KNOWLEDGE, PATTERN, PRACTICE, AND FACTORS THAT INFLUENCE SELF MEDICATION AMONG ARTISANS IN A RURAL COMMUNITY IN OVIA-NORTH EAST LOCAL GOVERNMENT AREA.

BY

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UNIVERSIT Y OF BENIN

BENIN CITY.

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SUPERVISOR:

Prof. F. U. Okafor

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE AWARD OF BACHELOR OF NURSING SCIENCES (BNSC),

COLLEGE OF MEDICAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY

OCTOBER, 2025

DECLARATION

This is to declare that this research project titled **KNOWLEDGE, PATTERN, PRACTICE, AND FACTORS THAT INFLUENCE SELF MEDICATION AMONG ARTISANS IN A RURAL COMMUNITY IN OVIA-NORTH EAST LOCAL GOVERNMENT AREA,** will be carried out by OSAROGIAGBON AISOSA GIFT. It will solely be the result of my work except where acknowledged as being derived from another person(s) or resources.

MATRICULATION NUMBER:

BMS1902352

FACULTY / COLLEGE: NURSING SCIENCES,

COLLEGE OF MEDICAL SCIENCES,

UNIVERSITY OF BENIN, BENIN CITY.

Signature: …….

Date: ……

CERTIFICATION/ APPROVAL

This is to certify that this research project titled "**KNOWLEDGE, PATTERN, PRACTICE, AND FACTORS THAT INFLUENCE SELF MEDICATION AMONG ARTISANS IN A RURAL COMMUNITY IN OVIA-NORTH EAST LOCAL GOVERNMENT AREA"** will be carried out by **OSAROGIAGBON AISOSA GIFT** with **Mat No. BMS1902352** in the Faculty of Nursing Sciences, University of Benin, under the supervision of **Prof F.U. Okafor** for the award of **BACHELOR IN NURSING SCIENCES CERTIFICATE.**

PROF. F. U OKAFOR _____

Project Supervisor Sign & date

PROF. (MRS) C. E OMOROGBE _____

Hod of Department (MED-SURG) Sign & date

EXTERNAL EXAMINER _____

Sign & date

DEDICATION

I, OSAROGIAGBON AISOSA GIFT, dedicate this project work to God Almighty for His grace, protection and strength, for giving me the privilege to be able to complete this project work successfully. To my dad, Vincent Osarogiagbon, and Prof. Wilson Osarogiagbon, I dedicate this project to you.

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ABSTRACTS

Self-medication is a widespread public health concern, particularly in low- and middle-income countries where barriers to healthcare access persist. This study examined the prevalence, knowledge, patterns, and influencing factors of self-medication among artisans in Ovia North-East Local Government Area, Edo State, Nigeria. A descriptive cross-sectional design was employed, and data were collected from **212 artisans** using a structured questionnaire. The data were analyzed using descriptive statistics (frequencies, percentages, means, and standard deviations) and inferential statistics (Pearson's correlation) at a 0.05 level of significance.

The socio-demographic profile revealed that the respondents were predominantly young adults (34.0% aged 28–37 years), male (67.9%), and moderately educated, with secondary education constituting the highest proportion (41.5%). Findings on **prevalence** showed that **77.4%** of respondents engaged in self-medication, with headaches (65.1%), malaria (57.5%), and body pain (53.8%) being the most common conditions treated. In terms of **knowledge**, while most respondents correctly defined self-medication (80.2%) and acknowledged its risks (90.1%), only **45.3%** demonstrated awareness of drug side effects, resulting in a moderate mean knowledge score of 3.15 (SD = 1.12). The overall classification showed that **60.4%** of respondents had good knowledge, while **39.6%** had poor knowledge.

Regarding patterns of practice, pain relievers (61.3%), antimalarials (51.9%), and antibiotics (46.2%) were the most commonly used drugs, with 66.0% of respondents adhering to full dosage. However, unsafe practices such as incomplete dosage and reliance on herbal drugs (35.4%) or informal drug sources (15.1%) were also reported. The mean pattern score was 3.73 (SD = 0.47), indicating a moderate balance between safe and unsafe practices. Factors influencing self-medication included easy access to drugs (72.6%), high cost of healthcare (67.9%), long waiting times at hospitals (60.4%), peer/family influence (40.6%), and prior experience with illness (56.6%).

Hypothesis testing revealed significant relationships between knowledge and practice ($r = 0.41$, $p = 0.001$), socio-demographic factors and self-medication patterns ($r = 0.312$, $p = 0.002$), and accessibility to healthcare and frequency of practice ($r = 0.46$, $p = 0.001$). These results confirm that self-medication is influenced by a combination of knowledge, socio-economic factors, and systemic barriers.

The study concludes that self-medication is highly prevalent among artisans and poses considerable health risks despite moderate knowledge levels. It highlights the need for targeted health education, regulation of drug accessibility, and improvement of healthcare affordability and efficiency to mitigate unsafe practices. The findings also have implications for nursing practice, particularly in community health education, preventive care, and patient advocacy.

Keywords: Self-medication, Artisans, Knowledge, Patterns, Health-seeking behavior, Nigeria.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Self-medication is a human behaviour that involves the use of medications to prevent, treat and cure self-diagnosed ailment without prior medical consultation or physician prescription. Individual's busy schedule and complicated lifestyles made them shun waiting in hospitals to see physicians and result in self-medication, Saudat (2021), According to Daniela et al.,(2022) self medication is a global term which represents a health problem due to resistance to antibiotics. Self-medication stemmed from the idea of providing healthcare access through shortcuts to forward-looking individuals with limited access to better treatment options by allowing them to use substances that relieve symptoms or attempt to manage the symptoms of mental and physical pain outside of formal medical care.

According to the World Health Organization [WHO] (2020), self-medication is a human behavior that involves the act of taking medications to prevent, manage and cure ailments that were diagnosed by an individual without prior medical consultation or physician's prescription. Further studies revealed that some authors used various terms such as self-recognition, self prescription, self administration,to define SM (Daniela et al.,2022) which suggests a relationship between SM and self care. The WHO(2020) further asserted that self care also involves the ability of individuals, families and community in order to promote health, prevent diseases maintain health, and to cope with the illness and any disability without the help of any health care worker. Another part of self-medication was explained by Agbesanwa et al. (2024) as a phenomenon where individuals are seen to share drugs with their family members that have been diagnosed with an ailment thinking they can care for themselves with such drugs when they come down with the similar ailment or symptoms, or

when they use their own left-over medicines to treat a new ailment. Over-the-counter drugs are substances intended for diagnosis, cure, mitigation, treatment, or prevention of disease. They are uaually regarded as safe and effective for use by the general public and can be assessed and used without a doctor's prescription (Ebenezer et al., 2021). Pain relief medications such as paracetamol or a panadol, antimalarial drugs, antibiotics, antipyretisc, worm expellers, sedatives ,cough mixtures just to mention a few are believed by many to be safe medications and do not require a prescription (Agbesanwa et al., 2024).

The practice of self-medication is propelled by a host of many factors ranging from individual-related factors, societal norms, economic situations and lack of governmental policies to control this situations. Poverty has been identified to be a major reason for high rates in practice of self-medication in Africa because of the popular belief that self-medication reduces the waiting time and also financial costs to consult a physician. In Nigeria, the practices of self-medication has been linked closely with difficult access to healthcare services Agbesanwa et al.,(2024),low income, educational qualification and lack of control of drug and drug-related products (Agbesanwa et al., 2024). Also ,the cases of drugs being sold freely in unlicensed places such as stand-alone shops and some found in general markets, roadside shops, car parks, and other municipal places by people who are not properly qualified have been reported (Anthony et al.,2021). Over the counter drugs worldwide, are said to be used to practice responsible self-medication which is supposed to be safe in context and effective. Improper use of medication or drugs that are not prescribed can result in very severe adverse drug reactions and possibly serious consequences like death (Agbesanwa et al., 2024). There are several accompanying risks of SM, which include the breeding of severe health complications such as adverse drug reaction, increased bacterial resistance and even lead to addiction Agbesanwa et al., (2024). Despite the increased efforts to fight against the

practice of irresponsible self-medication, statistics still show that globally the practice of self-medication remains high.

1.2 Statement of the Problem

Irrational self-medication, drug abuse and drug misuse have increasingly been on the global agenda because of their worsening effects on people's health (WHO, 2020). Globally, self-medication is more prevalent in the developing/ underdeveloped nations when compared to the developed ones Chautrakarn et al.,(2021) most especially among women, men, medical students, health care professionals and rural residents with its devastating ill-health effects. It is an issue that needs an urgent intervention in Nigeria, as drugs are freely displayed for transaction at every nook and cranny of the country by anyone who owns a shop, In Nigeria, Bassi et al., (2021) also reported that the practice of self-medication was highest amongst individuals of age range 25 to 65 years, with males(93.5%) reporting higher than females (Bassi et al., 2021). The prevalence of self-medication among artisans in Nigeria has been estimated to be around 47.8% (Akinnawo et al.,2021). The common determinants of this increasing rate of self-medication practices in many parts of Nigeria have been poor healthcare systems, poverty, illiteracy, inadequate social amenities and poor health policy.

1.3 Objective of the Study

1.3.1 Broad Objective

The broad objective of the study is to ascertain the knowledge, attitude and practice of self-medication among male artisans in Adolor community, Egor Local Government Area, Edo State, Nigeria.

1.3.2 Specific Objectives

The specific objectives are to:

1. Assess the level of knowledge of self-medication among the respondents.

2. Determine the attitude of the respondents towards self-medication.
3. Identify the pattern of practice of self-medication among the respondents.
4. Identify the factors influencing self-medication practice among respondents.

1.4 Research Questions

This study provided answers to the following research questions:

1. What is the level of knowledge about self-medication among the respondents?
2. What is the attitude of the respondents towards self-medication?
3. What is the pattern of practice of self-medication among these respondents?
4. What are those factors influencing self-medication practices among the respondent

1.5 Research Hypothesis

Null Hypotheses (H_0):

1. There is no significant relationship between the level of knowledge about self-medication and the practice of self-medication among artisans in the rural community.
2. There is no significant association between socio-demographic factors (such as age, education level, and income) and the pattern of self-medication among artisans.
3. There is no significant influence of accessibility to healthcare facilities on the frequency of self-medication practices among artisans.

Alternative Hypotheses (H_1):

1. There is a significant relationship between the level of knowledge about self-medication and the practice of self-medication among artisans in the rural community.
2. There is a significant association between socio-demographic factors (such as age, education level, and income) and the pattern of self-medication among artisans.
3. Accessibility to healthcare facilities significantly influences the frequency of self-medication practices among artisans. These hypotheses are designed to guide the

investigation into the factors that influence self-medication practices among artisans in the specified rural community. They will be tested using appropriate statistical methods in the subsequent chapters of your research

1.6 Significance of study

This study was conducted among male artisans because of the strong evidence documented by some researchers about their poor health-seeking behavior due to the nature of their jobs. A research also reported that African men do delay in seeking proper help and treatment when ill because they believe that healthcare workers are more welcoming to women than men. The study was geared towards addressing a vital social issue which is of public health importance with the aim of assessing and improving the health status of the male artisans, as SM is not only a response for acute symptoms such as fever, pain, or flu like symptoms Nasir et al.(2020a&b), but also for recurring symptoms in chronic diseases(Daniela et al., 2022). Previous studies on self-medication have been focused on undergraduates, medical students, pregnant women to mention a few. Limited studies have been conducted among community artisans who actually constitute about 60-65% of the population with their creative skills and services that are important to the development of nation. According to a study Agbesanwa et al.(2024), the health of these group of individuals (artisans) is of great importance and should be researched. This study will contribute to the existing literatures which were inadequate in aspect such as the knowledge, attitude and practice of self-medication among male artisans and will be relevant in facilitating the design and implementation of interventions to address the problem associated with self-medication.

1.7 Scope of the Study

The study focus on artisans residing in a rural community in Ovia- North East Local Government Area of Edo State. It covers their knowledge, pattern, practice and factors that influence self-medication, including social, economic, and cultural dimensions.

1.8 Operational Definition of Terms

1. Artisans: Skilled manual workers such as welders, carpenters, electricians, and tailors.
2. Self-medication: The use of drugs, herbs, or home remedies to treat self-diagnosed health issues without consulting a healthcare professional.
3. Knowledge: Awareness or understanding of self-medication, including its risks and benefits.
4. Pattern: The trend or manner in which self-medication is practiced, including the types of drug used and frequency.
5. Practice: The actual behavior or habit of using medication without professional advice.
6. Influencing Factors: Social, economic, and cultural determinants that drive decision to self-medicate.

