


# Drug Promotion and Self-Medication Practices in Lagos, Nigeria

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## ABSTRACT

The study examines the effects of drug promotional practices and self-medication behaviour on public health in Lagos. It used a multistage sampling method to select 315 respondents. The researcher selected 12 in-depth interviewees and six focus group discussants to provide qualitative data based on his knowledge of their relevance. The data were analyzed. The logistic regression analysis indicated that drug promotions were less than once more likely to trigger self-medication behaviour among residents relative to being a rule-breaking activity. The study concludes that self-medication endangers public health in Lagos. It suggests the partnership of the stakeholders to promote public drug education, provide free healthcare for all, and criminalize unethical drug promotion practices in Lagos.

## KEYWORDS

Diseases, Lagos, Nigeria, Public Health, Rule Violation, Self-Medication, Unethical Drug Promotion

## INTRODUCTION

The promotion of medicines in Africa is inherently tied to their user-driven effectiveness. This traditional practice validates the saying that the taste of the pudding lies in the eating. Before the advent of orthodox-medical practice, traditional medicines were the sole anchors of public-health insurance against diseases in Africa. Then, there were no structured drug-promotion media whose effects transcended the face-to-face transaction. Thus, verbal testimonies connected drug patronage to mainstream awareness, without a fee. Oblivious of individual differences in body chemistry, users of traditional drugs advertised the medical preparations that healed them to individuals whose ailments produced similar symptoms to theirs. This user-driven practice increased the network of prospective consumers of traditional medicines. Since traditional medicines were informally structured, its advertisement too was essentially informal. Therefore, in non-western settings, the contemporary use of the western drug is one of the vestiges of colonialism that boost the self-medication of western medicines in developing African countries such as Nigeria.

## Background

Self-medication is the use of drugs to treat self-diagnosed disorders or symptoms, or the continued use of a prescribed drug for a lengthened or persistent disease or symptom (Afridi et al., 2015). Drug promotion practices are communication approaches by which an individual or organization transmits the perceived benefits that potential consumers could draw from the use of the advertised product and services (Ijoma et al., 2010). However, in the context of western drugs, promotion practices have become monetized economic occupations in contemporary Nigeria. Concerns that compel

DOI: 10.4018/IJPSS.20210101.oa1

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individuals to self-medicate recklessly include stress-freedom, cost-effectiveness, time economy, and the insignificance of the issue to warrant the attention of a doctor (Ayanwale, Okafor, & Odukoya, 2017), the nauseating attitude of health workers... (Ocan et al., 2014).

Worldwide, the literature identifies Over-the-counter (OTC) and Prediction-Only-Medicines (POM) as the drug administration types open to consumers for self-medication trials. The global prevalence of self-medication is estimated between 10.3% and 87% subject to the population studied and method adopted (Bertoldi et al., 2014). Self-medication shows in the studies conducted in Europe to have 68% prevalence (Jain et al., 2011), 84% in Pakistan (Afridi et al., 2015), 78% in Saudi Arabia (Al Rasheed et al., 2016, in Kuwait, Nepal, and India 92%, 59% and 31% (Jain et al., 2011) respectively, it is between 40.7-81.8% in African countries (Ehigior et al., 2010), specifically between 60% and 90% in the southern Nigeria (Oyelola et al., 2010), where the present study site is situated. From the above, research evidence exists to show that self-medication is 'a common practice in developed and developing countries' (Helal & Abou-ElWafa, 2017, p.1).

As a significant component of the everyday self-care of the contemporary individual (Almasdy & Sharrif, 2011), the documented cumulative flaws (Ruiz, 2010) of self-medication practices have been extensively studied (Afolabi et al., 2010). However, very little is known about how the drug promotion practices predispose residents to the self-medication practices that threaten public health in Lagos. Therefore, this study has four main objectives. First, examine the extent of drug promotion practices in the context of Lagos. Second, assess the self-medication practices of residents. Third, investigate the implications of drug promotion and self-medication practices of residents for public health in Lagos. Fourth, explore how the combined effects of drug promotion and self-medication practices of residents on public health can be reduced.

To realize these objectives, the study provides answers to the following questions. (i). To what extent do the residents of Lagos display the self-medication practices? (ii). What are the effects of drug promotion on the self-medication practices of residents? (iii). What are the effects of the self-medication practices of the residents on urban health in Lagos? (iv). How can the effects of drug promotion and self-medication practices of residents on public health be reduced in Lagos? Could the drug promotion and self-medication practices of residents have worsened public health in Lagos? This is the gap that the present study hopes to fill in knowledge.

## **Theoretical Framework**

The present study uses the health belief model and rational choice theory to explain the implications of drug promotion and self-medication practices for public health in Lagos.

### ***Health Belief Model***

Kasl and Cobb (1966, p. 246–266) hold that health behavior is “any activity undertaken by a person who believes himself to be healthy for preventing disease or detecting disease in an asymptomatic stage.” This contrasts with illness behavior, ‘any activity is undertaken by a person who feels ill, to define the state of his health and of discovering a suitable remedy,’ and sick-role behavior, “the activity (that is) undertaken by those who consider themselves ill” to get “well.” These three modes of behavior are not discrete because the edges between illness behavior and sick-role behavior are imprecise. The inability of the health belief model to simplify the justification for the choice which the respondent makes, the study uses the rational choice theory to complement it in this regard.

### ***The Rational Choice Theory***

The rational choice theory sees self-medication as a deliberate cost-driven action intended to ensure the recovery from illness with minimum stress in cases where this is viable. Therefore, the respondents rationally chose to listen to promotions of orthodox and unorthodox medicines based on which they displayed a self-medication disposition that favored the use of Paracetamol as the most common self-

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