

**POVERTY AND SELF MEDICATION: IMPLICATION FOR HEALTH SEEKING BEHAVIOUR IN BENDE LOCAL GOVERNMENT AREA IN ABIA STATE, NIGERIA**

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**Abstract**

*Majority of people belonging to the poor strata avoid visiting doctors even at public hospitals because they cannot afford to purchase medicines. Apart from those who live below poverty line, even people belonging to middle class prefer self-medication to avoid payment of medical fees and diagnosis charges. The paper posited that health seeking behaviour sum up individual characteristics, nature of the environment in which a person lives and the interaction between individual and ecosystem. Self medication and poverty are closely linked with lower social classes because of their likelihood to engage in risky or unhealthy life styles and hardly consult physicians or doctors and indulging in self medication. The increasing level of self medication practice among Nigerians is a major challenge which required urgent attention. The objectives of the study were to examine the influence of low income on self medication and to determine the influence of unemployment and self medication among the people in Bende local government area of Abia State. Two null hypotheses were formulated in the study. Using the survey research design, data were collected from 120 selected respondents. The data were statistically analyzed using ANOVA statistical test at 0.05 significant level. Findings from the study showed that low income exerts significant influence on self medication among the people in Bende local government area in Abia State; also unemployment significantly influence self medication among the people in Bende local government area in Abia State. The study recommended that health care providers should educate*

patients on the dangers of self medication. Such messages should be extended to the community at the local level through public seminars, conferences and awareness programmes, periodically by government health ministries. Government, NGO's and healthy individuals should contribute in subsidizing health care to enable low income earners and unemployed to access health care and shun self medication. Also, government should enact and enforce legislation which limits the sales of over the counter drug (OTC) without prescription, limiting it to only few relatively harmless ones. There is need to create awareness about existing health facilities so that patients will know where to go when the need arises thereby minimizing the potential resort to self medication. Equally, the study recommended that further research is needed to disentangle the complex relations between poverty and self medication.

**Keywords:** Poverty Low Income, Self Medication, Health Seeking Behaviour, cultural Belief, Bende Local Government Area

## Introduction

The continuous increase in self medication despite the availability of healthcare centres is a major problem confronting most developing nations. The growing poverty and lack of resources are the major factors forcing people towards self medication for treatment of diseases while medical experts have warned of serious health consequences due to the practice (Ogbonnaya & Jedge, 2016). Majority of people belonging to the poor strata avoid visiting doctors even at public hospitals because they cannot afford to purchase medicine. Apart from those who live beyond poverty line, even people belonging to middle class prefer self medication to avoid payment of medical fees and diagnosis charges. This pattern of health behaviour is dangerous and can result in serious illness and in some cases cause death. This may be attributed to high treatment prices, doctors fees, medical fees and investigation test charges. These have become a matter of concern with persons who cannot meet their essential requirements like having two square meals a day (Ogbonnaya & Jegede, 2016).

Health seeking behaviour is the summation of individual characteristics, the nature of the environment in which a person lives, and the interaction between individual and environmental factors. It includes issues of whether, when, and from where health care is sought for illness. Health seeking behaviour is a key factor influencing health care services utilization. It is also a major determinant of health outcomes, in that the timing of initiation

of care, the place where health care is sought, and the type of treatment received often determine the duration, prognosis and outcome of an illness (Onyeonoro, Ogah, Ukegbu, Chukwuonye, Madukwe & Moses, 2016).

According to Onyeonoro *et al.*, (2016), there are internal and external factors that affect or influence health seeking behaviour. They include patient socio-demographic and socio-economic characteristics such as gender, age, income, educational status, marital status, health literacy, and illness type and severity. Others are community-related and health system related factors such as the presence of significant others, including spouses and other family members, access and cost of health-care services, availability of health resources and services, attitude of health-care services provided, community perception of a disease and poverty has been implicated too in moderating health seeking behaviour.

