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## SELF-CARE OF COMMON ILLNESSES AMONG SECONDARY SCHOOL STUDENTS IN UGHELLI – SOUTH LOCAL GOVERNMENT AREA, DELTA STATE, NIGERIA

ONOHWOSAFE, S. Peter (Ph.D)

Unit of Health, Safety and Environmental Education,  
Institute of Education,  
Delta State University, Abraka, Nigeria  
Tel.: 08036785002  
Email: hwosafe@gmail.com

### ABSTRACT

**T**his study focused on Self-Care of Common Illnesses among Secondary School Students in Ughelli – South Local Government Area, Delta State, Nigeria. The study adopted descriptive survey research design. The sample of this study comprised of 330 male and female students. A validated self structured questionnaire was used for data collection. It has a reliability of 0.78. Chi-square ( $X^2$ ) was used to test all the hypotheses at 0.05 level of significance. The findings revealed that parents mostly influence students to self-care, the availability of drugs influence students to self-care and greater proportion of students who mostly used analgesics (drug) arbitrarily for self-care were not aware of the danger of side effects of these drugs. It was therefore recommended that drug education must start in the students' early life. School-based health education can start even in primary schools and be implemented through the joint responsibility of both the parents, teachers, schools, the community and the government.

## INTRODUCTION

Self-care is a process by which people function on their own behalf in health promotion and prevention and in disease detection and treatment at the level of the primary health resource in the health-care system. Self-care involves the use of medicinal products by the consumer to treat self recognized disorder, symptoms, recurrent diseases or minor health problems. Along these lines, Johnfry (1987), Kirstin (2001) and Fareo (2012) separately specified four distinct roles for self-care: health maintenance and disease prevention, self-diagnosis; self-medication and self-treatment, and patient participation in professional care (use of services).

Self-care is broadly included in the concept of health behaviour; which Kasl and Cogh (1966), Phalke and Durgawale (2006) defined as activities carried out by those who consider themselves to be healthy in order to prevent disease or detect it in a symptomatic stage. Self-care is a human behaviour in which an individual uses a substance or any exogenous influences to self administers treatment for often unmanaged, undiagnosed physical or psychological ailments (Kirstin, 2001).

Mechanic (1978), Phalke, Phalke and Durgawale (2006) both agreed that illness is a condition which causes or might cause an individual to concern himself with his symptoms and to seek help. It is therefore a deviation from a defined normal state or a disruption of a balanced state. Self – treatment is subsumed within the concept of illness behaviour, which includes the actions that people take to define their symptoms and seek help (Kasl and Cobb, 1966, Donatelle, 2009; and Petal, 2012).

The use of drug for self-care is independent of age for both males and females. Ibrahim (1996) asserted that people hold the view that medicine should be used in the event of any sickness or discomfort. Few studies Udoh (1982), Major (2007), Oshikoya, Idowu and Olisamedia (2009), have attempted to evaluate self-care practices. The studies found out that the concept of self-care which encourages an individual to look after minor ailments with simple and effective remedies has been adopted worldwide and those that have done so reported that self-care is generally appropriate and effective. However, Litman (1971), Oparaeke and Adeogun (2014) have suggested caution and the need to strengthen health knowledge and treatment practices in lay populations.

Self-care has often been attributed to two main factors. One factor is the inadequacy of health services, because of shortage of staff, equipment and materials in the established medical facilities. The other is the intrinsic value placed on self-treatment, that is, self-care is an alternative to professional services, as implied in the foregoing statement, but a distinct service which is preferred and utilized by health consumers as a first line of action because it is seen as more appropriate safe, efficacious and or economical in the management of certain diseases or condition (Mckinley, and Mckinley 1977; Levin, 1980; D’Onofrio, 1980; Levin, 1981; Makonnen, 1989; Omigbodun and Babalola, 2004; WHO, 2014).

However, there is a problem associated with self-care such as under-dosing, over dosing, side effects and dependency. The problem of self-care is a world wide phenomenon that is practiced by the majority of the secondary school students in Ughelli South Local Government Area of Delta State. Since the problem has become part of us, there is need for all hands to be on deck to tackle this problem in developing countries like Nigeria and particularly Ughelli South Local Government Area, Delta State, Nigeria. Several factors combine to worsen the situation of students practicing self-care. These problems are routed because of long waiting periods in hospitals, minor ailment, cost to save money and time, lack of accessibility,

shortage of doctors or a feeling that their ailments is beyond the knowledge of orthodox trained doctors. In Ughelli South Local Government Area of Delta State, Nigeria, it can be observed that the problem of self-care among secondary school students hang more on the abuse of legal drugs such as pills and capsules, rather than the hard illegal drugs such as heroine, marijuana, cocaine and morphine. These factors require that the individual be considered in the context of their community and social structures and not in isolation, when planning communication or health education strategies.

