



# Sociocultural Variables and Drug Utilisation among Workers

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## Summary

### INTRODUCTION

Across human history, medicine (drug) is considered the most essential ingredient in healthcare and wellbeing. Drugs play an indispensable role in the treatment process and have a major impact on patients' rehabilitation. As illnesses and diseases became complex, the need for complex drugs became inevitable. The emergence of new and improved drugs has led to a significant reduction in mortality rates and congestion in hospitals as well as improved life expectancy, specifically in developed countries. However, wrong prescription or usage of a drug has also been noted to constitute debilitating health challenge to the patients as well as the society. The inevitability of drug use among certain people contributes to inappropriate drug utilisation. This study was aimed to examine sociocultural variables and drug utilisation among workers. Specifically, the study considered religious beliefs, level of education, communication and income level as sociocultural variables to drug utilisation.

### MATERIALS AND METHODS

The study was conducted using the survey research design that allows for the use of the questionnaire was adopted, while the multistage sampling technique was utilised in selecting respondents for the study. The sample size for the study was 400 workers, determined using Taro Yamani approach. Retrieved data were analysed using the One-way analysis of variance (ANOVA) and Pearson Product Moment Correlation Coefficient.

### RESULTS

The result of the study statistically showed a significant relationship between religious beliefs and drug utilisation (\* $P < 0.05$ ;  $df = 947$ ;  $Cf = 3.04$ ), level of education and drug utilisation (\* $P < 0.05$ ;  $df = 722$ ;  $Cf = 2.62$ ), communication and drug utilisation ( $P < 0.05$ ;  $df = 398$ ;  $r = 0.96$ ), and income level and drug utilisation (\* $P < 0.05$ ;  $df = 912$ ;  $Cf = 0.99$ ) among workers.

### CONCLUSION

The sociocultural variables (religious beliefs, educational level, communication and income level) are contributing factors influencing drug utilisation among workers.

This study therefore confirmed that the sampled respondents in this study statistically explain the homogeneity of the variables being investigated.

### RECOMMENDATIONS

Based on the findings, the study recommended among others that the Federal Ministry of Health should in collaboration with religious and traditional leaders



**sensitise Nigerians on the importance of adhering to medical advice on drug use without violating the tenets of the respective religions and traditions.**

*Keywords: Religious Beliefs, Education, Communication, Income, Drug Utilisation*

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## **Introduction**

Across human history, medicine (drug) is considered the most essential ingredient in healthcare and wellbeing. A drug is not only a substance administered or taken by an individual for the eradication of pains, healing of injuries and infirmities and the restoration of bodily dysfunctions but also the capacity of a substance to maintain, promote, cure and prevent diseases and illnesses. Drugs play an indispensable role in the treatment process and have a major impact on patients' rehabilitation. As illnesses and diseases became complex, the need for complex drugs became inevitable (Ojua, Ishor & Ndom, 2013). The emergence of new and improved drugs has led to a significant reduction in mortality rates and congestion in hospitals as well as improved life expectancy, specifically in developed countries. However, wrong prescription or usage of a drug has also been noted to constitute debilitating health challenge to the patients as well as the society. Inappropriate drug utilisation has the potential to cause increased morbidity and mortality rate, excessive medicalization, polypharmacy, adverse drug reaction (ADR) as well as increased microbial resistance (IMR) in a community (Wettermark, Elseviers, Almarsdottir, Andersen, Benko, Bennie, Erikson, Godman, Krska, Poluzzi, Taxis, Stichele & Palcevki, 2016). Several factors including biological, social, economic, environmental, ecological and cultural, have been identified to affect drug utilisation among different social classes in different places. Biologically, people tend to utilize drugs without hospital or professional prescription due to their particular health condition, usually

congenital or natural such as sickle cell anaemia and menstrual cramps. Socially, people utilize drugs inappropriately either because the majority are using them or aid social performance. This includes the use of caffeinated energy drinks mostly by youth, which are known to induce high blood pressure. The economic status of a patient, the environment, as well as cultural values contributes to inappropriate drug utilisation by a patient or a random user.

