CAMPAIGN AGAINST SELF-MEDICATION PRACTICES IN RURAL NIGERIA: A SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION (SBCC) APPROACH

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Abstract

Self-medication is a global practice that involves one selecting and using medicines to treat self-recognised or self-diagnosed ailment without proper medical diagnoses, prescription and supervision. This practice is made worst in rural Nigeria where populace rely on traditional herbs and over the counter drugs in the treatment of all kinds of ailments without proper medical advice. This unwholesome practice lingers in Nigeria due to inadequate health information, low health facilities, unavailable well-equipped diagnoses centres, extreme poverty, cultural barriers, superstitious beliefs, etc. To tackle this problem posed a classic Social and Behaviour Change Communication Approach. The paper concluded that self-medication practice is on the increase, which calls for urgent communication intervention by governments, non-governmental and international agencies to rescue the situation, especially in rural areas where some people avoid proper medical diagnoses and treatment to their detriments due to superstition. The paper recommends improved medical knowledge, employment of adequate medical personnel and improvement of medical facilities in rural and urban areas, poverty alleviation programmes, and effective health communication programmes through the use of Social and Behaviour Change Communication (SBCC) strategies in sensitising, mobilising and advocating for global safe practises of self-medication.

Key Words: Health, health campaigns, SBCC, self-medication, rural Nigeria

Introduction

Communication is a vital tool in creating appropriate cultures needed to enhance public health and safety. The mass media are social instruments that help create, promote, influence, motivate, foster, nurture and sustain the development of appropriate behaviours, attitude and practices which brings about positive changes that could positively shape the society.

Communication in healthcare is an effective strategy that can be utilised for virtually every aspect of health and well-being (Rimal & Lapinski, 2009).Communication campaigns are often used method aimed at exposing the populace to a wide range of developmental messages that affect the social system through the media, such as television, radio, newspapers and other indigenous channels. Such campaigns are frequently competing with factors, such as pervasive product marketing, powerful social norms, unwholesome cultural practices and behaviours driven by addiction or habit (Wakefield, Loken & Hornik, 2010).

Communicating health issues is imperative in maintaining modern health practices in developing countries like Nigeria and beyond. Health communication is crucial in addressing the seeming challenges associated with public health and safety. Lack or inadequate communication in the healthcare sector is capable of creating a deplorable situation where medical errors and improper diagnosis can most likely occur. These medical errors have the potential to degenerate and result to severe injury or in most cases unexpected death of patients (Daniel & Rosenstein, 2008). Ineffective health

communication can also lead to unnecessary delays and improper medical treatment (U.S. Department of Health & Human Services, 2015).

Coiera (2006) lamented the obvious and enormous gaps in the broad understanding of the role of communication in public health. According to this author, most health campaigns fail to utilise the potentials and opportunities that effective communication in healthcare can create as the cheapest and most cost effective interventions that can reduce health risks and improve the quality and promote the ideal public health practice for national development.

Self-medication is becoming an increasingly important area of research within public healthcare. It revolves around the use of medicines to treat self-diagnosed disorders without consulting a medical practitioner and without any medical supervision (WHO, 2000). Self-medication is beneficial on one hand; dangerous and harmful on the other.

In public healthcare, self-medication practice has the capacity to moves patients towards greater independence in making healthy decisions that improve the management of minor illnesses, thereby promoting empowerment and also facilitates better use of clinical skills, increases access to medication and contributes to reducing prescribed drug costs associated with publicly funded health programmes (Hughes, McElnay and Fleming, 2001). Self-medication can also help in the safety of lives in emergency situations if properly and responsibly put to use. "This can be achieved when people use it appropriately, carefully, and safely by reading non-prescription drug labelling and take products as stated on the label" (World Self-Medication Industry, 2016).

Ruiz (2010) added that self-medication can also increase "active role of the patient in his or her own health care, better use of physicians and pharmacists' skills and reduced (or at least optimized) burden of governments due to health expenditure linked to the treatment of minor health conditions" (p.315).

