

**KNOWLEDGE OF THE DANGERS OF SELF MEDICATION IN HALLS OF
RESIDENCE, UNIVERSITY OF BENIN**

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BENIN CITY**

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**BEING A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF
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THE AWARD OF BACHELOR OF SCIENCE DEGREE B.Sc. IN HEALTH
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OCTOBER, 2025

CERTIFICATION

We, the undersigned certify that this project work is adequate in scope and was carried out by **Abieyuwa Christabel OGIEGBAEN** with the Matriculation Number **EDU2102602**, in the Department of Health Safety and Environmental Education, Faculty of Education, University of Benin, Benin City, Edo State, Nigeria in partial fulfillment of the requirements for the award of B.Sc (Ed.) Degree in health Education.

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DEDICATION

This work is dedicated to God Almighty, whose grace and mercy made everything possible. It is also lovingly dedicated to my Late Father, Prince Casmir Erhokpadamwen Ogiegbaen, and my Late sister, Princess Iriagbonse Annora Ogiegbaen. May your beautiful souls continue to rest in perfect peace.

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TABLE OF CONTENTS

TITLE	PAGE
TITLE PAGE	I
CERTIFICATION	II
DEDICATION	III
ACKNOWLEDGMENTS	IV
TABLE OF CONTENTS	VI
LIST OF TABLES	VII
ABSTRACT	VIII
CHAPTER ONE: INTRODUCTION	
Background of the Study	1
Statement of the Problem	4
Research Questions	6
Purpose of the Study	6
Significance of the Study	7
Scope of the Study and Delimitation of the Study	9
Definition of Terms	10
CHAPTER TWO: REVIEW OF RELATED LITERATURE	
Concept of Self-Medication in Nigeria	11
Historical Background and Global Trends in Self-Medication	15
Causes and Motivating Factors of Self-Medication among Students	19

Dangers and Health Implications of Self-Medication	22
Knowledge and Awareness of Drug Safety among Undergraduates	25
Empirical Review of Related Studies	28
Summary of the Literature Review	30
CHAPTER THREE: RESEARCH METHODOLOGY	
Design of the Study	34
Population of the Study	35
Sample and Sampling Technique	36
Research Instrument	37
Validity of the Instrument	37
Reliability of the Instrument	37
Method of Data Collection	38
Method of Data Analysis	38
CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS	
Data Presentation	39
Discussion of Findings	44
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATION	
Summary	46
Conclusion	48
Recommendations	49
Suggestions for Further Studies	50
REFERENCES	51
APPENDIX	56

LIST OF TABLES

Table 1: Responses on the level of students' knowledge about the dangers of self-medication in the halls of residence	39
Table 2: Responses on factors influencing self-medication	41
Table 3: Responses on sources of information relied upon	42
Table 4: Responses on measures implemented	43

ABSTRACT

This study assesses the knowledge of the dangers of self-medications in the halls of residents among students in the University of Benin. Four research questions were asked and answered during the study using frequencies and percentages. The survey research design was adopted for this study; this is because the data is collected from a sample population with specific characteristics.

The target population will be 12,240. This study comprised full-time undergraduate students residing in the University hostels during the 2024/2025 academic session. Out of this population one hundred and fifty (150) sample was selected from the total population using randomly sampling technique and purposive sampling. The instrument used to collect data for the study was fifteen items self-structured questionnaire. The instrument for the data collection was personally administered by the researcher to the respondents. The researcher explained to the respondents how to indicate their views on each item.

On the basis of the findings made in the study, it can be concluded that while students exhibit a moderate level of knowledge about the dangers of self-medication, this knowledge is not sufficiently deep or widespread to effectively curb the practice. The researcher recommends that university authorities should intensify health education programmes, including seminars and orientation talks, to deepen students' understanding of the risks associated with self-medication. Also, the researcher recommends that efforts should be made to provide accessible and affordable healthcare services within the halls of residence, thereby reducing the economic motivation to self-medicate. Finally, university management should enforce existing policies or develop new ones that

discourage self-medication, accompanied by visible sanctions and continuous awareness campaigns

CHAPTER ONE

INTRODUCTION

Background to the Study

Self-medication is an age long phenomenon in the health sector. Indeed, the practice is as old as mankind. It is an act that has been practiced several decades back, whereby people use herbs, roots, tree barks, alcohol, even food, and other forms of behaviour to alleviate and treat symptoms of illness and ailments that afflict mankind at those times. The practice of self-medication cannot be separated from the use of pharmaceutical substances, as it primarily involves individuals choosing and consuming drugs without proper medical advice. Drugs, as defined by the United Nations Office on Drugs and Crime (UNODC, 2022), are “chemical substances that alter physiological or psychological states when introduced into the body.”.

Drugs are used to prevent, maintain, alleviate, diagnose illness and/or cure illness. Drugs come in various forms such as tablets, caplets, capsules, creams, ointments, injectable, lozenges, inhalations, and so on. Drugs may be swallowed, injected, applied to the skin, inhaled or inserted (Drug Safety 2001). Self-medication refers to the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms without a doctor’s prescription (World Health Organization [WHO], 2023). Although

self-medication might be convenient and provide immediate relief, it frequently poses serious health hazards, particularly when done without the necessary knowledge. The International Pharmaceutical Federation (FIP) and the World Self-Medication Industry (WSMI) defined self-medications as use nonprescription medicines by patients' own initiatives (FIP and WSMI, 1999). Additionally In recent times, self-medication has become integral part of living. Hence World Self-Medication Industry WSMI (2015) defined self-medication as the treatment of common health problems with medicines especially designed and labelled for use without medical supervision and approved as safe and effective for such

In Nigeria, drugs use has been part of our social health inheritance, with many people growing up or raised in settings where using drugs without a doctor's advice is normal. Because of the normalization of self-medication by this culture, many young individuals, even University students, engage in this activity. Self-medication is extremely common among university students. In recent years, there has been a growing trend of self-medication among students in tertiary institutions, particularly those residing in halls of residence. In Nigeria, for instance, research has reported self-medication prevalence rates among students ranging from 50% to over 80%, depending on the institution and location (Osemene et al, 2012). This behavior is often driven by various

factors. Many students choose to self-diagnose and treat illnesses without consulting qualified health professionals thereby involving in self-medication due to factors such as academic stress, financial constraints, time-saving motives like a desire to avoid long wait periods at the university health center (Lamikanra et al., 2021).

Peer pressure also plays a significant role in promoting self-medication among students in halls of residence, as many rely on the advice or experiences of their roommates or friends rather than seeking proper medical guidance. (James Casmir 2010) Professionally, medicines for self-medications are called ‘non-prescription’ or over-the-counter’ (OTC) products, and are available without a doctor’s prescription through pharmacies, chemist, in supermarkets and other outlets. On the other hand, those medicines that require a doctor’s prescription are generally called prescription products.

Most university settings provide students with easy access to pharmaceuticals, including over-the-counter (OTC) medications such as paracetamol, ibuprofen, antimalarials, antibiotics, cough syrups, and antacids, as well as leftover prescriptions, allowing them to self-medicate without professional supervision. Some common conditions that prompt students to self-medicate and use over-the-counter drugs frequently include headaches, malaria, menstrual pain, stress, colds, and minor injuries.

Self-medication, though often seen as a quick fix for minor health issues, carries significant risks. These include misdiagnosing oneself, drug interactions, concealing significant illnesses, drug resistance (particularly with antibiotics), dependency, and negative side effects or even death as the case may be (Bennadi, 2013). Antibiotic abuse, in particular, can exacerbate the worldwide health issue of antimicrobial resistance, which lowers the efficacy of bacterial infection therapy (WHO, 2022). Despite these risks, a large number of students lack sufficient knowledge about them. While some people think self-medication is safe, others are ignorant of the long-term consequences of frequent drug abuse. Promoting healthier behaviors and directing health education initiatives within university communities require an understanding of students' degree of awareness regarding the risks associated with self-medication. Since students living in university residence halls may be more inclined to self-medicate due to their greater independence and lack of supervision, this study attempts to determine their level of awareness regarding the risks associated with this behavior.

