

In addition to data from the questionnaire, majority of FGD participants stated that they do have frequent contact with self-medication programmes from friends and family members. They also come in contact with self-medication programmes, through the social media platforms such as Facebook, WhatsApp and Instagram. The statements below reflect the collective responses from the two FGD groups:

> Since illness is a common phenomenon among people, we never fail to talk about it so as to find solutions foran identified ailment. So,parents educate their childrenon the need to complain whenever they are facing any health challenges. They frownat it whenthey find out that you administer drug without first, complaining to them. A part from the family level, friends talkabout drugs they buy from drug store whenever they fall sick. So sickness is a common thing among people especially students. *(FGDParticipants from Faculty of Social Science, 2016*).

> In this era of information technology where smart phones are the order of the day, students are glued to their phones always. The platforms give you an array of opportunity to come across a lot of information/programmes on drugs/self-medication. Yousee information popping up without necessarily asking for them. So, students come in contact with health issues generallyusing social media such as Facebook, Tweeter, Instagram and sometimes the internet facilities. With this development, we cannot really say this is exactly how often. In fact, information on social media comes your way even when they are not needed.We often come across self-medication news because as youth we cannot do withoutour handset*(FGDParticipant from Management Sciences, 2016*).



Source: Researcher's Field Data, 2016

Fig 5: Respondents' level of understanding of self-medication campaign

Figure 5 above illustrates respondents' level of understanding of self-medication campaign. 45% of the respondents attested to a high level of understanding the concept of self-medication campaign. 80 respondents (25.0%) showed a very high understanding while 69 respondents (20.0%) reflected a fair understanding of the concept of self-medication campaign. Lying at the bottom with a low understanding is 20 respondents representing 5.0%. This implies that majority (70%) have good knowledge of self-medication campaign.

This is further validated by the FGD results where majority claim that they have good understanding of self-medication programme. They categorically said they understand the language of the messages and their implications. A statement as reported by participants during the FGD interview is reiterated thus:

> Through self-medication information, the messages indicate that, indulgence in it can lead to overdose, negative drug reaction, complications such as itching, insomnia, severe headache and even death. There are other health hazards that can

result from abuse of drugs, so we need to take note of messages of danger in self-medication. Though most of these messages are advertisement base; we don't get to know how realistic they are. (*FGDParticipants from Faculty of Social Sciences, September 26, 2016*).

Table 7: Degree of Relevance of Modes of Communicating Self-Medication

Modes	Grade	Rank
Drama	2.49	9th
Newspaper Health stories/Interviews	2.46	10th
Radio news bits	2.68	8th
Radio interviews/health talk	3.01	3rd
TV interviews/ health	2.96	6th
Billboard/Posters messages	2.98	5th
Leaflet self-medication messages	2.85	7th
Jingles on Radio and Television	3.01	3rd
Internet stories on self-medication	3.70	2nd
Personal testimonies	3.80	1st

Source: Researcher's field data, 2016

Table 7 above is concerned with respondents grading of the listed campaign media with specified grading parameters. These ranking parameters are as follows: 1= poorly effective, 2= less effective, 3= fairly effective, 4= more effective, 5= most effective. This ranking method also holds the 2.5 criteria for accepting the responses to each item. Any response less than 2.5 is insignificant. From the table, personal testimonies came first with a mean score of 3.80. It was closely followed by the internet with a mean score of 3.70.Radio interviews/health talk and Jingles on Radio and Television score 3.01 each. The newspaper came last with 2.46 mean score. A mean score of 3.80, 3.70 and 3.01 infers that the respondents are more exposed to self-medication campaigns via personal testimonies, internet stories and of course, jingles on Radio and television. Therefore, it could be

deduced that personal testimonies, the use of social media, jingles on radio as well as radio interview/talk show are effective means of mobilising individuals towards taking positive action on self-medication.

FGD participants also adduced to the fact that personal testimonies are very efficacious. They concluded that people tend to reason and believe issues when a particular person who has experienced the bad side of drug reaction shares his/her experiences. People tend to learn more from others' mistakes. Though some of the FGD participants see mass media especially as veritable tools for propagating self-medication campaign, still majority agreed that personal testament is more effective as shown below;

> They said when you see you tend to believe easily. There are caseswhereby simple drugslike paracetamol caused complications to people. Who feel they do not need to consult any doctor before taking it until whenthey were told that too much taking of paracetamolcan harm one's liver because of overdose. Death arising fromexcessive intake of paracetamolmay not be common, but it occurs in a subtle manner that people are not aware of. (*FGD Participants from Faculty of Management Science, 2016*).

Among the FGD participants, some commented on other relevant channels to students and advised that these channels should be utilised.The participants from faculty of Social Science lend their voices thus:

> The use of billboards, school bulletin, and leaflets as are channels that students can associate with on campus. Billboards with a bold message on self-medication for instance, would be catchy. School bulletins should be made available as part of students guide book. And occasionally, short messages on danger inherent in drug misuse should be printed on the leaflets to be given to students. The tendency to regularly remindthem on harmful practice as it relates to their health will prevail. This will help checkmatenegative behaviour toward self-medication. (*FGDParticipants from Faculty of Social Sciences, 2016*).

Section D: **Attitudes of Students towards Self Medication**

Table 8

PERCEPTIONS	SA	A	D	SD	U
The use of drugs not prescribed by authorized medical personnel is not a problem if it cures the ailment	44 (13%)	13 (3.7%)	128 (36.6)	122 (34.9)	43 (12.3%)
Consulting a doctor/health worker before taking drugs for an ailment is always necessary	167 (47.7)	162 (46.3)	4 (1.1)	12 (3.4)	4 (1.1)
It is better to purchase drugs from registered pharmacy than road side Petty Trader or Drug hawkers	182 (52.0)	144 (41.1)	5 (1.4)	10 (2.9)	9 (2.6)
The use of medicines prescribed by health personnel to treat self-diagnosed conditions is appropriate	134 (38.3)	154 (44.0)	15 (4.3)	34 (9.7)	13 (3.7)
I had a previous experience of treating similar ailment so there is no need to consult any doctor before taking drugs	53 (15.1)	58 (16.6)	45 (12.9)	130 (37.1)	64 (18.3)
It is more affordable and cost-effective to do self- medication	34 9.7	125 35.7	71 20.3	85 24.3	37 (10.6)
The ailment required rapid emergency care so I indulge in self-medication	41 (11.70	145 (41.4)	42 (12.0)	85 (24.3)	37 (10.6)
Common drugs such as Paracetamol, Septrin, Aspirin, Antibiotics, etc., do not need Doctor's recommendation or prescription.	27 (7.7)	129 (36.9)	32 (9.1)	93 (26.6)	16 (19.7)
I understand my body better than any doctor so I know the drugs to use.	18 (5.1)	30 (8.6)	32 (9.1)	130 (37.1)	140 (40.0)

Source: Researcher's Field Data, 2016

Table 8 above shows respondents' attitudinalbehaviour towards self-medication. Respondents' perception on the items listed above was based on the Likert scale questions. Responses were weighted as follows: Strongly agreed (SA), Agreed (A), Disagree (D), strongly disagree (SD) and Undecided (U). Figures in parentheses in the table represent percentages.

In table 8, 128 and 122 respondents representing 36.6% and 34.9% of the population respectively affirmed that use of drugs not prescribed by professional and authorised medical personnel is a problem. Those that strongly agree, agree and undecided were 44 (13%), 13 (3.7) and 43 (12.3) respondents respectively. This result implies that majority thus are aware of the implications for indulging in self-treatment without consulting a physician. It also demonstrates the unwillingness of the respondents to seek for medical attention when they are ill.

Majority of the respondents also agree and strongly agree representing 46.3% and 47.7% respectively that consulting a doctor before taking drugs for an ailment is always necessary. Only 4 respondents (1.1%) disagree with this notion, while 3.4% of the sampled population was neutralin their comment. The findings from this data demonstrate a high level of understanding of the concept of self-medication by the respondents. Therefore, it corroborates the finding made by Reginald A *et al.* (2014) that undergraduate students of IMO State University had a good understanding of the concept of self-medication.

182 (52.0%) respondents and 144 (41.1%) respondents strongly agree that buying drugs from a registered pharmacist than a road side drug hawker is better. Few respondents with population of 15 (4.3%) did not align with the statement, as they disagree, while 9 (2.6%) respondents were undecided. This finding suggests that despite the increasing awareness on dangers inherent in self-treatment, respondents may for other reasons indulge in self-medication, buy drugs from road hawkers and even would not want to consult a Doctor when they fall sick. This finding was similar to that obtained by Meisenger*et al.,* (2007)in their study on matters of self-care among undergraduates in Taiwan, that in spite of their positive attitudes towards consulting with a doctor, continued self-medication.