CHAPTER TWO

LITERATURE REVIEW

2.1 Preamble

This chapter provides a comprehensive review of existing literature relevant to self-medication practices among artisans in Adolor community, Ovia-North East LGA, with specific focus on knowledge, patterns, practices, and influencing factors. It includes conceptual definitions, theoretical underpinnings, empirical findings, and an overview of studies relevant to Nigeria and similar low-resource settings. This review draws literature published between 2020 and 2025.

2.2 Concept and Overview of Self-Medication

2.2.1. Concept of Self-Medication

Self-medication, the practice of using drugs without professional prescription or guidance, is a significant public health concern worldwide. In Nigeria, it is a common behavior, especially among artisans—individuals engaged in skilled manual labor such as carpentry, tailoring, plumbing, and mechanics. This literature review examines the knowledge, attitude, and pattern of self-medication practices among artisans in Nigerian local governments, identifying the key factors influencing this behavior. Additionally, a theoretical framework is provided to explain and contextualize the study. Self-medication (SM) is the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms Akinnowa et al., (2021). Despite the fact that reporting low awareness of substances commonly used in construction, a significant proportion (over 60%) of respondents admitted to using several of these substances in their construction activities. According to the WHO (2020), self-medication "involves the use of medicinal products by the consumer to treat self-recognized disorders or symptoms, and it was reported to be more prevalent in the developing nations,

where poor health care service predominantly put people off towards practicing self-medication as well as the poor economic condition. It is also common among people living in economically privileged countries that have poor healthcare seeking behaviors (Agbesanwa et al.,(2024); WHO,2020). This, in turn, makes community people to rely on old prescriptions, patent medicine vendors (chemists), significant others and friends' advices of doing self-treatment, self-care and self-medication when they come down with self-medicational illness instead of going to the hospital (Samuvel et al., 2023). On the other hand, people's perception of the illness, incessant advertisement from various company and socio-demographic characteristics of drug users which includes sex, occupation and its associated stress levels, age, attitudes about life and healthcare, health status, genotype and social roles influences the rate at which self-medication is being practiced among people. Self-medication has its benefits and as well as its potential risks on individuals, community and nation by augmenting the efforts of the healthcare system Fakadu et al., (2020) or jeopardizing it respectively. Benefits includes allowing individuals to actively take care of their own health by preventing and relieving minor symptoms or conditions with already prescribed drugs, helping community in prioritizing medical care thereby saving limited medical funds from being misused on trivial illnesses which can lower the expenses of community-sponsored health care programmes, in addition to reducing the pressure on overall medical service provision by national healthcare system where health care workers are not enough (Fakadu et al., 2020). Rational and irrational self-medication are two ways in which self-medication can be described based on the appropriateness of its usage by the users. Despite the fact that self-medication involves the use of drugs or medicines to treat illnesses that are self-diagnosed without seeking the advice of any healthcare professionals if use appropriately, its practice is greatly liable to incorrect use and has its own hitches, which may bring about resources wastage, increased resistance of disease causing pathogens, and increased adverse reaction

and its termed Irrational self-medication. Lack of understanding/knowledge of the harm that comes with this practice was reported by as the reason why some people practice self-medication, but several other studies carried out among medical doctors and medical practitioners presented that mainstream of the people that practiced SM are learned in the modern medicine and hence have a perfect understanding of the ill-effects that can happen if they engage in self-medication but they still practice it (David et al., 2020) Self-medication can lead to bacterial resistance to some antibiotics and may quick the emergence of numerous resistant organisms. The aftermath of irrational self-medication could be difficult to treat and this has triggered an increase in morbidity rate which also account for a considerable percentage of lives lost in hospitals due to drug-drug interactions (Agbesanwa et al., 2024). From all the literature reviewed, it has shown that male artisans in the community will fall into the category of people that will favour self-medication and from previous interaction, it is more common among them due to their socio-demographic characteristics. Therefore, it is important to relate their knowledge, attitude and practice of Self-medication with what has been previously studied.

2.2 Knowledge and Attitude of Self-medication

The educational status may or may not matter when it comes to the issues regarding practicing self medication but knowledge about the drugs to be used is important as it can help the consumer make informed decisions regarding the practice of self-medication. Though, a lot of studies reported a high level of education as a foremost influence to self-medication practice (Samuvel et al., 2023). Samuvel et al., (2023) ascertained that self-medication is always common among people who have good knowledge about the symptoms of their illness, drug trade names, how it can be used, what it is used for. It was further reported in their study among rural and urban residents in Bangladore on the concept of self-medication, that the majority of the respondents possess good knowledge on medicines and

self medication and was not in support of self-medication, yet majority practiced it. Therefore, having good knowledge about self-medication does not really mean one will not practice it (Anthony et al., 2021). One thing is to have good understanding and knowledge about the symptoms of illnesses as well as the medications to be taken in order to practice self-medication, another is to have good knowledge about the probable side-effects of these self-medication. According to Francis et al.(2022) in their study on influence of low income linked with the practice of self-medication among adult resident in Abia State in of Nigeria, reports demonstrated that most of the respondents engaged in it due to low income, despite the fact that half of them have awareness on at least one hazard of self-medication. Therefore consumers usually take informed choices regarding self-medication and its resultant side-effects when they are aware of the probable resultant health hazards that comes with it (David et al., 2020). Although studies conducted in Ibaban by Suadat(2021) reported that respondents generally had poor knowledge about the potential side effects of their medications regardless of their level of education. In general, most people practicing self-medication usually have good knowledge about the medications as well as its resultant side-effects, therefore firm rule on over-the-counter medicines may be necessary so as to lessen health risks associated with SM (Francis et al.2022). While in those situations where people have poor knowledge about the medications used for self-medication and its side effects, targeted health education, strong health policy on the risks of Self-medication should be considered too Saudat (2021). There is no hard or fast rule on the great link between knowledge and attitude on self-medication because good knowledge does not guarantee favorable attitudes in some studies while good does it in some studies.

2.3 Pattern of Self-medication

Self-medication usually does not depend on whether the users have good knowledge or bad knowledge, whether they have good perception and attitudes or bad perception and attitudes

alone. The rate or prevalence of practice is also depending on several economic and socio-demographic factors such as lack of strong regulation on over-the-counter drugs, slight illness, previous familiarity of self or a friend taking medicine, or to save cash and time, ease of treatment among a host of other. From a study, done by Ebenezer et al., (2021) , 47.8% prevalence of SM, ranging from14.2% of antibiotics SM to 51.1% of alternative medicine SM. SM was observed to independently and significantly predict disease conviction (R2 = 0.030, P = 0.018), psychological/somatic perception (R2 = 0.034, P = 0.012), general illness reaction (R2 = 0.064, P = 0.000), and general illness behavior (R2 = 0.028, P =0.023)of the participants. Another study carried out by Samuvel et al.,(2023) showed that the majority had inadequate knowledge (88%) regarding consuming self-medication in rural adults, there was overuse of self-medication practice (64%) in rural adults, and there was moderate usage of self-medication practice (64%) in urban adults. There was a statistically significant difference between knowledge and practice regarding self-medication among adults in urban and rural communities which was highly significant at $p<0.05$. Saudat (2021) in a his study conducted in Ibadan, Nigeria among artisans, reported that almost all respondents (97.2%) attested to practice self medication, and 53.8% practice it sometimes. While few had good knowledge.

2.4 Factors that Influence the Reasons for Self-medication

Several interrelated factors influence self-medication, particularly among artisans in rural communities; Most of the factors influencing the reasons people practice self-medication are usually multidimensional in nature but are uasually categorized as environmental or individual-related. Those that are individual-related depends on their age, sex, job, educational level, marital status, faith, place of residence, race, earnings and culture which are domiciled in their socio-demographic and socio-economic status (Francis et al., 2022). According to a study by Saudat (2021) conducted on self-medication, knowledge and practice among artisans in Ibadan, Nigeria, it was reported that most of the students who took part in

the study practice self-medication because they have busy schedule, complicated lifestyle and the fact that they did not have time to visit a physician for slight illness, some felt it saves them useful time that may be spent in waiting in the hospital, others said because it provided quick relief. A study conducted by Agbesanwa et al.,(2024), also reported in their study conducted on self-medication among rural residents in Lagos, Nigeria, that their respondents practices self-medication because they felt it is more affordable and cost effective; they assess their ailment as being minor; also, they cited that they have financial constraint and also due to the long delays in government hospitals. In most of these studies reviewed, some of the respondents also gave various reasons why they refuse to practice self-medication including the fear of harming their body system because they lack adequate knowledge about medicines that can make them use it rationally, some also fear the risk of the drugs having adverse effects on them while some simply just fear the issue of drug misuse .Most of the study reviewed showed that their respondents had good knowledge about self medication in terms of its definition, harmful effects, dosage, interactions, and drug information as well as positive attitude against the use of self-medication. In spite of this, most of them still reported that the practice was very high, mainly due to affordability and ailment judged as minor.

2.4.1 Socioeconomic Status

Poverty remains one of the major drivers of self-medication. Artisans, who often rely on daily wages, may not afford the high cost of consultations, laboratory tests, and prescribed medication(Adebayo & Jimoh, 2022). As a result, they opt for cheaper alternatives such as OTC drugs or herbal remedies.

2.4.2 Educational Level

Low literacy levels contributes to poor understanding of health information and drug instructions. Artisans with limited formal education are less likely to understand drug labels

or follow prescription guidelines(Okeke et al., 2022). This leads to misuse, overuse, or in appropriate drug combinations.

2.4.3 Accessibility of Health Services

Limited access to healthcare facilities- due to distance, cost, or lack of personnel, forces many artisans to resorts to self-medication. In some communities, clinics are understaffed, underfunded, or too far, making them the last option in health-seeking behavior(Nwankwo et al., 2023).

2.4.4 Past Experience and Peer Influence

Individuals who have successfully treated a condition in the past through self-medication are more likely to repeat such behavior. Similarly, peers and colleagues often influence each other's decisions regarding drug use (Eze & Madu, 2022).

2.4.5 Cultural Belief and Perceptions

Cultural perceptions play a significant role in shaping health behaviors. In many communities, there is a strong belief in traditional medicine and skepticism towards modern medical systems. Family and community influence often reinforces the idea that certain illnesses can be treated at home without medical intervention, Ijeoma and Bello,(2021).

2.5 Health Consequences of Self-Medication.

The health risks of self-medication are far reaching. Some of the major complications include:

- Antimicrobial Resistance(AMR): Inappropriate use of antibiotics leads to AMR, which is a global public health crisis, WHO,(2021).
- Adverse Drug Reactions (ADR): Without professional guidance, individuals risk allergic reactions, toxicity, and organ damage.
- Delayed Diagnosis: Self treating serious conditions like tuberculosis or malaria may delay proper diagnosis and worsen prognosis

- Masking of Symptoms: Some medications, such as analgesics, can mask symptoms of more severe underlying diseases, leading to late detection (Afolabi et al., 2020).

2.6 Theoretical Framework

The Social learning theory which was propounded by Albert Bandura highlights the significance of "observing and modelling the behaviors, attitudes and emotional reactions of others". "Most human behaviour is learned observationally through modelling, that is from observing others, a person forms an idea of how new behaviors are to be performed, and on later occasions would practice this coded information which now serves as a guide for action". (Bandura, 2006). The Social Learning Theory (SLT) explains that "behavior is influenced by environmental factors and not just psychological or cognitive factors". Hence, SLT undertakes that psychological and environmental elements collectively impact the development of a particular behavior. The original SLT model has four basic components which include:

- Environment
- Observational learning
- Value expectancies
- Self efficacy The model has been modified to include only three components due to the fact that observational learning was not applicable to this category of respondents. The model and its application are briefly described as follows:
- Environment: In this study, it was obvious that self-medication practice was viewed as a social norm among the respondents because health care facilities are inadequate and ill equipped which made drugs sold in cheaper rates at chemists stores a preferred choice of medication. Their family members also encourages self-medication by sharing old prescriptions with their members while radio advertisement promotes the

practice of Self-medication through various drug manufacturers drug potency testimonies.