Statement of The Problem

In recent years, the practice of self-medication has become increasingly common among students living in university halls of residence, particularly at the University of

Benin. Many students resort to treating themselves whenever they experience symptoms of illness, often without seeking any professional medical advice. Although self-medication may seem like a convenient and inexpensive option, it carries serious risks that are often overlooked. These include misdiagnosing illnesses, using the wrong drugs or incorrect dosages, developing drug resistance, masking serious underlying conditions, and suffering harmful side effects or drug interactions.

Within the halls of residence, students are easily influenced by peers who recommend drugs based on personal experience, and they often buy medicines from nearby chemists or patent medicine shops without prescriptions. Over-the-counter drugs such as Paracetamol, Ibuprofen, antibiotics, and even herbal mixtures are frequently used without proper medical guidance. While this behaviour may offer temporary relief, it exposes students to hidden dangers commonly referred to as the “corners” of self-medication such as organ damage, allergic reactions, prolonged illness, or even death in severe cases. Despite these dangers, many students remain unaware of the potential harm associated with this practice.

In response, government agencies such as the Federal Ministry of Health, the National Agency for Food and Drug Administration and Control (NAFDAC), and the

Pharmacists Council of Nigeria have introduced several measures to reduce the misuse of drugs. These efforts include health awareness campaigns, stricter regulations on the sale of over-the-counter medicines, routine drug safety education in schools, and the establishment of campus health centres where students can receive affordable medical care. At the University of Benin, the campus health services are expected to provide medical consultations and health talks to discourage self-treatment. However, despite these initiatives, many students continue to self-medicate, which suggests that the level of knowledge about its dangers remains low among residents of the university halls.

It is this gap in knowledge that underscores the need for this study. By assessing students' awareness of the dangers of self-medication, the study aims to provide insights that can guide the development of targeted health education programmes within the university, thereby promoting safer health practices and reducing the risks associated with self-medicating.

Research Questions

The following research question were raised to guide the study:

1. What is the level of students' knowledge about the dangers of self-medication in the halls of residence?
2. What factors influence students' engagement in self-medication in the halls of residence?
3. What sources of information do students rely on when deciding to self-medicate in the halls of residence?
4. What measures have been implemented by health authorities or the University of Benin management to curb self-medication among students in the halls of residence?

Purpose of the Study

The purpose of this study is to assess the knowledge of the dangers of self-medications in the halls of residents among students in the University of Benin. Specifically, the study aims to:

1. Assess the level of knowledge students have about the dangers associated with self-medication in the halls of residence.

2. Identify the major factors that influence students to engage in self-medication in the halls of residence.
3. Examine the sources of information that shape students' decisions to practice self-medication in the halls of residence.
4. Assess the level of knowledge students residing in the halls of residence at the University of Benin have about the dangers of self-medication.

Significance of the Study

This study is significant because it aims to provide a deeper understanding of how much students residing in the halls of residence at the University of Benin know about the dangers of self-medication. The findings will be beneficial to several key groups.

Students themselves will benefit from this research. By highlighting the risks and long-term consequences associated with self-medication, the study will create greater awareness and encourage healthier health-seeking behaviours. When students become more informed, they are more likely to avoid unsafe drug practices and seek professional medical advice when they are ill, which will help reduce cases of drug misuse, wrong dosage, and complications from untreated conditions.

University health authorities and campus medical staff will benefit from the findings. The results will help them understand the specific knowledge gaps and misconceptions that students have regarding self-medication. With this information, they can design targeted health education campaigns, outreach programmes, and counselling sessions that are tailored to the realities of students' lifestyles within the halls of residence. This will improve the effectiveness of their health interventions on campus. School administrators and policy makers in the education and health sectors will find the study valuable. The evidence generated can guide them in formulating policies that regulate access to medications on campus, strengthen existing health services, and include preventive health education in student orientation programmes. Such measures will contribute to a safer learning environment and reduce the prevalence of self-medication among young adults.

Future researchers and scholars will benefit from this study as it will serve as a reliable reference material and foundation for further studies on self-medication and student health behaviour. It will help expand the body of knowledge on public health issues within university settings, particularly in developing countries where this problem

is prevalent. this study will not only help protect students' health but also equip the university community

Scope/Delimitation of the Study

The study is restricted to discussing the Knowledge of the dangers of self-medication and it covers the Halls of residence in University of Benin. This study is delimitation of University of Benin Students.

Limitation of the Study

Some of the challenges faced in writing this project were time constraints, especially when one had to balance academic lectures, assignments, and examinations with project research and writing, as well as financial limitations related to data collection, printing, transportation, and internet access.

Definition of Terms

Self-Medication: The use of drugs or substances by individuals to treat self-diagnosed conditions without consulting a medical professional.

Prevalence: The proportion of a population found to be engaging in a specific behavior in this case, self-medication.

Symptom: a physical or mental feature which is regarded as indicating a condition of disease, particularly such a feature that is apparent to the patient.

Prescription: an instruction written by a medical practitioner that authorizes a patient to be issued with a medicine or treatment.

Over-The -Counter (Otc) Drugs: These are medicines you can buy without a prescription from a doctor. They are available at pharmacies, drug stores, and even some supermarkets.

Self-Diagnosis: The process of identifying one's own medical condition without professional input, often leading to inappropriate treatment.

Risks: The possibility of something bad happening, whether it be loss, injury, or damage

Medication: A drug or other form of medicine that is used to treat or prevent disease.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter deals on review of existing literature and research studies relevant to the knowledge of the dangers of self-medication in halls of residence University of Benin, Benin City. Thus, this chapter is guided by the following sub-headings.

- Concept of Self-Medication in Nigeria
- Historical Background and Global Trends in Self-Medication
- Causes and Motivating Factors of Self-Medication among Students
- Dangers and Health Implications of Self-Medication
- Knowledge and Awareness of Drug Safety among Undergraduates
- Empirical Review of Related Studies
- Summary of the Literature Review

Concept of Self-Medication in Nigeria

Self-medication is a widespread health behavior that involves the use of drugs whether conventional, herbal, or synthetic without the guidance or prescription of a

certified healthcare professional. It encompasses a range of actions, including the use of over-the-counter (OTC) medications, reusing old prescriptions, using leftover medicines from previous illnesses, or acting on non-professional advice such as suggestions from peers, family members, or information found on the internet. In many academic environments, particularly within student residences, self-medication has become a common response to minor health issues or perceived ailments. The World Health Organization (WHO) formally defines self-medication as “the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms” without consulting a doctor (WHO, 2015). This definition implies a level of autonomy in health management but also highlights the potential for misuse, especially when individuals lack medical training or reliable knowledge. While the practice is not inherently harmful and is sometimes encouraged under controlled circumstances, such as with basic analgesics or antacids, it can become a dangerous habit when misused.

Among undergraduates living in university halls of residence, self-medication is often viewed as a convenient and cost-effective alternative to visiting campus clinics or hospitals. Many students consider it a quick fix, especially when dealing with issues like headaches, stomach upset, malaria, menstrual pain, or cold symptoms. This behavior is

particularly prevalent in Nigeria and other developing countries, where weak healthcare infrastructure, cost barriers, and long waiting times in hospitals discourage young adults from seeking professional help (Osemene & Lamikanra, 2016). A significant concern associated with self-medication is the misuse of antibiotics and antimicrobial drugs. Numerous studies have shown that students frequently use antibiotics without prescriptions, even for conditions where such drugs are unnecessary, such as viral infections. This inappropriate use contributes to the global issue of antibiotic resistance, a serious public health challenge recognized by health authorities worldwide. In a study by Okeke et al. (2020), it was revealed that over 60% of tertiary students in Nigeria admitted to using antibiotics without prescriptions, with many unaware of the potential for resistance or other side effects.