The poverty level has been increasing for years now within Nigeria. For example, poverty index increased from 27 per cent in 1980 to 46 per cent in 1985. It declined slightly to 42 per cent in 1992 and increased very sharply to 67per cent in 1996, the figure has consistently hovered around 70 per cent between 2000 and 2010. And it declined to about 50 per cent in 2018 (Appah, John & Soreh, 2012; Akinlo & Oni, 2012; IMF, 2018). When poverty is reduced, people will be able to acquire sound education and therefore gain awareness to the dangers of self medication and utilize the necessary health care as provided by the government

### Objective of the study

The paper investigated poverty and self medication: Implication on health seeking behaviour among the people in Bende Local government area of Abia State, Nigeria. Specifically, it

- i. Examine the influence of income on self medication among the people in Bende local government area in Abia state.
- ii. Determine the relationship between unemployment and self medication among the people in Bende local government area in Abia State.

### Research hypotheses

- i. There is no significant influence of income on self medication among the people in Bende local government area in Abia state
- ii. Unemployment does not significantly influence self medication among the people in Bende local government area in Abia State

### Concept of Self Medication

Self medication is a major form of self-care (Ndudim, 2006). According to Afolabi (2008), self medication involves the use of medical products by the consumer to treat self recognized disorder, symptoms, recurrent disease or minor health problems. Self-medication (SM) involves treatment of self-recognized disorders or symptoms, through the use of medicines that are approved, available without prescriptions (over-the-counter (OTC) drugs), and are considered relatively safe and effective when used as directed (World Health Organization, 2014) cited in Shehnaz, Agarwal and Khan (2014). Self medication is a major form of self-care. It involves the use of medical products by the customer to treat self recognized disorder, symptoms, recurrent disease or minor health problems. It is independent of age for both males and females. Medicines for self medication are often called over the counter (OTC) drug which are available without a doctor's prescription through pharmacies, mostly in the less developed countries (Jain, Malvis & Purviya, 2011).

Self medication is an age long phenomenon in the health sector. Indeed, the practice is as old as mankind. It is an act that has been practiced several decades back whereby people use herbs, roots, tree bark, alcohol, even food and other forms of behaviour to alleviate and treat symptoms of illness and ailments that afflict mankind at those time (Iyeke & Dafe, 2016). World health Organization (WHO, 2015) cited in Iyeke and Dafe (2016) defined self medication and self care as follows:

Self medication is the selection and use of medicines by individuals to treat self recognized illness or symptoms. Medicines include herbal and traditional products. Self care is what people do for themselves to establish and maintain health, prevent and deal with illness. It is a broad concept correlating with the use of drugs.

According to Iyeke and Dafe (2016), it encompasses:

- Hygiene (general and personal);
- Nutrition (type and quality of food eaten);
- Lifestyle (sporting activities, leisure)
- Socioeconomic factors (income level, cultural belief etc.)

Suther, Munjani, Mendes, Mendha and Patel (2020), maintain that self medication is known as the common practice of using medication such as over the counter (OTC) medicines for minor ailments without a registered medical practitioner's consultation. They maintain further that in developed and developing countries, self medication is part of self care. Self medication is seen as the selection and use of non-prescribed medicines by individuals' own initiatives to treat self recognized illnesses or symptoms. It is also seen as obtaining and consuming medication without professional supervision regarding indication, dosage and duration of treatment (Gutema, et al., 2011 cited in Dilie, Gualu, Haile & Zuleta, 2017).

Niwandinda, Lukyamizi, Ainebyona, Ssebunya, Murungi and Atukunda (2020) argue that self medication is the use of herbs to treat

health conditions without advice from a medical professional in terms of the dose, indication, route and frequency. They argue further that self medication also constitutes the continuous use of a previously prescribed medication to treat a recurrent illness. Over the counter (OTC) drugs are mainly used for self medication because such medicines are easily accessible at pharmacies without the doctor's prescription. Such drugs include pain relievers (acetaminophen), cough and cold medicines. Due to regulation challenges, self medication may be practiced, mainly in developing countries, using prescription only medications (POMs) (Niwandinda, Murungi & Atukunda, 2020).

