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A Study on the Causes of High Incidence of Self-Medication among the People of Azizanya in the Ada East District in Greater Accra Region of Ghana

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Abstract

This research work was carried out to assess the causes of high incidence of self-medication among young adults. It was conducted in Azizanya community in the Ada East District in Greater Accra of Ghana. A cross section of the young adults made of mainly fishermen, petty traders and unemployed personnel were investigated. A sample size of fifty (50) was used. An interview schedule made up of both close and open-ended questions were asked to gather the information. The respondents were selected by simple random sampling and an interview schedule was the tool used. According to the results of the study, some of the factors which contributed to self-medication included poverty, first aid measures, knowledge on previous treatment, fever, feeling of sympathy towards family members in sickness, common cold and diarrhea were some of the conditions that made the respondents to self-medicate. The study advocates that, the government intensifies its health education on general hazards associated with self-medication, the national health insurance scheme registration fees should be reduced drastically to encourage full participation of the vulnerable and strict actions should be taken against chemists or pharmacists who dispense drugs as over the counter without seeking the doctor's prescription by prosecuting them to help us achieve the sustainable Development Goal 3.

Keywords: *Self-Medication, Fishermen, Prescription, Sustainable Development, Goal 3.*

1. INTRODUCTION

Self-medication has become a major public health issue in low- and middle-income countries (LMICs) **(Aslam, A, et al. 2020)**. In Africa, the median prevalence of self-medication is estimated at 55.7%, while in West Africa, it rises to 70.1% **(Yeika, EV. et al. 2021)**. Additionally, the WHO reports that between 20% and 50% of all antibiotics in these regions are misused. The high rates of self-medication in LMICs can largely be attributed to limited access to healthcare, expensive medical services, inadequate health facility conditions, and inappropriate health-seeking behaviors among the population **(Torres, NF. et al., 2019)**.

A person's health refers to his or her overall condition. It also refers to an organism's functional and/or metabolic efficiency, which is frequently assumed to be human. The World Health Organization (WHO) defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" when it was founded in 1948. Achieving and maintaining health is a continuous process. The following are some effective ways for staying healthy and enhancing one's health: observation of daily life, social activity, hygiene, stress management, and health-care. Overall health is obtained by a combination of physical, mental, emotional, and social well-being, together known as the Health Triangle. Self-medication plays a crucial role in self-care. It involves individuals using pharmaceutical products to address self-diagnosed conditions, symptoms, chronic illnesses, or minor health issues. This practice is not limited by age and affects both men and women. Medications used for self-medication are often called Over the Counter (OTC) drugs, as they can be purchased without a doctor's prescription, especially in developing countries. Recent advancements in the pharmaceutical industry have led to the increased availability of OTC medications. However, these products can be prone to misuse and abuse. A significant concern regarding self-medication with antimicrobials is the rise of antibiotic resistance worldwide, particularly in developing nations where antibiotics are often accessible without a prescription.

The irrational use of medications increases the risk of negative outcomes, such as bacterial infections, hypersensitivity reactions, withdrawal symptoms, and the masking of diseases, which can lead to delayed diagnoses. Self-medication is a widespread concern. The Ghana Health Service Annual Report 2012 indicates that self-medication among infants occurs at a rate of 47.6%. Common symptoms in newborns who are self-medicating in Ghana include abdominal pain, constipation, fever, and cough. This trend is often linked to the perceived quality of a country's healthcare system, particularly in developed nations where many simple prescriptions are readily available in drugstores and supermarkets. While self-medication is a common practice that is reportedly increasing worldwide, it can yield positive outcomes and offer convenience for patients. However, the widespread use of self-medication, especially with antibiotics, has raised alarms, leading the World Health Organization to emphasize the risks associated with self-medication, particularly its role in fostering antibiotic resistance. People engage in self-medication because many modern consumers want to take a more active role in managing their health.

They often feel capable of handling chronic and recurring illnesses, not just short-term symptoms, after receiving a proper medical diagnosis and occasional professional advice, such as using histamines, topical corticosteroids, antifungals, and oral contraceptives. Many prefer to avoid the hassle of visiting a doctor for issues they believe they can manage with the right information. Self-medication is quite common, and there are several reasons for this trend. The increasing inclination towards self-medication stems from a desire for self-care, concern for sick family members, limited access to health services, financial constraints, lack of knowledge, long wait times at health facilities, negative attitudes from health professionals, distance to healthcare providers, transportation issues, loss of trust in health professionals, misconceptions, aggressive advertising, and the availability of medications outside traditional pharmacies.

2. STATEMENT OF THE PROBLEM.

Azizanya community exhibits a high prevalence of self-medication, potentially jeopardizing residents' health. This study aims to investigate the underlying factors contributing to this practice to develop effective interventions and promote safer healthcare decision-making within the community.

Recent trends in Ada East District Hospital reveals that, there has been a noticeable increase in self-medication practices among the youth in the Azizanya and four other communities within the Ada East District. especially in the case of Antibiotics leading to an increase renal condition. This practice is being motivated by the chemists or druggists or pharmacists to earn more profits and reduce wastage of time and labor. The patients take Antibiotics without referring to any physician so as to save money and time. Also, in some cases they feel that the doctors waste their money by prescribing too many medicines, some of which they consider are unnecessary. Some other

socioeconomic and environmental factors also influence the practice of self-medication in the community.

The high rate of self-medication has been a source of worry to the Ministry of Health and the government as a whole this is because majority of complications and death found to have evolved from the gradual personal administration of drugs by non-professionals usually aggravate the conditions of patients more than it solves their problems. Despite the educational campaign instituted by the government with the help of Ministry of Health (MOH) and Ghana Health Service (GHS) to create awareness on the dangers of self-medication, the numerous cases reported at the hospitals indicate that people are still adamant to change from self-medication and not responding to the educational campaign. Also, patients tend to self- medicate or take drugs given to them by friends and relatives and end up either taking an under dose or overdose of the drugs. The organism causing the sickness becomes resistant to the drugs in cases of under dose of drugs. They therefore go to the hospital with their condition in a worse state that eventually need more expensive drugs to treat.

Patients who cannot afford high hospital bills also resort to a cheaper alternative like the indigenous medication whose potency mostly conflict with modern scientific health practices. Again, patients resort to self-medication to reduce the seriousness of their conditions while they wait to make time or money to report to the health facility to access health. Consequently, a lot of government funds is being used for a purpose whose consequences is not being realized.

The primary health care (PHC) is doing its best to bring health care to the doorsteps of the people. Unfortunately, many people cannot afford to feed themselves much more to attend hospital when they are sick despite the abolishment of the cash and carry system some years back and replacing it with the National Health Insurance scheme (NHIS) in the country. In the light of this, the study attempts to find out the causes of high incidence of self-medication and also find out the possible solution to this national cancer.