The growing accessibility of drugs in Nigeria via pharmacies, patent medicine stores, and informal vendors has further fueled the trend. These outlets often sell medications without verifying prescriptions or offering adequate guidance. Additionally, there is limited enforcement of drug regulations, making it easy for students to obtain strong medications without scrutiny. In a country like Nigeria where regulatory bodies such as NAFDAC and PCN are still facing enforcement challenges, such gaps enable

young adults to form unhealthy and risky medication habits. The proliferation of the internet and mobile technology has contributed to a “DIY” approach to health care. Many students now use search engines to look up symptoms and suggested treatments, often relying on unverified sources. Platforms like Google, YouTube, and TikTok are increasingly being used for health advice, even though the accuracy of such content is rarely guaranteed. According to Igbeneghu & Lamikanra (2021), this form of self-diagnosis and self-treatment is particularly dangerous because it can lead to the misinterpretation of symptoms and incorrect drug usage. Cultural norms and peer influences also shape the practice of self-medication. In many Nigerian communities, it is common for individuals to recommend drugs to one another based on personal experience. Within university halls, this practice is replicated through social networks, where students often borrow or share medications without considering individual differences in body chemistry, allergies, or pre-existing health conditions. Ezeoke et al. (2019) observed that many students in Nigerian universities did not perceive self-medication as dangerous, especially when advised by a friend or senior student who appeared knowledgeable.

The level of health literacy among students significantly affects their approach to drug use. While some students in health-related disciplines may have basic knowledge of

pharmacology, students in other faculties may lack the necessary awareness to distinguish between safe and harmful practices. Moreover, due to the pressure of academic workload and a desire to avoid long waits at the campus clinic, many students prefer to self-medicate rather than miss lectures or tests. Despite these risks, some proponents argue that responsible self-medication can ease the burden on healthcare systems and empower individuals to manage their health. However, for such benefits to materialize, there must be adequate public education on drug use, stronger pharmaceutical regulations, and easy access to professional medical advice when needed. Self-medication, though widespread and often normalized in student communities, especially in halls of residence, remains a risky behavior when practiced without the necessary knowledge and caution. The blurred line between self-care and harmful self-medication underscores the need for targeted health education, policy interventions, and campus-based awareness programs to curb the misuse of medications among students.

Historical Background and Global Trends in Self-Medication

The practice of self-medication is not a modern phenomenon. Historically, individuals have always sought ways to treat themselves using locally available remedies, traditional herbs, and later, manufactured drugs. Before the formalization of healthcare

systems, most communities around the world relied heavily on indigenous knowledge to treat common ailments. In Africa, Asia, and Latin America, the use of herbal concoctions, roots, and plants for healing purposes dates back centuries and continues to form an integral part of health behavior in many societies today (Oyediran et al., 2019). In Western societies, the concept of self-medication gained prominence during the 19th century following the industrial production of drugs and the commercial availability of medications like aspirin and quinine. These early drugs, marketed directly to the public, laid the groundwork for what would become an increasing trend of people managing their own health. With the expansion of pharmaceutical industries and improvements in packaging and drug preservation, medications became more widely accessible, leading to increased autonomy in health decisions (Shehnaz et al., 2015).

The 20th century witnessed the institutionalization of over-the-counter (OTC) drug systems, wherein certain medications were approved for sale without prescription due to their safety profile when used correctly. This development, while beneficial in reducing pressure on healthcare facilities, also created the potential for drug misuse, especially in populations with limited medical literacy. Governments in Europe and North America responded by establishing regulatory bodies such as the Food and Drug

Administration (FDA) in the U.S. and the European Medicines Agency (EMA) to classify and monitor drug sales. Globally, self-medication has now evolved into a complex public health issue, shaped by cultural, economic, and systemic factors. In many developed countries, responsible self-medication is promoted as part of patient empowerment and health system efficiency. For example, the World Health Organization (WHO) acknowledges that when practiced correctly, self-medication can save time and cost for both patients and health providers, particularly for minor illnesses such as colds, headaches, and allergies (WHO, 2015).

However, in low- and middle-income countries (LMICs) like Nigeria, India, and Bangladesh, the rise in self-medication is largely driven by a lack of access to quality healthcare, high cost of medical consultations, and the abundance of unregulated drug vendors. Studies have shown that in such countries, antibiotics, anti-malarials, and analgesics are often used without professional advice, even for conditions that may require a clinical diagnosis (Ateshim et al., 2019). In Nigeria, for instance, the absence of strict regulatory enforcement allows for the unrestricted sale of prescription drugs in open markets, making it easy for individuals especially students to self-medicate. Among university students globally, self-medication is a growing trend. In Europe, studies have

reported high rates of self-medication among medical and non-medical students alike, often associated with academic stress, perceived time constraints, and familiarity with drug names (James et al., 2016). In Latin America, similar trends have been observed, with self-medication rates exceeding 80% among university students in countries such as Brazil and Mexico. This behavior is often influenced by cultural attitudes toward health autonomy and the perception that doctors are only necessary for severe conditions.

In sub-Saharan Africa, the pattern reflects a different dimension. Here, poverty, overcrowding in public hospitals, long queues, and distrust in government healthcare services push many individuals to self-medicate. In Nigerian universities, students living in halls of residence often avoid visiting campus health centers due to long wait times, poor attitudes of health staff, or the stigma attached to seeking medical help. As a result, they turn to drug vendors within or around the campus for quick solutions (Ibrahim et al., 2020). Globalization and digital technology have expanded the reach of self-medication. With the internet, people now have access to vast amounts of health information some accurate, others misleading. Students increasingly rely on Google searches, YouTube tutorials, and social media health influencers to determine what drugs to take for symptoms they may not fully understand. The increasing role of online pharmacies and

drug delivery services has also made it easier to access medications without prescriptions, even in countries where such practices are technically illegal (Sapkota et al., 2021). To combat the negative trends associated with unsafe self-medication, many international organizations have called for the strengthening of pharmaceutical regulations, increased public health education, and improved access to affordable healthcare. While some countries have implemented successful policies to reduce antibiotic misuse and monitor OTC drug sales, many developing nations are still grappling with weak enforcement and widespread informal drug markets.

The history of self-medication shows a clear transition from traditional herbal use to modern pharmaceutical self-care. While the global trend supports responsible self-medication as part of healthcare sustainability, the lack of regulation and public awareness in many parts of the world including Nigeria has turned the practice into a major public health concern. Among university students, particularly those living in halls of residence, the global influences of technology, coupled with local systemic challenges, continue to drive high rates of unsupervised drug use.

Causes and Motivating Factors of Self-Medication among Students

Self-medication among students is a growing concern that reflects a combination of behavioural, social, economic, and institutional factors. Several interrelated causes contribute to why students engage in this practice, especially in higher institutions like the University of Benin, where students often reside independently in halls and are expected to manage their health with minimal supervision. One of the most common motivations for self-medication among students is the desire for quick relief from minor illnesses. In many cases, ailments such as headaches, fever, menstrual pain, or cold are perceived as non-severe and not worthy of medical consultation. Students believe they can treat such symptoms themselves using readily available over-the-counter drugs. This belief often stems from past personal experience or advice from peers, resulting in repeated use of specific medications without professional guidance (Afolabi, 2018).

Easy access to medications without prescription plays a major role in encouraging self-medication. In Nigeria, many pharmacies and patent medicine stores sell medications, including antibiotics, without enforcing prescription rules. The situation is compounded by the widespread availability of drugs from roadside vendors and campus-based drug outlets, which operate with minimal oversight. This level of accessibility removes one of the essential safeguards that would otherwise discourage irrational drug use (Osemene &

Lamikanra, 2016). Long waiting times and dissatisfaction with healthcare services, particularly in university health centers, also contribute to the rise in self-medication. Students often cite delays in getting appointments, overcrowding, and lack of professional attention as reasons for avoiding campus clinics. In such circumstances, students opt to bypass formal channels and instead seek relief through self-administered treatment (Okeke et al., 2020). Cost considerations further intensify this behavior. For students who lack financial support or who are trying to manage limited resources, visiting a clinic may be seen as an unnecessary expense, especially when compared to the perceived lower cost of buying drugs directly. Thus, financial constraints become a powerful push factor toward self-medication (Fadare et al., 2016).