On whether it is appropriate to use prescribed drugs by health personnel to treat ailment, 134 (38.3%) and 154 (44.0%) respondents align with the statement to strongly agree and agree respectively. 15 (4.3%) respondents disagree, 34 (9.7) strongly disagree while 13 (3.7%) were undecided. 175 (50%) respondents disagree that it is necessary to consult a physician before commencement of any treatment. Although 111(31.7%) respondents agree, 64 (18.3%) respondents were undecided. This therefore suggests that past experience is not adequate to treat current ailment, instead consulting a physician would be the right thing to do. This is because a symptom from a past experience could mean a different ailment in the current circumstances.

concerning respondents' opinion as to why they indulge in self-medication, 159 respondents representing 45.4% agree that indulging in self-medication could help in saving cost while 156 (44.6%) respondents disagree to the above statement. 37 (10.6%) respondents did not have opinion on the matter. Respondents' opinion on whether to access physician's prescription of common drugs such as Paracetamol, Septrin, Aspirin, Antibiotics among others were varied. The table shows that 156 respondents representing 44.6% agree that one could take common drugs without necessarily seeking doctor's prescription. 125 (35.7%) respondents think otherwise, while 16 (19.7%) respondents were undecided on the issue. Closely related to respondents' perception on the concept of relying on 'previous experience' to address current health problem, majority of the (46.2%) respondents disagree that understanding your body remainsthefunction of a medical Doctor who will determine the actual cause of any health problem you might be facing. 48 respondents representing 13.7% agree to understanding their body better than a doctor can, so they know the drugs to take. 140 (40.0%) respondents did not comment on the matter.

Self-medication was found to be a common practice among FGD participants. When participants were asked about the habit of self-medication without medical advice, the vast majority reported that the practice of self-medication was very common in our society. During this FGD session, the participants attested to this behaviour and they considered it as the norm for health seeking practice. On the other hand, although they agreed onengaging in such practices, majority of the participants perceived self-medication as unsuitable way of seeking health care and recognized that they should seek treatment from health facilities. However, the majority of participants regarded self-medication as easier way for obtaining prompt treatment. They further said they considered it as an alternative solution to the predicament of public health care services.

Although majority of the FGD see self-medication as not a proper way of solving issue of health, they still opined that at times it is inevitable considering so many circumstances and challenges of our society. Here are some of these assumptions:

> I don't believe there is problem with self-medication, because many people use anti-malaria drugs without medical consultation and they recover without any complication.(*Olupeka Faith, Student,Participant from Accounting Department, 2016*).

Also by another participant:

> I know that many people are poor in the country so they cannot pay the cost of health services. Even among students many prefer to buy cheap drugs prescribed by themselves or ones they have used before from any chemists or pharmacies because they cannot sacrifice long time they will have to spend to have the same treatment at university clinic.(*Sule Abdul, Student,Participant from Political Science Department, 2016*).

Another participant has this to say on attitude of people to self-medication:

> I often add 1 tablet to the dose in order to help myself recover quickly. Sometimes the pharmacist says 'take one tablet for 4 times in a day for 5 days in case of antibiotics but I end up taking the drug for 3 days and stop. (*IsyakAdeiza, Student, Participant from Geography/Planning Department, September 26, 2016*).

Furthermore, a participant sees the issue in this light:

> I have had funny experiences with going to school clinic; most time when you go there with complains, the doctor will just prescribe drugs for you without any test. I felt why should I, if I can also buy the same drugs on the canter and treat myself especially in this environment that there is no free time to waste (*AdeniyiAbiodun, Student,Participant from Accounting Department, 2016*).

Although previous studies conducted among undergraduatestudents from the study area reported that inappropriate medication practices have adverseeffect on their health due towrongapplication. Based on the above statements, it begs the question in this current study, whether students' attitude towards self-medication practice has any effect (negative or positive) on their health.The statements below capture the reactions of the FGD participants:

> When I am sick, first, I buy drugs to treat myself. If it does not get better, it is then I initiate the move to go to hospital. But when the drugs I bought cure my illness, there would be no need to see the Doctor, except itworks otherwise. This is how I have been treating myself. I rarely recall visiting the Doctor for medical advice. For me, treating myself without consulting a medical Doctor or the school clinic has yielded positive effect on my health; may be because of the way my body reacts to ailment. It all depends on the nature of your body. *(FGD participants fromPublic Administration Department, 2016)*

> In most cases of self-medication, I use drugs on the advice of a drug seller or according to a previous prescription. WhenI amsick the first time I visitthe hospital.I takethe drugs according to prescription fromthen onwards; Igo out there to buy the samedrug as before. Iwill visit the drugstore and explainto the drug seller about my illness and buythe drugs according to the seller's advice. That is how I have been treating myself. I do not need togo for any medicalexamination. *(FGD participants from Mass Communication Department, 2016)*

Section E: Communication approaches that can reduce self-medication practice

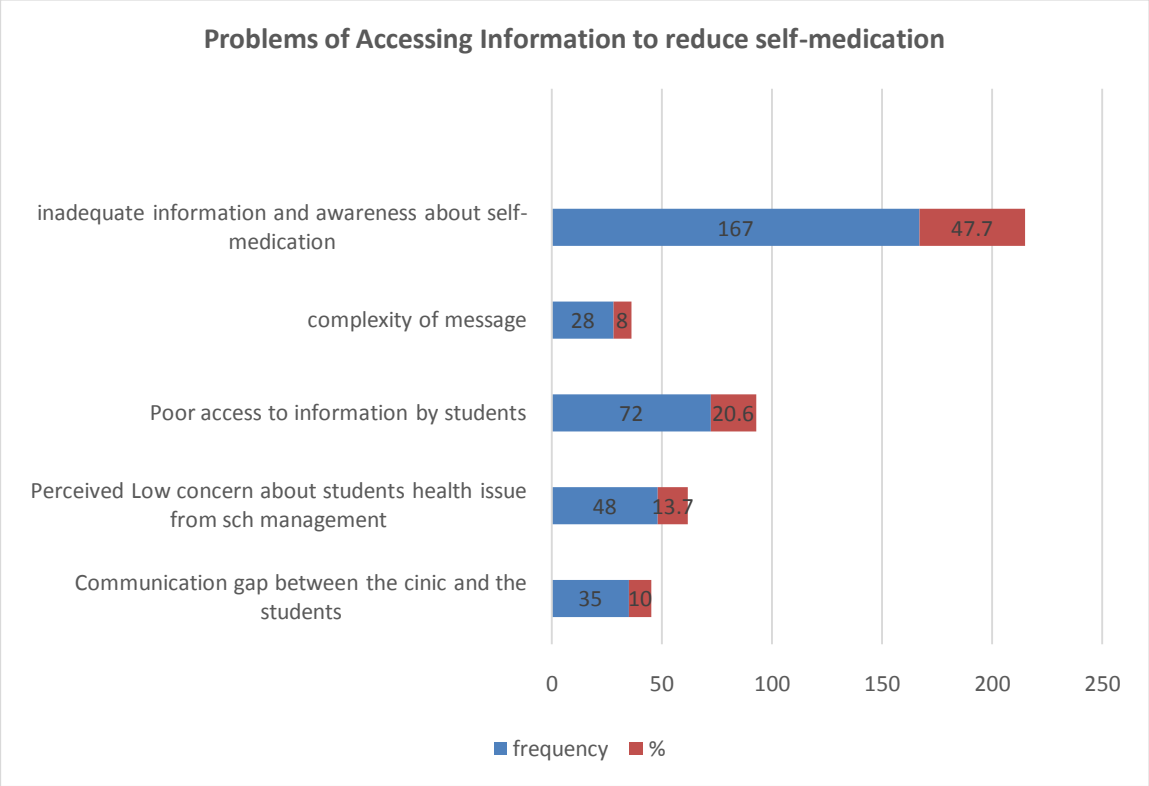


Fig 6: Problems of accessing information about Self-Medication

This section employed the open ended question format and required respondents to express themselves freely on the problems they encountered accessing information on self-medication and how these problems can be ameliorated in order to reduce incidences of inappropriate drug use amongst students. The responses were analysed according to the themes they carried. Figure 6 above reveals that 167 (47.7%) of the respondents are of the opinion that inadequate information and lack of proper awareness about self-medication impedes on their chances of accessing information on self-medication. 72 (20.6%) respondents said poor access to information while 48 (13.7) believe that perceived low concern about students' health issue from the school management is a factor creating poor access to information on self-medication. 63 respondents representing 18% of the

population also stated that communication gap and complexity of the message play a major role with respect to accessing information on self-medication.