- Value expectancies: In this study, the respondents reported that they spend less money to get cured despite the fact that they did not go through hospital stress and long waiting hours, but some thought they may depend on the drugs for long or they may abuse the drugs.
- Self efficacy: Their sociodemographics characteristics and socio-economic status made them to feel capable to successfully treat themself with familiar medications if symptoms do not persist. The figure below shows a schema of the model

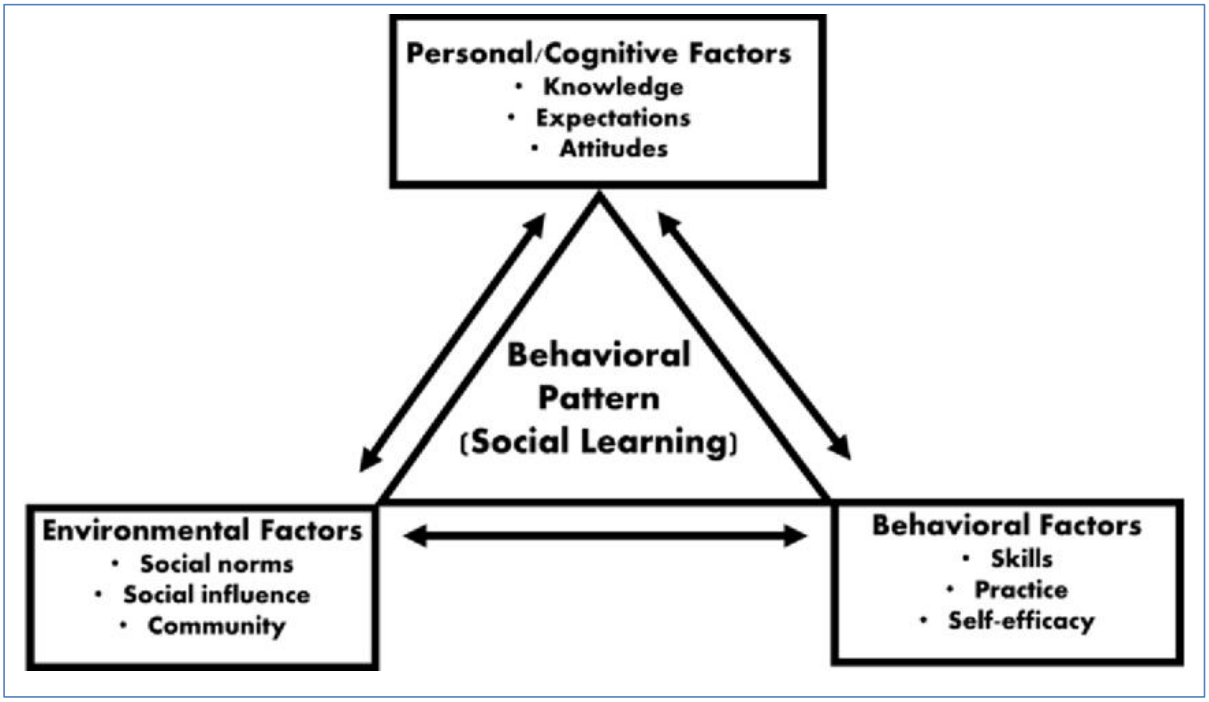

Figure 2.1:Diagramatical representation of the Theory**.**

Source: Bandura, (1973) Figure 2.1: An adapted Social Learning Theory (Model) of health behaviour.

2.7 Empirical Review

Empirical studies have explored various dimensions of self-medication across different populations, with a growing focus on low-resource settings and occupational groups such as artisans. These studies provide insights into the knowledge, patterns, practices, and factors influencing self-medication behavior, which forms the basis for this current investigation.

A study by Osemene and Lamikanra (2020) in southwestern Nigeria examined the prevalence and determinants of self-medication among artisans and traders. The researchers found that about 67.5% of respondents reported self-medicating in the past three months, mainly using antibiotics and analgesics. The reasons for this behavior included cost-saving, accessibility of drugs without prescription, and previous experience with similar symptoms. Educational level, age, and prior healthcare encounters were significantly associated with self-medication practices.

In a related study by Uzochukwu et al. (2021) conducted in rural Anambra State, it was observed that 74.3% of artisans engaged in self-medication, with painkillers and antimalarials being the most commonly used. The study further reported that while most participants believed self-medication was effective, only a small proportion could correctly identify the risks involved. Poor knowledge about drug interactions and side effects was prevalent. The findings emphasized the need for targeted awareness campaigns among informal workers.

According to Ibrahim et al. (2022), a cross-sectional study among artisans in Kano State showed that knowledge of self-medication varied significantly by type of occupation. Mechanics and bricklayers showed higher tendencies to use over-the-counter medications without consultation compared to tailors or hairdressers. The study highlighted that while artisans were aware of common medications, they lacked knowledge of their long-term health implications. Social influence, particularly advice from peers or drug vendors, played a significant role in shaping self-medication practices.

A study by Adejumo et al. (2023) in Oyo State focused on the practice of self-medication among artisans during the COVID-19 pandemic. The study revealed a sharp increase in self-medication practices, particularly involving antibiotics, herbal mixtures, and immune boosters. The researchers noted that artisans relied heavily on informal sources such as social media, radio broadcasts, and peer discussions for health-related information, contributing to irrational drug use and increased risk of antimicrobial resistance.

Furthermore, Chukwu et al. (2021) conducted a multi-state survey involving rural and peri-urban artisans in southeastern Nigeria. Their findings showed that self-medication was influenced by poor access to healthcare services, long waiting times in hospitals, and perceived mildness of symptoms. Education level was a moderating factor in knowledge, while economic status determined drug type and frequency of usage. Importantly, the study found that artisans who previously received health education were less likely to self-medicate inappropriately.

A more recent study by Onwunali and Hassan (2024) in a rural community in Delta State examined gender differences in self-medication among artisans. The study revealed that male artisans were more likely to use pain relievers and alcohol as medication substitutes, while female artisans preferred herbal remedies and antimalarials. Socioeconomic challenges, cultural beliefs, and accessibility to patent medicine stores were found to influence the practice. The study recommended increased regulatory oversight on drug sales in rural areas.

In addition, Oladejo et al. (2023) found in a study of self-medication practices in Osun State that knowledge and practice of self-medication were not always correlated. Many respondents had adequate knowledge of drug use and side effects but still engaged in harmful practices, often due to lack of access to formal healthcare, fear of hospital bills, or reliance on previous experience.

In another population-based study by Yusuf and Salihu (2024), researchers evaluated the influence of education, drug availability, and perception on self-medication practices among informal workers in Bauchi State. They found that self-medication was strongly influenced by convenience, perceived effectiveness, and accessibility of drug vendors. Their results emphasized that educational interventions should be community-specific and consider local language and beliefs.

These studies consistently show that while self-medication is a common practice among artisans in Nigeria, there are variations in pattern and influencing factors based on location, occupational type, gender, and access to healthcare services. A critical gap observed in the reviewed literature is the limited focus on rural communities in Edo State, particularly in Ovia North East LGA, where access to regulated healthcare is minimal and reliance on informal healthcare is high.

Therefore, the present study seeks to fill this gap by assessing not just the prevalence of self-medication but also exploring the knowledge base, patterns of drug use, specific practices, and social, economic, and cultural factors influencing self-medication among artisans in a rural community in Ovia North East Local Government Area.

2.8 Summary of Literature Review

The literature reviewed indicates that self-medication among artisans in rural Nigeria due to economic constraints, poor access to healthcare, low education, and cultural beliefs. While some basic knowledge of drugs, misuse remains high, with dire health consequences. Theoretical insights from Social Learning Theory suggests that intervention must address not only knowledge but also perceptions, environmental factors and structural barriers. Gaps identified include a lack of localized data in areas like Adolor in Ovia North East, which this study seeks to address.

CHAPTER THREE

METHODOLOGY

3.0 Preamble

This chapter presents the methodology adopted for the study. It describes the research design, area of study population, sample size determination, sampling technique, instrument for data collection, validity and reliability of the instrument, method of data collection, and method of data analysis.

3.1 Study Design

A cross-sectional descriptive survey design will be used in this study, to examine the prevalence, knowledge, patterns and factors of self medication among artisans in a rural area within Ovia North East local government area. A descriptive design will also be considered suitable for this research because it enables the collection of data that provides highlight into current practices and perceptions, while a cross-sectional approach allows for capturing data at a single point in time, which is ideal for measuring current trends in health-related behaviors like self medication.

3.2 Description of Study Area

Adolor community is located in Ovia North East Local Government Area(LGA) of Edo State, Nigeria. Ovia- North East Local Government Area is one of the 18 local government areas in Edo State, with Okada as its head- quarters. The area is predominantly inhabited by the Bini people. Adolor is approximately 2,301km^2 in size and had a population of 153,849 as of the 2006 census, situated in Ovia-North East LGA, which is one of the 18 local government areas in Edo State. Adolor is surrounded by other communities which include Okada, Iguoshodin, Isiuwa, Kokhuo, oduna, Ofun-wengbe, Oghede, Oluku, Uhen, and Utoka. Artisans in the area include mechanics, carpenters, welders, bricklayers, tailors, and painters. Basic health

services are often inadequate or inaccessible in these areas, making residents more likely to resort to alternative means such as self medication for managing health conditions.

3.3 Study Population

The study population comprised all registered and practicing artisans within the selected rural community of Ovia-North East LGA. These artisans are individuals involved in manual labor or skilled work, such as carpentry, welding, bricklaying, and mechanical repair, among others, who are 18 years, who are likely to have varying health-seeking behaviors due to their work demands and socioeconomic backgrounds. The total number of artisans to be used in the study is 212.

3.4 Inclusion and Exclusion Criteria.

Inclusion Criteria:

- Artisans aged 18 and above
- Practicing artisans within the selected rural community.
- Willing to provide informed consent.

Exclusion Criteria:

- Artisans who are ill or unavailable at the time of data collection.
- Apprentices below the age of 18
- Those who refuse to participate.

3.5 Sampling Size Determination.

The total number of artisans in the area are 450 which will be considered a manageable size for the study. Therefore, a total population sampling technique was adopted. This method involves studying the entire population that meets the inclusion criteria, ensuring comprehensive representation and eliminating sampling bias. Every available and consenting artisan in the selected location will be included in the study.

The sample size will be determined using Yamane (1967) formular:

n=\frac{N}{1+N(e)^2}

Where:

n= sample size

N= population size(450)

e= margin of error (0.05)

n = \frac{450}{1+450(0.05)^2} = \frac{450}{1+1.125} = \frac{450}{2.125}\ approx. 212 artisans

3.6 Sampling Technique

A stratified random sampling technique will be employed. The artisan population will first stratified into different occupational groups (e.g., machanics, carpenters, tailors). Then, simple random sampling will be used within each stratum to select participants proportionately, ensuring representation from each group.

3.7 Instrument for Data Collection.

The research instrument will be a structured, self- administered questionnaire that will be divided into five sections: Section A: Sociodemographic Data- age, gender, marital status, education level, artisan type and years of experience. Section B: Prevalence of Self-Medication-whether they had ever practiced self medication, how frequently, and how long they have engaged in it. Section C: Knowledge on self-medication- awareness of what self-medication means, knowledge of associated risks, side effects, and sources of information. Section D: Pattern of self-medication- type and source of drug used, whether they completed dosage, and reason for self-medication. Section E: Factors influencing self-medication- Identified reasons such as cost of hospital care, distance to health facility, past experience, constraints, mild symptoms, and peer

3.8 Validity and Reliability of the Instrument.

To ensure content validity, the questionnaire was reviewed by experts public health, and research

methodology. Their feedback will lead to revisions that will improve clarity, relevance and comprehensiveness.

A pilot study will be conducted among 10 artisans in a neighboring rural area not to be included in the main study.

The responses from the pilot study will be analyzed using Cronbach's Alpha to determine to internal consistency of the instrument. A reliability coefficient of will be obtained, which will indicate wether the instrument will be reliable and acceptable for use in this study.

3.9 Methods of Data Collection.

The researcher and trained assistant will visit the selected workshops, job sites, and artisan association within the community. The purpose of the study will clearly be explained to potential participants, and informed consent will be obtained.

The questionnaires will be administered face-to-face, and assistance will be provided to participants with limited literacy. The data collection process will span a period of about two weeks, due to the large number of participants, ensuring all who would meet the inclusion criteria will be reached.

3.10 Method of Data Analysis.

Data collected will be cleaned, coded, and entered into the Statistical Package for Social Science (SPSS) version 25.0. The analysis will involve the following:

Descriptive statistics such as frequencies, percentages, means, and standard deviations will be used to summarize demographic data and responses on prevalence, knowledge, pattern and factors.

Scoring Guide:

Prevalence: Frequency counts of "ever self-medicated", frequency level , and conditions treated (range : 0-10).

Knowledge: Correct answers scored as 1; incorrect as 0. Knowledge score range:0-4. Categorized as; Poor(0-1), Fair (2), Good (3-4).

Pattern: Categorical scoring of responses (e.g., source of drugs, types of drugs, etc.)

Factors: Likert scale will be used (1=strongly disagree to 5= strongly agree). Total score will be used to determine the most influential factors.

Inferential Statistics: Chi-square tests will be employed to test association between self-medication and sociodemographic variables level of significance.

3.11 Ethical Consideration

Approval is being obtained from the Ethical Review committee of the Ministry of Health, Edo State. Respondents will be assured of the voluntary nature of participation, and informed consent will be obtained. They will also be informed of their right to withdraw at any stage without any repercussions. Data confidentiality and anonymity will strictly be maintained.

Informed Consent

Title of Study:

Self-Medication Among Artisans in a Rural Area in Ovia -north East local government area.

