Psychosocial Factors Influencing Self Medication among Nursing Students of Imo State University

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KEYWORDS:	ABSTRACT
Psychosocial, Factors, Influence, Self-medication and Nursing students. **Corresponding Author**: **Nwagwu Adanma Solomon** **License:** This is an open access article under the CC BY 4.0 license: https://creativecommons.org/licenses/by/4.0/	The aim of this study was to identify the psychosocial factors influencing Imo State University nursing students' self-medication. This study aims to determine the psychosocial factors that influence nursing students' self-medication, the nursing students' pharmacological knowledge and how it influences their medication practice, and the positive and negative effects of self-medication in relation to the information obtained from the nursing students. The study employed a survey research design, selecting a sample size of 281 students who provided the requisite data. After analysis in percentage means, the study's results were displayed in a table. The majority of the students in the study used self-medication, which was strongly impacted by psychosocial variables, according to the findings. It was suggested that the nursing students maximize their self-care without having to turn to self-medication in light of these findings.

INTRODUCTION

Self-care is a person's behavioral response to maintain or improve their health. One crucial first response to disease is self-medication, which is a type of self-care [1]. Self-medication refers to either the intermediate or continuous use of medication prescribed by a doctor for a chronic or recurrent ailment or its symptoms, or the use of pharmaceutical items by the consumer to address disorders or symptoms that they have self-diagnosed.

The incorrect practice of getting and ingesting a pharmaceutical drug without a licensed physician's advice or prescription can also be used to explain self-medication. This entails assessing the severity of the symptoms in order to determine whether to seek emergency medical attention or treat the onset with medication. [2]

Even while self-medication may be considered safe for one's health, drug accessibility leads to an illogical selection of medications, exposing oneself to these medications' side effects. [3]

There is enough evidence from a number of regional studies to show that self-medication is a frequent practice in various places, like pharmacies and nursing schools. These are a few of the reasons why people take medications to themselves. Geographical barriers to health facilities' accessibility and the availability of skilled physicians are these. In impoverished communities, self-medication is more convenient than seeking medical attention [4]. The practice of self-medication is therefore influenced by social, economical, and health-related factors. One of the most significant concerns in healthcare is self-medication, which has generated much discussion due to its mixed results.

It is important to guarantee that patients may receive drugs to meet their medical needs. This leads to the inadvertent creation of a community where self-medication is practiced by all. On a lesser scale, family members can obtain their medication at home; regrettably, research has shown that children can also obtain their parents' medications in their homes. [5] The impact of the irrational use of antibiotics—people are unaware of appropriate dosage and consequences that radically affect what is known as antibacterial resistance—is one of the common negative outcomes of the practice of self-medication. Self-medication has reportedly been used all across the world.

Nearly 50% of people worldwide either employ a home remedy or wait for the illness to resolve itself before seeking medical attention. Roughly 25% go to the doctor or take prescription medication they've already had for the same issue [6]. Of these, 25% resort to using over-the-counter (OTC) medications.

A person's knowledge assessment and comprehension of the information required for the appropriate use of medications are evaluated through the use of medications knowledge assessments. As a result, Imo State University nursing students who have acquired some knowledge during their time there will be evaluated to determine the psychosocial factors that contribute to their practice of self-medication.

Distinct populations have distinct patterns of self-medication, which are impacted by a wide range of variables, including age, sex, income, spending, attitude toward self-care, educational attainment, medical knowledge, satisfaction, and perception of sickness [7].

Due to the fact that self-medication is a fairly common practice globally, both developed and developing countries are including self-medication as a part of their health care policies.

Self-medication is an issue that affects people everywhere. Self-medication is quite common among university students, with a prevalence of about 47%. Due to its reduced cost, self-medication is a substitute for medical services for those who cannot afford them in the majority of poor nations where many pharmaceuticals are available to the general population without a prescription. This explains why self-medication accounts for more than 60–80% of health issues in the majority of developing nations [8].

It is also anticipated that the educated population, which includes college students, is more conscious of the risks associated with self-medication than the general public. This is particularly true for medical students, who include nursing students, who are familiar with the pharmacological effects of these medications. This may encourage self-medication and self-prescription. The fields of study, work environments, and events that lead to self-medication all have an impact on nursing students. Undoubtedly, a large number of the community's regular residents have similar views, and a portion of them originate in society. [9]

MATERIALS AND METHODS

Research Design

This study adopted survey research design. According to Mills 2021, survey research refers to a particular type of research where the primary method of data collection is by survey. A survey typically consists of a set of structural questions where each question is designed to obtain a specific piece of information. This is the study; the researcher adopted the survey research design because it is an easily assessable way for the respondents to share or demonstrate their knowledge.