From the FGD's point of view, awareness was also seen as a major contribution to poor access of information on self-medication. Majority are of the opinion that if information about self-medication is adequate and properly channelled to create awareness, there is the tendency that students and the larger society will take caution in the use of drugs. To buttress this further, here is a comment alluded to one of the FGD participants:

> Often what I hear about self-medication is from the advertisement angle that, if symptoms persist after three days, you should consult a doctor. I have not really been informed of danger of taking overdose, indulging in self-treatment and the effect of doing that. Most time it is when you have opportunity to see a doctor or a person who had a terrible experience with a particular drug. (*Oforma Lauretta, Student,Participant from Economics Department, 2016*)

Another pointer to this issue is:

> I think careless attitude also contributes to self-medication problem, because most of us including myself do not take time to read the instruction on some of the drugs we buy before taking them. (*Ojiah Joseph, Student,Participant from Public Administration Department, 2016*).

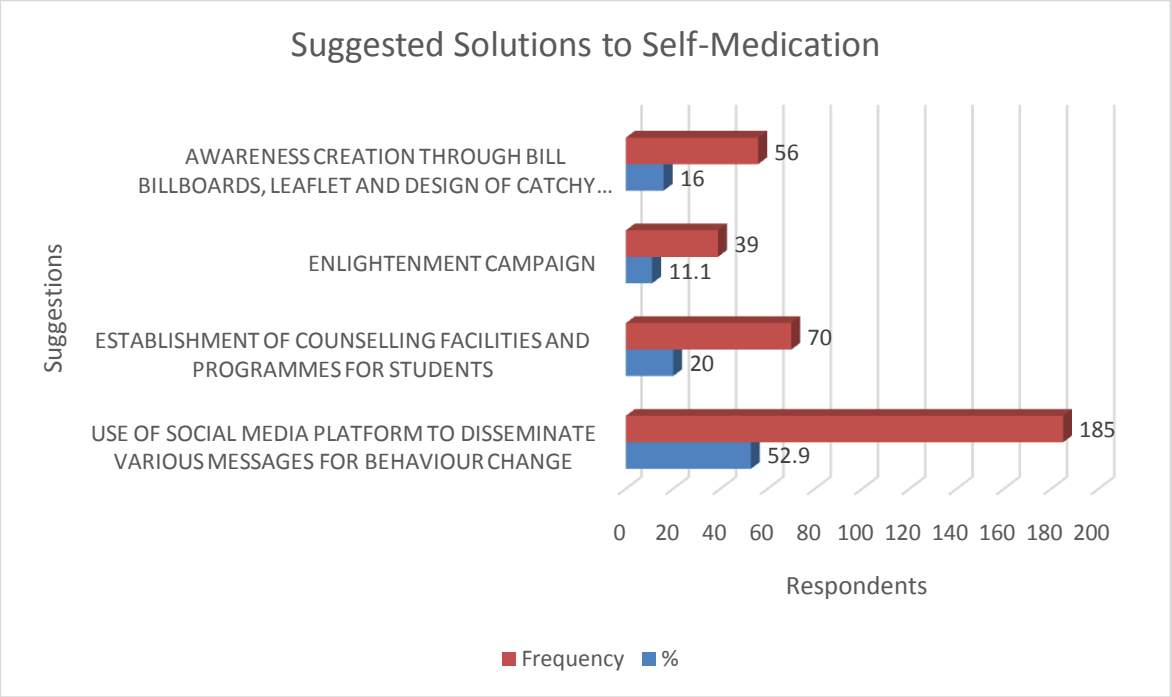


Fig 7: Feasible solutions to Self-Medication

Figure 7 presents possible solutions as identified by the respondents to issue of self-medication. The use of social media platform received the highest vote of 185 respondents (52.9%). They recommendthis platform as a veritable tool to disseminate various self-medication messages for behaviour change. 70 (20%) of the respondents said there is need to establish counselling facilities and programmes for students. 56 respondents representing 16% of the population are of the opinion that awareness should be created through billboards, leaflets and designswith catchy messages. Also, 39 (11.1%) of the respondents align their thinking with the organization of enlightenment campaigns (EC) to generate awareness.

Similarly, data from FGD agreed with the findings from the questionnaire that students are more inclined to social media as a tool for knowledge generation and information seeking. Example of this FGD assertion is highlighted here:

> Many students are now versatile and friendly with such apps as Facebook, WhatsApp, Instagram, twitter, WeChat, goggle chat, yahoo and various internet facilities which if properly synergised can serve effectively to propagate information on self-medication and its attending dangers. (*FGDParticipants from Faculty of social Sciences, 2016*)

Another set of participantssubmitted as follows:

> Hardly will you see a student not using an android phone which has the capacity to browse internet for various information. I think this platform should be maximised for effective communication on self-medication issue. Even the university authority can use theschool website to promote this if possible. (*Participant,Faculty of Management Sciences, 2016*).

Findings in this figure and the discussion from the FGD suggest that respondents are ICT compliant given that majority advocated for social media as the most reliable means of disseminating information on self-medication among students. From this finding, it will be proper to say however that, the revolution in information technology has no doubt transformed the trend of communication across all frontiers.

4.2. Discussion of Findings

From the highlights of various tables and charts of this study, the information analyzed was obtained from 350 undergraduate students (respondents) spread across four faculties in Kogi State University, Anyigba. Quantitative data was represented in tables and charts so as to aid easy comprehension of the analysis supported by the qualitative data from FGD participants. As earlier stated in the work, the central research thrust revolves around the appraisal of the communication campaigns on self-medication and its influence on students' behaviour with regard to medicine usage.

Based on the table presented above, finding shows that majority of the respondents totalling 346 representing 98.9% have heard about self-medication before. As such, the majority of these respondents are between the ages of 15-25 with a mean age of 22 years on the average. The above therefore provides answer to the research question as to whether

students have heard about self-medication. Thus, the extent of adequate knowledge about the subject matter can be determined by the number of respondents who agree to have heard about self-medication before as indicated above (See figure 1). This fact also corroborates responses from the FGD sessionwhichstates that self-medication is a common knowledge among students.The implication of this finding is that the concept of self-medication is a common practice among students of tertiary institutions and by extension a global phenomenon. This therefore validates the findings made by Ansam (2008), that self-medication practices are common among University students.

Investigation of self-medication among University students is a fundamental issue. This population constitutes a segment of the society that is highly educated and more inclined to information about health. Among Kogi State University undergraduates where the above findings demonstrate significant knowledge about self-medication, they still indulge in the practice. Some factors may have necessitated the continuous indulgence in the practice of self-medication amongst these students. Given the fact that Anyigba, the host community of the University is a small town, with practically few economic activities and lack of adequate modern health infrastructure, most illnesses are treated by self-medication as a result of low standard of living and difficulties in accessing modern healthcare, drug retail shops frequently serve as the public's first point of contact with the healthcare system.

Furthermore, the specific reasons why self-medication thrives among students in Kogi State University may have stemmed from the fact that they consider it more affordable, readily available and ultimately cost and time effective; invariably they may thus consider the need to consult a doctor not important when they fall ill. Apparently,long

delays in public hospitals and the extent of exploitation by the Private hospitals are also feasible factors that could form the basis for whichindividuals would prefer to treat themselves rather than seeking for medical consultation.

On the question concerning the medium through which respondents hear about self-medication, the study found out that interpersonal means was the major medium students get information about self-medication. The majority of respondents show this from their responses to the questionnaire administered. Data from the questionnaire reveals that 165 (47.1%) of the respondents get information on self-medication through interpersonal means. Television was 19.1%, radio was 15.4%, university bulletin was 9.7% andthere are other key sources where respondents get information about the phenomenon. Others are internet and newspaper with 28 (8.0%) and 2 (.6) respondents respectively.