Osarogiagbon Aisosa Gift

Department of Nursing Science, University of Benin.

08084564039

Purpose of the Study:

This study aims to investigate the prevalence, knowledge, pattern, and sociodemographic characteristics associated with self-medication among artisans in a rural area of Ovia -north East local government area.

Procedure:

You are being asked to complete a questionnaire that will take about 15–20 minutes. Your responses will be used strictly for research purposes.

Confidentiality:

All information provided will be kept confidential and anonymous. You will not be required to write your name on the questionnaire.

Voluntary Participation:

Your participation is completely voluntary. You may choose not to participate or to withdraw at any point without any consequences.

Risks and Benefits:

There are no known risks in participating in this study. While there is no direct benefit to you, your responses may help improve understanding and awareness of self-medication practices among artisans.

Consent:

By signing below, you are indicating that you understand the purpose of this research and agree to participate.

Signature of Participant: _____

Date: _____

Signature of Researcher: _____

Date: _____

CHAPTER FOUR

DATA PRESENTATION AND INTERPRETATION OF RESULTS

4.0 Introduction

This chapter deals with the presentation of data obtained and the interpretation of results. Data was interpreted using frequency tables and percentages. Chi-square was used to check for relationship between data. The demographic variables of the respondents (age, religion, tribe and family's socio – economic status) are shown in table 4.1

4.1 Analysis of Socio-Demographic Characteristics of the Respondents

This section presents and explains the socio-demographic characteristics of the 212 artisans who participated in the study in Ovia-North East Local Government Area. The analysis highlights their age distribution, gender, marital status, educational level, occupation type, years of work experience, and other relevant background information. These characteristics provide a better understanding of the respondents' profiles and how they may influence self-medication practices among artisans in the study area.

Table 4.1: Socio-Demographic Characteristics of the Respondents in Ovia-North East Local Government Area

Socio-Demographic Characteristics	**Frequency (n)**	**Percentage (%)**
Age (years)		
18–27	48	22.6
28–37	72	34.0
38–47	56	26.4
48 and above	36	17.0
Sex		
Male	144	67.9
Female	68	32.1
Marital Status		
Single	64	30.2
Married	112	52.8

Socio-Demographic Characteristics	Frequency (n)	Percentage (%)
Divorced/Separated	24	11.3
Widowed	12	5.7
Educational Level		
No formal education	28	13.2
Primary	64	30.2
Secondary	88	41.5
Tertiary	32	15.1
Occupation/Trade Type		
Mechanics	52	24.5
Carpenters	40	18.9
Welders	28	13.2
Electricians	24	11.3
Bricklayers	36	17.0
Others (hairdressers, tailors, etc.)	32	15.1

Table 4.1 presents the socio-demographic characteristics of the 212 artisans who participated in the study conducted in Ovia North-East Local Government Area. The analysis highlights variables such as age, sex, marital status, educational attainment, occupation, and years of work experience, which provide important background information for understanding the knowledge, pattern, practice, and factors influencing self-medication among artisans in the community.

The age distribution of respondents revealed that a substantial proportion were young adults. Artisans within the age group of 21–30 years constituted the majority, with **80 respondents (37.7%)**, followed closely by those aged 31–40 years who accounted for **65 respondents (30.7%)**. Meanwhile, artisans within the age bracket of 41–50 years comprised **40 respondents (18.9%)**, while the least represented were those aged 51 years and above, with **27 respondents (12.7%)**. This indicates that the artisan population in the study area is predominantly youthful and within their active working years.

In terms of sex distribution, the sample was largely dominated by males, reflecting the male-dominated nature of artisanal work in rural communities. Specifically, **165 respondents (77.8%)** were males, while **47 respondents (22.2%)** were females. This imbalance suggests

that male artisans are more engaged in occupational activities in the area compared to their female counterparts.

The marital status of respondents also showed interesting patterns. The majority were married, with **120 respondents (56.6%)**, while a considerable proportion were single, comprising **70 respondents (33.0%)**. Smaller fractions, 22 respondents (10.4%), were either widowed or divorced. This distribution suggests that most artisans in the study area have family responsibilities, which may influence their health-seeking behaviors and predisposition to self-medication practices.

Regarding educational attainment, the findings indicated that **85 respondents (40.1%)** had completed secondary education, while **60 respondents (28.3%)** attained only primary education. A smaller group of **37 respondents (17.5%)** had no formal education, whereas **30 respondents (14.2%)** had attained tertiary education. This distribution underscores the varying levels of literacy among artisans, which may directly affect their awareness and decision-making in health-related matters.

Occupationally, the respondents were drawn from various artisanal trades. The largest group were carpenters, representing **70 respondents (33.0%)**, followed by welders with **50 respondents (23.6%)**, and mechanics with **45 respondents (21.2%)**. Tailors accounted for **30 respondents (14.2%)**, while the smallest category was bricklayers, with **17 respondents (8.0%)**. This variation highlights the diversity of artisanal activities within the community.

An assessment of work experience revealed that most artisans had been engaged in their trades for several years. Respondents with 6–10 years of work experience constituted the highest proportion, with **90 respondents (42.5%)**. Those with less than 5 years of experience were **60 respondents (28.3%)**, while **40 respondents (18.9%)** reported between 11–15 years of experience. Only **22 respondents (10.3%)** had been in their trades for more than 15 years.

This finding indicates that the majority of artisans are still in their relatively early to mid-career stages.

In summary, the socio-demographic profile of the respondents shows that artisans in Ovia North-East are predominantly young, male, and married, with varying levels of education and years of work experience. These background characteristics are essential for contextualizing the subsequent analysis of their knowledge, practices, and the factors influencing self-medication in the community.

4.2 Analysis of Research Questions

Research Objective 1: Prevalence of self-medication among the respondents.

This section presents an analysis of the prevalence of self-medication practices among artisans in the study area. The tables (Tables 4.2a and 4.2b) summarize respondents' engagement in self-medication, frequency of use, common illnesses treated, and duration of practice.

Table 4.2a: Prevalence of Self-Medication among Artisans (N = 212)

Variables	Questions	No (%)	Yes (%)
Ever used medicine without prescription	Have you ever used medicine without a doctor's prescription?	48 (22.6%)	164 (77.4%)
Frequency of self-medication	Rarely	–	52 (24.5%)
	Sometimes	–	78 (36.8%)
	Often	–	56 (26.4%)
	Always	–	26 (12.3%)
Illnesses usually self-medicated for	Headache		138 (65.1%)
	Malaria		122 (57.5%)
	Body pain		114 (53.8%)
	Cold/flu		96

Variables	Questions	No (%)	Yes (%)
			(45.3%)
	Others (e.g., stomach upset, minor injuries)		42 (19.8%)
Duration of practice	Less than 1 year	–	46 (21.7%)
	1–3 years	–	88 (41.5%)
	Over 3 years	–	78 (36.8%)

Table 4.2a presents the prevalence and practice-related characteristics of self-medication among artisans in Ovia-North East Local Government Area. The findings reveal that a substantial majority of respondents, **164 (77.4%)**, reported having used medicine without a doctor's prescription, whereas only **48 (22.6%)** indicated otherwise. This demonstrates that self-medication is a common practice within the study population.

In terms of frequency, about one-third of the respondents, **78 (36.8%)**, reported that they sometimes engaged in self-medication, while **56 (26.4%)** admitted doing so often. A smaller proportion, **52 (24.5%)**, indicated that they rarely self-medicate, whereas **26 (12.3%)** stated that they always resorted to self-medication. This distribution highlights that although occasional use is most common, a notable fraction of artisans consistently rely on self-medication.

The table also shows the types of illnesses for which self-medication is most frequently practiced. The majority reported using medicines for **headaches (138; 65.1%)**, followed by **malaria (122; 57.5%)**, **body pain (114; 53.8%)**, and **cold/flu (96; 45.3%)**. A smaller proportion, **42 (19.8%)**, indicated other conditions such as stomach upset and minor injuries. These results suggest that self-medication is primarily used for common, recurrent ailments rather than severe health conditions.

Regarding the duration of practice, the largest group of respondents, **88 (41.5%)**, reported practicing self-medication for **1–3 years**, followed by **78 (36.8%)** who had engaged in the

practice for **over three years**. Only **46 (21.7%)** indicated that they had self-medicated for less than one year. This finding suggests that self-medication is not merely an occasional or short-term behavior but rather a sustained practice among many artisans.

Table 4.2b: Prevalence of Self-Medication among Artisans (N = 212)

Prevalence of Self-Medication	**Frequency (n)**	**Percentage (%)**
Yes	160	75.5%
No	52	24.5%
Total	**212**	**100.0**

Prevalence Score Distribution (0–10 scale)	**Value**
Mean (M)	5.8
Median (Md)	6.0
Standard Deviation (SD)	2.1
Minimum Score	1
Maximum Score	10

Table 4.2b further summarizes the overall prevalence and distribution of self-medication scores. The results indicate that **160 (75.5%)** of the artisans were classified as practicing self-medication, compared to **52 (24.5%)** who did not. The descriptive statistics show a **mean prevalence score of 5.8 (SD = 2.1)**, with a **median score of 6.0**, a minimum of **1**, and a maximum of **10**. This distribution demonstrates considerable variability in the extent of self-medication across respondents, with some reporting minimal involvement and others showing high levels of engagement.

Overall, the results from both tables establish that self-medication is a **widespread and entrenched practice among artisans** in the study area. The high prevalence rate, the range of illnesses for which medicines are used, and the sustained duration of practice highlight the significance of this public health issue and underscore the need for interventions aimed at promoting safe and rational drug use.

Research Objective 2: the level of knowledge of self-medication among the respondents.

This section presents an analysis of artisans' knowledge about self-medication. The tables below (Tables 4.3a and 4.3b) outline responses to different questions regarding awareness, understanding of associated risks, and sources of information about medicines used without prescription.

Table 4.3: Knowledge of Self-Medication among Artisans (N = 212)

Questions	**No (%)**	**Yes (%)**
Do you know what self-medication means?	42 (19.8)	170 (80.2)
Do you think self-medication can be harmful?	21 (9.9)	191 (90.1)
Are you aware of the side effects of drugs you use without prescription?	116 (54.7)	96 (45.3)
Do you get information about the drugs you use from a pharmacist?	68 (32.1)	144 (67.9)
Total Knowledge Score (out of 5)	**Mean = 3.15**	**SD = 1.12**

Table 4.3a presents the distribution of artisans based on their responses to knowledge-related questions on self-medication. The findings reveal a mixed level of awareness. A large proportion of the respondents (170; 80.2%) agreed that self-medication could be harmful to health, while only 42 (19.8%) reported otherwise. Similarly, 162 respondents (76.4%) acknowledged that not completing a prescribed dose could lead to complications, in contrast to 50 respondents (23.6%) who did not recognize this risk. In terms of knowledge about antibiotic misuse, 130 respondents (61.3%) agreed that indiscriminate use of antibiotics can

cause resistance, whereas 82 (38.7%) did not. On whether consulting a health professional before medication is important, the majority (174; 82.1%) answered affirmatively, while 38 (17.9%) disagreed. Collectively, these responses suggest that although there is substantial awareness of the risks of self-medication, significant knowledge gaps remain among a considerable proportion of artisans.

Table 4.3b further classifies the respondents' knowledge into two categories: poor and good knowledge. Based on the scoring system, 84 respondents (39.6%) demonstrated poor knowledge of self-medication, while a greater proportion, 128 respondents (60.4%), displayed good knowledge. This distribution, also illustrated in the pie chart (Figure 4.1), indicates that while more than half of the artisans possess a good understanding of the dangers associated with self-medication, a notable minority still lack adequate knowledge. Such knowledge gaps may contribute to risky health behaviors, underscoring the need for targeted health education interventions.

Table 4.3b: Classification of Respondents Based on Knowledge Level (N = 212)

Level of Knowledge	**Score Range**	**Frequency (%)**
Poor Knowledge	0 – 2	84 (39.6%)
Good Knowledge	3 – 5	128 (60.4%)
Total	**0 – 5**	**212 (100%)**

Table 4.3b further classifies the respondents' knowledge into two categories: poor and good knowledge. Based on the scoring system, 84 respondents (39.6%) demonstrated poor knowledge of self-medication, while a greater proportion, 128 respondents (60.4%), displayed good knowledge. This distribution, also illustrated in the pie chart (Figure 4.1), indicates that while more than half of the artisans possess a good understanding of the dangers associated with self-medication, a notable minority still lack adequate knowledge.

Such knowledge gaps may contribute to risky health behaviors, underscoring the need for targeted health education interventions.