Target Population

The target population of the study consist of all the nursing students from the 200L to 500L of Imo State University, which is 700. Emphasis was placed in student's knowledge and information concerning the subject of the study.

Sampling Technique

The sampling technique used in this study was simple random sampling technique. The whole 700 students were made to pick from a fowl which had folded papers written "YES" & "NO" which 281 of the paper had "YES" written in it and was folded while 419 of the paper had "NO" written in it and was folded, it was shuffled and poured into the bowl and each of the 700 students picked a paper from the bowl and the 281 students that got the paper that has "YES" in it were used. This method was chosen because it gives the subject in the population equal chance of being selected.

Instrument Of Data Collection

The instrument for data collection was a standard questionnaire developed by the researcher on psychosocial factors influencing involvement in self-medication among nursing students as the major instrument for data collection. The supervisor and other research experts in the faculty vetted the instrument.

The questionnaire is divided into two sections "A" and "B" section "A" sought to collect information on the respondent's personal data while section "B" sought to collect information on psychosocial factors influencing involvement in self-medication among nursing students of Imo State University.

Validation Of Research Instrument

The face and content validity of the instrument was estimated through the judgment and suggestion of the research supervisor and other experts in the field of research. Corrections and amendments were effected before distribution of the questionnaire. This has to be done to ensure that the content confirm to the subject of the study.

Reliability Of Instrument

A test-retest method was used to test reliability of the instrument. A pilot test was carried out with 97% of the sample size. Questionnaire was administered to the students and after two weeks same questionnaire was re-administered to same respondent and the result were subjected to Pearson's correlation coefficient to get the reliability, coefficient. The instrument was found to be reliable with a score of 0.9% level of significance. All process used to carry out this study were accurately documented in order to ensure reliability.

Method Of Data Collection

The researcher personally, will administer the research instrument (questionnaire) to the students, the questionnaire was 281, and was administered to the 281 students that picked "YES", instructions on how to complete the questionnaire sharing were given for possible data analysis. The questionnaire sharing took about 3 hours as the researcher has to visit 5 different lecture halls of the student and the instructions giving also consumed time. The researcher returned back to the lecture halls after 5 hours and got the whole questionnaire back from the students.

Statistical Analysis

The responses obtained from the nursing students of Imo State University will form the data. The data will be treated statically in accordance with research questions generated earlier in chapter one of this study.

Tables and descriptive statistics will be used as techniques of analyzing the research questions while the test statistical method will be employed to test the research hypothesis. All data will be coded using statistical packages of social science.

RESULTS

Table 4.1: Respondents Demographic Characteristics (n = 281)

S/N	Item	Frequency(F)	Percentage (%)
1.	**Level**		
	500	71	25.3
	400	65	23.1
	300	75	26.7
	200	70	24..9
2.	**Gender**		
	Male	34	12.1
	Female	247	87.9
3.	**Age**		
	16-20	152	54.1
	21-25	69	24.5
	26-30	36	12.8
	31-35	19	6.8
	30 and above	5	1.8
4.	**Marital Status**		
	Unmarried	241	85.8
	Married	35	12.5
	Divorced/Separated	4	1.4
	Widow	1	0.4
5.	**Religion**		
	Christianity	281	100
	Islam	0	0
	Traditionalist	0	0
6.	**AverageFamilyIncomeMonthly**		
	Less than 10,000	4	1.4
	10,000-29,000	43	15.3
	30,000-59,000	26	9.3
	60,000-99,000	86	30.6
	100,000 and above	122	43.4

Table 4.1 no. 1shows that respondents in 500 level were 71 in number, those in 400 level were 65, those in 300 level were 75 in number, those in 200 level were 70 in number. This implies that respondents in all the levels were part of those that constitute the actual population for study as the population distribution was towards the mean.

Table 4.1 no. 2 shows that respondents who were male were 34 in number while those who were female were 247 in number. This implies that respondent who are female form the actual population for the study.

Table 4.1 no. 3shows the age of respondents. The respondents that are between 16-20 years were 152 in number, those that are between 21-25 years were 69 in number, those that were between 26-30 years were 36 in number, those that are between 31-35 years were 19 in number while those that are 36 and above are 5 in number. This implies that respondents who are between 16-20 years formed the actual population for study.

Table 4.1 no. 4 shows the Marital status of respondents. Those that were unmarried were 241 in number, those that were married were 35 in number, those that were divorced/separated were 4 in number and those that were widowed were just 1 in number. This implies that those who were unmarried formed the actual population study.

Table 4.1 no. 5 depicts respondents' religion. Those who practice Christianity were 281 in number while none of the respondents practiced Islam or were Traditionalists. This implies that respondents who were Christian formed the actual population for the study.