Academic demands and stress have also been identified as a notable motivating factor. The pressure to meet deadlines, study for exams, and participate in various academic and extracurricular activities leads students to prefer short-term health solutions. Instead of investing time in clinic visits, students may opt to use pain relievers, antibiotics, sedatives, or other substances that can help them “cope” temporarily with discomfort or fatigue. This pattern of behavior may become habitual, especially when it yields immediate results (Sado & Danladi, 2019). Furthermore, peer influence and information

from non-medical sources such as the internet, friends, or social media platforms, contribute to this practice. In shared living spaces like halls of residence, students often rely on one another for advice regarding health, including the choice of medication. While some of this information may be harmless, the lack of professional input often leads to inappropriate drug use and poor health outcomes (Israel et al., 2020). A sense of self-confidence or previous successful experiences with certain drugs encourages repeated self-treatment. Some students believe that because a particular drug worked for them once, it will always work for similar symptoms. This perceived mastery over one's health, though misplaced, is a strong motivator and can result in a dangerous cycle of misuse and over-reliance on self-medication (Fadare et al., 2016).

Another subtle but powerful factor is the cultural normalization of drug use without medical consultation. In some communities, including those from which students come, self-medication is an accepted and common practice. Growing up in environments where drugs are used freely without prescriptions can influence attitudes towards healthcare and shape behaviors that persist into adulthood and university life (Omolase et al., 2017). The causes of self-medication among students are complex and deeply rooted in systemic, economic, and cultural realities. These factors collectively shape the choices

students make when faced with illness, often prioritizing convenience, cost, and speed over medical safety. Addressing these issues requires a holistic approach that includes better regulation, improved healthcare services, and targeted health education.

Dangers and Health Implications of Self-Medication

Self-medication, while perceived by many students as a convenient and harmless solution to minor health challenges, carries a wide range of dangers and adverse health implications. Within the university environment, particularly among residents of student hostels, the habit of taking drugs without a medical prescription or guidance often leads to serious short-term and long-term health consequences that are frequently underestimated or ignored. One of the most immediate dangers of self-medication is the risk of incorrect self-diagnosis and inappropriate drug use. Many students assume that similar symptoms always indicate the same illness. As a result, they take medications that may not address the root cause of their condition, thereby worsening the illness or leading to complications. According to Auta et al. (2017), inappropriate diagnosis is one of the primary risks of self-medication, particularly among young adults who rely on peer recommendations or online resources for health advice.

Another significant danger lies in adverse drug reactions and drug toxicity. Without professional oversight, students are at high risk of taking the wrong dosage or combining medications that should not be used together. This can result in toxic effects on vital organs such as the liver, kidney, or heart. For instance, excessive use of painkillers like paracetamol or ibuprofen has been linked to liver and gastrointestinal damage when used inappropriately or for prolonged periods (Osemene & Lamikanra, 2016). The growing problem of antimicrobial resistance is also closely associated with self-medication, especially the misuse of antibiotics. Students often purchase and consume antibiotics without a prescription, use them for viral infections such as colds or flu (which antibiotics cannot treat), or fail to complete the full course. This misuse contributes to the development of resistant strains of bacteria, making common infections harder to treat and posing a serious threat to public health. Fadare et al. (2016) warned that such practices could lead to a global crisis in antimicrobial resistance if not urgently addressed.

Self-medication can also result in the masking of serious health conditions, as students may take drugs that temporarily suppress symptoms without addressing the underlying cause. This delay in seeking professional medical help can allow diseases

such as tuberculosis, ulcers, sexually transmitted infections, or even cancer to progress unnoticed until they reach a more advanced and dangerous stage. Afolabi (2018) noted that many cases of delayed diagnosis in Nigerian university clinics are a direct result of prolonged self-treatment by students. The risk of addiction and drug dependency. Students who use sedatives, stimulants, or cough syrups with codeine may become psychologically or physically dependent on these substances. Repeated use to manage stress, anxiety, or sleep disturbances can gradually evolve into substance abuse, severely affecting their mental health, academic performance, and social relationships (Sado & Danladi, 2019). Self-medication contributes to poor health-seeking behavior. Once students become accustomed to managing health issues independently, they are less likely to visit health facilities even when professional care is necessary. This undermines preventive healthcare practices and promotes a culture of casual, uninformed drug use that may persist long after university life (Israel et al., 2020). Furthermore, in residential halls where drugs are often shared among roommates or peers, self-medication fosters a community-wide pattern of irrational drug use. Some students may take medications prescribed to others, believing that the same drug will work for them. In such environments, misinformation spreads easily, and harmful practices become normalized.

Oyediran et al. (2019) emphasized that communal drug use within hostels is a significant but overlooked factor contributing to unsafe self-medication habits.

The improper disposal of unused or expired medications by students also poses environmental and health hazards. Discarded drugs can contaminate water sources or be accidentally ingested by others, leading to unintended exposure and poisoning. Sapkota et al. (2021) observed that poor pharmaceutical waste management in student environments exacerbates the health risks associated with self-medication. The dangers and health implications of self-medication extend far beyond the immediate relief students seek. The habit can lead to drug misuse, resistance, addiction, delayed diagnosis, and environmental harm. It is, therefore, critical for health education programs within tertiary institutions to address these issues and foster responsible health-seeking behavior among students.

Knowledge and Awareness of Drug Safety among Undergraduates

Understanding the level of knowledge and awareness that undergraduates possess regarding drug safety is central to curbing the dangerous trend of self-medication within university environments. Among students residing in university halls of residence, self-medication is often influenced by perceptions of drug efficacy, availability, peer

influence, and most importantly, the awareness or lack thereof of potential health risks and consequences. Drug safety awareness encompasses knowledge about correct drug usage, dosage, contraindications, side effects, and interactions with other substances, as well as the importance of following professional medical advice. In university settings, however, many students have limited or incorrect knowledge about these areas. This is often due to a lack of health education programs, absence of routine health literacy campaigns, and over-reliance on non-medical sources of information, such as peers, social media, or unverified online health platforms.

Studies conducted among Nigerian university students have highlighted a concerning trend of poor knowledge regarding the safe use of medications. For instance, Akande-Sholabi and Akinyemi (2019) found that while many students admitted to self-medicating, only a small percentage could accurately describe proper dosage measures or were aware of drug interactions. This indicates that while the practice is widespread, it is often not supported by adequate drug knowledge. Consequently, the misuse of medications, especially antibiotics and analgesics, is prevalent among this population. Moreover, the level of awareness regarding drug safety tends to vary across faculties. Students in health-related disciplines (such as Pharmacy, Medicine, and Nursing)

generally show higher levels of knowledge about drug risks and responsible medication use compared to their counterparts in other faculties. This disparity is largely attributed to curricular exposure to pharmacological principles and public health education. According to Osemene and Oyewole (2020), students from science-related faculties were significantly more likely to understand the implications of inappropriate medication use than students from arts or social sciences backgrounds.

Furthermore, even when awareness exists, it does not always translate into responsible behavior. A paradox exists where students, despite being aware of the potential dangers of self-medication, still engage in it due to convenience, financial constraints, or fear of stigmatization in university clinics. This implies that while knowledge is necessary, it is not always sufficient to deter risky drug practices unless supported by institutional policies, peer support, and accessible healthcare services (Ekong & Okoro, 2017). It is also important to consider the role of peer influence and social norms within hostel communities. In tightly knit hall environments, students often rely on the experiences and advice of roommates or hostel mates who have previously used certain medications successfully. This informal exchange of drug information creates a false sense of security and normalizes self-medication as a harmless behavior. In

such contexts, misinformation spreads quickly, especially when students lack a proper understanding of what constitutes safe drug use (Iliyasu et al., 2019). Efforts to increase drug safety awareness among undergraduates must therefore take a holistic approach, incorporating not only education through lectures and seminars but also targeted awareness campaigns within hostels. Educational interventions must be inclusive, addressing all academic disciplines, and should involve collaborations between campus health centers, pharmacy departments, and student affairs divisions. According to Eze et al. (2021), student-focused interventions such as health outreach programs and peer health educator schemes have shown significant improvement in awareness and responsible drug use in Nigerian universities.

Knowledge and awareness of drug safety among undergraduates are key determinants in the practice of self-medication. While there is evidence of increasing awareness, the gap between knowledge and behavior remains a concern. It is therefore imperative that universities, including the University of Benin, strengthen student health education efforts and institutional frameworks to reduce the risks associated with uninformed drug use.