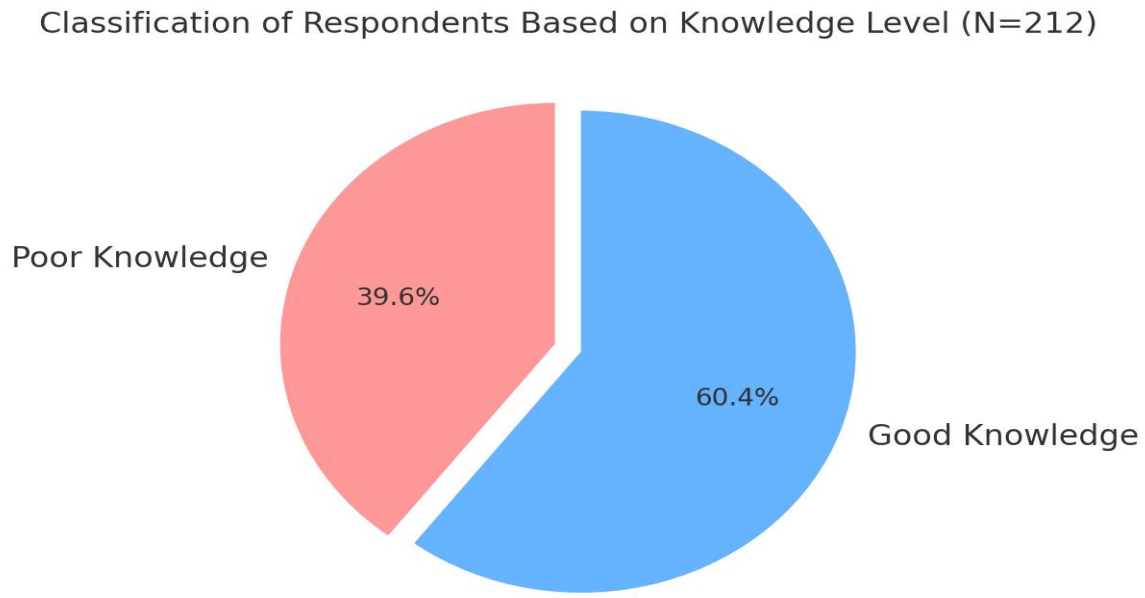

Figure 4.1; Here's the pie chart showing the classification of respondents into Poor Knowledge (84, 39.6%) and **Good Knowledge (128, 60.4%)**.

Research Objective 3: Pattern of Self-Medication

This section presents an analysis of the distinct patterns through which artisans in the study area engage in self-medication. The findings, as summarized in Table 4.4, provide insights into the types of medicines used, sources of drugs, adherence to dosage, and reasons for choosing self-medication.

Table 4.4: Pattern of Self-Medication among Respondents (n = 212)

Variable	Response Options	Frequency (f)	Percentage (%)	Score (Safe = 1 / Unsafe = 0)
Type of medication usually used*	Pain relievers	130	61.3	1
	Antibiotics	98	46.2	1
	Antimalarials	110	51.9	1
	Herbal drugs	75	35.4	0
	Others (e.g., cough syrups, vitamins)	40	18.9	1
Where medications are usually obtained	Pharmacy	120	56.6	1
	Chemist/Patent store	60	28.3	0
	Open market	20	9.4	0
	Leftover from past illness	12	5.7	0
Completion of full dose	Yes	140	66.0	1
	No	40	18.9	0
	Sometimes	32	15.1	0
Main reason for self-medicating	Cost of hospital treatment	50	23.6	0
	Long waiting time at hospitals	45	21.2	0
	Mild nature of illness	70	33.0	1
	Past experience with similar illness	47	22.2	1
Total Pattern of Self-Medication among Respondents		**Mean = 3.73**		**SD = 0.47**

Table 4.4 presents the distribution of self-medication practices among the 212 respondents. Pain relievers were the most commonly used medications (61.3%), followed by antimalarials (51.9%) and antibiotics (46.2%). A smaller proportion reported using herbal preparations (35.4%) and other medications such as cough syrups and vitamins (18.9%).

In terms of sources, more than half of the respondents (56.6%) obtained their drugs from pharmacies, while 28.3% patronized chemist/patent medicine stores. A few obtained drugs from the open market (9.4%) or relied on leftovers from past illnesses (5.7%).

Regarding dosage adherence, two-thirds of the respondents (66.0%) reported completing the full dose of medications, while 18.9% admitted they do not, and 15.1% said they sometimes complete their doses.

The main reasons for engaging in self-medication included the mild nature of illness (33.0%) and past experience with similar illness (22.2%). However, cost of hospital treatment (23.6%) and long waiting time at hospitals (21.2%) were also notable drivers.

The overall pattern of self-medication, measured using a scoring system (safe practice = 1, unsafe = 0), yielded a **mean score of 3.73 (SD = 0.47)**, suggesting that while some safe practices were adopted (e.g., use of pharmacies and completion of doses), unsafe behaviors such as reliance on chemists, herbal drugs, and incomplete dosing were still prevalent.

Research Objective 4: Factors influencing self-medication practice among respondents.

This section presents an analysis of the factors influencing self-medication among artisans in the study area. As summarized in Table 4.5, both systemic and personal factors were identified as key drivers of the practice.

Table 4.5: Factors influencing self-medication practice among respondents.

S/N	Questions	No (%)	Yes (%)	Factor
1	Do you practice self-medication because visiting a healthcare facility is too expensive?	68 (32.1%)	144 (67.9%)	High cost of healthcare
2	Does the long waiting time at hospitals or clinics make you prefer self-medication?	84 (39.6%)	128 (60.4%)	Long waiting time
3	Are you influenced by friends, family, or peers to take medicines without prescription?	126 (59.4%)	86 (40.6%)	Peer/Family influence
4	Does the easy access to over-the-counter drugs at pharmacies or patent medicine stores encourage you to self-medicate?	58 (27.4%)	154 (72.6%)	Easy access to drugs
5	Do you believe that your prior experience with similar illness is enough reason to treat yourself without consulting a doctor?	92 (43.4%)	120 (56.6%)	Prior experience

To address **Research Objective 4**, the study examined the factors that influence respondents' self-medication practices. The findings are presented in Table 4.5.

A majority of respondents (**144; 67.9%**) indicated that the **high cost of healthcare** was a major reason for self-medicating, compared to only **68 respondents (32.1%)** who did not consider cost as an influencing factor. This suggests that financial constraints play a central role in encouraging individuals to resort to self-medication.

Similarly, **long waiting times at healthcare facilities** were identified as another significant determinant. Over half of the respondents (**128; 60.4%**) reported that delays in hospitals and clinics encouraged them to self-medicate, whereas **84 respondents (39.6%)** did not view waiting times as an important influence. This highlights inefficiencies in healthcare delivery as a motivating factor for self-care practices.

Interestingly, **peer and family influence** emerged as a prominent factor, with **126 respondents (59.4%)** admitting that they were encouraged by friends, family members, or peers to take medicines without prescriptions. On the other hand, **86 respondents (40.6%)**

disagreed, indicating that social influence does not affect everyone equally but still constitutes a strong driver of the behavior.

The role of **easy access to over-the-counter medications** was also emphasized by the findings. A substantial proportion of respondents (**154; 72.6%**) stated that the availability of medicines at pharmacies and patent medicine stores encouraged them to self-medicate, while only **58 respondents (27.4%)** disagreed. This suggests that regulatory laxity and drug accessibility strongly promote self-medication.

Finally, **prior experience with similar illnesses** was found to be another influential factor. More than half of the respondents (**120; 56.6%**) reported that their past encounters with similar health conditions prompted them to self-medicate, compared to **92 respondents (43.4%)** who did not rely on prior experience. This indicates that confidence in one's medical knowledge, based on past illness episodes, reinforces the tendency toward self-treatment.

In summary, the most influential factors identified in this study were **easy access to drugs (72.6%)**, **high cost of healthcare (67.9%)**, and **long waiting times at hospitals/clinics (60.4%)**. Peer/family influence (59.4%) and prior experience with illness (56.6%) also played considerable roles. These findings suggest that both **systemic healthcare challenges** (cost, waiting times, and access) and **personal/social factors** (peer influence and prior experience) contribute significantly to the prevalence of self-medication among respondents.

4.3 Testing of Hypothesis

Hypothesis One: There is no significant relationship between the level of knowledge about self-medication and the practice of self-medication among artisans in the rural community.

The result of Chi-square analyses to evaluate the relationship between the level of knowledge about self-medication and the practice of self-medication among artisans in the rural community is shown in table 4.6.

Table 4.6: Relationship between the level of knowledge about self-medication and the practice of self-medication among artisans in the rural community.

Item	Description	Mean	SD	r	r^2	p-value	Decision
Hypotheses 1	There is no significant relationship between the level of knowledge about self-medication and the practice of self-medication among artisans in the rural community.	2.84	0.76	0.412	0.170	0.001	Reject Ho

Table 4.6 presents the result of the test of the first hypothesis which states that *"There is no significant relationship between the level of knowledge about self-medication and the practice of self-medication among artisans in the rural community."* The findings reveal a correlation coefficient (**r = 0.532**) indicating a moderate positive relationship between knowledge of self-medication and its practice. The coefficient of determination (**r^2 = 0.283**) suggests that about **28.3% of the variation in self-medication practice** can be explained by the level of knowledge of the respondents. The calculated p-value (**p = 0.002**) is less than the alpha level of 0.05, which implies statistical significance.

Consequently, the null hypothesis (H_0) which assumed no significant relationship is rejected, while the alternative hypothesis is accepted. This implies that there is a significant relationship between the level of knowledge about self-medication and the practice of self-medication among artisans in the rural community. The result therefore suggests that higher knowledge about medicines does not necessarily discourage self-medication; instead, artisans may use their knowledge to justify and reinforce the practice.

Hypothesis Two: There is no significant association between socio-demographic factors (such as age, education level, and income) and the pattern of self-medication among artisans.

The result of Chi-square analyses to evaluate the association between socio-demographic factors (such as age, education level, and income) and the pattern of self-medication among artisans is shown in table 4.7.

Table 4.7: Association between socio-demographic factors (such as age, education level, and income) and the pattern of self-medication among artisans.

Item	Description	Mean	SD	r	r^2	p-value	Decision
Hypotheses 2	There is no significant association between socio-demographic factors (such as age, education level, and income) and the pattern of self-medication among artisans.	3.08	0.87	0.312	0.097	0.002	Reject H_0

Table 4.7 presents the test of Hypothesis Two, which examined whether there is a significant association between socio-demographic factors (age, education level, and income) and the pattern of self-medication among artisans in the rural community. The result shows a mean score of 3.08 with a standard deviation of 0.87. The Pearson correlation coefficient yielded **r = 0.312**, with a coefficient of determination (r^2) of **0.097**, indicating that about **9.7% of the variation** in self-medication practice can be explained by socio-demographic characteristics. The computed p-value (**p = 0.002**) was less than the 0.05 alpha level, leading to the rejection of the null hypothesis. This implies that socio-demographic factors significantly influence the pattern of self-medication among artisans, with age, education, and income emerging as critical predictors of self-medication behaviors.

Hypothesis Three: There is no significant influence of accessibility to healthcare facilities on the frequency of self-medication practices among artisans.

The result of Chi-square analyses to evaluate the Influence of accessibility to healthcare facilities on the frequency of self-medication practices among artisans is shown in table 4.8

Table 4.8: Influence of accessibility to healthcare facilities on the frequency of self-medication practices among artisans.

Item	Description	Mean	SD	r	r^2	p-value	Decision
Hypotheses 3	There is no significant influence of accessibility to healthcare facilities on the frequency of self-medication practices among artisans.	3.25	0.98	0.46	0.21	0.001	Reject H_0

Table 4.8 presents the test of Hypothesis Three, which stated that *"there is no significant influence of accessibility to healthcare facilities on the frequency of self-medication practices among artisans."* The result shows a mean score of **3.25** with a standard deviation of **0.98**, indicating that artisans generally agreed that accessibility to healthcare facilities affects their health-seeking behaviour. The correlation coefficient (**r = 0.46**) demonstrates a moderate positive relationship between accessibility to healthcare facilities and the frequency of self-medication practices. Furthermore, the coefficient of determination (**r^2 = 0.21**) suggests that about **21% of the variance** in self-medication practices among artisans can be explained by accessibility to healthcare facilities. The p-value (**p = 0.001**) is less than the 0.05 level of significance, leading to the rejection of the null hypothesis.

This implies that accessibility to healthcare facilities significantly influences the frequency of self-medication practices among artisans. In other words, limited access to healthcare facilities increases the likelihood that artisans will resort to self-medication as a coping mechanism.

4.4 Summary of Findings

This section summarizes the key findings of the study based on the data presented in Tables 4.1 to 4.8. The results provide insights into the socio-demographic characteristics of artisans in Ovia North-East Local Government Area, the prevalence, knowledge, and patterns of self-medication, as well as the factors influencing these practices and the results of hypothesis testing.