This study, therefore examined self-care for common illnesses among secondary school students in Ughelli South Local Government Area of Delta State, Nigeria.

### **Hypotheses**

Based on the problem of this study, the following hypotheses are formulated to be tested in this study

1. There is no association between type of illness and students' illness behaviour.
2. There is no association between students' knowledge that dangers are associated with self-care and their illness behaviour
3. Parental influence will not significantly be a perceived cause of self-care among students' of Ughelli South Local Government Area of Delta State, Nigeria.
4. Availability of drugs will not significantly be a perceived cause of self-care among students of Ughelli South Local Government Area of Delta State, Nigeria.

### **Methodology**

The study used descriptive survey research design. The population consists of secondary school students in Ughelli South Local Government Area, Delta State, Nigeria. Samples of 330 respondents were used for this study from six secondary schools in the local government area. The local government area is made up of 3 clans. A clan has 3 towns and 10 villages which area classified as urban and rural areas. By a means of a simple random technique, 2 towns and 4 villages where selected for this study. The researcher drew slips of paper on which either "yes" or "no" was written for the exercise. Using a simple random sampling technique, 330 respondents where selected from the six secondary schools used for this study.

The instrument for this study was self-structured questionnaire. The questionnaire was divided into two sections "A" comprised four items on socio-demographic characteristics of the respondents with regard to age, gender, name of school and class. Section 'B' comprised 12 items which sought information on the respondents variables used in this study. The responses to section 'B' were structured based on a four point Likert type rating scale ranging from 'four' for strongly agree to "one" for strongly disagree. The instrument was validated by three lecturers in the Department of Human Kinetics and Health Education, Delta State University, Abraka, Nigeria, thus certifying the content and face validity. The corrected version of the questionnaire was administered to (20) students in Abraka Grammar School in Ethiope East Local Government Area of Delta State, Nigeria, that is outside the study area; by means of test retest method. Using Pearson Product Moment Correlation Coefficient to establish the reliability of the instrument, the value obtained was 0.78. This value obtained was regarded high enough to establish reliability of the instrument for this study.

The researcher personally administered the questionnaire to the respondents and with two trained research assistants. The questionnaires administered were retrieved on the spot. The exercise took a period of one week. The completed copies of the questionnaire were collected, coded and analysed. Chi-square ( $X^2$ ) statistical tool was used to test all the hypotheses at 0.05 level of significance. Out of the 330 questionnaire administered to the respondents, 300 returned questionnaire in usable condition were used for the analysis of this study.

## Presentation of Results

### *Hypothesis One*

There is no association between type of illness and students' illness behaviour in Ughelli South Local Government Area, Delta State, Nigeria.

**Table 1:** Comparison of type of reported illness and students' illness behaviour choice

Choice	Type of illness (%)					Total
	Body allies	Cold	Headache	Malaria	Other	
Hospital	6(28.6)	10(35.7)	13(35.1)	59(50.4)	15(41.7)	103
Self-treatment	15(71.4)	18(64.3)	24(64.9)	58(49.6)	21(58.3)	136
Total	21	28	37	117	36	239

Chi-Square = 5.98, Degree of freedom = 4, P value = 0.20070846

The first hypothesis considered the association between type of illness and illness behaviour (Table 1). Those reporting body aches had the highest proportion of self-care consumers (71.4%), while those having malaria had the lowest proportion (49.6%). These differences were not significant, and therefore, the null hypothesis was retained.

### *Hypothesis Two*

There is no association between students' knowledge that dangers are associated with self-care and their illness behaviour in Ughelli South Local government Area, Delta State, Nigeria.

**Table 2:** Comparison of students' knowledge of dangers of self-care and their illness behaviour choice

Choice	Knowledge of dangers (%)		Total
	Yes	No	
Hospital	101(46.3)	9(29.0)	110
Self-treatment	117(53.7)	22(71.0)	139
Total	218	31	249

Odds ratio: 2.11, Cornfield 95%. Confidence limits for or =  $0.87 < Or < 5.25$ ,  $X^2$  Yates = 2.63, df = 1, P = 0.10492779

From this table 2, the study looked at the association between knowledge of dangers associated with self – care and illness behaviour. A greater proportion of those who did not know about such dangers practiced self-care (71.0%) than did those who claimed to possess the knowledge (53.7%) as seen in Table 2. This was only of borderline significance, and therefore the null hypothesis must be accepted.

### ***Hypothesis Three***

Parental influence will not significantly be a perceived cause of self-care among students in Ughelli South local government Area, Delta State, Nigeria.

**Table 3:** Chi-Square analysis showing parental influence of students on self-care

Responses	Frequencies	%	X <sup>2</sup>	Df	Remark
SA	75	25	19.70	3	Significant
A	105	35			
D	52	17.3			
SD	68	22.7			
Total	300	100			

Calculated X<sup>2</sup> value = 19.70, df = 3 significant level < 0.05, Table value = 7.82.