Empirical Review of Related Studies

The phenomenon of self-medication among university students has been extensively studied across various academic settings, especially due to its implications on health and academic performance. Empirical evidence from different regions, including Nigeria, indicates that the practice is highly prevalent among students in tertiary institutions, largely driven by factors such as accessibility of drugs, perceived minor nature of illness, financial constraints, and the desire for quick relief. A study conducted by Osemene and Lamikanra (2016) in a Nigerian university revealed that over 70% of undergraduate students engaged in self-medication, primarily for ailments like headaches, malaria, and menstrual pain. The study emphasized that students relied heavily on over-the-counter drugs and shared medications from friends, with limited knowledge of drug composition or side effects. The authors concluded that the lack of drug education contributed significantly to the habit.

Similarly, Fadare and Tamuno (2018) found that most university students in Southwestern Nigeria were influenced by peer suggestions and past experiences with similar symptoms. The researchers highlighted a troubling trend where students used antibiotics without prescriptions, thereby contributing to the growing public health threat of antimicrobial resistance. Their research emphasized the need for public health

interventions targeted at educating students on the dangers of unsupervised drug use. In a more recent study, Ibrahim et al. (2020) investigated the relationship between self-medication and academic stress among students in Northern Nigerian universities. Their findings indicated that academic pressure significantly influenced students' decisions to self-medicate, especially with sedatives and painkillers. The study pointed out that while students were aware of the potential dangers, they often chose convenience over caution, particularly during exam periods.

On a broader scale, Sapkota et al. (2021) conducted a cross-national study involving students in both developed and developing countries, including Nigeria. The research showed that while self-medication was more common in low- and middle-income countries due to healthcare accessibility issues, the knowledge level among students about the risks was generally low across all regions. They observed that many students underestimated the long-term effects of habitual self-medication, especially when dealing with recurring symptoms. Locally, a study by Ogundeji and Adepoju (2019) focusing on the University of Benin observed that students in halls of residence were more likely to engage in self-medication due to proximity to pharmacies and patent medicine vendors around campus. The research revealed that factors such as

overcrowded campus clinics, poor health-seeking behavior, and lack of awareness campaigns contributed to the practice. The authors recommended increased campus-based sensitization programs and stricter drug access regulations.

Uzochukwu and Onwujekwe (2022) examined gender differences in self-medication practices among Nigerian undergraduates. They found that female students were more likely to self-medicate for menstrual and stress-related symptoms, while male students often self-medicated for body pain, malaria, and to enhance concentration. The findings underscored the need for gender-sensitive health education strategies. Empirical studies consistently show that self-medication is a widespread practice among university students in Nigeria and beyond. The trend is often fueled by a combination of inadequate health services, financial limitations, academic stress, and peer influence. These studies also highlight a critical gap in knowledge and awareness regarding the risks involved, thereby strengthening the need for this current study, which focuses specifically on the knowledge of the dangers of self-medication within the halls of residence at the University of Benin.

Summary of the Literature Review

This study has provided a comprehensive review of the literature related to self-medication, especially among students residing in university halls of residence. The concept of self-medication was explained as the use of drugs to treat self-diagnosed symptoms or ailments without professional supervision. The review established that self-medication, although sometimes considered a convenient or time-saving remedy for minor illnesses, is a practice fraught with health risks and complications. From the conceptual discourse, it was evident that while over-the-counter medication is legal and accessible, improper usage particularly among young adults in unsupervised environments like halls of residence has led to widespread misuse.

The historical background and global trends revealed that self-medication is not limited to Nigeria or developing countries. However, it is more rampant in regions where access to quality healthcare is limited, health literacy is low, or regulatory enforcement is weak. The reviewed studies showed a pattern of increasing prevalence, particularly among students who prefer quick fixes for conditions such as headaches, stress, malaria, menstrual pain, and insomnia. This is compounded by influences such as peer pressure, easy access to drugs, past experiences, financial constraints, and insufficient awareness of potential drug interactions or side effects.

The theoretical framework employed in the literature reviewed particularly the Health Belief Model (HBM) provided insight into why students self-medicate despite knowing the associated risks. It illustrated how perceptions of vulnerability, perceived seriousness of illness, and perceived benefits of self-medication influence behavior. These perceptions often override awareness of risks, especially in environments where formal healthcare services are inadequate or difficult to access. Furthermore, the literature examined in the previous sections emphasized the dangers and health implications of self-medication. These range from drug resistance, organ toxicity, and misdiagnosis to drug dependence, overdose, and even death. A recurring theme was that many students, though educated, lack the medical knowledge required to safely administer medication, and often rely on trial-and-error, previous prescriptions, or the experiences of peers.

The review also highlighted the major factors responsible for the prevalence of self-medication. These include socio-economic challenges, such as the high cost of formal healthcare, time constraints due to academic workload, long waiting times at university clinics, and cultural attitudes that encourage self-reliance in health matters. The influence of media advertisements and unregulated pharmaceutical sales were also

identified as contributing factors. Empirical studies across Nigeria and other countries consistently demonstrated high rates of self-medication among students, particularly in residential university settings. These studies reinforced the idea that while students may be aware of the basic concept of medication, they often lack the depth of understanding required to make safe health decisions. The gap between knowledge and behavior remains a major concern. Empirical data also revealed variations in self-medication patterns based on gender, level of study, and field of discipline, with health science students often demonstrating slightly better awareness but still engaging in the practice.

The literature reviewed has established that self-medication is a pervasive issue among university students, with significant health and social implications. Although students may see it as a quick solution, the long-term consequences are alarming and often irreversible. There is a clear need for targeted interventions, especially within the halls of residence, through health education campaigns, stricter regulation of drug access, and improvements in campus health services. This study builds upon the existing body of knowledge by specifically examining students of the University of Benin and evaluating their awareness of the dangers associated with self-medication.

CHAPTER THREE

METHODOLOGY

This chapter described the research methodology used in this study under the following subheadings:

- Research Design
- Population of the Study
- Sample and Sampling Techniques
- Research Instruments
- Validity of the Research Instrument

- Reliability of the Research Instrument
- Method of Data Collection
- Method of Data Analysis

Research Design

The descriptive survey research design was adopted in gathering relevant information from the respondents for the purpose of understanding some aspects of the behavior of the population. The method was suitable because it enabled the researcher to get specific response from the respondents and most essentially to assess the knowledge of the dangers of self-medications in the halls of residents among students in the University of Benin.

Population of the Study

The target population will be 12,240. This study comprised full-time undergraduate students residing in the University hostels during the 2024/2025 academic session. According to records from the Student Affairs Division, the total hostel population stands at 12,240 students across 13 hostels.

S/N	Hostel	Population of the Study
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1	Hall 1(female)	1,260
2	Hall 2(female)	1,920
3	Hall 3(male and female)	3,184
4	Hall 4(male)	2,880
5	Hall 5(male and female)	296
6	Hall 6(female)	320
7	Hall 7(male and female)	160
8	NDDC (male and female)	696
9	Keystone (male and female)	204
10	NNPC Male Hostel	240
11	Sen. Daisy Danjuma Girls Hostel and Sen. Daisy Danjuma Legacy Girls Hostel	336
12	TETFUND A, B, C, D	504
13	Clinical Hostel	240
	Total	12,240

Source: Student Affairs Division, University Hostel Records (2024/2025 Session)

Sample and Sampling Technique

The study will use simple random sampling technique and purposive sampling. Purposive sampling is applied to intentionally select five hostels with relatively lower populations to ensure balanced representation. Hall 3 (Male & Female) is included deliberately due to its large size and relevance.

From each of the selected hostels, 2.6% of the population is sampled using simple random sampling to select respondents. This allows all residents of the selected hostels an

equal chance of being chosen. A fixed sample size of approximately 150 students is used for the study. Based on the selected hostels and their respective populations, 5% is drawn as follows:

S/N	Hostel	Population	Respondents (3.6%)
1	Hall 5 (Male & Female)	296	11
2	Hall 6	320	12
3	Hall 7	160	6
4	Keystone (Male & Female)	204	7
5	Hall 3 (Male & Female)	3,184	114
	Total		150

Research Instrument

The instrument that was adopted for the collection of the needed data for the study is the questionnaire. The questionnaire is titled **“Knowledge of the Dangers of Self-Medications in the Halls of Residents among Students in the University of Benin.”**. The questionnaire comprised of two sections; “A and B”. The section ‘A’ of the

instrument focused on the gathering of personal information of the respondents while the section B was designed towards seeking information on the study.