The World Health Organization (WHO, 1998) and the International Pharmaceutical Federation (1999) define self medication as a run through by which human select and uses medicines to treat signs/symptoms or minor health problems, recognized as such by themselves. When done appropriately, medication can help the individual's health and is documented by WHO as part of self care. Self care is understood as what people do by themselves to inaugurate and maintain health, preventing, and dealing with disease (Chouhan & Prasad, 2016). Several factors have been reported to influence self medication behaviour among adolescents. They are: positive attitude toward self-care and overconfidence in medication knowledge often act as driving force for self medication, misuse of drugs, use of medicines without a prescription, use of old prescriptions, share medicines with friends/relatives, and use leftover medicines from previous prescriptions/stock at home (Shehnaz, Agarwal & Khan, 2014).

For Anthony (2018), self medication involves the choice of a particular drug administration which is not accidental or coincidental, it is also an individual psychological conditions as the drug choice provides relief to the user, specific to his or her condition.

## Problems of Self Medication

Self medication is one of the common health risk behaviour encountered among adolescents (Shehnaz, Agarwal & Khan, 2014). One of the major problems of self medication with antimicrobials is the emergence of human pathogens resistance worldwide particularly in developing countries, where antibiotics are often available without a prescription. Its irrational use increases the risk of adverse events, bacterial infection, hypersensitivity, drug withdrawal symptoms and of masking disease which can delay correct diagnosis (Jain, Malvi & Purviya, 2011).

Niwandinda, Lukyamizi, Ainebyona, Ssebunya, Murungi and Atukunda (2020) stress that self medication is a worldwide health problem with serious public health implications such as public health risks that include drug resistance, organ damage and contributes 2.9% to 3.7% of the deaths in the world, mainly due to drug-drug interactions. While self medication can produce good results and be a useful practice for the patient, it can also cause serious health risks such as bacterial resistance, dependence, digestive bleeding, antibiotic resistance, tolerance, cross tolerance, hypersensitivity reaction, drug withdrawal symptoms, adverse drug reactions, as well as increase the risk of neoplasia. In addition to the risks, momentary relief of symptoms may actually mask the underlying disease or cause of disease (Chouhan & Prasad, 2016).

Sambakunsi, Smabrekke, Varga. Solomon and Mponda (2019) report that self medication with antimicrobials is widely practiced in both developed and developing countries and is more prevalent where these agents are easily accessed without a prescription. Self medication may facilitate the indiscriminate use of these agents, for example, in the treatment therapies for minor and self limiting conditions. High rate of self medication has been reported among infant in Nigeria. Abdominal pain, constipation, fever and cough are the most common symptom of infants that are frequently treated with self medication in Nigeria (Jain, Malvi & Purviya, 2011). Jain, Malvi and Purviya (2011), assert

that self medication particularly with antibiotics has been widely reported leading World Health Organization (WHO) to call attention to the dangers of self medication as a cause of antibiotic resistance. In India, there is a Wide range of drugs coupled with inadequate health services result in increased proportion of drug used as a self medication compared to prescribed drugs (Jain, Malvi & Purviya, 2011). Barry (2018) agree that prolonged use of certain pain killer drugs such as paracetamol may produce renal injury and massive over dose may produce hepatic injury. Ogbajie (2017) aver that there is a particular significant risk of paracetamol overdose in infants and children because of the varying dosing schedules and the variety of formulations with different strengths. Chalker (2010) observe that fever remedies, anti-allergies, laxatives and antacids can lead to serious side effect and cause medical problems.