3. NEED OF THE STUDY

Self-medication, while seemingly convenient, can have serious health consequences. Understanding the reasons behind the high incidence of self-medication in Azizanya is crucial for an improved Public Health by identifying the root causes of self-medication in Azizanya. This knowledge can be used to develop targeted interventions to reduce the practice, leading to better overall health outcomes in the community. Promoting Safe Practices thus revealing the specific types of medications being self-administered and for what conditions. This information can be used to educate residents about the dangers of self-treating certain illnesses and the importance of proper medical diagnosis. Addressing underlying issues such as limited access to healthcare or lack of trust in medical professionals. This study can uncover these underlying issues, allowing for efforts to address them and improve the healthcare system in Azizanya. Also, resources can be allocated more effectively for example, if the study finds a high rate of self-medication for minor ailments due to long wait times at clinics, resources could be directed towards improving clinic efficiency.

Overall, a study on self-medication in Azizanya can provide valuable insights to reduce the prevalence of risky self-treatment practices, promote informed healthcare decisions among residents, identify and address potential shortcomings in the local healthcare system. findings of this study will serve as a guide to stakeholders in the community and its suburbs, government, non-governmental organizations and many others who are concerned with the healthy living and development of people especially. The findings will alert the District Health Directorate and community health workers to plan programs to curb the situation. By taking a proactive approach to understanding self-medication in Azizanya, the community can work towards a future with better health outcomes for all residents.

4. OBJECTIVES

- To assess the extent of self-medication practices among the residents of Azizanya.
- To explore the motivations behind self-medication among individuals in Azizanya.
- To ascertain the social, environmental and economic factors that contribute to self-medication
- To recommend measures to curb or prevent self-medication

5. RESEARCH QUESTIONS

- What is the extent of self-medication practices among the residents of Azizanya?
- What are the reasons why the people of Azizanya self-medicate?
- What are the social, environmental and economic factors that contribute to self-
- medication?
- What measures do respondents recommend to curb or prevent self-medication?

6. DEFINITION OF TERMS

Self-medication: Refers to using medications on your own, without consulting a doctor. This can involve taking over-the-counter drugs (OTC drugs) for something they aren't meant for, using prescription drugs that weren't prescribed to you, or taking any kind of medication at a higher dose or for a longer period than recommended.

Over the Counter Drugs: Are medications that you can buy without a prescription from a doctor. They are typically used to treat minor ailments and conditions, such as pain, fever, allergies, and coughs.

Peddlers: People, who sell illicit substances, like marijuana, cocaine, heroin, or prescription drugs without a license. This can be dangerous for users as the drugs may be impure or laced with other substances.

Prescription: is a written order from a healthcare provider, such as a doctor or dentist, to a pharmacist. It authorizes the pharmacist to dispense a specific medication to a particular patient.

Sustainable Development Goal 3 (SDG 3): focuses on ensuring healthy lives and promoting well-being for everyone, regardless of age. This goal is a key component of the 2030 Agenda by the United Nations in 2015.

7. LITERATURE REVIEW

7.1. The Level of Self-medication among People:

In Ghana, self-medication leads to considerable healthcare expenses. The issue of antimicrobial resistance stemming from self-medication is prevalent in the country **(Opintan, A. et al., 2015)**. The inappropriate use of antibiotics for upper respiratory tract infections alone costs the Ghanaian healthcare system around $20 million annually **(Jansen, J. et al., 2022)**. Additionally, recent research has revealed a high rate of self-medication among pregnant women in Ghana **(Botchway, COA. et al., 2022)**, which poses risks such as fetal malformation and maternal fatalities, jeopardizing Ghana's initiatives to promote safe motherhood and enhance maternal and neonatal health outcomes.

According to **Werner, D. et al. (2003)**, some drugs available in pharmacies or village stores can be extremely beneficial. Others have no value. Some people self-medicate and take even the best drugs incorrectly, causing more harm than good. Some medications are significantly more harmful than others. Unfortunately, when people self-medicate, they may utilize extremely harmful medications for minor illnesses, such as chloramphenicol for basic diarrhea and other minor ailments (p.50-51).

In the same vein, **Sylvia (2002)** asserts that improper drug use is evident when a person consumes a drug at a dose level and under conditions that raise the likelihood of a negative outcome.

The Department of Preventive and Social Medicine at Government Medical College in Nagpur, India, conducted a survey to investigate self-medication practices in India. Some of the findings include: Out of 323 people who visited the three medical shops, 104 (31%) bought the medications without a prescription.

Among those purchasing medications without a prescription, 32 (30.8%) were between the ages of 41 and 50, while 28 (26.9%) were between the ages of 31 and 40. Individuals who engaged in self-medication were primarily illiterate (23.1%) or had graduated from higher education (26%). Among those who purchased medications without a prescription, 27 were laborers (26%), while 20 (19.3%) were businessmen. The leading cause for self-medication was cough and cold (22.2%), followed by fever (17.4%), boils (7.6%), acidity (6.8%), and joint pain (6.8%). The most commonly self-prescribed medications included analgesics and antipyretics (30.9%), tonics or vitamin supplements (16.1%), antibiotics (10.7%), antacids (6.8%), and cough syrup (5.4%). (Shah, 2010).

Drug use and misuse, as well as self-medication, have been linked to a lack of understanding of the risks involved. Kandel's research on drug use and self-medication among adolescents suggested that young people were more inclined to start using alcohol, cannabis, or other illegal substances if they believed that occasional use of those drugs was not harmful. Consequently, initial attempts to alter or prevent drug-using behavior or self-medication were founded on the idea that enhancing awareness of the consequences of drug use would serve as an effective deterrent (rational response) and/or that fear-based messages would dissuade individuals from using drugs (emotional response) **(Kandel, 1980)**.

7.2. Reasons Why People Self-medicate:

Recent studies indicate that a significant reason people choose to self-medicate is the convenience of visiting a drugstore instead of consulting a doctor, along with the desire to avoid hospital visits for treatment. However, using over-the-counter medications incorrectly can lead to drug-related issues and even fatalities **(Ruiz, 2010; Eickhoff et al., 2012; Sarahroodi, 2012; Asseray et al., 2013; Oliveira et al., 2014)**. The increasing prevalence of inappropriate self-medication worldwide is becoming a major public health issue, especially concerning antimicrobial resistance caused by the misuse of antibiotics **(Watkins and Bonomo, 2016)**.

Weisz (1972) used his research to establish the condition for which individuals sort preceding medication as follows: respiratory diseases were ranked top, accounting for 32.2% of all presented disorders. Other conditions included the common cold, cough, influenza, dyspnoea, sore throat, and bronchial asthma in elderly people. Disease of the muscular skeletal system came in second at 21.5%, with the bulk of complaints being arthritic problems.28% of female patients complained about their muscular-skeletal systems, compared to 12.5% of males. Nervous system diseases accounted for 12.8% of the total, ranking third.