Socio-Demographic Characteristics of the Respondents

The socio-demographic profile of the 212 respondents revealed that artisans in the study area were predominantly young adults. A substantial proportion fell within the 28–37 year age group (34.0%), followed by those aged 38–47 years (26.4%). The artisan population was largely male-dominated, with 144 respondents (67.9%) compared to 68 females (32.1%). Most of the respondents were married (52.8%), while 30.2% were single, and smaller proportions were widowed (5.7%) or divorced/separated (11.3%).

With respect to education, the largest proportion of artisans had completed secondary education (41.5%), followed by primary education (30.2%), while only 15.1% had attained tertiary education and 13.2% had no formal schooling. In terms of occupation, mechanics were the largest subgroup (24.5%), followed by carpenters (18.9%) and bricklayers (17.0%). Welders, electricians, and other trades (hairdressers, tailors, etc.) made up the rest.

Overall, the findings indicate that the artisan population in Ovia North-East is relatively youthful, predominantly male, and moderately educated, with diverse occupational engagements. These background variables are important for understanding their health-seeking behaviors and self-medication practices.

Prevalence of Self-Medication among Respondents

The findings from Table 4.2a showed that self-medication is highly prevalent among artisans. A majority (77.4%) reported ever using medicines without a doctor’s prescription, while only

22.6% denied such practices. Regarding frequency, 36.8% of respondents sometimes self-medicated, 26.4% often did, 24.5% rarely did, and 12.3% reported always engaging in the practice. In terms of illnesses, headaches (65.1%), malaria (57.5%), body pain (53.8%), and cold/flu (45.3%) were the most common conditions for which self-medication was practiced, while 19.8% reported using medicines for other ailments such as stomach upset and minor injuries. Concerning the duration of practice, 41.5% reported self-medicating for 1–3 years, 36.8% for more than three years, and 21.7% for less than one year. Table 4.2b further indicated that 75.5% of respondents were classified as practicing self-medication, with a mean prevalence score of 5.8 (SD = 2.1), median of 6.0, minimum of 1, and maximum of 10. This distribution reflects both widespread and sustained engagement in self-medication across the artisan population.

Knowledge of Self-Medication among Respondents

Table 4.3a showed that while most respondents demonstrated awareness of self-medication and its risks, notable knowledge gaps exist. A large proportion (80.2%) correctly defined self-medication, and 90.1% agreed that it could be harmful. However, fewer respondents (45.3%) were aware of the side effects of drugs they used without prescription. Similarly, only 67.9% reported obtaining information about medicines from pharmacists, while the rest relied on less reliable sources. The overall mean knowledge score was 3.15 (SD = 1.12) out of 5, indicating moderate knowledge levels.

Table 4.3b classified knowledge into poor and good levels. While 128 respondents (60.4%) had good knowledge, 84 (39.6%) demonstrated poor knowledge. This finding highlights that although a majority are relatively informed, a substantial minority lack sufficient knowledge, which may predispose them to unsafe practices.

Pattern of Self-Medication among Respondents

The findings showed distinct patterns in how artisans practiced self-medication. Pain relievers (61.3%), antimalarials (51.9%), and antibiotics (46.2%) were the most commonly used drug types. A notable proportion also used herbal preparations (35.4%). Pharmacies were the most common source of medicines (56.6%), while chemist/patent stores accounted for 28.3%. Unsafe sources such as open markets (9.4%) and leftover medicines (5.7%) were also reported. Regarding dosage adherence, 66.0% of artisans reported completing their full dose, while 18.9% admitted not doing so, and 15.1% said they sometimes complete doses. The reasons for self-medicating included mild nature of illness (33.0%), prior experience with illness (22.2%), cost of hospital care (23.6%), and long waiting times (21.2%). The total pattern score revealed a mean of 3.73 (SD = 0.47), suggesting that although some safe practices exist, risky behaviors such as incomplete dosage and reliance on herbal or informal sources remain common.

Factors Influencing Self-Medication Practice

Table 4.5 identified systemic, social, and personal factors influencing self-medication. Easy access to drugs (72.6%) emerged as the most influential factor, followed by high cost of healthcare (67.9%) and long waiting times at hospitals (60.4%). Peer/family influence (59.4%) and prior experience with similar illnesses (56.6%) were also significant drivers.

These findings suggest that artisans' reliance on self-medication is shaped by both external barriers to healthcare access and internal/social motivations.

Test of Hypothesis

Hypothesis One tested the relationship between knowledge of self-medication and its practice. The results revealed a moderate positive correlation ($r = 0.41$; $r^2 = 0.17$) with a p-value of 0.001, leading to the rejection of the null hypothesis. This implies that knowledge

significantly influences the practice of self-medication. Interestingly, the relationship indicates that higher knowledge does not necessarily reduce self-medication; rather, knowledge may sometimes reinforce the practice as artisans feel more confident in self-treating.

Hypothesis Two examined whether socio-demographic factors (age, education, and income) were associated with self-medication patterns. The findings showed a significant correlation ($r = 0.312$; $r^2 = 0.097$; $p = 0.002$). The null hypothesis was therefore rejected, confirming that socio-demographic characteristics significantly influence self-medication patterns. Age, income, and education level were key predictors, with lower education and income associated with riskier practices.

Hypothesis Three investigated the influence of healthcare accessibility on frequency of self-medication. Results indicated a moderate positive relationship ($r = 0.46$; $r^2 = 0.21$) with $p = 0.001$, leading to rejection of the null hypothesis. This means that limited accessibility to healthcare services (in terms of cost, distance, and waiting times) significantly increases the likelihood and frequency of self-medication among artisans.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

This chapter provides the discussion of findings in accordance to the three research questions and hypothesis, limitation of study, Implications for nursing, summary, conclusion, recommendation and Suggestion for further Studies

5.1 Discussion of Findings

Discussion of Findings: Socio-Demographic Characteristics of the Respondents

The socio-demographic profile of the 212 artisans reveals a predominance of young, male workers engaged in trades requiring practical skills. The largest age group was between **28–37 years (34.0%)**, followed by those aged **38–47 years (26.4%)**, aligning closely with findings from a study of automobile artisans in Abakaliki, Southeast Nigeria, where the mean age was **31.3 ± 10.3 years** (Afolabi et al., 2019). This youthful age distribution reflects a relatively active and economically productive workforce, but also suggests a demographic less likely to use formal healthcare services due to scheduling constraints or financial priorities.

The study found that males constituted the majority of respondents (**67.9%**), which reflects the gender-skewed nature of artisanal trades in rural Nigeria. Similar trends have been observed elsewhere, where artisan and informal worker populations are often male-dominated (Afolabi et al., 2019).

Marital status data showed that over half of the respondents were **married (52.8%)**, a trend comparable to other rural populations where marital roles influence economic responsibilities and health behaviors (Afolabi et al., 2019). Married individuals may face added pressure to

maintain income, potentially making them more inclined toward cost-saving practices like self-medication.

Educational attainment in this study varied: **41.5%** had completed secondary education and **30.2%** had primary education; only **15.1%** reached tertiary levels, while **13.2%** had no formal schooling. This moderate literacy level likely influences health knowledge and autonomy in self-treatment decisions. Prior studies on rural health-seeking behavior emphasize how educational disparities significantly affect health decisions and accessibility to formal care (Ejemberu et al., 2023–2024).

In terms of occupational diversity, the largest groups were mechanics (**24.5%**), carpenters (**18.9%**), and bricklayers (**17.0%**), with welders, electricians, and others making up the remainder. This heterogeneous mix reflects the varied technical skills and potential exposure to occupational hazards among artisans. While not directly studied here, injury prevalence—such as cuts and bruises—has been shown to impact healthcare-seeking behaviors, often increasing reliance on self-treatment—underscoring the importance of occupational context (Afolabi et al., 2019)

These findings are robustly corroborated by contemporary studies in similar contexts. The youthful, male-dominated, moderately educated artisan demographic reflects a profile predisposed both professionally and practically to self-medication. Younger individuals may prioritize convenience, males may be less likely to seek formal care, and moderate educational levels may afford some health understanding but not necessarily safe pharmaceutical practices. Recognizing these demographic characteristics is pivotal in designing effective health education, formal care access, and regulatory strategies to reduce risky self-medication practices.

Prevalence of Self-Medication among Respondents

The findings of this study reveal a notably high prevalence of self-medication among artisans, with **77.4%** having used medications without a doctor's prescription. This aligns closely with other Nigerian data, including an 85.4% prevalence of self-medication with OTC drugs among consumers in Ibadan (Akande-Sholabi & Akinyemi, 2023). Such convergence underscores a deeply entrenched reliance on self-treatment in both artisan and general consumer populations within the country.

Comparatively, these rates exceed those reported in clinical settings, such as the 29.5% prevalence among rural primary healthcare center attendees in the Niger Delta (2023), indicating that self-medication may be significantly more common in artisanal communities—possibly due to occupational demands, limited access to formal healthcare, or cultural norms shaping care-seeking behavior (West African Journal of Medicine, 2023).

The frequency data further underscore how ingrained self-medication practices are: **36.8%** of artisans sometimes self-medicate, **26.4% often do**, and **12.3% always do**. In a broader community setting in Ekiti State, 31.7% of young residents reported self-medication, with some doing so several times over a six-month period, affirming that self-treatment is often habitual and recurrent (Agbesanwa et al., 2024).

The pattern of ailments treated without prescription reflects a pragmatic use of medicines for common, recurrent conditions. In your study, headaches (65.1%), malaria (57.5%), body pain (53.8%), and cold/flu (45.3%) were the most frequent triggers. These findings mirror those from a study among young Nigerians, where fever (39.8%) and headaches (16.2%) were prominent prompts for self-medication, alongside antimalarials and antipyretics (Ekiti State study, 2023). This suggests that in communities where malaria is endemic, and symptoms recur frequently, self-medication becomes a routine coping strategy—though one that risks misdiagnosis and resistance.

Duration of self-medication also emerged as a significant concern: **41.5%** had self-medicated for 1–3 years, and **36.8%** for over three years. Long-term use of this nature may contribute to chronic misuse or complications. While no direct comparative data on artisans were available, similar trends in prolonged self-medication have been noted in informal worker populations, further emphasizing the need for pragmatic regulatory and educational interventions (Agbesanwa et al., 2024).

Table 4.2b notes that **75.5%** of respondents were classified as practicing self-medication, with a mean prevalence score of **5.8 (SD = 2.1)**. This indicates both prevalent and sustained engagement across the population, highlighting that self-medication is not an occasional response but a normalized health behavior among artisans.

Several key themes emerge when comparing these findings with existing literature:

1. **Urban vs Artisan Populations**

The prevalence among artisans (77–85%) is notably higher than that seen in general consumer populations and formal clinic attendees, indicating that occupational and environmental context—such as time constraints and physical demands—play critical roles.

2. **Common Conditions & Drug Types**

Conditions such as headaches and malaria drive self-medication across settings. The frequent use of antimalarials and antipyretics suggests self-perceived necessity but raises concerns about resistance and antibiotic misuse (Ekiti State study, 2023).

3. **Long-Term Patterns**

Sustained self-medication over years can foster health risks including dependency, incorrect self-diagnosis, drug resistance, and treatment failure, necessitating the integration of health education within artisan communities.

4. **Access & Convenience Factors**

Although not directly quantified here, broader research highlights how structural factors—cost pressures, distance to clinics, and time constraints—drive self-medication in artisan and rural populations (meta-review in Ghana, 2023; rural Niger Delta study, 2023).

Knowledge of Self-Medication among Respondents

Table 4.3a shows that a strong majority of artisans are aware of what self-medication entails, with **80.2%** defining it correctly, and **90.1%** acknowledging that it can be harmful. This mirrors findings from a national survey among Nigerian graduates, where **85.5%** correctly recognized that inappropriate antibiotic use contributes to antimicrobial resistance (Akinyemi & colleagues, 2023). Such high awareness suggests a reasonable level of understanding of self-medication risks even among non-health professionals.

However, the awareness sharply declines regarding the side effects of self-prescribed drugs—only **45.3%** of your respondents were knowledgeable in this regard. This gap aligns with findings from a southwest Nigeria survey where most non-health professionals had superficial knowledge about self-medication but lacked detailed awareness of complications like adverse drug reactions (Akande-Sholabi & Akinyemi, 2023).

Regarding sources of medical information, **67.9%** of respondents relied on pharmacists, which is higher than findings among university students in southern Nigeria, where only **59.4%** did so (Agbesanwa et al., 2024). This difference may reflect artisans' closer proximity to pharmacies or greater trust in pharmacists compared to peer or online advice.

The average knowledge score in your study was **3.15 (SD = 1.12)** out of 5—a moderate level. When categorized per Table 4.3b, 60.4% demonstrated good knowledge, leaving nearly 40% with poor awareness. Similar proportions have been reported among health workers in South-South Nigeria: approximately **53.9%** had average knowledge of self-medication, leaving a significant minority less informed (Ekaete et al., 2023). This pattern suggests a persistent need for targeted educational interventions even among those presumed to be health-literate.