#### **Poverty: Definition, Description and Causes**

Poverty is a global phenomenon that affects both developed, developing and underdeveloped nations. Although, the level of poverty differs between countries depending on their development status, poverty is seen as an undesired state or condition where individuals or groups cannot afford the basic necessity(ies) of life. Poor people are subjected to total deprivation from opportunities, employment and security. Therefore, poverty has a multi-dimensional effect on the life of the individual or group (Aliyu & Umaru, 2016; Alozie, 2017). Offong (2019), pointed out that throughout human history, the population of the world has always been divided into two broad categories, viz; the have and have nots. 'Thus, poverty or the state of being poor is not new in the society. Offong (2019) aver that throughout human history, man has always shown concern and has been making effort to stem the wave of poverty. According to Uloaku (2019), poverty is a condition where ones income is too low to purchase goods and services that will satisfy it basic needs and when it has no financial resources kept in the form of accumulated or acquired wealth.

For Haralambos (2016), in defining poverty, a distinction is usually made between absolute and relative poverty. Haralambos (2016) maintain that absolute poverty means that a person or family simply cannot get enough to eat. People affected by absolute poverty are undernourished and in situations of famine may actually starve to death. Absolute poverty refers to subsistence poverty, on the other hand, relative poverty means being poor as compared with the standard of living of the majority. On the basis of these distinctions, the definition determines how much poverty there is believed to be (Haralambos, 2016). Gidden (2018) is of the views that the poor are diverse, they are distinguished between the working poor, poor minority, racial and ethnic groups. Gidden (2018) maintained that in most definition of poverty, Scholars tend to adopt the concept of relative poverty in measuring those who live below the poverty line. Thus, poverty is more likely to be measured than defined (Gidden, 2018).

Nnebuike (2018), conceptualize poverty into: lack of access to basic needs and Roads as an essentially economic or consumption oriented. Basic needs and services as identified by Okoronkwo and Okori (2019), includes Shelter, food, water and healthcare while access to productive resources include: working skills and tools, education, political and civil rights to participate in decisions concerning socioeconomic conditions. Ijeoma (2017), define poverty as: history process of individuals or groups being forcefully eliminated from control or decision-making, production and distribution in the society.

World Bank Report (2001) on Sub-Saharan Africa identifies the following factors as the root causes of poverty: inadequate access to the means of supporting rural development in poor regions, inadequate physical assets such as land and capital and minerals, inadequate access by the poor to credit, inadequate access to markets where the poor can sell goods and services, inadequate access to assistance for those living at the margins and those victimized by transitory poverty, lack of

participation and failure to draw the poor into the design of development programmes.

Anyamwu (2016), summarizes the classification of poverty into six (6) cardinal types: these types he used to identify the causes of poverty, they include: spatial or locational poverty, caused by geographical spread or location of an individual, generalized island or specific case poverty is poverty resulting from societal classification of gender, race, ethnicity and social classes. Chronic/structural poverty is caused by limited productive resources. lack of skills, unemployment and sociocultural factors (Anyamwu, 2016).

### **Poverty and Self Medication**

According to Moore (2008), social factors causing disease closely relate with health, and social divisions. Moore maintains that the clear outcome of sociological research is that standards of health and longevity are clearly distributed along the divisions of class healthcare accessibility. Moore (2008) identifies several reasons why people use self medication, one of such is poverty. Moore (2008) opines that the relationship between self medication and poverty has something to do with the lower social classes, which they may likely to engage themselves in risky or unhealthy life styles and hardly consult a physician or doctor, they are also more engaged in self medication.

Giddens (2018) report that one of the characteristics about the poor is that they had no health insurance to cover their medical bills, the implication of lack of medical insurance, may lead to involvement in self medication. Park (2006) observe that various rising persistence of pain killer can be traced to parental low-income and a greater percentage of the care givers gave paracetamol to their children and this could be examine by the fact that most of the parents were low income earners or without adequate employment. Dominic (2018), identifies poverty in the society as the major cause of self medication. He reveal that poverty situation in Nigeria do not allow people to visit doctors but rather make uneducated guesses and use drugs which

can leave them in far worse condition than they were before. He conclude that the poor are characterized by low income and unemployment.