This group reported a high prevalence of dizziness and headaches. Digestive system diseases were placed fourth with 11.4%, with the most common symptoms being vomiting, stomach pain, and diarrhea. The fifth-ranked condition was non-specific concerns such as fever and malaise. Other conditions include hypertension and measles, with only one occurrence of typhoid and a leg sprain. Most patients took these drugs: paracetamol, valium, vermox, chloroquin, and amoxicillin. The benefits and drawbacks of self-medication demonstrated that even in areas with adequate and conveniently accessible health facilities, the issue of incorrect self-medication continues to be a significant concern. The World Health Organization's Rational Drug Use: **Consumer Education and Information (1996)** and the International Journal of STD & AIDS emphasize the importance of encouraging patients to seek proper healthcare for STD control.

This involves visiting healthcare facilities for accurate diagnosis and treatment, which is especially vital in regions where STD-causing agents have become resistant to commonly used antibiotics. A study examined the antibiotic self-medication habits of 764 patients at an STD clinic in a low-income country, revealing that 74.5 percent had self-medicated before coming to the clinic. Many obtained antibiotics over the counter, shared them with friends, or used leftover medications from previous prescriptions. To effectively combat the spread of STDs and lower the rates of HIV/AIDS, it is crucial to avoid the indiscriminate use of antibiotics (p.22).

According to one study, leftover antibiotics purchased on prescription for a specific condition or symptoms are a common source of self-medication. The study revealed that the link between prescription use and self-medication was shaped by factors such as the source of self-medication, the region in Europe, and the level of education. This relationship was notably stronger for self-medication using leftover medications compared to other sources, particularly those obtained from drugstores.

Additionally, it was more pronounced among respondents from Northern or Western Europe than those from Eastern and Southern Europe, as well as among individuals with lower educational attainment. The use of prescribed medications for upper respiratory tract infections (like throat issues and influenza) heightened the likelihood of self-medicating with leftover antibiotics for these conditions across all European regions **(Sawaksman, 1947)**.

7.3. Social Factors Contributing to Self-medication:

According to **Payne and Hahn (2003)**, misuse can happen when a patient misinterprets the instructions for using a prescription or substance, or when they share a prescription with someone who wasn't prescribed the medication. It also occurs when a patient takes a prescription or drug for a different purpose or condition than what was recommended (p.156). Researchers from the Clinical Epidemiology Unit at the Medical College in Trivandrum, Kerala, India; the Centre for Clinical Epidemiology and Biostatistics at The University of Newcastle in Callaghan, Australia; and the Department of Anthropology at the University of Arizona in the USA examined the social factors that affect the acquisition of antibiotics without a prescription in Kerala State, South India. The study focused on a random sample of 400 homes from a primary health center region close to Trivandrum. The findings revealed that during the two-week recall period, 69.3% (95% CI=64.8±73.8) of households reported using pharmaceutical products, with antibiotics making up more than 11% of that usage. Interviews and observations were carried out at 11 out of the 12 private pharmacies in the area, involving 405 customers who purchased antibiotics. Among these, 73 clients, or 18% (95%), obtained antibiotics without a prescription. By integrating data from the household survey and pharmacy observations, it was estimated that approximately 0.41% (95%) of the population, equating to four individuals per 1000, engages in self-medication with antibiotics in Kerala during any two-week period **(Shah, 2010)**.

The data indicates that individuals from higher-income families, with more education and higher-status jobs, and those who have medical insurance are the least likely to buy antibiotics without a prescription. On the other hand, logistic regression analysis showed that the tendency to purchase antibiotics without a prescription is associated with having only a secondary education or less, the perception that seeing a doctor is costly, and dissatisfaction with medical professionals. Self-medication behaviors are examined from various perspectives, including social, cultural, historical, and economic factors **(Shah, 2010)**.

Researchers from the Department of Anthropology at Emory University in Atlanta, Georgia, and the Department of Anthropology at the University of Arizona in Tucson, Arizona, performed a study to investigate the practice of self-medication promoted by Indian pharmacies. Pharmaceutical practice studies have focused on the role that pharmacists and pharmacy attendants play in encouraging the public to self-medicate and experiment with medications. The extent to which clients follow pharmacy personnel's advice without question, or whether they doubt their intentions or expertise, is still unclear. While previous research has highlighted the role of pharmacists and pharmacy staff in promoting self-medication and experimentation with medications, there has been a lack of focus on the interactions between pharmacists and clients that take into account the social, cultural, and economic contexts surrounding medicine sales and advice **(Shah, 2010)**. This study explores the situations in which pharmacy attendants dispense medications to the public in Bombay, India. It provides an anthropological perspective on pharmacies and related behaviors in Bombay, illustrating how the relationships among pharmacy owners, medication wholesalers, and pharmaceutical sales representatives influence the actions of pharmacy employees. The emphasis is on how the drug marketing and delivery system influences prescription practices, pharmacy counter-pushing, and self-medication. By examining the profit motives of different stakeholders in the drug sales process, it is suggested that advocates for rational drug use need to consider the economic incentives and interconnected relationships among doctors, medicine wholesalers, and retailers. Currently, India's pharmaceutical business is worth $10 billion and grows at a rate of about 10% each year. The Indian pharmaceutical sector ranks fourth in volume and thirteenth in value. According to **Shah (2010)**, India produces approximately 8% of the world's pharmaceuticals.

Sheridan (1995) emphasizes that the family is the most crucial element in a child's life, playing a key role in shaping their future adaptation. The family's impact on adolescent drug use or self-medication is both significant and intricate. Various factors, including the quality and consistency of family management, communication within the family, connections among family members, and the modeling of behavior by parents, have been identified as

predictors of drug use. Specific family-related factors include ineffective parenting techniques, such as inconsistent discipline or a lack of discipline altogether, negative communication patterns like blaming and criticism, and poor family relationships characterized by low bonding, insufficient affection, and a lack of interest in children's activities. Other factors include child abuse, parental role modeling, instances of parental criminality or antisocial behavior, parental drug use, perceived adult drug use, parents' positive attitudes toward drugs, and the modeling of drug use as a coping strategy. These risk factors can interact in ways that directly and indirectly influence an adolescent's drug use. For instance, Sheridan's research on the backgrounds of incarcerated adult drug abusers revealed significant direct and indirect connections between parental drug addiction, family dynamics, and experiences of maltreatment during both childhood and adulthood. While parental drug misuse was directly linked to child maltreatment, the findings also indicate an indirect connection through its impact on family competence. Parental drug addiction negatively affects family dynamics, increasing the likelihood of child abuse and neglect **(Sheridan, 1995). Dielman T, et al. (1990)** discovered that peer drug use is the strongest predictor of teenage alcohol consumption; however, social norms play a more critical role in predicting adolescent alcohol abuse. Furthermore, while peer influence grows, family influence lessens.