According to Oluwabamide and Umoh (2011), people often engage in fasting and prayers despite their illnesses, thereby refusing food and the drugs prescribed for them while still in the hospital. For decades, this attitude has been part of the socio-cultural challenges affecting drug utilisation among Nigerians, especially rural dwellers. Likewise, the cultural values of the people play a key role in how patients utilize drugs, especially when there are contradictions between directions for use and dominant cultural values. In recent times, especially in hospitals, patients have been observed to disregard the instructions of healthcare givers with regards to their medications and drug utilisation often resorting to traditional medicines and spiritual exercises (Ojua, Ishor & Ndom, 2013). The level of education of a patient is also an area of concern for drug utilisation. Studies have shown that there is a significant correlation between education and health management (Kalangi & Thakur, 2019).

Although several efforts have been taken by the healthcare system towards seeing that patients do not suffer health consequences, associated with inappropriate use of drugs. The healthcare system, through



the doctors, pharmacists, nurses and other healthcare personnel normally prescribe and issue appropriate direction for use of the drugs to the patients. Despite these measures, the majority of patients are seen to disregard these directives for various reasons. Considering these non-adherences to effective use of drugs, this study was poised to investigate factors considered to be responsible for the inappropriate use of drugs among workers. Thus, this study investigates the effects of religious beliefs, levels of education, communication as well as levels of income on drug utilisation among workers of Uyo Senatorial District in Akwa Ibom State, Nigeria. However, the following were specific objectives:

1. To determine whether religious beliefs influence drug utilisation among workers;
2. To examine whether the level of education influence drug utilisation among workers;
3. To examine whether communication influence drug utilisation among workers; and
4. To ascertain whether the level of income influence drug utilisation among workers.

## Materials and Methods

The study was carried out in Uyo Senatorial District of Akwa Ibom State, Nigeria. The district is located in the Niger Delta region of Nigeria. Uyo Senatorial District is also called North-East Senatorial District in Akwa Ibom State and is made up of nine Local Government Areas (LGAs), which include Uyo, Etinan, Ibesikpo, Ibiono Ibom, Itu, Nsit Atai, Nsit Ibom, Nsit Ubium and Uruan LGAs.

The district lies between latitudes 4° 49' and 5° 22'N and longitudes 7° 48' and 8° 14'E and covers a landmass of 2,045,109 km<sup>2</sup>, which is approximately 6,580 square metre (Udo, Udofia & Olajide (2009); Okon &

Inyang, 2015). The area has a total population of about 1,354,215 people (NPC, 2006). The state houses government and private organisations of which the study focuses on workers in the area. The multistage or mixed methods sampling technique was used in identifying the desired respondents for this study. Specifically, Cluster, systematic random sampling and the convenient sampling technique was adopted in selecting 430 respondents for the study. The questionnaire served as the primary tool for data collection. It was structured in two parts, having section A and section B. Section A was structured to generate data from the demographic data of respondents while section B was designed in four sections in 20-item structured questions eliciting opinions of the respondents in a 5-point Likert scale, with each section seeking to measure the relationship between the identified variables. The data gathered from the field were statistically defined using simple percentages and Analysis of Variance (ANOVA) for testing of hypotheses at 0.05 level of significance.

## Results

Data retrieved were statistically analysed. The outcome for demographic data as presented in Table 1 shows that 203 respondents were males while 197 respondents were females representing 50.75 per cent and 49.25 per cent, respectively. This observation indicates that more males participated in the study than females. On the ages of the respondents, those between 18 to 27 years old were 21 (5.25%); those between 28 to 37 years were 74 (18.5%); the 38 to 47 years were 128 (32%); 48 to 57 years were 127 (31.75%) while those between 58 to 67 years were 127 (31.75%). Respondents from 68 years and above were 12 representing 3 per cent. The mean age distribution for the study was 51± (69-18yrs) while the modal age distribution for the study was 42 consisting of respondents between ages of 38 to 47 years old (32%). On



marital status, table 1 shows that majority of the respondents were married (281,70.25%), 71 respondents (17.75%) were single, 7 (1.75%) divorced while 37 respondents (9.25%) were widowed. Only 4 respondents (1%) did not respond to the question on marital status. The married recorded the modal frequency of the class distribution.