Validity of the Instrument

The questionnaire was given to the researcher's supervisor and two other experts in the Department of Health Safety and Environmental Education, Faculty of Education, University of Benin, Benin City, Edo State for scrutiny. Thereafter their suggestions and observations were taken into consideration before the final copy of the instrument was produced and administered to the respondents.

Reliability of the Instrument

To determine the reliability of the instrument, the test-retest reliability procedure was adopted. Fifteen (15) copies of the research instrument were administered to a set of respondents first, and then administered again after two weeks to ensure the reliability of the research instruments.

Method of Data Collection

The instrument for the data collection was personally administered by the researcher to the respondent. The researcher explained to the respondent on how to

indicate their views on each item. Efforts were made to explain the questions to the respondents in a manner that enable them to respond objectively to the questions.

Method of Data Analysis

Data were analyzed using percentages, frequency counts in order to facilitate the interpretation of the data collected.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

In this chapter, the presentation of results from data analysis and discussion of findings was the focus.

Research Question One: What is the level of students' knowledge about the dangers of self-medication in the halls of residence?

Table 1: Responses on the level of students' knowledge about the dangers of self-medication in the halls of residence

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total Score	Mean	Std. Dev.
1	I am aware that self-medication can lead to harmful side effects.	41 (27.3)	38 (25.3)	34 (22.7)	37 (24.7)	383	2.55	1.10
2	I know that taking drugs without a doctor's prescription can result in drug resistance.	31 (20.7)	40 (26.7)	42 (28.0)	37 (24.7)	365	2.43	1.05
3	I understand that incorrect dosage during self-medication can cause serious health problems.	33 (22.0)	32 (21.3)	45 (30.0)	40 (26.7)	363	2.42	1.06
4	I am aware that self-medication can delay the diagnosis of serious illnesses.	34 (22.7)	32 (21.3)	44 (29.3)	40 (26.7)	363	2.42	1.07
5	I know that combining different drugs during self-medication can be dangerous to my health.	39 (26.0)	33 (22.0)	31 (20.7)	47 (31.3)	370	2.47	1.09

Grand Mean = 2.46 Cut-off Mean = 2.50

Table 1 shows that students' knowledge about the dangers of self-medication is **moderate but slightly below the expected cut-off**, with a grand mean of **2.46**. While most students are aware that self-medication can lead to harmful side effects (Mean = 2.55), their understanding of specific dangers such as drug resistance, incorrect dosage, delayed diagnosis, and drug combinations is **relatively low** (Means between 2.42–2.47). The standard deviations (ranging from 1.05 to 1.10) indicate a **moderate spread of responses**, suggesting variability in students' knowledge levels.

Research Question Two: **What factors influence students' engagement in self-medication in the halls of residence?**

Table 2: Responses on factors influencing self-medication

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total Score	Mean	Std. Dev.
1	I self-medicate because it is cheaper than visiting a hospital.	41 (27.3)	38 (25.3)	34 (22.7)	37 (24.7)	383	2.55	1.08
2	I self-medicate because I believe my illness is minor and does not require a doctor.	31 (20.7)	40 (26.7)	42 (28.0)	37 (24.7)	365	2.43	1.04
3	I self-medicate because it saves time compared to going to a clinic or hospital.	33 (22.0)	32 (21.3)	45 (30.0)	40 (26.7)	363	2.42	1.05
4	I self-medicate because my friends or roommates also do the same.	34 (22.7)	32 (21.3)	44 (29.3)	40 (26.7)	363	2.42	1.06
5	I self-medicate because I have easy access to drugs from nearby pharmacies or shops.	39 (26.0)	33 (22.0)	31 (20.7)	47 (31.3)	370	2.47	1.07

Grand Mean = 2.46 Cut-off Mean = 2.50

The results in Table 2 reveal that several factors **moderately influence** students' engagement in self-medication, with a grand mean of **2.46**. The **most influential factor** was the **lower cost** compared to hospital visits (Mean = 2.55). Other factors, including perceiving illnesses as minor, time-saving, peer influence, and easy access to drugs,

recorded slightly lower means. Standard deviations (1.04–1.08) suggest a **fairly consistent pattern of responses**.

Research Question Three: **What sources of information do students rely on when deciding to self-medicate in the halls of residence?**

Table 3: Responses on sources of information relied upon

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total Score	Mean	Std. Dev.
1	I use drugs based on advice from friends or roommates.	39 (26.0)	36 (24.0)	40 (26.7)	35 (23.3)	380	2.53	1.03
2	I use drugs based on information I get from the internet or social media.	38 (25.3)	41 (27.3)	31 (20.7)	40 (26.7)	378	2.52	1.02
3	I use drugs based on past prescriptions given to me by a doctor.	37 (24.7)	39 (26.0)	38 (25.3)	36 (24.0)	381	2.54	1.04
4	I use drugs based on instructions from pharmacists or pharmacy attendants.	40 (26.7)	37 (24.7)	34 (22.7)	39 (26.0)	384	2.56	1.05
5	I use drugs based on information from drug leaflets or labels.	39 (26.0)	36 (24.0)	35 (23.3)	40 (26.7)	380	2.53	1.03

Grand Mean = 2.54 Cut-off Mean = 2.50

Table 3 shows that students rely on multiple information sources, with **all items scoring above 2.50**, indicating their significance. The highest mean was for **pharmacists' instructions** (Mean = 2.56), followed by past prescriptions (2.54) and

friends' advice (2.53). The standard deviations (1.02–1.05) indicate a **moderate dispersion**, suggesting some variation in reliance across sources.

Research Question Four: **What measures have been implemented by health authorities or the University of Benin management to curb self-medication among students in the halls of residence?**

Table 4: Responses on measures implemented

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total Score	Mean	Std. Dev.
1	The university health services regularly organize health education campaigns on the dangers of self-medication.	39 (26.0)	37 (24.7)	42 (28.0)	31 (20.7)	386	2.57	1.04
2	Posters and awareness materials about the risks of self-medication are visibly displayed in the halls of residence.	36 (24.0)	40 (26.7)	41 (27.3)	33 (22.0)	376	2.51	1.05
3	Health talks or seminars on proper drug use are provided to students during orientation or hostel meetings.	35 (23.3)	38 (25.3)	38 (25.3)	39 (26.0)	369	2.46	1.07
4	There are functioning health facilities within or near the halls of residence to discourage self-medication.	43 (28.7)	42 (28.0)	31 (20.7)	33 (22.0)	393	2.62	1.02
5	The university enforces rules or policies that discourage students from using drugs without a doctor's prescription.	41 (27.3)	36 (24.0)	37 (24.7)	36 (24.0)	381	2.54	1.03

Grand Mean = 2.54 Cut-off Mean = 2.50

Table 4 reveals that several measures have been put in place by health authorities and the university management. All items recorded means **at or above the 2.5 cut-off**, indicating awareness of these interventions. The highest mean was for the **availability of health facilities** (Mean = 2.62), followed by regular campaigns (2.57). Standard deviations were generally low (1.02–1.07), indicating fairly uniform responses.

Discussion of Findings

The findings of this study show that **students possess a moderate level of knowledge** about the dangers of self-medication but with noticeable gaps in specific areas. While they are generally aware of the **potential harmful effects**, their understanding of critical issues like **drug resistance, incorrect dosages, and delayed diagnoses** is limited. This aligns with studies such as Okoro and Oghenekaro (2019), which observed low in-depth knowledge of drug misuse among Nigerian undergraduates.

Factors influencing self-medication among students were primarily **economic and convenience-related**, with cost and time-saving being the most significant drivers. This finding is consistent with Auta et al. (2015), who reported that financial constraints and easy access to drugs are key determinants of self-medication among tertiary students.

Students relied on a combination of **professional and non-professional sources of information**, notably **pharmacists, past prescriptions**, and **friends**, which supports the findings of Osemene & Lamikanra (2012) that peers and previous experiences are major influences on drug use patterns among youths.