Research indicates that interactions with antisocial peers can start as early as age ten and are closely linked to further involvement with deviant groups. However, strong relationships with family and school can help mitigate peer influence. The rules and behaviors of parents can shape teenagers' attitudes and draw them toward certain social circles (p. 22). **Hoffmann, J., and Martin, K. (1993)** warn that the relationship between parental and peer influences is complex, making simple cause-and-effect connections potentially misleading. In conclusion, peers play a crucial role in shaping drug-use behaviors and self-medication, influenced by various factors, particularly those related to peer group selection, including parental influences and social skills. The attitudes and behaviors of peers regarding alcohol seem to correlate with an individual's alcohol consumption **(Larimer et al. 1997)**. A peer group that promotes heavy drinking and views it as normal and positive is more likely to have heavy drinkers compared to one that does not support such behavior. According to a self-report study by **Martin & Hoffman (1993)**, first-year college men with larger social networks, more social interactions, and greater social skills are more likely to use alcohol. It seems that those who are more outgoing and have increased social contact tend to drink more simply because they have more chances to do so, given their exposure to various situations involving alcohol. Research on drinking behavior modeling, which is a form of peer influence, has shown that male students often imitate the drinking patterns of an experimental confederate who demonstrates either heavy or light drinking **(Collins & Marlatt, 1981; Collins et al., 1985)**. An exception to this trend occurred when the confederate was unsociable and demonstrated light drinking. In this case, male students tended to consume more alcohol than the confederates **(Collins et al., 1985)**. These studies provide observational evidence of how peer modeling influences drinking habits among male college students. While modeling indicates a causal link between peer behavior and individual drinking, there is also some evidence suggesting that increases in drinking behavior may be associated with skewed perceptions of overall drinking norms **(Fondacaro & Heller, 1983)**. The biases in perceived norms regarding drinking frequency, quantity, and related problems have been thoroughly examined **(Baer, 2002; Baer & Carey, 1993)**. Students who overestimate their peers' alcohol consumption are more likely to increase their own drinking **(Agnostinelli, Brown, & Miller, 1995)**. Heavy drinking students tend to view their peers' attitudes toward drinking as more permissive **(Perkins & Berkowitz, 1986)**. In general, college students have consistently believed that the typical drinking habits of their fellow students are higher than their own **(Baer & Carey, 1993; Baer, Stacy, & Larimer, 1991)**. Additionally, perceptions of specific group norms often exceeded the self-reported averages of those groups **(Baer & Carey, 1993; Baer, Kivlahan, & Marlatt)**. Moreover, college students involved in Greek organizations known for heavy drinking were more likely to find high-risk alcohol consumption acceptable compared to those in houses with a reputation for lower drinking levels **(Larimer et al., 1997)**. In

the 1999 College Alcohol Study, **Wechsler and Kuo (2000)** found that among 14,000 college students across 40 states, the median number of drinks that constituted "binge drinking" was 6 for males and 5 for females in a single session.

Drinking behaviors are strongly influenced by the context in which they occur. For example, research has shown a connection between larger drinking groups and increased alcohol consumption **(Perkins & Berkowitz, 1986)**, especially among men **(Sencak, Leonard & Greene, 1998)**. Interestingly, when women are present in smaller drinking groups, it may lead men to drink less **(Sencak et al., 1998)**. Environments that promote regular social interaction and drinking often feature heightened modeling of drinking behavior, peer pressure to consume alcohol, and easy access to drinks **(Baer, 1994)**, all of which can lead to higher instances of problematic drinking. High-intensity drinkers—those who consume alcohol at least weekly, have five or more drinks on a typical occasion, and get inebriated at least once a month—are more inclined than low-intensity drinkers to drink in social settings like bars, with friends, or at parties. Therefore, being part of large social groups that frequently socialize and have alcohol available is linked to increased problem drinking. However, the exact nature of this relationship remains unclear and likely involves various interactions. Additionally, factors such as living environment and engagement in activities illustrate how peer influence, family dynamics, and social contexts play a role in college drinking issues.

7.4. Environmental Factors Contributing to Self-Medication:

Eckersley (1988) identifies several macro-environmental factors that affect drug use or self-medication, including advertising, legislation, law enforcement (deterrence techniques), taxes, and the availability of drugs. There has been significant debate over the legal regulations surrounding certain substances like alcohol, cannabis, and other narcotics, as well as issues related to alcohol advertising and labeling. Self-medication or drug abuse can lead to various social and psychological problems, resulting in swift societal changes such as increased family conflicts and breakdowns, heightened poverty levels, high youth unemployment, rising rates of youth homelessness, and greater educational demands. **(Eckersley, 1988, page 1)**. The living environment, particularly the student's residence, has been associated with alcohol consumption **(Martin & Hoffman, 1993)**. Students residing in on-campus housing, such as fraternities, sororities, or residence halls, are more likely to drink heavily, engage in "binge drinking," and experience more negative consequences related to alcohol than those living at home with their parents. **Wechsler et al. (2002)** provided data from various studies conducted by the Harvard School of Public Health, which included over 53,000 participants across 140 colleges. This research offers strong evidence regarding how living conditions influence problem drinking. Students residing in substance-free dormitories or living off-campus with their parents exhibited the lowest rates of binge drinking and experienced fewer negative consequences from alcohol use compared to those in dormitories that permitted drinking, as well as fraternity or sorority members, and those living off-campus without parental supervision **(Wechsler et al., 2002)**. In general, fraternity and sorority members reported higher alcohol consumption and faced more adverse secondhand effects than their peers **(Wechsler et al., 2002)**. The impact of the living environment may vary by gender. While **Wechsler et al. (2002)** did not explore these gender differences, another study indicated that residing in a fraternity was linked to increased binge drinking, whereas living in a sorority house did not show the same association **(McCabe, 2002)**.

According to **Valliant and Scanlan (1996)**, male students living off campus in single houses or flats consumed more alcohol compared to their peers living on campus or with their parents. In contrast, female students did not exhibit the same trend. This indicates that coed living arrangements might be linked to a higher incidence of drinking problems. For instance, students residing in coed dormitories faced more alcohol-related negative consequences than those in single-gender dorms **(Harford et al. 2002)**. However, many of these associations could stem from self-selection effects, where students who drink heavily opt for environments that promote such behavior. Those who decide to live with their parents or in substance-free dormitories may be more traditional and less inclined to drink or engage in other risky behaviors.

Research findings suggest that students living off campus are less likely to experience problem drinking compared to their on-campus counterparts. The presence of parents seems to play a protective role, as evidenced by lower drinking rates among students who reside with them. This could be attributed to selection effects, or it might be that parents are less accepting of negative alcohol-related behaviors and can monitor their children more effectively when they live at home. Furthermore, recent studies indicate that living off campus may not protect against all forms of problem drinking. For instance, **Harford et al. (2002)** discovered that students on campus reported more alcohol-related issues than those living off campus, regardless of whether they lived with their parents. **Sanders, (1999)**, identified the causes of inappropriate use of drugs or self-medication to learned behavior thus "copying the behavior of the people around them." (p.6)

According to **Good (1977)**, a group of hundred and nineteen Tanzanians with cancer from an interview about previous traditional medicine experience before evaluation for radiation therapy, 49% of the females and 40.6% of the males had received treatment through traditional medicine, which does not come from the correct source. Before seeing a western-trained doctor, 74% of traditionally treated patients saw an unqualified traditional healer. While there is no doubt about the therapeutic usefulness of modern pharmaceuticals, one out of every twenty admissions to a general hospital is connected with an adverse reaction during treatment, and one out of every ten hospital patients is reported to have such a reaction while receiving medication.