In table 4, respondents were asked to grade some listed sources of information as it appeals to them. Data was presented based on a5 point grade with mean of 2.5. It is evident from the table that interpersonal communication came first with a mean mark of 3.82. Interpersonal communication was noted as the most important sources of information that resonate with majority of the respondents. However, interpersonal communication is one of the key communication components influencing behaviour change and can be seen as a person-to-person, two-way, verbal and non-verbal interaction that includes the sharing of information and feelings between individuals or in a small group that establishes trusting relationships. The above definition captures University based students' interaction through various campus-based organizations. These findings also bring to the fore the influence of personal contact as against the assertion that media (Newspaper, Radio and Television) can have direct influence on the audience. Therefore, theseagree with the assertion ofTwo Step

Flow Theory as demonstrated by other studies(Weimann, 1994; Brosius, 1996) confirming the viability of interpersonal influence in health communication message design.

Therefore, integrating interpersonal platforms in communicating self-medication into campaign programmes on campus have higher chances that it might be effective if accompanied with mass media. As UNICEF (2008) opines, "People talking to people is still how the world's standards change." Again, when combined with advocacy and strategic use of data, interpersonal communication can drive behaviour change positively.As noted byAmodeo & Wentworth (1995: 10),"Interpersonal communication is humanity's most important characteristic and its greatest accomplishment. It is humans' ability to turn meaningless grunts into spoken and written words, through which they are able to make known their needs, wants, ideas and feelings".

Also in table 4, Social Media and Hospital Visit took the second and third position with 3.57 and 3.38 score mark respectively. The data above also suggests the user-friendly characteristics of the social media to respondents. This substantiates findings made by Gana (2016) that students use the Internet regularly to chat, source for educational materials, emails and most especially visit social media sites. On the average, they spend 3-4 hours daily. Alsoin table 4, Posters, Radio, Road Show, Television, University Bulletin and Newspaper were scored respectively 4^{th}, 5^{th}, 6^{th}, 7^{th}, 8^{th} and 9^{th} Positions. From the foregoing, it is safe to state here that in the world of today, health communication campaigns could work better and engender a positive behaviour change amongst students with a combination of all media spectrum putting into consideration the audience and context the campaign is meant to address.

The FGD provided an additional explanationon sources where studentsget information on self-medication. In line with findings from the questionnaire, majority of the FGD participants hear about self-medication through interpersonal means. Participants' opinion can be seen from the perspective that they have diverse experiences in their level of media climate, but the dominant allusion inthe responses given among the participants was the fact that interpersonal communication offers a better way of passing across self-medication crisis among students. In this regard, the need to intensify communication campaigns on self-medication using the tools of interpersonal communication becomes pertinent.

Furthermore, Research question 2 presented respondents' exposure to any self-medication campaign in their school, frequency of receiving self-medication information from their sources, and how often these sources feature self-medication information. It further featured respondents' frequency of listening, reading and watching self-medication information from the medium and finally respondents' level of understanding the concept of self-medication campaign programmes.

Results from Table 5 show that majority of respondents (295) representing 84.2% are not aware of any form of self-medication campaign in their school. Only 15.7% representing 55 respondents are aware of self-medication campaign in the University. This is a far cry from what literature on communication campaigns suggest. Also, Participants in FGD affirm to this fact, that they are not aware of any self-medication communication campaigns going on in the university. As Roccella (2002) puts it, a more typical campaign may depend on operating through multiple channels, diffusion of messages repeatedly over time, and supportive actions from institutions and social networks. If that has been the

situation in the university, hopefully it would have increased the level of awareness among students on the need to act rationally and responsibly towards appropriate medication behaviour.

From the above assertion, the Rational Model Theory is justifies because it also emphasise more on the 'diffusion of messages repeatedly over time' as there is that likelihood that direct exposure to media antidrug messages may have influence on respondents' self-medication behaviour. Also, how often are students exposed to that communication medium (for instance, how often they watch television, listen to radio or even read newspaper)? Are these campaigns integrated among various campus-based organizations? If yes, then, there may be the tendency that the campaign activities may stimulate concern about drug use among various students' organisation and lead them to allocate more time to discuss the danger that may arise as a result of practising inappropriate self-medication**.**

The frequency of access to information on a particular issue has a direct bearing on the level of behaviour change as it relates to the subject matter. Table 6 shows how long the respondents received self-medication information from their sources. Above three years received the highest number of responses with 214 (61.1%) respondents. 'One year' was second with 14.2%, 6 months and 2 years got 9.1% and 9.1% of the responses respectively. 3 years had only 6.2% of the total responses. It could be deduced that the longer period it took respondents to access self-medication information could beseen as one of the reasons likely to influence the practiceof inappropriate self-medication among undergraduates in the University. This is also the same in the findings from FGD

participants that they do not get to receive information on self-medication regularly from their preferred medium.

In table 6, findings reveal thatirregular access to self-medication information from their sources. This may have influenced respondents' level of indulgence in self-medication, as regular access to information may have a way of influencing behaviour for change in terms of doing the needful when it comes to taking responsibility for one's health challenges. Randy (2004) substantiates this when he asserts that "a communication campaign cannot be effective unless the target audience is exposed to, attends to, and comprehends its messages."These messages may come from direct exposure to the media campaign advertisements on television, on the radio, in magazines, on the internet, on billboards, and elsewhere as long as the target audiences are frequently exposed to them. Supporting this, Valente (2001) posits that "direct exposure to media antidrug messages depends on two factors: first, how often the youth is exposed to that communication medium (for instance, how often they watch television), and second, the number and nature of advertisements that are placed in a given time period and on that medium".

In the case of the communication campaigns on self-medication in KogiState University, which were rendered through posters and radio talk shows on campus, the researcher opined that this could have been done using several approaches such as pasting the posters at strategic locations around the school and allowing students to take charge of the radio talk show. It was however noticed that these posters were placed only within the clinic premises. The approach thus seems inadequate to create the much needed awareness on the need for students not to indulge in inappropriate self-medication. ThoughPosters are often regarded as the easiest and cost effective way to communicate message to a large

number of people, but its effectiveness is largely dependent on the strategy of placement for it to attract the audience.

Figure 3 showed that respondents' major source do not feature self-medication informationfrequently. This is reflected in a number of respondents that said their medium of major sources of information feature self-medication issue weekly with 75 of the respondents (21.4%);24 respondents representing 6.9% said their major source feature information on self-medication every two weeks.Furthermore, 127 respondents (36.3%)said their source of information feature self-medication issue yearlywhile 94 respondents (26.9%) affirmed that their major source feature self-medication information monthly. Other respondentsadmitted that their sources feature self-medication informationfortnights and on daily bases; with respondents numbering 24 (6.9%) and 30 (8.6%) respectively. The implication here is that taking such a long time for respondents' medium of information to feature issues concerning self-medication, the tendency for them not to have been adequately informed could partly be responsible for the high prevalence of self-medication in the University. Behaviour change campaign messages are expected to be comprehensive, frequent, and made available to the audience regularly through multiple channels, such that access to those messages are made seamless to the target audience, with the expectation that these messages will manifest into positive behaviour change practice amongst the target audience (Students).

However, majority of respondents in figure 4 demonstrated a reasonable level of contact with self-medication information, this is evident in the number of respondents 181 (51.7%) and 73 (20.9%) that had contact with self-medication information; but does not reflect on their behaviour in the same mannerprevious studies revealed; indicating higher

prevalence of self-medication practice amongst the students under study. Findings from Figure 4 also reveal that majority of the respondents showed negative attitude towards sourcing for information or programmes associated with self-medication. This is evident in the number of respondents who access information on self-medication daily (See figure 4). In the same vein, FGD participants agree that they regularly come in contact with self-medication information which is being sourced through their smart phones using the social media and internet facilities.

Figure 5 illustrates respondents' level of understanding of self-medication campaign. Findings therefore indicated a high level of respondents' understanding of self-medication campaign.Even though majority of them have high understanding, they still indulged in self-medication, which may have been associated with the fact that they are educated and as such could read and write. As exemplified by the Rational Model Theory, knowledge is necessary but usually not sufficient factor in changing individual or collective behaviour. Motivation could also come from other sources in addition to the factual knowledge. However,Information alone is not enough to support behaviour, but information can lead to a change in attitude that can lead to positive behaviour when you have the right knowledge. But, without a motivator and an initial action to start the information seeking process, there is nothing to trigger the uptake of the information.