Self-medication practice can also be extremely dangerous to public health due to the overwhelming risks associated with this practice. It often results to wrong diagnoses, improper treatment and unnecessary delays in getting treatment. This condition has resulted to severe injuries and subsequent death of patients who rely on this practise. Recent studies by Kasulkar and Gupta (2015), Osemene & Lamikanra (2012) and Gutema *et al* (2011) had revealed alarming state and prevalence cases of self-medication among students in developing countries. They ignore the medical facilities provided for them and result to self-help. This is surprisingly peculiar among the medical students who are exposed to the knowledge of the need for proper medication. Malaria, Fever and headache were identified as some of the most frequently reported illnesses that had prompted the incessant use of antibiotic and self-medication practice.

More disturbing and worrisome is the alarming rate of self-medication practice in rural Nigeria due to limited access to health information, illiteracy, superstition, barbaric cultures and extreme poverty, etc suffered by people in this area. They often resolve to use of traditional herbs and even potentially toxic substances as remedies to treat most highly complicated and complex medical conditions. This has caused the paralysis and dead of many in Nigeria (Arikpo, Eja, & Enyi-Idoh, 2009; Auta, Omale, Folorunsho, David, & Banwat, 2012; Abdulraheem, Adegboye & Fatiregun, 2016; Ayanwale, Okafor, & Odukoya, 2017).

The prevalent rate of inaccurate self-medication practices in rural Nigeria have been directly linked with communication problems and therefore poses a classic Social and Behaviour Change Communication (SBBC) challenge in attempts to ameliorate and reduce the risk involve in this practice. Hence, this paper explores SBCC strategies in addressing this health challenge in Nigeria and other third world countries with the view of garnering support from international agencies, Nigerian government and NGOs to positively tobring about positive change and safe practices.

Self-Medication and Common Causes in Nigeria

Self-medication also known as self-treatment is an aspect of self-care that involves the selection and use of medicines (traditional and orthodox) by individuals to treat self-recognised illnesses or symptoms. It has to do with the administration of drugs without professional advice or prescription by a physician or medical expert (Osemene & Lamikanra, 2012).

According to Awad, Eltayeb, Matowe & Thalib (2005), self-medication can be defined as an intermittent or continued use of a medication that was previously prescribed by physician to treat a similar ailment or symptoms. WHO (2014) sees it as the use of medications without prior consultation with a physician regarding indication, dosage, and duration of treatment. Self-medication can be responsible and or non-responsible. According to WHO (2014), responsible self-medication requires a certain level of health knowledge and orientation which only effective deployment of effective communication can bring about. This is targeted towards the reduction of the pressure and load on medical services and experts, decrease the amount of time often spent in hospitals and medical centres waiting to consult a physician and saves cost especially in economically deprived countries (like Nigeria) with limited healthcare resources.

Some of the health risks associated with self medication includes: misdiagnosis, incorrect dosage, prolonged duration of use, poly-pharmacy, dangerous drug interactions, incorrect manner of administration, incorrect choice of therapy, delays in appropriate treatment, medications abuse or dependence, pathogen resistance and increased morbidity (Hughes, McElnay and Fleming, 2001; Ruiz, 2010). Zimmer (2014) traced most severe cases of drug abuse and addiction to self-treatment of ailment and the use of previous prescription or non-approved drugs. These drugs and medications cause several health complications capable of ruining the life of an individual and endanger that of the public as well as create problems that degenerate the original condition of the patient.

The case is not indifferent in rural Nigeria where majority of the local populace consistently make use of over the counter drugs (Chemists) and traditional herbs to manage virtually all kinds of illnesses without recourse to proper medical diagnoses and treatment recommended by medical experts and practitioners. Osemene & Lamikanra (2012) identified drugs like: Analgesics, antimalarials, antibiotics and cough syrups as most frequently used over-the-counter medicines without prescription. A study by Ocan, Obuku, Bwanga, Akena, Richard, Ogwal-Okeng, Obua (2015) identified drug sellers, previous successful use, drug leaflets, past prescriptions and friends or relatives as main sources of drug information used in self-medication. This practice dominates in some developing countries (like Nigeria) where drugs laws are not being properly monitored, implemented or enforced.

However, some common health problems can be successfully treated using medicines designed and labelled for use without medical supervision and approved as safe and effective for such use(World Self-Medication Industry, 2016).But this is rarely the case in rural areas due to inadequate health information, abject illiteracy, low level of medical facilities, limited health practitioners and extreme poverty interacting among the people and militating against safe health practices. Selvaraj, Kumar and Ramalingam (2014) also lamented that developing countries, experience self-medication mostly due to lack of access to health care. As a result, people rely on self-medication practice as the most preferred mode to tackle their health problems.