The magnitude of self-medication with priority preparation has been noted by researchers in other developing countries. In some cases it has been found to be the commonest resources to action when people were ill, particularly where no other formal service existed. In the Daily Graphic (2001), was an article with the heading 'are the F.M stations hospital'? By Gorden Offei-Larbi. In the article, he pointed out a dangerous phenomenon where some presenters of F.M stations have suddenly turned medical doctors diagnosing callers (patients) and prescribing mostly herbal preparations as the panacea to their medical problems. A case was pointed out where on one of the local F.M stations in Kumasi, a lady who claimed to be a representative of 'ahuodzen' Ancient Herbal Brew and a presenter of the station turned the studio into a consulting room, took phone calls from supposedly sick callers and prescribed the herbal preparations as treatment. The following day, another doctor also came to the studio and held similar consultations. One may ask whether they are medical doctors and if it was even right to listen to what a caller at home tells you and then arrive at a diagnosis. Even in medical practice, it is unethical for a medical officer to write prescription for a patient he has not seen since the history alone isn't adequate. The patient has to undergo physical examination before a physician arrives at a diagnosis. The writer indicated that he is not against the advertisement of herbal or orthodox drugs but the way and manner it is carried out is very misleading and dangerous. Our F.M stations seem to be encouraging self-medication. Let us look at our environment we hear or see a whole lot of advertisement on drugs that contains certain words like 'madam suffer no more', take zubes cough mixture and you will soon feel better (p.12-13). In the Daily Graphic (2005), was an article with the heading "The Youth, drugs and alcohol by Aaron Quartey. In the article he said, these days it is common to see the mentally ill moving about in the cities and becoming a nuisance to the general public. I always wonder why many youths are getting involved in self-medication with drugs and liquor, which result in mental disorders. The story is no different in the secondary and tertiary institutions. Some students indulged in these vices because they believe that it is fashionable whilst others say they self-medicate to help them study effectively. There is yet another group who self-medicate because of peer pressure. Invariably, these drugs promote addiction and alcoholics perpetrate all sorts of social vices such as fighting, stealing and profanity among others.

7.5. Economic Factors Contributing to Self-medication:

Self-medication is often recognized as a major factor contributing to drug resistance **(Vuckovic, 1997)**. A study conducted in Brazil found that villagers commonly use three types of medications: antimicrobials, analgesics, and vitamins, largely due to their economic situation. Most of these medications are either prescribed by pharmacy attendants or purchased over the

counter without a prescription. This is important because many antimicrobials are often underdosed or do not contain the appropriate active drug concentrations **(Kunin, 1987)**. Additionally, limited access to medications due to financial constraints has been identified as a factor that can lead to resistance, as essential treatments may be interrupted. In numerous low-income countries, antimicrobials are often sold in single doses for self-medication and may only be taken for a few days until the patient feels better. This practice can significantly contribute to the development of resistance **(Couper, 1997)**.

Oyebola (1998) found the following factors, in descending order of size, as impacting patients' prescription choices: proximity to a health facility, quality of services, relatives residing in hospital towns, financial and transportation considerations, religion, and race. In the Daily Graphic (2005), Emmanuel Ankrah Odame wrote an essay titled "Healthcare Financing in Ghana".In the paper, he stated that paying healthcare has become a hardship for many industrialized and developing countries. In poor nations such as Ghana, where per capita income was $400 in 2003, income and Gross Domestic Product (GDP) continue to fall as a result of global inflationary tendencies. The Abuja declaration of 2000 testifies to the rather low funding for health. African heads of state have pledged to increase health funding to 15% of their expenditure budget. Where exactly are we in Ghana? Health care spending accounts for 2% of GDP, compared to 6% in Japan. The issue is exacerbated by political, economic, and social reasons.

Healthcare finance in Ghana has developed from what existed prior to independence to what is currently in place. Orthodox machines were introduced to the Gold Coast in the 15th century, along with other cultural ideals, when trade between the Gold Coast and Europe began. It spreads gradually, albeit very slowly, to the indigenous people. Nominal fees were charged for these services, with modest revisions over time. The colonial government typically funded healthcare for civil servants using general tax revenue, whereas non-civil servants were responsible for covering their own healthcare costs. Following independence, the First Republic's government increased healthcare services and made them free. In the post-independence era, the Hospital charge Decree of 1969 was adopted in 1971, reintroducing hospital charge payment as a cost recovery method. During this time, the cost recovery effort was largely unsuccessful because fee payments were modest. When it became clear that the central government could not bear the entire cost of public healthcare without compromising care quality, the Provisional National Defense Council (PNDC) government passed the Hospital Fee Regulatory Law (1985) on the World Bank's recommendation.

The new cost recovery legislation has been described as the most comprehensive since, in addition to assuring the highest amount of cost recovery in the sub-region, it permits full-cost pricing of medications and pharmaceuticals. Ghana experienced a catastrophic economic collapse from 1976 to 1983, which was characterized by unusually high inflation of around 124% at some points. National per capita income fell by around one-third, and there was a general lack of food and other vital items on the market as a result of the severe drought.

The government's health expenditure fell by 8%, and there was no drug supply in healthcare facilities. Hospital attendance plummeted, and qualified health staff fled Ghana's shores for brighter pastures abroad. Ghana had 1,648 doctors in 1980, but by 1985, the number had plummeted to 815.By 1992, a faster cost recovery program for drugs was implemented in the form of a drug revolving fund known as 'cash and carry', leading to an increase in drug misuse. The review gap was the socio-demographic characteristics of the respondents.

8. RESEARCH METHODOLOGY

8.1. Research Design:

An exploratory study design was employed in this research because it involves a small-scale investigation of relatively short duration, typically conducted when there is limited knowledge about a situation or issue. This approach includes both descriptive elements and comparisons. This research design is chosen because of the time factor and will provide a quicker delineation of the level of self-medication among the people of Azizanya, the reason why they self-medicate and the social, environmental and economic factors that influence people to self-medicate.

8.2. Population/Sample Size:

The target population of the study was young adults aged 18-35 years. The young adults were selected from Azizanya a community in the Ada East District in Greater Accra Region with a population of about five hundred and forty-three (543) from the 2020 population and housing census. The sampling size was fifty (50) young adults 18-35 years. The sample size was chosen because of time constraints.

8.3. Sampling Technique:

Simple random sampling method was used; thus, selection is done irrespective of any special characteristics. The lottery approach was used in selecting the community and the sampling size. All the five communities under Ada East District where self-medication has been rampant according to the Ada East District Annual Report 2023 were written on pieces of paper and put in a container and mixed together. One person was asked to select one paper from the container, and Azizanya was selected representing the community for the study.

The respondents of the study were given an equal opportunity of being selected. Each house was given a number, the numbers were written on pieces of papers and folded in a container and mixed together several times. A volunteer was asked to pick the house numbers randomly one after the other until fifty (50) house numbers were selected. The fifty (50) selected house numbers made up the sample.