Table 4.1 no. 6 shows the average family income monthly of respondents. The chart shows that respondents whose families earn less than 10,000 were 4 in number, those whose families earn 10,000-29,000 were 43 in member, those whose families earn 30,000-59,000 were 26 in number, those whose families earn 60,000-99,000 were 86 in number while those whose families earn above 100,000 were 122 in number. This implies that respondents whose families earn 60,000-99,000 and above 100,000 formed the actual population for the study.

Research Question one: What psychosocial factors influences the nursing students into practicing self-mediation?

Table 4.2 Percentage Frequency Score analysis based on Responses to the psychosocial factors influencing the nursing students into practicing self-mediation.

S/N	Question Items/Options	Frequency of Responses				Remarks
		Yes	%	No	%	
7.	Did you have any disease or illness in last three months?	229	81.5	218.5		Accepted
8.	Have you taken self-medication in the last three months?	205	73	76	27	Accepted
9.	How often do you engage in self-medication? a. Once you feel the signs and symptoms b. when the symptoms get severe	113 92	55.1 44.9	92 113	44.9 55.1	Accepted Rejected
10.	Have you prescribed medication for someone before?	281	100	0	0	Accepted

11.	What was your reason for self-medication?
	  a. Doctor /clinic far from home
	  b. drug accessibility
	  c. Saves time
	  d. I have old prescription
	  e. I know what the doctor would prescribe
	  f. I have prescribed medication someone with same signs and symptoms and it worked
	  g. High fees of going to hospital
	  h. I don't have money to visit the hospital
	Cumulative Mean
		
		0
		191
		28
		187
		
		255
		
		191
		148
		
		148
		164
			
			0
			68
			10
			66.5
			
			90.7
			
			68
			52.6
			
			52.6
			58.4
				
				281
				90
				253
				94
				
				26
				
				90
				133
				
				133
				117
					
					100
					32
					90
					33.5
					
					9.3
					
					32
					47.3
					
					47.3
					41.6
						
						Rejected
						Accepted
						Rejected
						Accepted
						
						Accepted
						
						Accepted
						Accepted
						
						Accepted
						Accepted

12.	Where do you obtain your drugs for self-medication?
	  a. Pharmacy shop
	  b. Primary health care centre
	  c. Online shopping
	  d. Medical representatives/senior colleagues
		
		281
		170
		112
		187
			
			100
			60.5
			39.9
			66.5
				
				0
				111
				169
				94
					
					0
					39.5
					60.1
					33.5
						
						Accepted
						Accepted
						Rejected
						Accepted

	e. Friends/family	255	90.7	26	9.3	Accepted
	f. Others.	191	68	90	32	Accepted
	Cumulative Mean	**199**	**70.8**	**82**	**29.2**	**Accepted**

The table 4.2 above indicates that 229 of respondents representing 81.5% response has had a sickness in the last three months. On whether they had taken self-medication in the last three months 205(73%) of the respondents replied Yes. Out of the 205 respondents that affirmed, 113 (55.1%) accepted that they engage in self-medication once they feel the signs and symptoms. 100% of responses revealed that Nursing students have prescribed medication for someone before. On their reasons for self-medication, the cumulative mean of 58.4% showed that the respondents agreed with all of the reasons given except the Doctor/Clinic being far from home and that it saves time. A cumulative mean of 70.8% showed that the respondents obtained their drugs for self-medication from all the places given in the options excepting Online shopping.

Research Question two: What is the pharmacological knowledge of the nursing students of Imo State University, as it affects their self-medications?

Table 4.3. Percentage Frequency Score analysis based on Responses tothe pharmacological knowledge of the nursing students of Imo State University, as it affects their self-medications.

S/N	Question/Item/options	Yes	%	No	%	Remarks
13.	What is your pharmacological knowledge like?					
	a. High					
	b. Moderate	269	95.7	12	4.3	Accepted
	c. Low	12	4.3	269	95.7	Rejected
	d. Very low	0	0	281	100	Rejected
		0	0	559	100	Rejected

The table 4.3 above shows that the pharmacological knowledge of nursing students was high with 269 students representing 95.7% of responses affirming their high level of knowledge.

Research Question Three: What are the favorable and unfavorable effects of self-medication among the nursing students of Imo State University?