Table 3 revealed that the Chi-square value was 19.70, table value stood at 7.82 with 3 degree of freedom (df) at 0.05 level of significance. This implies that the result of the (x<sup>2</sup>) test therefore was significant, thus giving the basis for rejecting the hypothesis which stated that parental influence will not significantly be a perceived cause of self-care among secondary school students in Ughelli South Local Government Area, Delta State, Nigeria.

### ***Hypothesis Four***

Availability of drugs will not significantly be a perceived cause of self-care among students in Ughelli South Local Government Area, Delta State, Nigeria.

**Table 4:** Chi-Square (x<sup>2</sup>) analysis showing the availability of drugs as a cause of students self-care

Responses	Frequencies	%	X <sup>2</sup>	Df	Remark
SA	127	42.3	213.67	3	Significant
A	148	49.3			
D	03	01			
SD	22	7.3			
Total	300	100			

Calculated X<sup>2</sup> value = 213.67, df = 3 significant level < 0.05, Table value = 7.82.

Table 4 showed that the calculated chi-square value of 213.67 is greater than the critical value of 7.82 at 0.05 level of significance showing that the null hypothesis which stated that availability of drugs will not significantly be a perceived cause of self-care among secondary school students in Ughelli South Local Government Area, Delta State, Nigeria, is therefore rejected.

## Discussion of the Findings

Man's health behaviour is motivated primarily by a desire to protect himself against threats to health and safety, or is in other words, an action in response to perceived threats, Hochbaum, (1970), Kasl and Cobb (1966) in their classic work, defined health behaviour as activities carried out by those who considered themselves to be healthy in order to prevent disease or detect it in a symptomatic stage.

Decision making during illness by the students can be linked to the availability of paths of an action open to students (individuals) experiencing the episode. This involves more than the physical presence of services. Social role expectations on affected individuals may also limit access. However, the reported actions taken during the illness period by the students include seeking advice from parents about their illness episode, the use of drugs which had been previously prescribed for a disorder because of similar symptoms, the use of drugs as first line of treatment, the use of traditional medicine, visiting hospital for treatment, praying and doing nothing about the illness. The study revealed that a greater proportion of those who did not know about dangers associated with self-care and illness behaviour practiced more of self-care.

Self-care, as perceived by the students is not independent action, since in most cases the decision about form of first line treatment was made together with parents. This involvement of family members in healthcare demonstrates the fact that adolescents are in a transitory stage where parents still have a greater role to play in their lives. This is in agreement with other studies (Deria, 1981; Omolase, Adeleke and Afolabi, 2007; Barrett, Meisher, and Stewart, 2008; Oparaeke and Aderogun, 2014) found that a child's attention to symptoms was related to parent's interest in health matters. More symptoms were reported in children whose parents reported more symptoms for themselves (Kirscht, 1974 and Onohwosafe, 1998). Thus, the decision to see a doctor is often influenced by advice from parents. Parental influence was significant in this study both directly and indirectly. Those who got information from parents about medication were more likely to practice self-care than those learned from other sources.

The study found that pain relieving drugs, were the most commonly used drugs for self-care by the students. This is not surprising because these drugs constitute a large portion of medicine stocked and sold by patent medicine sellers in Ughelli South Local government Area, Delta State, Nigeria. This finding is in collaboration with Anumonye (1980), Oshiname and Brieger, (1992), Hussain and Khanum (2008), who found that prevalence of drugs in the community and proliferation of pharmaceutical companies contribute to a wide spread availability of Over-the-counter (OTC) drugs in Nigeria. They found that irrational use of analgesic by the student was the most common self-care problem which might have some serious side effects such as vomiting, nausea, headache, dizziness, disability and death.

## Conclusion

This study revealed that self-care is the most common first line of action taken by students who were actually ill. Those who used these drugs were influenced by their parents, availability of drugs and those who did not know that dangers is associated with drugs used arbitrarily for self-care. This implies that students have not fully adopted this common behaviour of their parents (elders), and that school based educational programmes on appropriate responses to illness would be timely.

## **Recommendations**

Based on the findings of this study and the potential strategies available for health education in the school and community, the following recommendations are made.

1. For the problem of self-care to be solved drug education must begin in the students' early life. School – based health education can start even in primary schools and be implemented through the joint responsibility of the parents, schools, the entire community and the government.
2. The government should be able to provide functional, affordable, accessible medical services for the students and the health board should always endeavour to stock the health centres with adequate and essential drugs for the treatment of common ailments of students.
3. There should be public enlightenment campaign and education of students, young adults and the general populace about specific risk and side effects of self-care and its importance by mass media, social media, seminars/work shops, lectures and health education programmes.
4. On the positive side, if self-care is preceded by adequate education, is an in expensive and timely form of treatment for many common illnesses especially in the rural areas where there is a dearth of health facilities and healthcare services.

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