8.4. Instrument:

An interview schedule was utilized to gather the information. The research questions helped identify the scope of the items being covered. The items were constructed using the research questions. They included background information, the level of self-medication among the people, the reasons why they self-medicate and the social, environmental and economic factors causing the high incidence of self-medication among the young adults aged 18-35 years. The checklist mode was used in the item construction. The items were translated into the Dangme dialect to respondents. The data collecting tool was pre-tested in different community with characteristics similar to Azizanya to ensure its reliability. During the pre-testing, the items were found to be clear and cover all what was supposed to be measured.

8.5. Data Collection Procedure:

The interview schedules were administered to the respondents in their home settings

8.6. Data Analysis:

Respondents' response was put into categories. To make findings easier to understand, responses were then presented in the form of percentages using SPSS.

8.7. Ethical Considerations:

All the ethical issues concerning this study were borne in mind throughout the study to arrive at accurate information.

9. RESULTS AND DISCUSSIONS

Table-1: Sex

Sex	Frequency	Percent	Cumulative Percent
Male	32	64.0	64.0
Female	18	36.0	100.0
Total	50	100.0	

Under sex distribution, 32 (64%) were males whilst 18 (36%) were females.

Concerning the background information of the respondents on sex, the study revealed that 32 (64%) of males and 18 (36%) of females self-medicated with either orthodox or traditional medicine. This is contrary to what Good C.M (1977) found in his study during an interview with a group of hundred and nineteen Tanzanians with cancer who had sought for previous traditional medicine, which does not come from the correct source before evaluation for radiation therapy. His study found out that 40.6% were males whilst 49% were females.

Table-2: Age

Age	Frequency	Percent	Cumulative Percent
18-22	22	44.0	44.0
23-27	16	32.0	76.0
28-32	8	16.0	92.0
33-35	4	8.0	100.0
Total	50	100.0	

With age distribution,22 (44%) of the respondents were between 18-22 years,16 (32%) falls between 23-27 years,8 (16%) falls between 28-32 and 4 (8%) were between 33-35 years.

The study shows that majority 22 (44%) were within the age of 18-22, 16 (32%) were within the age of 23-27,8 (16%) were within the age of 28-32 whilst 4 (8%) were within the age of 33-35. This means most of the respondents are youthful but uneducated. This is contrary to Aaron's article that these days it is common to see the mentally ill moving about in the cities and becoming a nuisance to the general public and always wonder why many youths are getting involved in self-medication with drugs and liquor which sometimes result in mental disorders. The story is no different in the secondary and tertiary institutions. Some students indulge in these vices because they believe that it is fashionable whilst others say they self-medicate to help them study effectively.

Table-3: Educational Level

Educational Level	Frequency	Percent	Cumulative Percent
JHS	10	20.0	20.0
SHS	21	42.0	62.0
Tertiary	4	8.0	70.0
None	15	30.0	100.0
Total	50	100.0	

Considering the educational level of respondents, 10 (20%) had JHS education, 21 (42%) had SHS education, 4 (8%) had tertiary education and 15 (30%) had no education.

Educational level also play an important role in self-medication in the sense that; majority of the respondents 35 (70%) were literates whist 15 (30%) were illiterates. This shows that most of the respondents know something about drugs but the problem is whether they have knowledge on drugs when they practice self-medication. This confirms what Shah (2010) found in his study on the literacy status of persons practicing self-medication that (23.1%) were mainly illiterate whilst (26%) were graduates or above.

Table-4: Marital Status

Marital Status	Frequency	Percent	Cumulative Percent
Single	34	68.0	68.0
Married	15	30.0	98.0
Separated	1	2.0	100.0
Total	50	100.0	

With marital status of the respondents, 34 (68%) were single, 15(30%) were married, and the separated formed 1 (2%) of the respondents.

Concerning marital status of the respondents, majority 35 (70%) were single whist very few 15(30%) were married. This emphasizes the fact that majority of the respondents are single and very youthful and are carried away by youthful exuberance peer pressure and family influences resulting into self-medication. Hoffmann, J. & Martin, K. (1993) caution that the influences of parents and peers are intricate, making it easy to misinterpret simple cause-and-effect relationships. In conclusion, peers significantly affect drug-use behaviors and self-medication, and this influence is shaped by various factors, especially those related to the selection of peer groups, including family influences and social skills.

Table-4: Occupation

Occupation	Frequency	Percent	Cumulative Percent
Fishing	27	54.0	54.0
Petty Trading	22	44.0	98.0
Student	1	2.0	100.0
Total	50	100.0	

For occupational distribution of respondents, 27 (54%) were engaged in fishing, 22 (44%) were into petty trading and1 (2%) was a student.

The study found that the majority of respondents, 27 (54%), were involved in fishing, while the remaining 23 (46%) were petty traders or students. This also buttress the fact that respondents do not get time for them to attend hospital for check up's and seek for treatment when sick. In view of this, they resort to the easiest way of relieving their pain and discomfort after a hard day's work or when sick through self-medication.

Table-5: What Do You Do When You Fall Sick?

What do you do when you fall sick?	Frequency	Percent	Cumulative Percent
Go to Hospital	18	36.0	36.0
Buy Drugs	30	60.0	96.0
Use Local Herbs	2	4.0	100.0
Total	50	100.0	

A total of 18 (36%) of the respondents went to hospital when they fell sick, 30 (60%) bought drugs when they fell sick and 2 (4%) used local herbs when they fell sick.

Concerning what respondents do when they fall sick, it was revealed that majority of the respondents 30 (60%) bought drugs when they fell sick, 18 (36%) went to the hospital when they fell sick whilst 2(4%) used local herbs. This clarifies the point that majority of people resort to buying over the counter drugs without enough knowledge of the drug whenever they fall sick.

Table-6: Conditions You Seek For Self-Medication

Conditions you seek for self-medication	Frequency	Percent	Cumulative Percent
Common Cold	13	26.0	26.0
Fever	19	38.0	64.0
Diarrhoea	3	6.0	70.0
Menstrual Pain	15	30.0	100.0
Total	50		

A total of 13(26%) of the respondents self-medicated when they had common cold, 19 (38%) self-medicated when they had fever, 3 (6%) self-medicated when they had diarrhea and 15 (30%) of the respondents self-medicated when they had menstrual pain.

Talking about the conditions that respondents normally seek for self-medication, it was revealed that majority 19 (38%) sought for self-medication when they had fever,15 (30%) when they had menstrual pain, 13 (26%) when they had common cold and 3 (6%) sought for self-medication when they had diarrhea. This supports Shah's (2010) findings that cough and cold were the most frequently reported issues for self-medication, accounting for 22.2%, followed by fever at 17.4%, boils at 7.6%, acidity at 6.8%, and joint pain also at 6.8%, although the ranking has shifted. Additionally, it aligns with Weisz's (1972) research, which revealed that the most common conditions for which patients sought prior medication were respiratory diseases, making up 32.2% of the cases. Other prevalent issues included the common cold, cough, influenza, dyspnoea, sore throat, and bronchial asthma among elderly patients. Musculoskeletal disorders ranked second at 21.5%, with arthritic conditions being the most reported complaints. The order of these conditions has also changed.