While in table 7, respondents graded some listed campaign programmes they are exposed to in order of relevance and importance to them. Personal testimonies and internet stories on self-medication were ranked first and second with a significant mean of 3.80 and 3.70 respectively. The reason is not far-fetched. Personal testimonies can be likened to interpersonal form of communication and it involves either person- to- person testimony or

one person to a group. On the other hand, the internet is one of the many channels that is emerging and promising to dictate the future. It is being mainly identified with youth, given its friendly potentials and capacity to reel out information. Youths are most of the time glued to the internet in search of one kind of material or the other. Findings from table 7 shows that personal testimonies, internet stories/social media, jingles on radio and radio interview/talk show can be veritable channels to reach the target audience with self-medication programmes build into major campus based activities. This is most especially relevant in a dynamic world of information and communication technology that is driven by youths world over.

Table 8 comprises a number of items requiring the perceptions of respondents on them. Findings indicate that majority of the respondents showed a positive understanding of the concept of self-medication. This finding implies that majority of the respondents are aware of the implications of indulging in self-treatment without consulting a physician. It also demonstrates the unwillingness of the respondents to seek medical attention when they are ill. It appears that respondent's attitude towards self-medication is positive and thereby considering it as an acceptable practice. Findings in table 8 is consistent with reports from two separate studies recording up to 80% of the respondents favoring self-medication and considering it as an acceptable practice.This corroborates a similar study in Taiwan which revealed that most college students irrespective of the course of study have a positive opinion towards self-medication but do not visit a physician when they fall sick.

Several reasons have been adduced to influencing people's attitude and behaviour towards self-medication. One of the findings in this study is similar to the findings by Amusa*et al.* (2012) which states that students engage in self-medication becauseit is time

saving, it is economical, no need to visit a doctor for minor illness, previous experience among others. Previous experience is directly linked to one of the findings in this study where majority of the respondents 175 (50%) disagree that past experience is not a tangible reason to indulge in self-treatment. Rather, the ideal thing to do would be to consult a doctor. This is because a symptom from a past experience could mean a different ailment in the current circumstances. As reported in the FGD, participants agree that self-medication is not the appropriate thing to do when you are sick, but they have little or no option with regard to consulting a doctor.

On the respondents' opinion as to why they indulge in self-medication, 159 respondents representing 45.4% agree that indulging in self-medication could help in saving cost while 156 (44.6%) respondents disagree to the above statement. 37 (10.6%) respondents did not have opinion on the matter. However, there is no significant difference between those who agree or disagree to the statement. The FGD results present plethora of reasons why students indulge in self-medication. Among these reasons, longwaiting time and convenience were central. Long waiting time and Convenience relate to the fact, expressed by the participants that drugs were easily bought from drug store within the school environment. Students have a problem in finding time to consult a medical doctor whenever they fall ill. This may be attributed to the fact they have been constrained by time due to academic activities, pressure and involvement in their studies.

On the question regarding common drugs such as Paracetamol, Septrin, Aspirin, and Antibiotics among others; does one really need a physician's recommendation or prescription? Respondents' opinion on the issue shows that 156 respondents representing 44.6% agree that one could take common drugs without necessarily seeking doctor's

prescription. 125 (35.7%) respondents think otherwise, while 16 (19.7) respondents were undecided on the issue. Result from the above data reveals that self-medication to a great extent has been part of human practice. It also indicates that as long as human beings continue to exist, self-care in the form of self-medication will be there.

Further on respondents' perception on the concept of relying on 'previous experience' to address current health problem, majority of the (46.2%) respondents disagree that understanding your body remains the decisionfrom doctor's diagnosisconcerning the actual cause of the health problem you might be facing. 48 respondents representing 13.7% agree to understanding their body better than a doctor can, so they know the drugs to take. 140 (40.0%) respondents did not comment on the matter. These findings are consistent with similar studies conducted on self-medication in other parts of Nigeria.

On the issues of strategies that can reduce self-medication, responses from the open ended questions presentvarious issues as it affects the respondents' difficulties in accessing information on self-medication. Figure 6 reveals that 167 (47.7%) respondents subscribed to the notion that inadequate information and lack of proper awareness are the major reasons why self-medication prevails among students in Kogi State University.This revelation is in consonance with thoughts from participants in the FGD. This thus authenticates the Rational Model Theory's tenet which is premised on the need to continually provide adequate and sound information, devoid of scare and fear towards encouraging people to regulate their behaviour.

Similar report by the University (2015) gave credence to the statements that; "students suffer from the negative effects of self-medication as a result of poor knowledge

and inadequate information on the risk of practicing self-medication, which have after effect on their health and academic performances.The result also shows that 72 (20.6) respondents said poor access to information while 48 (13.7) believe that perceived low concern about students' health issue from the school management is of great anxiety in not being able to access information on self-medication. 63respondents representing 18% of the population also declare that communication gap and complexity of the message play a major role with respect to accessing information on self-medication.

Figure 7 presents responses from the respondents offering some feasible solution perceived to have the potentials of reducing incidence of self-medication amongst students if well integrated with the existing communication programmes for self-medication in the University. From this figure, 185 (52.9%) respondents proposed social media; 70 (20%) of the respondents suggested the establishment of counselling facilities and programmes for students; 56 respondents representing 16% were of the opinion that awareness should be created through billboards, leaflets and designing of catchy messages.

Likewise, 39 (11.1%) of the respondents align their thinking with the school authority organizing an enlightenment campaigns (EC) geared towards educating students on the need to always seek medical attention when they fall ill. The use of social media, counselling facilities, awareness through billboards, leaflets and enlightenment campaign should be incorporated into various campus-based educative programmes in order to elicit students' participation. By so doing, students will be home with self-medication campaign programmes and consequently apply caution when there is need to self-medicate. Even though people need enough knowledge of the potential dangers to warrant action, but do not have to be scared to take action as demonstrated by the Rational Model Theory.

To buttress the solutions suggested in figure 7 by the respondents, it is often said that the media has the ability to wield its power on the people. Its effectiveness depends on how these features are applied to solve problems. The results therefore establish that the respondents are very much in tune with various prevailing media characteristics, given the fact that the suggested solutions bear a dynamic semblance to the contemporary world ofinnovation that is tilting towards finding a point of convergence between the conventional and alternative media.

Generally, interpersonal communication and social media were identified as the most effective platforms for self-medication campaigns due to their unique capability of reaching a larger audience especially the interpersonal communication platforms. As findings in this study revealed, students are likely to be better informed by people (interpersonal communication) on the risk factors involved when you indulge in inappropriate self-medication without consulting a physician. In this regard, it could be communication that exists between the care-givers and patients at the point of healthcare delivery; which a crucial component in health communication. This affirms the importance of interpersonal communication or social interaction towards behaviour change intervention campaigns aimed at producing positive health behaviour such as appropriate medicine use.

As stated by Hornik and Yanavitzky (2003), that one of the three ways media campaigns can affect behaviour change is through social interaction with family members, friends and other people in the community. Studies have shown that media campaigns cannot therefore produce desired positive changes or prevent negative ones without a support of face- to- face campaigns or interpersonal communication (social interaction). It

is also interesting to note that, a more typical campaign may depend on operating through multiple channels, diffusion of messages repeatedly over time, and supportive actions from institutions and social networks.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Summary

The essence of this study was to appraise the communication campaigns on self-medication in Kogi State University, Anyigba, with a view to ascertaining its effectiveness and influence on students. Relevant literatures and theory that constituted the fundamental framework of the study were reviewed. The study was conducted as a survey and data were collected through the use of questionnaire and focused group discussion from the respondents who were undergraduate students of Kogi State University, Anyigba which is the study area.

However, the results obtained from the 27-items questionnaire and the structured questions for FGD, were analyzed and presented in appropriate tables and percentages, pie charts whilethe descriptivethematic style was used to interpret data from FGD.The study emphatically revealed that the self-medication programmes inherent in the media campaigns were obviously irregular, inadequate and poor in themselves to engender any positive behaviour change among the students under study. Therefore, the communicationcampaigns on self-medication in Kogi State University have little or no effect on the students.This is not unconnected with the fact that the self-medication campaigns as rendered by the University clinic were inadequate, infrequent and more importantly not participatory.

Furthermore, Health communication campaigns are just a subset of general communication campaigns. Thus, Interventions to change health-related practices such as inappropriate self-medication would take a variety of procedures involving both interpersonal communication and the mass media. And this will require a thorough understanding of the various media channels available, as well as the issues and

appropriate strategies for delivering the messages to achieve the best results possible, which indeed is a far cry from how the campaigns on self-medication was carried out in Kogi State, University.