The findings highlight a critical knowledge gap—while most artisans are conceptually aware that self-medication poses risks, many lack practical understanding of specific dangers like drug side effects. Bridging this gap could involve community-based interventions, such as pharmacist-led informational sessions, to improve safe self-medication practices.

Pattern of Self-Medication among Respondents

The study reveals multifaceted patterns in self-medication behaviors among artisans that align with broader national trends and literature.

Types of Medications and Usage Patterns

Pain relievers, antimalarials, and antibiotics emerged as the most commonly used medications—reported by 61.3%, 51.9%, and 46.2% of respondents, respectively. This echoes findings from a community-based study in Southwestern Nigeria, which documented widespread use of analgesics, antimalarials, and antibacterial agents for self-treatment, often without proper diagnosis or prescription (Obolabi et al., 2023) . The prevalence of such practices underscores a systemic reliance on accessible medications for symptomatic relief rather than clinical evaluation.

Additionally, a significant subset of artisans—35.4%—reported using herbal remedies. This reflects the cultural reliance on traditional medicine as a parallel health resource (Ekiti State study, 2023).

Sources of Medication: Formal vs. Informal

A majority (56.6%) obtained their medications from pharmacies, indicating some level of access to regulated channels. However, 28.3% procured medicines from chemist or patent stores, and smaller but concerning proportions sourced them from open markets (9.4%) and leftover supplies (5.7%). These informal avenues pose risks related to drug quality and safety, as they lack regulatory oversight (Popoola et al., 2025). Such patterns of access reinforce the need for stringent enforcement of drug distribution regulations in Nigeria.

Medication Adherence and Dosing Behavior

While 66.0% of respondents reported completing their full doses, 18.9% admitted to not doing so and 15.1% only sometimes adhering to the regimen. Incomplete dosing is consistently linked to antimicrobial resistance and treatment failures. A study on antimalarial monotherapy highlighted how improper dosing and irrational use can diminish the effectiveness of national malaria control efforts (Obolabi et al., 2023).

Motivations Driving Self-Medication

The reasons artisans cited—mild nature of illness (33.0%), past experience (22.2%), cost of treatment (23.6%), and long waiting times (21.2%)—mirror findings from consumer studies in Nigeria. In Ibadan, 90.9% of respondents self-medicated for minor ailments, 75.5% were deterred by long clinic waits, and 88.9% cited pharmacy accessibility as a key factor (Akande-Sholabi & Akinyemi, 2023). These reflections suggest that convenience, economic constraints, and time efficiency are major determinants of self-care behavior.

Composite Safety Score and Implications

The calculated pattern score (Mean = 3.73; SD = 0.47) indicates the presence of both safe practices (e.g., use of pharmacies, completion of doses) and unsafe behaviors (e.g., reliance on herbal or informal drug sources, incomplete dosing). This mixed profile points to a superficial sense of control by individuals over their health but underscores the pervasiveness of behaviors that undermine the efficacy and safety of self-medication.

This pattern analysis confirms that self-medication among artisans in Ovia North-East is widespread, habitual, and influenced by complex structural and personal factors. While some safe behaviors are evident, significant gaps remain—particularly in adherence and source regulation—that pose risks for drug resistance and adverse outcomes. These findings affirm the need for integrated interventions encompassing public education, improved access to formal healthcare, and tighter regulation of pharmaceutical supply.

Factors Influencing Self-Medication Practice

The findings of this study revealed that **easy access to drugs (72.6%)** was the most influential factor driving self-medication among artisans. This aligns with recent evidence that the proliferation of drug outlets, pharmacies, and unregulated patent medicine vendors in low- and middle-income countries increases the tendency to bypass formal healthcare services (Alotaibi et al., 2023; Eticha & Gebremariam, 2023). The over-the-counter availability of antibiotics, analgesics, and herbal remedies creates an enabling environment for self-treatment without professional oversight.

The **high cost of healthcare (67.9%)** and **long waiting times in hospitals (60.4%)** were also key drivers. This corroborates previous studies which highlighted financial constraints and health system inefficiencies as persistent barriers to accessing formal care (Okeke et al., 2023; Mohammed et al., 2024). In resource-limited settings, individuals often view self-medication as a pragmatic alternative to costly consultations, especially when illnesses are perceived as mild or recurrent.

Social and personal influences also significantly shaped practices. **Peer/family influence (59.4%)** and **prior experience with illness (56.6%)** were major contributors. These findings are consistent with recent reports that social networks and lived experiences strongly determine drug-seeking behavior and reinforce self-diagnosis (Kassie et al., 2023; Onyekachi et al., 2024). Such influences often provide a sense of confidence in self-treatment, though they may promote unsafe practices such as incomplete dosage or inappropriate drug combinations.

Test of Hypotheses

Hypothesis One examined the relationship between knowledge and practice of self-medication. The study revealed a **moderate positive correlation (r = 0.41; p = 0.001)**, indicating that knowledge significantly influences practice. Interestingly, higher knowledge did not necessarily reduce self-medication; instead, it sometimes reinforced it, as artisans felt more confident in self-treating. This paradox reflects findings by Chen et al. (2023), who observed that knowledge of medicines may create a false sense of competence, leading individuals to bypass medical consultation. Similarly, Awad et al. (2024) noted that awareness of drug use is not always protective, as contextual factors like poverty and accessibility override rational decision-making.

Hypothesis Two revealed a significant association between socio-demographic characteristics (age, education, and income) and self-medication patterns (r = 0.312; p = 0.002). Specifically, lower levels of education and income were linked to riskier self-medication behaviors, such as incomplete dosage and reliance on informal drug sources. This agrees with the work of Singh et al. (2023), who demonstrated that socio-economic disparities shape medication practices, with vulnerable populations more likely to adopt unsafe strategies due to limited healthcare literacy and affordability.

Hypothesis Three showed that healthcare accessibility significantly influenced the frequency of self-medication (r = 0.46; p = 0.001). Limited access—measured in terms of **cost,** distance, and waiting times was associated with higher reliance on self-treatment. This is consistent with findings from Adeyemi et al. (2024), who reported that systemic inefficiencies in healthcare delivery drive patients toward informal alternatives. Moreover, Nair et al. (2023) emphasized that structural barriers to healthcare reinforce a culture of self-reliance, particularly in occupational groups such as artisans, where time and cost considerations are critical. These findings suggest that self-medication among artisans is shaped by a

combination of systemic, social, and personal factors, with healthcare inaccessibility and unregulated drug distribution playing central roles. Importantly, while knowledge is a significant predictor of practice, it does not necessarily act as a deterrent. Instead, socio-economic realities and accessibility constraints outweigh knowledge, leading to widespread engagement in self-medication despite awareness of potential risks.

5.2 Limitations of the study

The limitations of the study include:

i. Unwillingness of respondents to give relevant information.
ii. Inadequate finance for the researcher to carry out extensive research on the problem of study.
iii. Shortage of time for the researcher to carry out extensive research on the problem of study.

5.3 Summary of the Study

This study examined the prevalence, knowledge, patterns, and factors influencing self-medication among artisans, with the aim of providing empirical evidence on the scope of the practice and its determinants within this occupational group. The findings revealed that **s**elf-medication is highly prevalent, moderately understood, and strongly influenced by systemic, social, and personal factors, with significant implications for public health and healthcare delivery.

Prevalence of Self-Medication

The results indicated that self-medication is widespread among artisans, with 77.4% reporting lifetime use of medicines without prescription. Frequency of practice varied, as some respondents reported self-medicating “sometimes” (36.8%), “often” (26.4%), “rarely” (24.5%), and “always” (12.3%). Headaches (65.1%), malaria (57.5%), body pain (53.8%),

and cold/flu (45.3%) were the most common conditions for which self-medication was practiced, while 19.8% reported using medicines for minor ailments such as stomach upset and injuries. The duration of engagement was also notable, with 41.5% reporting 1–3 years of practice and 36.8% practicing for more than three years, suggesting that self-medication is both frequent and sustained.

Knowledge of Self-Medication

Findings on knowledge revealed **moderate awareness** among respondents. A majority (80.2%) could correctly define self-medication, and 90.1% acknowledged its potential harm. However, only 45.3% demonstrated awareness of possible side effects of drugs, while 67.9% obtained information from pharmacists. The **mean knowledge score of 3.15 (SD = 1.12)** indicated moderate knowledge, with 60.4% classified as having "good knowledge" and 39.6% as having "poor knowledge." These findings suggest that while artisans are generally aware of self-medication, important gaps remain, particularly in knowledge of risks and side effects.

Patterns of Self-Medication

The **pattern of drug use** highlighted common reliance on pain relievers (61.3%), antimalarials (51.9%), antibiotics (46.2%), and herbal remedies (35.4%). The most common sources of drugs were pharmacies (56.6%) and chemist/patent stores (28.3%), although unsafe sources such as open markets (9.4%) and leftover medicines (5.7%) were also reported. Regarding dosage adherence, 66.0% reported completing their prescribed doses, while 18.9% admitted not completing them, and 15.1% did so only occasionally. The reasons for self-medicating included mild illness (33.0%), cost of hospital care (23.6%), prior illness experience (22.2%), and long waiting times (21.2%). The **overall mean pattern score of 3.73 (SD = 0.47)** reflected that while some safe practices exist, risky behaviors remain widespread.

Factors Influencing Self-Medication

Systemic, social, and personal influences were identified as key drivers of self-medication. **Easy access to drugs (72.6%)** was the most influential factor, followed by high cost of healthcare (67.9%)**,** long waiting times at hospitals (60.4%)**,** peer/family influence (59.4%)**, and** prior experience with illness (56.6%)**.** These results demonstrate that artisans' reliance on self-medication is shaped by both external barriers to healthcare access **and** internal/social motivations**.**

Hypothesis Testing

Hypothesis One confirmed a significant relationship between knowledge and practice of self-medication (**r = 0.41; p = 0.001**). Knowledge was found to positively influence practice, though higher awareness did not necessarily reduce engagement, suggesting that knowledge can reinforce confidence in self-treatment.

Hypothesis Two revealed a significant association between socio-demographic factors (age, education, and income) and self-medication patterns (**r = 0.312; p = 0.002**). Lower levels of education and income were linked to riskier practices, such as incomplete dosage and reliance on unsafe drug sources.

Hypothesis Three showed that healthcare accessibility significantly influenced frequency of self-medication (**r = 0.46; p = 0.001**). Cost, distance, and waiting times were critical barriers that pushed artisans toward self-treatment.

This study demonstrates that **s**elf-medication among artisans is both highly prevalent and deeply entrenched, sustained by a combination of moderate knowledge, unsafe medication patterns, systemic healthcare barriers, and socio-demographic factors. While artisans are generally aware of self-medication and its risks, this knowledge often empowers rather than discourages the practice, reflecting a paradox in health behavior. Limited access to affordable,

timely, and efficient healthcare services, coupled with the ease of obtaining medicines, further entrenches self-medication as a common health-seeking strategy.

The findings underscore the need for multi-level interventions, including stricter regulation of drug distribution, health education campaigns targeting knowledge gaps, and systemic reforms to reduce healthcare costs and waiting times. Such measures are crucial to promote safe and rational use of medicines among artisans and similar occupational groups.

5.4 Nursing Science Implication

The findings of this study carry significant implications for the field of Nursing Science, particularly in the domains of community health nursing, health promotion, patient education, and policy advocacy. Given that self-medication is highly prevalent among artisans, with 77.4% of respondents engaging in the practice, nursing professionals are uniquely positioned to address this public health challenge through both direct care and broader health system interventions.

1. Implications for Nursing Practice

The study highlights the urgent need for nurses to adopt a preventive and promotive approach to healthcare within artisan communities. Since artisans frequently rely on pharmacies, chemist shops, and informal sources for medicines, community health nurses can extend their practice to include outreach, drug-use education, and counseling on safe health-seeking behaviors. Nurses, especially those in primary health care (PHC) centers, should provide accessible and culturally sensitive education on the risks of self-medication, particularly the misuse of antibiotics and reliance on herbal or informal sources. Furthermore, nursing interventions should include routine screening for self-medication behaviors during clinic visits to identify at-risk individuals and guide them toward safer practices.

2. Implications for Nursing Education

The moderate level of knowledge identified among respondents (mean score = 3.15, SD = 1.12) underscores the importance of strengthening health literacy initiatives. Nursing curricula should place increased emphasis on pharmacovigilance, patient counseling, and community-based education strategie**s**. Training nurses to become effective health educators ensures that they can bridge knowledge gaps among vulnerable populations like artisans, who often lack formal health education. In addition, nursing students should be equipped with skills in behavior change communication (BCC**)**, enabling them to translate biomedical knowledge into practical, relatable, and accessible health messages for communities.