Social and Behaviour Change Communication (SBCC) Approach in tackling Self-Medication in Rural Nigeria

Social and Behaviour Change Communication (SBCC) is an interactive, researched, planned and evidence based process that directed toward achieving a positive change in social conditions and individual behaviours considered undesirable in the

society to improve the quality of life of the people. SBCC emphasises on the use of three key strategies in addressing social and health issues namely: Advocacy, Social Mobilization, and Behaviour Change Communication. These strategies are often combined and concurrently used to effectively tackle perceived unacceptable behaviours, attitude, superstition and unwholesome cultural practices that pose as threats to societal development.

The shift in terminology from Behaviour Change Communication (BCC) to Social and Behaviour Change Communication (SBCC) is a remarkable improvement in the field of health communication. It comes with attendant benefits of improving health outcomes by bringing about healthy behaviours, decision-making and processes that underpin health. Though, there exist a semantic confusion among health communication practitioners on the use of BCC and SBCC, some erroneously use them interchangeably but the previous is barely one of the strategies used in the later. The addition of an 'S' to BCC broadens the field and widens the scope of the field to embrace systematic, socio-ecological thinking within communication initiatives (Man off Group, 2015).

Health Communication Capacity and Collaboration (2015) defined SBCC as the use of communication strategies to effect a change in behaviours, emphasise service utilization, and positively influencing knowledge, attitude and social norms. It explores variety of communication channels to interact and reach people in different levels of the society. It is evidence based, systematic and a well-planned communication intervention.
Communication interventions do not take place in a social vacuum. Rather, information is received and processed through individual and social prisms that not only determine what people encounter (through processes of selective exposure), but also the meaning that they derive from the communication (known as selective perception), depending upon factors at both the individual (prior experience, efficacy beliefs, knowledge, etc.) and the macro-social (interpersonal relationships, cultural patterns, social norms) levels (Rimal & Lapinski, 2009).

Social and Behaviour Change Communication can be used as a strategic communication tool, targeting the rural audience to bring about positive attitude and due diligence in the practice of self-medication in Nigerian. This is because of its proven efficacy and efficiency in changing an individual's thoughts and community behaviour using some relevant change theories. SBCC utilises local intelligence to mobilise and motivate it target social system towards making healthy decision that can improve their health and quality of life. The following SBCC strategies can be utilise to tackle self-medication practices:

Advocacy Strategy

Advocacy here is simply the use of multi-media channels to create awareness of a particular health or developmental challenge by way of agenda setting role of the media. Advocacy in SBCC is targeted at law makers, policy makers, decision maker and opinion leaders to bring about enabling laws and policies that will help address the issue at hand. This paper argues that intense media advocacy can bring about increased health knowledge and awareness of the people on the proper medication to use and at what symptoms. It can also direct the attention of government and international agencies towards rural empowerment and development as well as bring to fore some laws and policies that will deemphasise improper diagnoses and wrong drug use in Nigeria. Also, previous studies show that advocacy in SBCC had been effectively utilized in addressing policies in other to measure their impacts on the targeted social system (Ngwu, 2016; C-Change, 2014; Health Communication Capacity & Collaboration, 2014).

Recently, the President of the Federal Republic of Nigeria, President Muhammadu Buhari after a prolonged medical trip to London, also identified self-medication practice

and lack of trust on medical doctors as a persistent health challenge in Nigeria. In his words, "I think one of the terrible things you can have is self-drug administration" (Vanguard, March 10). It behoves on the mass media build on what the President as a figure head of the country has done to advocate for change and discourage self-medication practices in Nigeria.

Social Mobilisation Strategy

Social mobilisation strategy is one of the SBCC strategies geared towards the mobilisation of the target social system towards a particular development or health challenge. SBCC emphasises on the integration of local intelligence and community efforts in bringing about alternative solutions to the health or development challenges that affect them. According to USAID (2011), the cardinal point in the social mobilization strategy is "centred on an understanding of the needs and aspirations of potential clients, recognizing how their choices and behaviours are shaped by their relationships with their spouses, their families, and the communities and societies in which they live" (p.4).

Jain and Polman (2006) considered social mobilization strategy as the cornerstone of participatory approaches in rural development programmes. It serves as a powerful tool in decentralisation policies and strengthens active participation of rural poor in collective local decision-making, improves their access to social and production services and efficiency in the use of locally available financial resources, and enhances opportunities for asset-building by the poorest of the poor.