5.1 Conclusion

Health Communications are perhaps the most utilized and effective method for spreading public health messages, especially in endorsing disease prevention and changing people's health behaviour positively. In order to achieve the foregoing, the use of communication campaign becomes pertinent. And these campaigns can be supported with theories that explain why campaigns may fail to engenderpositive behaviour as intended for the target audience. The discussion of communication campaigns in this work was corroborated within the framework of theRational Model Theory and the Two Step Flow Theory. For this reason,the theoriesdemonstrate their relevance where the study clearly revealed why self-medication campaign in Kogi State University did not yield positive result, by way of changing students' inappropriate self-medication practice.As revealed by the findings, the communication campaigns in Kogi State University could not achieve its purpose because of the lapses inherent in the very foundation. It lacks all the elements of a comprehensive, understandable and credible message design in the real sense of intervention aimed at modifying the behavioural crisis on self-medication among the target audience (students).

In view of the foregoing, major findings revealed that the media campaigns on self-medication in Kogi State University have not been adequate to produce sustainable behaviour changes among students. Results obtained from the study showthat the media campaign messages on self-medication were incomprehensive and poor. This was evident

in the greater number of the research questions that received negative responses from the surveyed students. Though, the study found that the frequencies of students' exposure to the campaign was quite almost nonexistent, their level of knowledge on self-medication campaign programmes was high. It therefore showed that the media campaigns on self-medication in the University received very low students' exposure and participation even though there was a high understanding of various media climate as it affects students. The onus now lies on the school clinic or authority concern to advance beyond the existing media platforms, which hitherto has not had the much desired influence to changing students' negative behaviour towards safe and ideal self-medication practice.

5.2 Study Key Findings:

1. The data initial analysis revealed that more female respondents participated in the research than males as women constituted 58% while male were 42%.
2. The study found irregular and incomprehensive media campaigns on self-medication which failedto engender positive behaviour changes amongst students of Kogi State University, Anyigba. This failure may be attributed to the inability of the school clinic not to have made the campaigns comprehensive, coherent and participatory.
3. The findings indicate high understanding of the concept of self-medication, butthere exists a low perception of the risk about drugs use for self-medication among undergraduate students in Kogi State University. With 70% of the respondents having good knowledge of self-medication campaign. This finding is similar to the study conducted by Achema et al (2014) which shows that 92% of the respondents have good knowledge of the danger inherent in self-medication but still indulge in it.

4. It was found that majority of students are not exposed to the media campaign programmes by the University clinic. This is reflected in 84.2% (295) of the respondents who said they are not aware of any communication campaigns in the university as against 15.7% (55) respondents that are aware of the campaigns.
5. The study revealed interpersonal communication and social media to be the most effective means of reaching students of the University on Self-Medication.
6. The study found out that students are more inclined to social media information than the print media. This is reflected in the low level of exposure to the newspaper as their source of information on self-medication.This substantiates findings made by Gana (2016) that students use the Internet/social media regularly to chat, source for educational materials, emails to satisfy their information needs.
7. The study found negative attitude of students towards seeking self-medication information through the media they are exposed to due to the fact that they take longer time to access self-medication information.

5.3 Recommendations

Based on the above findings, the study recommends that:

1. Universities should begin to develop a more student-centered communication campaigns that will incorporate all-inclusive communication approaches geared towards creating a compelling awareness on risk factors involved in inappropriate self-medication practice. Therefore, campaigns should be made elaborate, well spelt out, comprehensive and strategic like that of HIV/AIDS campaigns in educating students on the risk factors associated with self-medication.

2. The need to involve students in the analysis, planning, execution and evaluation of these self-medication campaign programmes should be thoroughly researched and experimented. Given the fact that majority of the respondents are not aware of any self-medication communication campaigns in the University, the authority should intensify effort to popularize the campaigns among students through multiple channels or students' friendly media as identified by the study.
3. The university should create policies that support opportunities to change and provide additional motivation for change, through strengthening of institutions/channels that havedirect links with the students such as Guidance and Counselling Units, University Medical (care-givers) Staff and Students' Affair Division, among others.
4. The University should also invest in entertainment-education mechanism to increase awareness especially with the use of prominent actors as spokespersons through campus related shows. The entertainment industry offers highly effective opportunitiesinstead of directly targeting a particular audience, sometimes health campaigns target individuals that have *interpersonal influence,* or those who can create change through their relationship with the target audience.
5. The university should find a way of including the teaching of safe medication practice into general studies curriculum such that it will support other media campaign activities.

6. The university should also partner with the Department of Theatre Arts through Theatre for Development (TFD) projects by organizing conventions and presentations aimed at educating students on the dangers inherent in inappropriate self-medication practice.

5.4Suggestions for Further Studies

1. Further studies could expand the scope of the case study to include universities from within Kogi State or other geographical locations in Nigeria so as to have a wider coverage. This will also add value to existing literature on communication campaigns.
2. Researchers can also look at another study that will create or design a communication strategy to address self-medication on campus.
3. Development Communication students can replicate this study using postgraduate students in other Universities, as this study only focused on undergraduates in Kogi State University.

5.5 Contributions to knowledge

1. This study has shown that there is a nexus (relationship) between interpersonal communication and behavioural change towards self-medication practice.
2. The work has established thepossibility of information linkage through social media which can advance positive attitude towards self-medication.
3. This study will help increase the awareness on the need for tertiary institutions to develop a well thought out communication campaigns on self-medication; with a view to making it comprehensive, understandable and credibly geared towards engendering a positive behaviour change frominappropriate self-medicationto a more rational medication practice amongst students.

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APPENDIX A

QUESTIONNAIRE

Dear Respondents,

I am a student of the Ahmadu Bello University, Zaria, carrying out a research on '**Appraisal of Communication Campaigns on Self-medication among Undergraduate Students of Kogi State University, Anyigba, Kogi State'**. I hereby assure you that all the information that will be provided to these questions will be treated confidentially, more so, your name is NOT required.

Thank you.
ABDULLAHI JUBRIL

QUESTIONNAIRE

DEMOGRAPHIC DATA

1. Age ……
2. Sex: A. Male [ ] B. Female [ ]
3. Level: 100 [ ] 200 [ ] 300 [ ] 400 [ ] 500 [ ]

SECTION A: SOURCES OF INFORMATION ON DRUGS/SELF-MEDICATION

5. Have you heard about self-medication before? a) Yes [ ] b) No [ ]
6. From where did you hear about self-medication? a) Television, b) Radio, c) Internet, d) University bulletin e) Interpersonal means f) Newspaper
7. Grade the following sources of information on self-medication as it affects you. 1=poorly effective, 2=less effective, 3= fairly effective, 4= more effective, 5= most effective

Sources of Information	**Grade**
Television	
Radio	
Internet/social media	
Newspaper	
University bulletin	
Hospital/clinic visit	
Posters/fliers	
Road show/jingles	
Interpersonal means	

SECTION B: NATURE OF COMMUNICATION CAMPAIGNS ON SELF MEDICATTION

8.Are you aware of any self-medication campaign in your school? Yes [ ] No [ ]
9. For how long have you received self-medication information from your sources?
Six months [ ] one year [ ] two years [ ] above three years [ ] No response [ ]
10. How often does the medium of your major source of information feature self-medication programmes? a) Daily [ ] b) Weekly [ ] c) Fortnightly [ ] d) Monthly [ ] e) yearly [ ]
11. How often do you listen, read or watch self-medication programmes from the medium?
a) Daily [ ] b) Weekly [ ] c) Fortnightly [ ] d) Monthly [ ] e) not at all [ ]
12. What is the level of your understanding of self-medication campaign programmes?
a) Very High [ ] b) High [ ] c) Fair [ ] e) Low [ ]

13. Grade the following campaign programmes on self-medication that you are exposed to in order of relevance and importance to you. 1= poorly effective, 2=less effective, 3= fairly effective, 4= more effective, 5= most effective

Modes	**Grade**
Drama	
Newspaper Health stories/Interviews	
Radio news bits	
Radio interviews/health talk	
TV interviews/ health	
Billboard/Posters messages	
Leaflet self-medication messages	
Jingles on Radio and Television	
Internet stories on self-medication	
Personal testimonies	

14. Give any other campaign programme (s) on self-medication that you are exposed to……
…

Key: SA = Strongly Agreed, A = Agreed, D = Disagreed, SD = Strongly Disagreed, U = Undecided (Neutral)

SECTION C: ATTITUDES OF STUDENTS TOWARDS SELF MEDICATION

PERCEPTIONS	SA	A	D	D	U
15. The use of drugs not prescribed by authorized medical personnel is not a problem if it cures the ailment					
16. Consulting a doctor/health worker before taking drugs for an ailment is always necessary					
17. It is better to purchase drugs from registered pharmacy than road side Petty Trader or Drug hawkers					
18. When purchasing drugs it is better to buy drugs which are in their drug packs than counting ones.					
19. The use of medicines prescribed by health personnel to treat self- diagnosed conditions is appropriate					
20. I had a previous experience of treating similar ailment so there is no need to consult any doctor before taking drugs					
21. It is more affordable and cost-effective to do self- medication					
22. The ailment required rapid emergency care so I indulge in self-medication					
23. Common drugs such as Paracetamol, Septrin, Aspirin, Antibiotics, etc.,do not need Doctor's recommendation or prescription.					
24. I understand my body better than any doctor so I know the drugs to use.					