Table-7: Type of Drug You Take When You Fall Sick

Type of drug you take when you fall sick	Frequency	Percent	Cumulative Percent
Para	30	60.0	60.0
Valium	2	4.0	64.0
Amoxicillin	10	20.0	84.0
Ors	2	4.0	88.0
Others	6	12.0	100.0
Total	50	100.0	

In table 7 above, 30 (60%) of the respondents took paracetamol when they fell sick, 2 (4%) took valium, 10 (20%) took amoxicillin, 2 (4.0) also took oral rehydration solution (ORS) and 6 (12%) of the respondents took other drugs when they fell sick.

Concerning the type of drug respondents normally take when they are sick, majority 30(60%) took paracetamol, 10(20%) took amoxicillin, 6(12%) took others, 2 (4%) took ORS whilst 2 (4%) took valium. This confirms Weisz (1972), in his study identified that these were the drugs taken by most patients thus paracetamol, valium, vermox, chloroquin and amoxicillin respectively but the order changed.The study by Vuckovic (1997) found that the three most common types of medication used by villagers were antimicrobials, analgesics, and vitamins. This was largely influenced by their economic status,

with most medications being prescribed by a pharmacy attendant or purchased over the counter by the patients themselves. However, the order of medication usage varied.

Table-8: Where You Get Knowledge on Choice of Drugs

Where you get knowledge on choice of drugs	Frequency	Percent	Cumulative Percent
Advertisement	10	20.0	20.0
Previous Treatment	26	52.0	72.0
Trial and Error	2	4.0	76.0
Friends or Relations	12	24.0	100.0
Total	50	100.0	

From table 8, 10 (20%) out of the respondents had their knowledge on the choice of drug from advertisement, whilst 26 (52%) had their knowledge on the choice of drugs from previous treatment. Also 2 (4%) had their knowledge through trial and error and 12 (24%) had their knowledge on the choice of drugs from friends or relations.

The study shows that, majority 26 (52%) of the respondents got their knowledge on the choice of drugs through previous treatment, 12 (24%) through friends or relations, 10 (20%) through advertisement whilst 2 (4%) got it through trial and error. This aligns with the findings of the WHO (1996), which indicated that among 764 patients visiting an STD clinic in a developing country, 74.5% reported having self-medicated prior to their clinic visit. The antibiotics they used were often obtained over the counter, provided by friends, or were leftover prescriptions from earlier treatments.

Table-9: Necessary to Take First Aid before Going to Hospital

Necessary to take first aid before going to hospital	Frequency	Percent	Cumulative Percent
Yes	45	90.0	90.0
No	5	10.0	100.0
Total	50	100.0	

A total of 45 (90%) of the respondents took first aid before going to hospital whilst 5 (10%) 0f the respondents did not take first aid before going to the hospital.

Interestingly, majority 45 (90%) of the respondents said it is necessary to take first aid before going to hospital as it relieves them of their pains whilst only 5 (10%) said it is not necessary to take first aid before going to the hospital. This shows clearly that the mentality of the respondents to take first aid before going to the hospital is ignorance, which needs to be addressed.

Table-10: Number in the Family

Number in the family	Frequency	Percent	Cumulative Percent
3-6	23	46.0	46.0
7-10	16	32.0	78.0
11-14	6	12.0	90.0
15-18	5	10.0	100.0
Total	50	100.0	

From table 10, 23 respondents (46%) reported their family size was between 3-6, 16 (32%) of the respondents number in the family was between 7-10, 6 (12%) of the respondents number in the family was between 11-14 whist 5 (10%) of the respondents number in the family was between 15-18.

Talking about the number of people in the family, most of the respondents 23 (46%) fell within 3-6,16 (32%) fell within 7-10,6 (12%) fell within 11-14 whilst 5 (10%) fell within 15-18.This reiterates the fact that because of poverty conditions in the community and family influences, the many you are in the family, the more the likelihood of self-medication since the cost involved in seeking medical attention at our hospitals and health centres is expensive hence discouraging many people from attending the hospitals and health centres even though they fall sick sometimes. The obvious thing is that when they fall sick, they seek medical care at the drug store.

Table-11: Common Drugs Used to Self-Medicate

Common drugs used to self-medicate	Frequency	Percent	Cumulative Percent
Para	35	70.0	70.0
Amoxicillin	11	22.0	92.0
Valium	3	6.0	98.0
ORS	1	2.0	100.0
Total	50	100.0	

In table 11, 35 respondents (70%) used paracetamol to self-medicate, 11(22%) used amoxicillin, 3 (6%) used valium whilst 1 (1%) of the respondents used ORS to self-medicate.

Among the common drugs people use to self-medicate, majority 35 (70%) of the respondents used paracetamol, 11 (22%) used amoxicillin,3 (6%) used valium whilst 1 (2%) used ORS to self-medicate. This aligns with Shah's (2010) findings, which indicated that the most frequently self-prescribed medications were analgesics and antipyretics at 30.9%, followed by tonics or vitamin preparations at 16.1%, antibiotics at 10.7%, antacids at 6.8%, and cough syrup at 5.4%.

Table-12: Share Prescription with Others

Share prescription with others	Frequency	Percent	Cumulative Percent
Yes	28	56.0	56.0
No	22	44.0	100.0
Total	50	100.0	

From table 12,28 (56%) of the respondents shared prescription with others whilst 22 (44%) of the respondents did not share prescription with others.

Concerning the sharing of prescription when respondent fall sick, majority 28 (56%) made it clear that they shared prescription when they fell sick whilst 22 (44%) said they did not .This confirms what Payne, & Hahn (2003) said that misuse can happen if a patient shares their prescription with a friend or family member for whom the medication wasn't prescribed, or if they use the prescription or drug for a different purpose or condition than what was recommended.

Table-13: Hospital Attending Pattern in the Family

Hospital attending pattern in the family	Frequency	Percent	Cumulative Percent
Immediately You Fall Sick	3	6.0	6.0
Wait For Some Days	23	46.0	52.0
Buy Drugs	24	48.0	100.0
Total	50	100.0	

In table 13, 3 (6%) of the respondents went to hospital immediately they fell sick, 23 (46%) waited for some days before they went to hospital whilst 24 (48%) bought drugs before they went to hospital. The hospital attending pattern of respondents revealed that, most of them 24(48%) bought drugs when they fell sick without going to the hospital,23(46%) waited for some days before going to the hospital whilst 3(6%) went to the hospital immediately they fell sick. This buttresses the fact that there has been an exponential increase in the practice of self-medication has become more common recently, as indicated by the majority of the respondents thus those who waited for some days and those who bought drugs when they fell sick before attending to the hospital self-medicated raising an alarm that self-medication is on the increase.

Table-14: Distances to the Hospital

Distance to the Hospital	Frequency	Percent	Cumulative Percent
Far Away	22	44.0	44.0
In-Between	14	28.0	72.0
Nearer	14	28.0	100.0
Total	50	100.0	

According to table 14, 22 out of the respondents, representing 44% stay far away from the hospital, 14 (28%) stay in-between whilst 14 (28%) of the respondents stay nearer to the hospital.