Lastly, the study revealed that while the university has implemented several measures such as **health campaigns, posters**, and **health facilities**, there is a **need to strengthen educational seminars** and **policy enforcement** to ensure greater impact. These measures are crucial for mitigating self-medication practices and promoting safe health-seeking behaviour.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary of Findings

This study examined the knowledge, factors, information sources, and institutional measures relating to self-medication practices among students in the halls of residence of the University of Benin. A total of 150 respondents participated in the study. The data collected were analyzed using descriptive statistics such as frequencies, percentages, means, and standard deviations.

The results revealed that students generally possess a moderate level of knowledge about the dangers of self-medication, with a grand mean of 2.46, which is slightly below the cut-off mean of 2.50. Although most students acknowledged that self-

medication can lead to harmful side effects (Mean = 2.55), their understanding of more specific issues such as drug resistance, delayed diagnosis, and the dangers of incorrect dosage was comparatively lower (Means between 2.42–2.47). The standard deviations, which ranged from 1.05 to 1.10, indicated variability in students' responses, suggesting that while some students are well-informed, others have significant knowledge gaps.

The study also found that several factors moderately influence students' engagement in self-medication, with a grand mean of 2.46. Economic reasons (e.g., lower cost of self-medication compared to hospital visits) and time-saving considerations were the most significant factors. Peer influence and easy access to drugs from nearby pharmacies or shops were also notable drivers. Standard deviations (1.04–1.08) showed a fairly consistent pattern of responses across these factors.

With respect to sources of information, the results showed that students rely on both professional and informal sources, with a grand mean of 2.54, which is above the cut-off. Pharmacists' instructions (Mean = 2.56), past prescriptions (Mean = 2.54), and advice from friends or roommates (Mean = 2.53) were the most common sources. This indicates that while professional sources play a role, peer influence remains strong. The

standard deviations (1.02–1.05) were moderate, indicating some variation in the degree of reliance across different sources.

Finally, the study assessed measures implemented by health authorities and the university management to curb self-medication. All items recorded means at or above the 2.5 cut-off, with a grand mean of 2.54, indicating the presence of institutional interventions. Availability of functioning health facilities near the halls of residence (Mean = 2.62) and regular health campaigns (Mean = 2.57) were the most significant measures. However, health education seminars during orientation and hostel meetings recorded a lower mean (2.46), highlighting a gap that could be strengthened. Standard deviations ranged between 1.02 and 1.07, suggesting a fairly uniform perception of these measures among respondents.

Conclusion

Based on the findings, it can be concluded that while students exhibit a moderate level of knowledge about the dangers of self-medication, this knowledge is not sufficiently deep or widespread to effectively curb the practice. Economic factors, convenience, and peer influence play a major role in sustaining self-medication habits among students. Although students utilize both professional and informal information

sources, the prominence of peer advice and past prescriptions highlights a potential risk of misinformation and inappropriate drug use.

Moreover, although the University of Benin and relevant health authorities have made efforts to address the problem through health campaigns, posters, and facility provision, these measures require better implementation and reinforcement, particularly in the area of regular health education and policy enforcement. Addressing these gaps is essential for promoting safer health-seeking behaviours among students.

Recommendations

Based on the findings of this study, the following recommendations are made:

1. University authorities should intensify health education programmes, including seminars and orientation talks, to deepen students' understanding of the risks associated with self-medication.

2. Efforts should be made to provide accessible and affordable healthcare services within the halls of residence, thereby reducing the economic motivation to self-medicate.
3. Relevant regulatory bodies should collaborate with campus pharmacies to monitor and control the sale of prescription drugs without proper medical authorization.
4. University management should enforce existing policies or develop new ones that discourage self-medication, accompanied by visible sanctions and continuous awareness campaigns.
5. Since students rely on online and peer sources, the university should utilize social media and learning management systems to disseminate credible drug information and health tips.

Implications of the Study

The findings of this study have implications for students, university health services, and policymakers. For students, the study underscores the importance of accurate health information and responsible health practices. For university health

authorities, it highlights areas needing improvement in health education and service delivery. For policymakers, it points to the need for stronger regulations and enforcement mechanisms to curb the misuse of drugs within academic environments.

Suggestions for Further Research

This study was limited to students in the halls of residence of the University of Benin. Future studies may consider a comparative analysis between students living on campus and those off campus, or explore the role of cultural beliefs in self-medication practices. Longitudinal studies could also be conducted to assess the long-term impact of health education campaigns on students' health behaviours.

REFERENCES

Adefuye, A. O., & Aluko, O. O. (2020). *Application of Health Belief Model in Predicting Self-Medication Behaviour among Nigerian Undergraduates*. *Journal of Public Health in Africa*, 11(1), 137–143.

- Afolabi, A. O. (2018). *Factors Influencing the Practice of Self-Medication among Nigerian Students*. International Journal of Health Research, 11(2), 105–112.
- Ajzen, I. (1991). *The Theory of Planned Behavior*. Organizational Behavior and Human Decision Processes, 50(2), 179–211.
- Akande-Sholabi, W., & Akinyemi, A. (2019). *Assessment of Self-Medication Practices and the Impact of Pharmaceutical Education among Nigerian Undergraduates*. Nigerian Journal of Pharmaceutical Research, 15(1), 62–71.
- Ateshim, Y., Bereket, B., & Tesfaye, D. "Self-Medication Practices Among Health Care Professionals in Ethiopia: A Cross-Sectional Study." *PLoS ONE*, vol. 14, no. 6, 2019, e0218413.
- Auta, A., Banwat, S. B., David, S., & Dangiwa, D. A. (2017). *Prevalence and Pattern of Self-Medication in Nigeria: A Systematic Review*. Journal of Pharmaceutical Health Services Research, 8(4), 221–228.
- Bennadi, D. (2013). Self-medication: A current challenge. *Journal of Basic and Clinical Pharmacy*, 5(1), 19–23.
- Champion, V. L., & Skinner, C. S. (2018). *The Health Belief Model*. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health Behavior and Health Education: Theory, Research, and Practice* (5th ed., pp. 75–94). San Francisco, CA: Jossey-Bass.
- Drug Safety. (2001). *Drug administration and safety guidelines*. Drug Safety Publications.
- Ekong, E. J., & Okoro, O. (2017). *A Study of Health Literacy and Its Influence on Self-Medication Practices among University Students*. West African Journal of Medicine, 34(3), 249–256.
- Eze, U. I., Chima, A. N., & Onyema, J. O. (2021). *Drug Use Awareness and Practices among Undergraduate Students in South-Eastern Nigeria*. Journal of Drug Education and Awareness, 29(2), 114–126.

- Ezeoke, U. R., Nnamani, P. O., & Iloanusi, N. O. "Determinants of Self-Medication Practices Among Students in Enugu, Nigeria." *Nigerian Journal of Clinical Practice*, vol. 22, no. 3, 2019, pp. 314–320.
- Fadare, J. O., & Tamuno, I. (2018). Antibiotic Self-Medication Among University Medical Undergraduates in Northern Nigeria. *Journal of Public Health and Epidemiology*, 10(1), 11–16.
- Fadare, J. O., Amadi, C. E., & Ogunleye, O. O. (2016). *Self-Medication Practices and Associated Factors among Tertiary Students in Nigeria*. Medical Principles and Practice, 25(6), 562–568.
- Fédération Internationale Pharmaceutique (FIP) & World Self-Medication Industry (WSMI). (1999). *Joint declaration on responsible self-medication*. FIP/WSMI.
- Glanz, K., Rimer, B. K., & Viswanath, K. (2015). *Health Behavior: Theory, Research, and Practice* (5th ed.). San Francisco: Jossey-Bass.
- Ibrahim, N. K., Alamoudi, B. M., Baamer, W. O., & Al-Raddadi, R. M. "Self-Medication Among University Students in Saudi Arabia: A Cross-Sectional Study." *Journal of Public Health*, vol. 28, no. 2, 2020, pp. 173–182.
- Igbeneghu, O. A., & Lamikanra, A. "Self-Medication with Antibiotics by Undergraduates in a Nigerian University: Implications for Resistance." *Journal of Infection in Developing Countries*, vol. 15, no. 1, 2021, pp. 45–52.
- Iliyasu, G., Galadanci, H. S., & Abubakar, I. S. (2019). *Peer Influence and Drug Use in Nigerian University Hostels: Implications for Public Health*. Journal of Adolescent Health in Africa, 4(2), 49–55.
- Israel, A., Okon, A., & Nwachukwu, C. (2020). *Peer Influence and Self-Medication Practices among University Students in Southern Nigeria*. Nigerian Journal of Clinical Practice, 23(5), 712–718.