SECTION D: COMMUNICATION APPROACHES THAT CAN REDUCE SELF-MEDICATION

25. What are the problems you encounter accessing information about self-medication in your school?

……

……

……

26. How can these identified problems be solved?

……

……

……

…….

27. Mention other communication approaches that can be deployed towards reducing self-medication problems among students in your school

……

……

……

……

28. Identify any sources of information about self-medication credible to you……

APPENDIX B

FOCUS GROUP DISCUSSION GUIDE

1. **Introduction**
2. **Ground rules**
3. **Warm up (breaking barriers)**
4. **Introductory question:**

   What comes to your mind when you hear the wordself-medication?
5. **Questions that guided the discussion**
   - What is self-medication?
   - From which sources do you get information on drugs or medicine use?
   - Which of these sources appeal to you best and why?
   - How long have received self-medication information from your sources?
   - Howoften do you listen, read or watch self-medication programmes from the medium?
   - How would you rate your understanding of self-medication campaign programmes? Would you say they have impacted on you positively?
   - What is your perception on drugs not prescribed by a qualified medical Doctor?
   - Do you subscribe to the idea that previous knowledge and experience is appropriate for treating similar ailment instead of seeking for medical consultation?
   - What are the problems you face accessing information on self-medication and how can these identified problems beaddressed?
   - How would you want self-medication issues be communicated to you and what channels do you consider credible?

Concluding question

Of all the things we have discussed today, what would you say are the most important issues youwould like to express?

APPENDIX C

FOCUS GROUP DISCUSSION HELD AMONG KOGI STATE UNIVERSITY UNDERGRADUATES ON 26 SEBTENBER, 2016INVOLVING TWO GROUPS

Good day to you all. You are welcome to this discussion session. I am very glad that you are able to find time to be a part of this. Well, let me startby saying this discussion is meant to engender information for an ongoing MA dissertation on Appraisal of Communication Campaigns on Self-medication Amongst Undergraduate Students of Kogi State University, the very institution you belong. So I use this forum to beseech you to feel free to share information about your experiences of indulging in self-medication practice. So please feel free to share your opinion and ideas on the issues that will be raised here.

(GROUP 1)

Researcher: What comes to your mind when you hear the word 'self-medication'?

Respondent 1: The treatment you give to yourself when you fall sick without necessarily consulting a medical Doctor. And this is usually do.ne through various means just to enable you get well at that particular moment.

Respondent 3: The act whereby you diagnose an ailment all by yourself and you provide solution to what you feel is wrong with you.

Respondent 6: Treating yourself with all available means without going to the hospital

Researcher: From which sources do you get information on drugs or medicine use?

Respondent 4:I get information concerning health generally from watching television and listening to radio, but much of self-medication discussions have not really been featured except for advertisement purpose, where you will hear about particular brand of drugs.

Respondent 2: I hear about self-medication information from the social media like Facebook, WhatsApp, and the Internet. My friends and family members also talk about it.

Respondent 5: I get to hear about self-medication via reading of newspapers and listening to radio

Researcher: Which of these sources appeal to you best and why?

Respondent 4: For me all the sources are good, but hearing about self-medication from friend and family gives me confidence. This is because people talking to people make the information go round.

Respondent 2: You know interaction through people especially family members makes the story more believable. This is referred to as interpersonal means of communicating.

Researcher: Are you aware of any self-medication information in your school?

Respondent 6: This is my fourth year in this school and I can say boldly that I have not heard of any campaign or programme in respect of self-medication. If I may recall, I only overheard it as a discourse almost a year ago, when I visited the clinic to see a doctor.

Respondent 3: Though I have heard of it on campus radio, but it was not discussed in details such that will create effect on students.

Researcher: How often do you listen, read or watch self-medication programmes from the medium?

Respondent 2: I come in contact with health issues generally using social media such as Facebook, Tweeter, Instagram and sometimes the internet facilities. With this development, I cannot really say this is exactly how often. In fact, let me say very often because I will always be with my phone.

Respondent 3: Since illness is a common phenomenon among people, there is bound to talk about it in a bit finding solutions to the ailment. So, in my family, my father educates us on the need to complain to him whenever we are facing any health challenges. He never gets to find out that we administer drug without complaining to him first. A part from the family level, I follow some of my friends to get drugs from a pharmacy whenever they are sick. So sickness is a common thing among people especially students.

Respondent 1: I only hear about self-medication when I was sick. NAFDAC and NDLEA do talk about general drug issues especially dangerous substances on radio and television.

Researcher: How would you rate your understanding of self-medication campaign programmes?

Respondent 1: I have known through self-medication that indulgence in it can lead to overdose, negative drug reaction, complications such as itching, insomnia, severe headache and even death. There are other health hazards that can result from abuse of drugs, so we need to take note of messages of danger in self-medication.

Respondent 4: I have a good understanding of self-medication campaign. I will say my understanding about it is fair.

Respondnet 3: What I know about self-medication is that people assume responsibility of treating themselves without medical advice. Ignorance and lack of knowledge could increase the tendency for people to indulge in inappropriate medication practice. The need

to intensify campaigns for students to see reasons to practice rational drug application is necessary.

Researcher: What is your perception on drugs not prescribed by a qualified medical Doctor?

Respondent 5: I don't believe there is problem with self-medication, because many people use anti-malaria drugs without medical consultation and they recover without any complication.

Respondent 1: I know that many people are poor in the country so they cannot pay the cost of health services. Even among students many prefer to buy cheap drugs prescribed by themselves or ones they have used before from any chemists or pharmacies because they cannot sacrifice long time they will have to spend to have the same treatment at university clinic.

Respondent 4: I often add 1 tablet to the dose in order to help myself recover quickly. Sometimes the pharmacist says 'take one tablet for 4 times in a day for 5 days in case of antibiotics but I end up taking the drug for 3 days and stop.

Respondent 6: I have had funny experiences with going to school clinic; most time when you go there with complains, the doctor will just prescribe drugs for you without any test. Ifelt why should I, if I can also buy the same drugs on the canter and treat myself especially in this environment that there is no free time to waste.

Researcher: Do you subscribe to the idea that previous knowledge and experience is appropriate for treating yourself?

Respondent 3: Well, I will not say exactly. I think is a form of first aid. We always hear from advertisements that if symptoms persist consult your Doctor. I do not support it any way, but as students we always have our ways.

Respondent 1: I subscribe to it. This is because I do not need to see the doctor for minor ailmentexceptthe illness is getting out of hand or is severe.

Respondent 4: At times you need to take control over the state of your health. I have seen where complications as a result of doctor's diagnosis occurs leading to death.

Researcher: What are the problems you face accessing information on self-medication and how can these identified problems be addressed?

Respondent 5: Often what I hear about self-medication is from the advertisement angle that, if symptoms persist after three days, you should consult a doctor. I have not really been informed of danger of taking overdose, indulging in self-treatment and the effect of doing that. Most time it is when you have opportunity to see a doctor or a person who had a terrible experience with a particular drug.

Respondents 6: As much as illiteracy and careless attitude contribute to self-medication problem among students, the communication approaches by the university clinic were poor n themselves. This is because most of the awareness on self-medication was limited to the school clinic. Campus radio FM does not get to transmit programmes regularly due to epileptic power supply.

Researcher: How would you want self-medication issues be communicated to you and what channels do you consider credible?

Respondent 2: Many students are now versatile and friendly with such apps as Facebook, WhatsApp, Instagram, twitter, WeChat, goggle chat, yahoo and various internet facilities which if properly synergise can serve effectively to propagate information on self-medication and its attending dangers.

Respondent 3: Hardly will you see a student not using an android phone which has capacity to browse internet for various information. I think this platform should be maximised in relation to effective communication on self-medication issue. Even the university authority can use their website to promote this if possible.

(Group two)

Researcher: What is the first thing that comes to your mind when you hear about self-medication?