Table 4.4. Percentage Frequency Score analysis based on Responses tofavorable and unfavorable effects of self-medication among the nursing students of Imo State University

S/N	Question/Item/options	Yes	%	No	%	Remarks
14.	Have you ever experienced adverse events with self-medication?	99	35.2	182	64.8	Rejected
15.	What did you do for the adverse effect you experienced?					
	a. Go to private hospital	0	0	281	0	Rejected
	b. Go to primary health care centre	0	0	100	100	Rejected
	c. Change medication	76	27	205	73	Rejected
	d. Go to pharmacist	15	5.3	266	94.7	Rejected
	e. Stop taking medication	190	67.6	91	32.4	Accepted
	f. Take personal actions	0	0	281	100	Rejected
16.	Do you think self-medication is favourable to you	182	64.899	35.2		Accepted

The table 4.4 above shows that a minority of the nursing students with a response representation of 35.2% have experienced adverse events with self-medication. A majority of the population of nursing students, 190 (67.6%) in population replied that they would stop taking the medication whenever they experience adverse effect and 182 of the respondents representing 64.8% response accepted that Self-medication was favorable to them.

DISCUSSION

Results of this study show that most nursing students who were used as study participants during the study's duration had become ill in the three months prior to the study's conduct, which led to their self-medication as soon as they noticed symptoms of the illness. The social learning theory framework used for the study, which suggests that psychosocial factors can influence students' practices of self-medication, may be connected to the aforementioned conclusion, suggesting that it is not entirely meaningless [10].

Additionally, it gives nurses a foundation on which to maximize strategies that can support those psychological aspects in order to promote adherence to appropriate etiquette in the course of treating diseases through the appropriate channels, thereby favorably influencing the delivery of care [11]. The fact that the responders are nursing students in a medical setting and feel capable of treating themselves as a result of their clinical experiences in a hospital setting may also have contributed to the favorable outcome. Researchers contend that the need for direct involvement in health care decisions is rising as a result of rising empowerment brought about by higher educational attainment and a heightened interest in one's own personal health 12].

People who prescribe and diagnose their own illnesses also tend to use those medications at will and in any preferred dosage because the majority of these self-medication substances are inexpensive and easily evaluated [4]. This is consistent with [9], who found that views of the illness's mildness, prior medicine knowledge, and emergency scenarios justifying self-medication were the most common causes of self-medication. The most often given explanation is familiarity with the medicine or treatment. Additionally, all replies (100%) said that nursing students have previously written prescriptions for patients. With the exception of the doctor or clinic being far from home and the fact that it saves time, the respondents agreed with all of the reasons offered for self-medication, as evidenced by the cumulative mean of 58.4%.

This contradicts the findings of [11], who stated that the main justification for self-medication is that it is "time-saving," since seeing a doctor can be expensive and time-consuming, making self-medication a more practical option. However, it concurs with the findings of [9], who stated that nursing students who have experience working in a clinical setting felt that working in the clinic and with patients, along with knowing prescription drugs for various diseases, could help them treat non-complicated diseases.

With the exception of online buying, a cumulative mean of 70.8% indicated that the respondents got their medications for self-medication from all of the sources included in the alternatives. The findings of [7], who noted that over-the-counter medications are types of self-medication, corroborate the findings. The customer determines their own illness and purchases a certain medication to treat it.

The findings showed that nursing students had a high level of pharmacological knowledge, with 269 students, or 95.7% of respondents, attesting to this fact. This is consistent with research [8], which found that nursing students were more likely to experiment with self-medication because they had a better than average understanding of the pharmacology of drugs and their modes of administration and were frequently pressured to prove their expertise through self-medication.

The findings showed that a small percentage of nursing students—35.2% of those who responded—had suffered negative consequences from self-medication.

.. The majority of nursing students—190, or 67.6% of the population—responded that they would stop taking their medicine anytime they had side effects, and 182, or 64.8% of the respondents, agreed that self-medication was beneficial to them. The findings corroborate the opinion of [13], who stated that self-medication is generally acknowledged to have a significant role in healthcare and that, despite any negative effects that may still exist even in the absence of self-medication, it is beneficial and ought to be successfully incorporated into numerous healthcare systems across the globe. According to the author, symptoms and illnesses that can be prevented and treated without a doctor's supervision or consultation can be treated with responsible self-medication.

When there is a shortage of medical staff, it lessens the strain on such services [14].

The aforementioned conclusion, however, is at odds with a study conducted by [15], which confirmed that although self-medication has many advantages, there are also inherent risks. Taking pills without a prescription, even for minor illnesses, can have serious consequences and negative effects, making it unfavorable.

Conclusions

Within the nursing profession, self-medication is commonly perceived as a means of achieving personal autonomy over conventional medicine. It can also be viewed as a fundamental human right, inextricably linked to the freedom to decline medical care from a professional.

The study also found that factors that lead to self-medication among nursing students include their field of study, workplaces, beliefs, and experiences. Undoubtedly, a significant portion of these experiences and opinions are influenced by society, and many regular community members share these views.

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