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Occurrence and Treatment of Common Health Problems in a Nigerian Community

Auta A, Banwat SB, Dayom DW, Shalkur D, Avu MO

Department of Clinical Pharmacy, University of Jos, Jos, Nigeria

Address for correspondence: *Mr. Asa Auta; E-mail: asaauta@yahoo.com*

ABSTRACT

Medicines are cost-effective interventions for the treatment and management of health problems. This research was carried out to determine the common health problems and medicine-use practices in treating health problems in Lamingo, Jos, Nigeria. A total of 109 households covering 676 individuals were recruited and followed up for a period of one month between 6 November 2010 and 11 December 2010. A structured interview was conducted on weekly visits to households to identify illnesses suffered by household members and treatment given. The results showed that 146 common health problems representing 1.3 cases per household per month were found. The cost of treatment per household per month was found to be $14.7. Infectious and parasitic diseases (44.6%), diseases of the digestive (11.0%) and respiratory system (9.6%) were common in the community. Self-medication was common (34.6%) and the patent medicine stores were the most common sources of medicines. Common classes of medicines used by community members were analgesics (23.6%), antimalarials (17.9%) and antibiotics (14.2%). Factors that influenced choice of treatment were previous knowledge and experience of family members with service provider and treatment (44.4%), cost (18.9%) and severity of condition (16.7%). There is, therefore, high occurrence of health problems and self-medication practices in the Lamingo community.

Key words: Health problems, medicine-use practices, self-medication

INTRODUCTION

In Africa, communicable diseases are major causes of morbidity and mortality. Communicable diseases such as malaria, tuberculosis, HIV/AIDS, respiratory infections and the complications of pregnancy and child birth account for 72% of all deaths.[1] Nigeria is not an exception to this with a high burden of infectious diseases and a maternal mortality ratio of 545 per 100,000 live births.[2]

When people are sick, they either seek medical attention in health facilities or self-medicate. Some individuals take no treatment at all. Many individuals, however, self-medicate due to long waiting times in facilities, inaccessibility of health facilities, cost, and a feeling that the ailment is minor.[3,4] Studies have shown that 23% of the weekly household expenditure in Nigeria is spent on one episode of illness and consumers pay about 64 times the international reference price for medicines to obtain medications from facilities. Payment for healthcare is mainly out-of-pocket in Nigeria, with a few individuals benefiting from the national health insurance scheme.[5]

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Medicines are cost-effective interventions for the treatment and management of health problems. Many countries have developed national formularies and treatment guidelines to ensure rational use of medicines. Inappropriate use of medicines in the treatment of common illnesses is a global problem and research has shown that more than 50% of all medicines are used irrationally.[6] This problem is worst in developing countries and has great health and economic consequences. Poor therapeutic outcome, increased adverse drug events, antimicrobial resistance and waste of scarce health resources have resulted from inappropriate use of medicines.[7] The use of medicines at the community level has been shown to be influenced by people's beliefs about their efficacy and safety, perceived need for medicines, cost, literacy level, information channels and confidence about health providers.[6]

An understanding of the occurrence of common health problems and medicine-use practices in the treatment of common health problems in a community is of public health importance. This can form the basis for advocacy, health promotion or policy review. This research was therefore carried out to determine the common health problems and the medicine-use practices in treating them in the Lamingo community, Jos, Nigeria.

MATERIALS AND METHODS

The study was conducted in Lamingo. Lamingo is a semi-urban community in Jos, Nigeria and has within it a Primary Health Centre, a teaching hospital, two community pharmacies and five patent medicine stores.

The study was approved by the ethical committee of the Faculty of Pharmaceutical Sciences, University of Jos, Jos, Nigeria.

A prospective study was carried out between 6 November 2010 and 11 December 2010. A total of 109 households covering 676 individuals were recruited through a systematic random technique and these households were followed up for a period of one month.

Five visits were made in all to each of the participating households. The first visit was to explain the aim and scope of the research to households and to seek their informed consent. Households were informed that information collected would be confidential and that no treatment would be given for any medical condition suffered by family members to avoid bias in reporting. Subsequent visits were made weekly for interviews. A structured interview was conducted guided by a pretested questionnaire containing close and open-ended questions as the data collection tool. The questionnaire was pretested in 15 households for a period of two weeks and adjusted to meet the stated objectives. The questionnaire used for this study was divided into four main domains. The first domain consisted of questions related to the demographic details of households; the second domain consisted of questions related to the illness suffered and illness-related medicine-use; the third domain consisted of questions related to sources of medicines and choice of treatment; and the fourth domain consisted of questions related to cost.

Households were interviewed weekly for information on health problem suffered by any member of the family in the past week, treatment given, sources of medicines, and factors that influenced their choice of treatment and cost of treatment.

The common disease conditions that occurred in the community during the study were classified according to the sub-categories of the International Statistical Classification of Diseases-10 (ICD-10) and the medicines used by the community members for the treatment of common illnesses were grouped according to their therapeutic class.

Data analysis

Data collected were entered into Statistical Package for Social Sciences (SPSS) Version 16 to generate descriptive statistics which were reported in percentages. The percentage of classes of health problems suffered by the community members was calculated by the number of health problems in a disease class suffered by community members divided by the total number of illness episodes reported during the survey and the resultant proportion was multiplied by 100. The number of illnesses suffered per household per month was calculated by the total number of illness episodes reported in the one month of the survey divided by the total number of households that participated in the study. The cost of treatment (per household per month) was calculated by dividing the sum of the individual cost of treatment reported by the community members in the one month of the survey with the total number of households that participated in the study and the value obtained was converted to US dollars using the official exchange rate at the time of the study.

A one-sample *t*-test between proportions was performed to determine whether there was a significant difference between the comparison groups. Qualitative data were read repeatedly and emerging themes were identified and coded.