Osundu (2015), maintain that income distribution is quite unequal and has increased dramatically in work organization, creating the working poor with devastating implications on self medication. Ikenna (2016), report that there is a significant relationship between low paid jobs and self medication, from his study, 8.53% of respondents admitted to self medication in analysis and anti-malaria drugs, while 22.4% cited financial constraints as the reason for their indulgence in self medication. Tayo (2016) suggest that unemployment and financial constraints are not the cause of self medication. According to him, self medication has nothing to do with unemployment or extreme poverty. For him, it is all about orientation and mind set.

World Health Organization (2017) observe that extreme poverty resulting from unemployment is both a cause and consequence of social inequality, and that when most people do not have access to health, healthcare and health facilities, they turn to self medication. Hamel (2015) submit that unemployment is not unconnected to self medication. For him, unemployment hindered the poor to seek proper and adequate health behavior and most likely self medication.

### **Theoretical framework**

#### **Theory of Relative Deprivation**

According to Peter Townsend (1999), poverty can be defined objectively and applied consistently only in terms of the concept of relative deprivation. He argue that the concept of relative deprivation should be thought of in terms of the resources available to individuals and households and the styles of living that govern people's needs. He maintain that individual families and groups in the population, can be said to be in poverty when they lack the resources to participate in the activities and have the living conditions and amenities which are customary or at least widely encouraged or approved in the society

to which they belong. The poor individuals or families are excluded from ordinary living patterns, customs and activities of the society.

This theoretical framework is rooted in class relations which determine the production, distribution and redistribution of resources, as well as related to cultural patterns. This implies that poverty is rooted in the socioeconomic and cultural patterns of society, hence, differ between cultures and society. Based on the theory, due to lack of resources, people may likely engage in risky or unhealthy lifestyles and hardly consult physicians or doctors, they are also more likely to engage in self medication. Financial constrain according to the theory is a major factor for the indulgence in self medication.

### Methodology

The research design adopted for the study was survey. A questionnaire was designed based on the variable drawn from the study. Bende local government area in Abia State is the study area with a population of 193,681 (National Population Census and National Bureau of

Statistics Estimation, 2016). From the population sample of one hundred and thirty (130) were purposively selected for convenience, however, only one hundred and twenty questionnaire were returned. The sample was non-randomly selected with the use of quota sampling technique. Data derived from the administration of questionnaire were analyzed using simple percentages and ANOVA statistical test. The percentages were used to describe the socio-demographic characteristics of respondent in the study, while ANOVA statistical test was used to test the hypotheses formulated in the study.

### Analysis

For this study, a total of 130 copies questionnaire were distributed while 120 were returned. The analysis was therefore based on 120 questionnaire retrieved from the field at 0.05 significant level. The socio-demographic statistics of respondents was examined first before testing the hypothesis drawn for the study.

Table 1: Distribution of respondents

	No of respondent	Percentage of respondent
<b>Marital status</b>		
Single	32	26.7
Married	78	65
Divorced	10	8.3
<b>Sex</b>		
Male	69	57.5
Female	51	42.5
<b>Educational qualification</b>		
Primary	18	15
Secondary	34	28.3
Tertiary	68	56.7
<b>Income status</b>		
Low income	65	54.2
Middle income	34	28.3
High income	21	17.5
<b>Occupational status</b>		
Civil servants	11	9.2
Business	24	20
Unemployed	85	70.8

Source: Fieldwork, 2023

Table 1 indicates the socio demographic data of respondents. The distribution showed that 32 respondents representing 26.7 per cent of the total respondents were single, 78 respondents representing 65 per cent were married, while 10 respondents representing 8.3 per cent were divorced. Among the respondents, 69 representing 57.5 percent were males, while 51 respondents representing 42.5 percent were females.

Also, the distribution showed that 18 respondents representing 15 per cent attended primary school, 34 respondents representing 28.3 percent attended secondary school, while 68 respondents representing 56.7 percent attended tertiary institutions. The distribution

further showed that 65 respondents representing 54.2 per cent were low income earner, 34 respondents representing 28.3 percent are middle income earner, while 21 respondents representing 17.5 percent are high income earner. For occupational status, the table showed that respondents representing 9.2 per cent are civil servant, 24 respondents representing 20 per cent are business men and women, while 85 respondents representing 70.8 percent are unemployed.