Respondent 6: Self-Medication could be described as providing first-aid treatment by yourself or through other persons without going to the clinic to seek for medical attention. In fact is something we do as human being all the time.

Respondent 3: It is the act of taking medicine to cure sickness. Sometimes we do it right and the other time; it could result to complications from wrong application of the right drugs for the right symptoms. It is just anything you do with the aim of proffering solutions to illnesses.

Researcher: From which sources do you get information on drugs or medicine use?

Respondent 1: I get information on drugs from hospitals, radio and television, but most a time; it is from my family and friends. Also, I get it from using the social media especially Facebook. When you find yourself on Facebook, different information is streaming; glancing at them could be inevitable.

Respondent 3: Most of the information on self-medication comes through the social media. In fact, I am a social media addict especially Facebook.

Researcher: Which of these sources appeal to you best and why?

Respondent 5: To me, the information I get on self-medication works for me better. I will say it is through interpersonal means. Even when we get to hear information via the electronic media, people still talk about them for emphasis sake.

Respondent 1: All the sources appeal to me depending on the type of information. But hear, we are talking about a setting with peculiar characteristics and common traits. What prevails on campus generally is the use of social media. You find students key into various channels surfing for materials. I feel the social media and interpersonal communication will work better among students.

Researcher: Have you heard of any self-medication campaigns in your school?

Respondent 4: This is my third year in this university; I have never set my eyes or listen to any self-medication campaign. Probably they may be one but it is not common among students.

Respondent 5: The only time I saw a campaign on self-medication was when I visited the school clinic and it was placed on the within the clinic.

Researcher: How long have you received self-medication information through your preferred media?

Respondent 6: A part from social media, I don't get to receive health information generally on a regular basis. Though, I am not an ardent audience for the electronic media when it comes to gluing myself to may be radio or television. If it is information on health including drug misuse, I often get that from the social media. That is the trending technology for information sourcing amongst youth in this generation.

Respondent 3: It is really being long. I can hardly find time to listen to radio or watch television. Itis because I devote more time to my study than engaging in more trivial

issues. I don't Facebook or Tweet regularly as others do; but once in a while I come online to drive away boredom.

Researcher: How would you rate your understanding of self-medication campaign programmes?

Respondent 2: My understanding of self-medication campaign is high even though the university clinic does not popularise the one embark upon by the university. I know what it entails indulging in inappropriate medication practice.

Respondent 1: Self-Medication is a common practice among students so it is not a new thing. My parents do advise us not to take drugs without his consent, but we don't usually heed to his advice**.**

Researcher: What is your perception on drugs not prescribed by a qualified medical Doctor?

Respondent 5: It all depends on where the drug is coming from and for what purpose. But generally speaking, drugs not prescribed by a qualified medical Doctor are not advisable. In this scenario, who do we exonerate? We are all guilty of this behaviour given the fact that we have health system where over-the-counter (OTC) drugs can be found just about anywhere. No strong regulation to control the country's health system and is not healthy for the system.

Respondent 3:well, I think is not a good thing to start with. But we cannot just start going to see the doctor for just about any ailment. It could be a minor headache, stomach ache or even boil. On that basis, it is good to access a nearby pharmacy to avail yourself with drugs that could work for you.

Respondent 1:I don't think is possible not to petronise OTC drugs in times of health breakdown. Since all hands are not equal, definitely some people cannot afford hospital bills and as such, could resort to buying drugs from drug store, ignoring going to see a medical doctor.

Researcher: Do you subscribe to the idea that previous knowledge and experience is appropriatefor treating similar?

Respondent 2: Previous knowledge, nonprescription drugs fall under the same category. When it becomes necessary to depend on previous experience we have no option. The aim at that moment was to get well; whatever solution we had at hand could best be applied. Mind you the type of health system we run encourages people to engage in unhealthy health seeking behaviour. Inaccessible healthcare, uncompromising health official, and to make matter worst, private hospitals' bills are outrageous.

Respondent 3: My co-participants have said it all. Our concern should be on the need to educate people on the dangers in consuming drugs without proper diagnosis. Except government provide accessible healthcare delivery system as an action plan to discourage people from the practice, it appears to be an acceptable practice.

Respondent 6:I feel you cannot eat your cake and have it. You want people to do away with behaviour and there are no proper structures on ground to motivate them. Before I die, let me first of all find immediate solution to my ailment. Previous knowledge or nonprescription drug, whatever it is called, will continue to be a practice not easy to let go. I must not see the Doctor when already I know the result that it will be the same drugs I can just get from a drug store or even my friend and family members.

Researcher: What are the problems you face accessing information on self-medication and how can these identified problems be addressed?

Respondent 2: one of the major problems for is that you don't even see anyone, what would you access? As serious as the high prevalence of self-medication among students, the university's campaigns were silent. How would you want change to occur when the instruments meant for it are sleeping? These questions need answers.

Respondent 3: Actually, there are a lotof problem concerning accessing information on health generally. I don't like the way medical official at school clinic receive patients.They lack good communication skills to be able effectively carry students along. For me it is a big problem.

Respondent 1: I think students deserve better than what they are getting. theschool should embark on a holistic communication campaign that will involve students from the start to finish. If they participate in the process of the campaign, the message will quickly circulate among them.

Respondent 6: Since communication is key, let the information on self-medication be a regular thing.

Researcher: How would you want self-medication issues be communicated to you and what channels do you consider credible?

Respondent 5: There should be a comprehensive plan for creating awareness on the aftermath of indulging in inappropriate self-medication. And this should include channels that are friendly and common among students. Effort should also be made more on social media and fora where students will share ideas and experiences for others to learn.

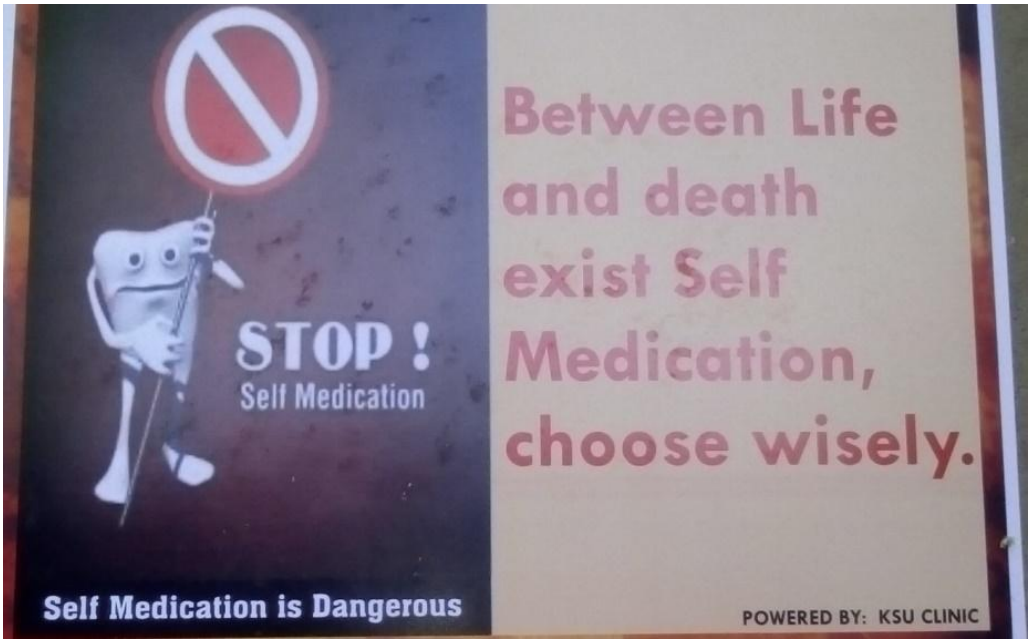
Respondent 1: On the other hand, some otherinstitutions across campus should be strengthened to provide support and guide for students who lack knowledge and

experience when it come to the way they handle issues around their health. Institutions such as guidance and counselling, students' affairs division, security department and other meaningful associations affiliated to students on campus.

Respondent 6: Another very important channel students will appreciate is the use of celebrities through entertainment. This generation, we are entertainment savvy. Entertainment is one area that youths are investing their time on now. The Idea will not be out of place as it will help popularize the need to run away from such an unwholesome practice.

APPENDIX D

The Posters below shows messages designed by the University clinic to create awareness on inappropriate Self-Medication practice among students of Kogi State University, Anyigba.





PICTURES WITH FOCUS GROUP DISCUSSIONPARTICIPANTS



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