The emphasis in a social mobilisation is that all voices must be heard in the cause of addressing a seeming health challenge. Accordingly, the social mobilisation strategy can be used to sensitise, educate and mobilise the rural people towards imbibing safe practices of self-medication. This involves meeting with the people, discussing the self-medication issues with them and collectively suggesting possible solutions that can bring about positive changes and sustainable development.

Behaviour Change Communication (BCC) Strategy

This is one of the strategies employed by SBCC to address and effect behaviour change at the individual level. Here, ideas and principles gotten from some notable change theories like Stages of Change Theory, Health Belief Model, Theory of Reason Action/Planned behaviour, etc are utilised to influence and motivate change at the individual level from unacceptable and undesirable behaviour, attitudes and practices in the society. McKee (2002) cited in USAID (2013) defined Behaviour Change Communication as: a research-based, consultative process of addressing knowledge, attitudes, and practices through identifying, analyzing, and segmenting audiences and participants in programs and by providing them with relevant information and motivation through well-defined strategies, using an appropriate mix of interpersonal, group and mass media channels, including participatory methods.

BCC strategy can help to effectively used to discourage self-medication practice by helping to identify some of the seeming barriers that could prevent an individual from adapting to change.

The Need for an Integrated Media

The mass media have played a crucial role in influencing behavioural changes in the society. However, in Nigeria, the mass media is predominantly found and accessible at the urban areas, with very little media presence in rural Nigeria. This limited media access at the rural areas makes case for the establishment of community radio and cinemas to facilitate developmental programmes at the rural areas.

Indigenous communication methods (folk media, trado-media, Oral media, etc) which are ubiquitous and considered close to the people should be integrated with the modern mass media to canvass for and improve on the people's knowledge of the dangers associated with self-medication and best ways to safely practice it in times of emergency.

Conclusion

Social and Behaviour Change Communication (SBCC) interventions in conjunction with medical interventions have been used to address several health and developmental challenges such as open defecation practice, HIV/ AIDS intervention, to bring about positive development in third world countries like in India, Tanzania, etc. (Tarraf, 2016; USAID, 2013) This paper makes a case for the use of SBCC strategies in the campaign against self-medication in Nigeria.

Self-medication is a global public health challenge that has contributed adversely to the high mortality and morbidity rate in developing countries like Nigeria. It has metamorphosed to a norm and seriously rooted in our society (Connectnigeria.com, 2012). It appears to be a herculean task to completely eradicate in Nigeria (particularly in the rural setting) due to economic and developmental challenges facing the people.

The case is even worst in rural Nigeria due to extreme poverty, illiteracy, low medical facilities, lack of medical practitioners, etc. It is therefore imperative to intensify communication efforts and Social and Behaviour Change communication intervention in particular to address this issue by way of providing increased knowledge on global best practises of self-medication in order to reduce the severe health risks associated with it.

Recommendations:

1. The government, NGOs and international agencies should intensify efforts in sensitizing and educating the rural people on global safe practice of self-medication.
2. Social and Behaviour Change Communication strategies which includes: Behaviour Change Communication, Social Mobilisation and Advocacy should be used to reach, inform, educate and mobilise the rural people against self-medication practise.
3. The modern mass media should be used alongside the indigenous media (Trado-Modern) to communicate issues bothering on self-medication to the people.
4. There should be adequate funding (by governments or donors) directed to revamp the dilapidated structures and nature of some medical centres in most rural communities which are near collapse.
5. Government should come up with enabling laws and policies targeted towards discouraging self-medication practise in Nigeria
6. Proper legal mechanism should be put in place to monitor and control the activities of Pharmacists and chemists who sell drugs without recommendation from a physician.
7. Government should encourage more research in traditional medicine by making research grants available which will help develop and standardise trado-medicals as a possible alternative.
8. The government and health communication programme planners should partner with rural community members, opinion leaders and religious bodies to tackle the problem of self-medication in Nigeria.
9. Since poverty appears to be the major cause of self-medication, the government should create jobs especially in the Agricultural sector providing credit facilities and fertilizer to boost agricultural produce in the rural communities.
10. Lastly, Government should subsidise the health sector thereby making access to health-care services more accessible and affordable in rural Nigeria.

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