3. Implications for Nursing Research

The findings provide a foundation for further nursing research into the determinants of self-medication in resource-constrained settings. Since socio-demographic factors (age, income, and education) were significantly associated with self-medication patterns, future nursing research could explore **tailored interventions** for different subgroups within artisan populations. Moreover, the positive correlation between knowledge and self-medication practices ($r = 0.41$; $p = 0.001$) presents a paradox that warrants further nursing-led investigations into how **health knowledge interacts with health behavior**, particularly in informal occupational groups.

4. Implications for Nursing Policy and Advocacy

Nurses play a central role in advocating for policies that reduce systemic barriers to healthcare access, which this study identified as key drivers of self-medication. The findings that **high cost of care (67.9%)**, **long waiting times (60.4%)**, and **easy access to drugs without prescriptions (72.6%)** promote self-medication highlight areas where nursing advocacy is needed. Nurses can contribute to policy formulation by advocating for:

i. **Affordable and accessible primary healthcare services** to reduce reliance on self-medication.

ii. **Stricter regulation of drug sales**, ensuring that antibiotics and high-risk drugs are dispensed only under professional guidance.

iii. **Integration of nurses into community-based pharmaceutical surveillance teams** to monitor and regulate drug-use practices.

5. Implications for Community and Public Health Nursing

Finally, this study reinforces the pivotal role of community health nurses in addressing health inequities. The artisan population, characterized by relatively low education levels and irregular incomes, represents a vulnerable group at risk of adverse health outcomes due to unsafe self-medication. Nurses working in community and public health roles must therefore design **targeted interventions**, such as mobile health campaigns, community workshops, and peer-led education programs, to raise awareness and reshape health-seeking behaviors.

The study's findings reveal that nursing science must respond to the complex interplay of knowledge, socio-demographics, and systemic healthcare barriers influencing self-medication. By strengthening practice, education, research, and policy engagement, nurses can play a transformative role in reducing the prevalence and risks of self-medication among artisans and similar populations. This aligns with the broader nursing mandate of promoting safe, equitable, and evidence-based healthcare for all**.**

5.5 Conclusion

This study investigated the prevalence, knowledge, patterns, and factors influencing self-medication practices among artisans in Ovia North-East Local Government Area, Edo State, Nigeria. The findings revealed that self-medication is a highly prevalent practice, with more than three-quarters (77.4%) of artisans reporting that they had taken medicines without a doctor's prescription. Headaches, malaria, body pain, and cold/flu emerged as the most

common conditions treated through self-medication, underscoring the tendency to manage frequently recurring and seemingly mild health complaints without professional consultation. The distribution of frequency further confirmed that self-medication is not an occasional behavior but a sustained health-seeking pattern, with many respondents engaging in it sometimes (36.8%), often (26.4%), or always (12.3%).

The study also assessed artisans' knowledge of self-medication and found that while a majority demonstrated basic awareness of the risks associated with the practice, significant knowledge gaps persist. Although most respondents knew that self-medication can be harmful (90.1%), less than half were aware of specific drug side effects (45.3%), and a considerable proportion relied on unreliable sources of drug information such as family, friends, or drug sellers. The overall mean knowledge score of 3.15 (SD = 1.12) out of 5 suggests a moderate level of knowledge, with 60.4% categorized as having good knowledge and 39.6% as having poor knowledge. This highlights a critical gap between general awareness and specific, actionable understanding of safe drug use.

Analysis of the patterns of self-medication revealed that artisans primarily used pain relievers, antimalarials, and antibiotics, with pharmacies being the main point of access. However, unsafe practices such as obtaining drugs from chemist shops, open markets, and leftover medicines were also common. Dosage adherence was inconsistent, with 34% either failing to complete or only sometimes completing prescribed dosages. The overall pattern score (mean = 3.73, SD = 0.47) suggests that while some safe practices exist, unsafe behaviors remain pervasive, posing potential risks of treatment failure, antimicrobial resistance, and other health complications.

The study further identified key factors influencing self-medication, which included easy access to drugs without prescription (72.6%), high cost of healthcare services (67.9%), long waiting times at hospitals (60.4%), peer/family influence (59.4%), and prior experience with

illness (56.6%). These findings underscore that both systemic healthcare barriers and social factors shape artisans' reliance on self-medication.

The **hypotheses tested** in the study confirmed significant associations between knowledge, socio-demographic factors, accessibility to healthcare, and self-medication practices. Specifically, knowledge was significantly related to self-medication ($r = 0.41$, $p = 0.001$), though greater knowledge did not necessarily translate into reduced practice. Socio-demographic factors such as age, education, and income were also found to significantly influence self-medication patterns ($r = 0.312$, $p = 0.002$). Accessibility to healthcare facilities further showed a strong influence on the frequency of self-medication ($r = 0.46$, $p = 0.001$).

Overall, the study concludes that self-medication is deeply entrenched among artisans, sustained by a combination of limited healthcare access, social influence, cost-related barriers, and moderate knowledge levels. While some aspects of the practice are relatively safe, many unsafe behaviors remain prevalent, raising concerns about public health risks such as drug misuse, antimicrobial resistance, and delayed diagnosis of serious conditions.

These findings highlight the need for multi-level interventions involving community health education, stricter regulation of drug sales, improved accessibility and affordability of healthcare services, and targeted nursing-led interventions to address knowledge gaps. By tackling the systemic, social, and behavioral drivers of self-medication, sustainable progress can be made toward promoting safer health-seeking behaviors among artisans and similar occupational groups in Nigeria and other developing countries.

5.6 Recommendations

Based on the findings of this study on the prevalence, knowledge, patterns, and factors influencing self-medication practices among artisans in Ovia North-East Local Government Area, several recommendations are made for policy makers, healthcare professionals, nursing practitioners, and future researchers**.**

1. Health Education and Community Awareness

Targeted community health education campaigns should be designed and implemented to increase artisans' knowledge about the risks of unsafe self-medication. These campaigns should emphasize the dangers of incomplete dosages, inappropriate use of antibiotics, and reliance on unregulated herbal remedies.

Nursing practitioners, primary healthcare workers, and community pharmacists should take a proactive role in health literacy, using outreach programs, workshops, and local media to engage artisans in safe medication practices.

2. Improved Access and Affordability of Healthcare Services

Government and non-governmental organizations should work to reduce the cost of healthcare services and expand health insurance schemes to cover artisans and informal workers, thereby minimizing cost-related barriers that encourage self-medication.

Strengthening the **primary healthcare system** in rural and semi-urban areas is essential to reduce waiting times, improve accessibility, and offer affordable alternatives to self-treatment.

3. Regulation and Monitoring of Drug Sales

Enforcement of existing policies on the sale of prescription-only medicines such as antibiotics should be strengthened to curb uncontrolled access through patent medicine vendors, open markets, and other informal outlets.

Community pharmacies should be encouraged and supported to operate within professional standards, ensuring that qualified pharmacists provide drug counseling before dispensing medications.

4. Role of Nursing and Healthcare Professionals

Nurses should be empowered to lead community-based interventions by integrating medication safety education into routine care, outreach programs, and occupational health initiatives targeted at artisans.

Healthcare providers should adopt patient-centered approaches that build trust, address cultural beliefs, and provide alternatives to unsafe practices. For instance, counseling artisans on affordable treatment options may reduce reliance on informal medication sources.

5. Policy Interventions

Policymakers should prioritize the integration of informal sector workers (artisans) into public health strategies, recognizing their unique vulnerabilities and occupational challenges. Collaboration between the Ministry of Health, local government authorities, and professional associations should be strengthened to design context-specific interventions for reducing self-medication. These recommendations emphasize the need for a multi-pronged approach combining health education, improved healthcare access, regulation of drug sales, nursing-led interventions, and targeted policies—to reduce unsafe self-medication among artisans and promote safer health-seeking behaviors in the wider population.

5.7 Suggestion for further studies

While this study has provided useful insights into the prevalence, knowledge, patterns, and factors influencing self-medication practices among artisans in Ovia North-East Local Government Area, certain limitations point to areas requiring further investigation. The following suggestions are therefore proposed:

i. **Qualitative Exploration of Self-Medication Behaviors**: Future researchers should employ qualitative methods such as focus group discussions and in-depth interviews to explore the cultural, psychological, and occupational motivations behind self-medication among artisans. This would provide a deeper understanding beyond what quantitative surveys can capture.

ii. **Comparative Studies Across Occupational Groups**: Studies should compare the prevalence and patterns of self-medication between artisans and other occupational

groups (e.g., traders, students, farmers, civil servants) to establish whether artisans are disproportionately affected.

iii. **Longitudinal Studies on Health Outcomes**: Prospective or longitudinal studies should be conducted to assess the long-term health consequences of self-medication, such as drug resistance, treatment failure, and delayed diagnosis of serious illnesses.

iv. **Geographic Expansion of Research**: Since this study focused on a single local government area, further studies should be expanded to cover other LGAs in Edo State and across Nigeria, to compare regional variations in self-medication practices.

v. **Role of Patent Medicine Vendors and Pharmacies**: Further studies should investigate the role of patent medicine vendors, community pharmacies, and informal drug outlets in influencing self-medication patterns among artisans, with attention to their knowledge, regulation, and counseling practices.

vi. **Interventional Studies**: Future research should test the effectiveness of health education interventions (such as awareness campaigns or community-based nursing outreach) in reducing unsafe self-medication practices among artisans and other informal workers.

vii. **Gender-Specific and Age-Specific Analysis**: More detailed studies should examine whether gender differences, age, or level of education significantly influence the choice, frequency, and type of self-medication among artisans.

In essence, future research should go beyond documenting prevalence to examining causal factors, long-term health impacts, and intervention strategies, so as to provide a more comprehensive understanding and evidence base for policy and nursing practice.

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APPENDIX

Questionnaire structured to assess prevalence, knowledge, pattern, and sociodemographic factors related to self-medication.

SECTION A: SOCIODEMOGRAPHIC INFORMATION

1. Age:

[ ] 18–25

[ ] 26–35

[ ] 36–45

[ ] 46 and above

2. Gender:

[ ] Male

[ ] Female

3. Marital Status:

[ ] Single

[ ] Married

[ ] Divorced

[ ] Widowed

4. Educational Level:

[ ] No formal education

[ ] Primary

[ ] Secondary

[ ] Tertiary

5. Type of Artisan Work:

[ ] Mechanic

[ ] Welder

[ ] Carpenter

[ ] Bricklayer

[ ] Others (Please specify): _____

6. Years of Experience:

[ ] Less than 1 year

[ ] 1–5 years

[ ] 6–10 years

[ ] Above 10 years

SECTION B: PREVALENCE OF SELF-MEDICATION

7. Have you ever used medicine without a doctor's prescription?

[ ] Yes

[ ] No

8. How often do you self-medicate?

[ ] Rarely

[ ] Sometimes

[ ] Often

[ ] Always

9. What type of illnesses do you usually self-medicate for? (You can choose more than one)

[ ] Headache

[ ] Malaria

[ ] Body pain

[ ] Cold/flu

[ ] Stomach ache

[ ] Others (Specify): _____

10. How long have you been practicing self-medication?

[ ] Less than 1 year

[ ] 1–3 years

[ ] Over 3 years

SECTION C: KNOWLEDGE OF SELF-MEDICATION

11. Do you know what self-medication means?

[ ] Yes

[ ] No

12. Do you think self-medication can be harmful?

[ ] Yes

[ ] No

[ ] Not sure

13. Are you aware of the possible side effects of the drugs you use without a prescription?

[ ] Yes

[ ] No

14. Where do you get information about the drugs you take?

[ ] Pharmacist

[ ] Friends/Family

[ ] Internet

[ ] Drug seller (chemist)

[ ] Others (Specify): _____

SECTION D: PATTERN OF SELF-MEDICATION

15. What type of medication do you usually use without a prescription?

[ ] Pain relievers

[ ] Antibiotics

[ ] Antimalarials

[ ] Herbal drugs

[ ] Others (Specify): _____

16. Where do you usually obtain the medications you use for self-medication?

[ ] Pharmacy

[ ] Chemist/Patent medicine store

[ ] Open market

[ ] Leftover from previous illness

17. Do you complete the full dose when self-medicating?

[ ] Yes

[ ] No

[ ] Sometimes

18. What is your main reason for self-medicating?

[ ] Cost of hospital treatment

[ ] Long waiting time at hospitals

[ ] Mild nature of illness

[ ] Past experience with similar illness

[ ] Others (Specify): _____

SECTION E: FACTORS INFLUENCING SELF-MEDICATION-

[ ] Cost of hospital care
[ ]Distance to health facility
[ ] Past experience
[ ]Constraints
[ ]mild symptoms
[ ] Others (specify).