### Hypotheses

Hypothesis 1: There is no significant influence of income and self medication on the people in Bende local government area in Abia State

Table 2: Analysis of variance summary table examining the influence of income and self medication

Source of variance	Df	Sum of squares	Mean of squares	F-ratio
Between groups	2	41.05	20.5	6.8
Within groups	117	347.94	30	
Total	119	388.99		

$P > 0.05$ ;  $F_{\text{tab}} = 3.0$

### Decision rule

Accept the null hypothesis when calculated f-ratio is less than tabulated f-ratio, otherwise reject it. The calculated value of ANOVA (6.8) is greater than the table value of 3.0. Therefore, we reject the null hypothesis and accept the alternative hypothesis. Thus, there is a

significant influence between low income and self medication.

### Hypothesis two:

Unemployment does not significantly influence self medication among the people in Bende local government area in Abia state

Table 3: Analysis of variance summary table examining the influence of unemployment and self medication

Source of variance	Df	Sum of squares	Mean of squares	F-ratio
Between groups	1	45.09	45.09	17.3
Within groups	118	307.84	2.61	
Total	119	352.93		

$P > 0.05$ ;  $F_{\text{tab}} = 3.0$

### Decision rule

Accept the null hypothesis when calculated f-ratio is less than tabulated f-ratio, otherwise reject it. The calculated value of ANOVA (17.3) is greater than the table value of 3.0. Therefore, we reject the null hypothesis and accept the

alternative hypothesis. Thus, unemployment significantly influence self medication.

### Results and discussion

The analysis of the first hypothesis showed that there is a significant influence between low income and self medication among the people in Bende local government area in Abia State. The findings support Park (2006), who observes that various rising persistence of pain killer can be traced to parental low income and a greater percentage of the care giver gave paracetamol to their children and this could be examined by the fact that most of the parents were low income earners or without adequate employment. The findings are also in line with Dominic (2018) who identifies poverty in the society as the major cause of self medication. He reveals that poverty situation in Nigeria does not allow people to visit doctors but rather make uneducated guesses and use drugs which leave them in far worse condition than they were before. He concludes that the poor are characterized by low income and unemployment.

The analysis of the second hypothesis showed that unemployment significantly influences self medication among the people in Bende local government area in Abia state. The findings are in agreement with World Health Organization (2017) that extreme poverty resulting from unemployment is a cause and consequence of social inequality, and that when most people do not have equal access to health, health care and facilities, they turn to self medication. The findings are congruent with Hamel (2015) who submits that unemployment is not unconnected to self medication. For him, unemployment hindered the poor to seek proper and adequate health behavior and likely, self medication.

### Conclusion

Health is wealth, is a popular dictum. Therefore, to ensure a wealthy society, we must first ensure a healthy society. The increasing level of self medication practice among Nigerians is a major challenge which requires urgent attention. It is worthy to note that a nation experiencing good health entails that members of that society will contribute greatly to the development of their society by involving in meaningful economic activities.

### Recommendations

1. Health care providers should educate patients on the dangers of self medication. Such messages should be extended to the community at the local level through public seminars, conferences and awareness programmes, periodically by government health ministries. Also, government, NGO's and healthy individuals should contribute in subsidizing health care to enable low income earners and unemployed to access health care and shun self medication.
2. Government should enact and enforce legislation which limits the sales of over the counter drug (OTC) without prescription, limiting it to only few relatively harmless ones. There is need to create awareness about existing health facilities so that patients will know where to go when the need arises thereby minimizing the potential resort to self medication.
3. Further research is also needed to disentangle the complex relations between poverty and self medication. Although the current literature suggests that poverty and self medication may exert interactive effects, studies are hampered by diverse samples from sub-Saharan Africa that lack adequate variation in the poverty self medication gradient in order to statistically examine the full range of complex relations that shape this correlation.

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