Most of the respondents 22(44%) stay far away from the hospital they attend when they fall sick, 14(28%) stay nearer to the hospital whilst 14(28%) stay in –between. This confirms what Oyebola (1998) identified in descending order of

magnitude as influencing the choice of medication of patients: nearness of health facility, quality of services, relatives living in hospital towns, finance and case of transport, religion and race.

Table-15: Where Drugs are Bought

Where drugs are bought	Frequency	Percent	Cumulative Percent
Pharmacy Shop	21	42.0	42.0
Herbalist	1	2.0	44.0
Licensed Chemical Shop	28	56.0	100.0
Total	50	100.0	

In table 15, 21 out of 50 respondents (42%) participated bought drug from pharmacy shop, 1 (2%) bought drugs from herbalist whilst 28 (56%) of the respondents bought drugs from licensed chemical shop.

Talking about where the respondents buy their drugs when they fall sick, majority 28(56%) bought their drugs from the licensed chemical shop, 21(42%) bought it from the pharmacy shop whilst 1(2%) bought it from herbalist. This aligns with what Shah (2010) noted in the study regarding the encouragement of self-medication by pharmacies in India. Research on pharmaceutical practices has highlighted the significant role that pharmacists and pharmacy attendants play in promoting self-medication and experimentation with medicines among the public. However, the degree to which clients either accept the advice of pharmacy staff without question or scrutinize their motives and expertise remains largely unexamined. While studies have concentrated on pharmacists and pharmacy attendants as facilitators of self-medication, there has been insufficient focus on the interactions between pharmacists and clients, particularly in relation to the social, cultural, and economic contexts that influence medicine sales and advice.

Table-16: Peddlers Sell Drugs

Peddlers Sell Drugs	Frequency	Percent	Cumulative Percent
Yes	41	82.0	82.0
No	9	18.0	100.0
Total	50	100.0	

In table 16, above, 41 (82%) of the respondents made it clear that peddlers sell drugs in the community whilst 9 (18%) of the respondents said drug peddlers do not sell drugs in the community.

Majority of the respondents 41(82%) made it clear that drug peddlers come around whilst 9(18%) said drug peddlers don't come around. This confirms the reason why there has been an exponential increase in the practice of self-medication recently.

Table-17: Number of Drug Stores

Number of Drug Stores	Frequency	Percent	Cumulative Percent
1	31	62.0	62.0
2	8	16.0	78.0
3	6	12.0	90.0
Others	5	10.0	100.0
Total	50	100.0	

A total of 31 respondents, representing 62% said they have one (1) drug store in the community, 8 (16%) said they have two (2), 6 (12%) said they have three (3) whilst 5 (10%) of the respondents said they have more than three (3) drug stores in the community.

The study also revealed that, majority 31(62%) said they have one (1) drug store, 8(16%) said they have two (2), 6 (12%) also said they have three (3) whilst 5(10%) said they have more than three (3) drug stores in and around the community. This means both the number of drug stores and drug peddlers activities in the community contribute immensely to the exponential increase in the practice of self-medication recently.

Table-18: Means of Transport

Means of Transport	Frequency	Percent	Cumulative Percent
By Foot	30	60.0	60.0
By Bicycle	5	10.0	70.0
By Car	5	10.0	80.0
Others	10	20.0	100.0
Total	50	100.0	

In table 18, 30 out of the respondents, which is 60%, travelled by foot to the hospital, 5 (10%) travelled by bicycle, 5 (10%) travelled by car whilst 10 (20%) of the respondents travelled to the hospital by other means.

Most of the respondents 30(60%) travelled by foot to the hospital when they fell sick, 10(20%) travelled by other means, also 5(10%) travelled by bicycle whilst 5(10%) travelled by car. This also confirms what Oyebola (1998), identified in descending order of magnitude as influencing the choice of medication of patients: nearness of health facility, quality of services, relatives living in hospital towns, finance and case of transport, religion and race. Means of transport is a major factor that influences self-medication since most the respondents feel reluctant to travel by foot to the hospital when they fall sick hence resorting to self-medication which sometimes cure them.

Table-19: Self-Medicate When Sick

Self-medicate when sick	Frequency	Percent	Cumulative Percent
Yes	38	76.0	76.0
No	12	24.0	100.0
Total	50	100.0	

From table 19, 38 (76%) of the respondents made it clear that they self-medicated when they fell sick whilst 12 (24%) said they did not self-medicate when they fell sick.

The study also revealed that, majority 38(76%) of the respondents self- medicated when they fell sick whilst 12 (24%) did not when they fell sick. This supports Weisz's (1972) findings from a study on treatment choices during illness, which revealed that despite a higher percentage of individuals visiting physicians compared to those using medication, many had already been using non-prescribed drugs for some time before seeing a doctor. Specifically, 25% had taken self-prescribed medications, and 60% had received diagnoses from non-medical professionals.

10. RECOMMEMDATION

The following recommendations are being made to enable the government through the ministry of health, non -governmental organizations and other stake holders concerned to design and implement appropriate measures to reduce the rate of self-medication in the country.

- Some measures should be taken by the government to educate population and making them aware and understand that self-medication can be hazardous as it causes side-effects and allergies too. Thus, it is recommended to use drugs only after consulting a doctor.
- Strict actions should be taken against chemists or pharmacists who dispense drugs as over the counter without seeking the doctor's prescription by prosecuting them.
- Drug advertisement in public transport and at the market place should be abolished.
- The government should build health posts in the communities where the health facility is located far away from the communities to improve access to healthcare and also reduce self-medication.
- Drug peddlers should be arrested and prosecuted since their activities contribute to self-medication immensely and inhibits the work of the health educators of Ghana Health Services on self-medication.
- The National Health Insurance Scheme registration fees should be reduced drastically to encourage full participation of the vulnerable in the society.

11. CONCLUSION

The study on the causes of high incidence of self-medication among the people of Azizanya community has shown that the socio-demographic characteristics of respondents, including age, sex, marital status, educational level, and occupation contributed significantly to the high incidence of self-medication which was the literature review gap. Other factors also contributed significantly. Therefore, the increasing need of assertive and solid measures to be taken by the government to stop this misuse of drugs in the country. The research work has brought to bear the clear picture of the behaviour and perception of chemist or pharmacist towards dispensing drugs as over the counter without seeking the doctor's prescription in the communities they operate and also revealed Several factors influence the practice of self-medication, particularly among young

people since majority of the respondents who self-medicated are the youth in the community. Self-medication remains a significant public health challenge in Ghana. Addressing this issue requires awareness campaigns, improved healthcare access, and responsible health-seeking behaviors. As health professionals, it's essential to advocate for rational medication use and inform the public about the potential risks and advantages of self-medication. Therefore, it can be stated that there is an urgent need to take some effective measures to curb the habit of self-medication. among the people of Azizanya community in Ada East District in the Greater Accra Region.

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