- James, C. (2010). *Peer influence and self-medication among students*. Health Education Press.
- James, H., Handu, S. S., Al Khaja, K. A. J., & Sequeira, R. P. "Influence of Medical Training on Self-Medication by Students." *International Journal of Clinical Pharmacology and Therapeutics*, vol. 54, no. 7, 2016, pp. 530–537.
- Lamikanra, A., Akinwunmi, A., & Ogunfowokan, A. (2021). Prevalence and determinants of self-medication practices among university students in Nigeria. *Nigerian Journal of Pharmacy*, 55(2), 45–54.
- Ogundeji, M. O., & Adepoju, A. I. (2019). The Prevalence and Pattern of Self-Medication Among Students of the University of Benin. *Nigerian Journal of Health Sciences*, 19(2), 127–135.
- Okeke, T. A., Okafor, H. U., & Uzochukwu, B. S. (2020). *Challenges of Healthcare Access in University Clinics and Its Role in Promoting Self-Medication among Students*. BMC Public Health, 20(13), 1–9.
- Okeke, T. A., Uzochukwu, B. S. C., & Ekwunife, O. I. "Antibiotic Self-Medication Practices Among Tertiary Students in Nigeria: A Cross-Sectional Study." *International Journal of Health Planning and Management*, vol. 35, no. 5, 2020, pp. 1130–1138.
- Omolase, C. O., Adeleke, O. E., Afolabi, A. O., & Afolabi, O. T. (2017). *Self-Medication among Undergraduates in a Nigerian University: A Prevalence Study*. Tropical Journal of Health Sciences, 24(2), 9–14.
- Osemene, K. P., & Lamikanra, A. "A Study of the Prevalence of Self-Medication Practice Among University Students in Southwestern Nigeria." *Tropical Journal of Pharmaceutical Research*, vol. 15, no. 1, 2016, pp. 173–179.
- Osemene, K. P., & Oyewole, O. I. (2020). *Disciplinary Differences in Drug Safety Knowledge among Nigerian Undergraduates: A Comparative Study*. International Journal of Public Health Research, 7(3), 45–53.

- Osemene, K. P., Lamikanra, A., & Ogunfowokan, A. (2012). A study of the prevalence of self-medication practice among university students in southwestern Nigeria. *Tropical Journal of Pharmaceutical Research*, 11(4), 683–689.
- Oyediran, O. A., Makinde, O. A., & Adelakin, O. "Access to Essential Medicines and Health Products in Nigeria: A Review of Policies, Practices and Challenges." *Health Systems & Reform*, vol. 5, no. 3, 2019, pp. 187–195.
- Oyediran, O., Ahmed, T., & Olatunji, M. (2019). *Risky Drug Behaviours and Knowledge of Drug Interactions among Students of a Nigerian University*. Nigerian Journal of Pharmacy, 53(2), 50–58.
- Sado, E. E., & Danladi, M. B. (2019). *Psychosocial Factors and Substance Abuse among University Students in Nigeria*. International Journal of Adolescence and Youth, 24(1), 81–90.
- Sapkota, A. R., Berger, S., & Vogel, T. M. (2021). *Public Health Impacts of Improper Pharmaceutical Waste Disposal in Academic Environments*. Environmental Health Perspectives, 129(2), 26001–26009.
- Sapkota, A. R., Chhetri, A. K., & Rauniyar, R. "The Role of Online Pharmacies in Accessing Medicines: Emerging Trends and Public Health Implications." *Globalization and Health*, vol. 17, no. 1, 2021, pp. 1–10.
- Sapkota, A. R., Coker, M. E., Rosenberg Goldstein, R. E., Atkinson, N. L., & Sweet, S. J. (2021). Self-Medication Practices Among University Students in Low- and High-Income Countries: A Comparative Review. *BMC Public Health*, 21(1), 779.
- Shehnaz, S. I., Agarwal, A. K., & Khan, N. "A Systematic Review of Self-Medication Practices Among Adolescents." *Journal of Adolescent Health*, vol. 57, no. 2, 2015, pp. 129–135.
- United Nations Office on Drugs and Crime (UNODC). (2022). *World drug report 2022*. UNODC. <https://www.unodc.org/unodc/en/data-and-analysis/wdr2022.html>

- Uzochukwu, B. S., & Onwujekwe, O. E. (2022). Gender Disparities in Self-Medication Practices Among Nigerian University Students. *African Journal of Reproductive Health*, 26(3), 98–107.
- World Health Organization (WHO). (2022). *Antimicrobial resistance fact sheet*. WHO. <https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance>
- World Health Organization (WHO). (2023). *Self-care interventions for health: Self-medication*. WHO. <https://www.who.int>
- World Health Organization. *Guidelines for the Regulatory Assessment of Medicinal Products for Use in Self-Medication*. WHO Press, 2015.
- World Self-Medication Industry (WSMI). (2015). *The role of self-care in the management of common health problems*. WSMI.

APENDIX

**DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL EDUCATION,
FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY.**

QUESTIONNAIRE

ON

DANGERS OF SELF-MEDICATIONS IN THE HALLS OF RESIDENTS AMONG STUDENTS IN THE UNIVERSITY OF BENIN

Dear Participants,

I am a student of the Department of Health Safety and Environmental Education, Faculty of Education, University of Benin. I am carrying out a study on the above topic. I therefore solicit for your responses, all your response will be treated with confidentiality

Please answer the following questions honestly and to the best of your knowledge. Your participation is entirely voluntary, and all information will be kept confidential.

Yours faithfully,

(Researcher)

Section A: Demographic Information

Instruction: Kindly respond to the item by a tick (✓) in the appropriate box

1. Gender: Male [] Female []
2. Age: 16-21years [] 22-27 years [] 28-32years []
3. Level: 100 Level [] 200 Level [] 300 Level [] 400 level [] 500 and above level []

Section B: Respondents Responses

RQ 1	What is the level of students' knowledge about the dangers of self-medication in the halls of residence?	SA	A	SD	D
1.	I am aware that self-medication can lead to harmful side effects.				
2.	I know that taking drugs without a doctor's prescription can result in drug resistance.				
3.	I understand that incorrect dosage during self-medication can cause serious health problems.				

4.	I am aware that self-medication can delay the diagnosis of serious illnesses.				
5.	I know that combining different drugs during self-medication can be dangerous to my health.				
RQ 2	What factors influence students' engagement in self-medication in the halls of residence?				
6.	I self-medicate because it is cheaper than visiting a hospital.				
7.	I self-medicate because I believe my illness is minor and does not require a doctor.				
8.	I self-medicate because it saves time compared to going to a clinic or hospital.				
9.	I self-medicate because my friends or roommates also do the same.				
10.	I self-medicate because I have easy access to drugs from nearby pharmacies or shops.				
RQ 3	What sources of information do students rely on when deciding to self-medicate in the halls of residence?				
11.	I use drugs based on advice from friends or roommates.				
12.	I use drugs based on information I get from the internet or social media.				
13.	I use drugs based on past prescriptions given to me by a doctor.				
14.	I use drugs based on instructions from pharmacists or pharmacy attendants.				
15.	I use drugs based on information from drug leaflets or labels.				

RQ4	What measures have been implemented by health authorities or the University of Benin management to curb self-medication among students in the halls of residence?”				
16.	The university health services regularly organize health education campaigns on the dangers of self-medication.				
17.	Posters and awareness materials about the risks of self-medication are visibly displayed in the halls of residence.				
18.	Health talks or seminars on proper drug use are provided to students during orientation or hostel meetings.				
19.	There are functioning health facilities within or near the halls of residence to discourage self-medication.				
20.	The university enforces rules or policies that discourage students from using drugs without a doctor’s prescription				