On occupation, 99 respondents (24.75%) were students; 44 (11%) were farmers while 172 (43%) were traders. 85 respondents, (21.25%) were civil servants.

The observations of responses on occupation showed that majority of the respondents (43%) were farmers and recorded the modal frequency in the occupation class distribution. The observations of responses on

occupation showed that majority of the respondents (43%) were farmers and recorded the modal frequency in the occupation class distribution.

On the distribution of respondents by educational qualification, the table shows that respondents with First School Leaving Certificate (FSLC) were 34 (8.5%); those with Senior School Certificate Examination (SSCE) were 261 (65.25%) while graduates of universities, polytechnics and equivalent academic institutions were 89 (22.25%). Respondents who had acquired informal education were 5 (1.25%). However, 11 respondents, representing 2.75 per cent did not indicate their educational qualification.

**Table 1: Bio-Data of Participants**

S/N	Variables	Indicators	No's of Resp.	%
1	<b>Sex</b>	Males	203	50.75
		Females	197	49.25
		No response	0	0.0
2	<b>Age</b>	18 – 27	21	5.25
		28 – 37	74	18.5
		38 – 47	128	32.0
		48 – 57	127	31.75
		58 – 67	38	9.5
		68- Above	12	3
		No response	0	0
3	<b>Marital status</b>	Single	281	70.25
		Married	71	17.75
		Divorced	7	1.75
		Widowed	37	9.25
		No response	4	1.00
4	<b>Educational qualification</b>	FSLC	34	8.5
		SSCE	301	75.25
		Graduate	60	15
		NIL	0	0
		No response	5	1.25
5	<b>Income level (Monthly)</b>	<10,000	0	0
		₦10,000 – ₦50,000	44	11
		₦50,000 - ₦100,000	299	74.75
		>₦100,000	57	14.25
		No response	0	0
6	<b>Occupation</b>	Students	391	97.75
		Farming	0	0
		Trading	5	1.25
		Civil service	4	1
		Others	0	0



Source: *Researcher's field report, 2019*

Observations on the educational qualification of the respondents showed that majority of the respondents (65.25%) were Senior School Certificate Examination (SSCE) holders and also recorded the modal frequency of the class distribution. On religious beliefs, the table shows that 394 respondents, (98.50%) were Christians while 2 (0.50%) were Muslims. Only 4 respondents (1.0%) indicated they were neither Christians nor Muslims nor worshippers of African Traditional Religion (ATR). The observations on the religious beliefs of the respondents indicated that the study area is dominated by Christians (98.50%), who recorded the modal frequency.

### ***Test of Hypotheses:***

#### **Hypothesis one**

There is no significant influence between religious belief and drug utilisation among workers in Uyo Senatorial District, Nigeria. This hypothesis was tested using analysis of variance (ANOVA). While the dependent variable of this hypothesis is drug utilisation, the independent variable is religious beliefs, measured by faith, prayers, fasting, demonic attacks and divine healing. This hypothesis was tested using responses from questions 7, 8, 9, 10 & 11, which measures religious beliefs and drug utilisation.

The result of this hypothesis is presented in table 2. The objective of hypothesis one was to determine the influence of religious beliefs (faith, prayers, demonic attacks and divine healing) on drug utilisation among workers in Uyo Senatorial District, Nigeria. The result of the analysis as represented in table 2 shows that the calculated F-ratio of 24.89 is greater than the critical F-ratio of 3.04 at .05 significance level and 139 freedom level. With this outcome, the null hypothesis was therefore overruled while accepting the alternate hypothesis. This result shows that religious beliefs (in terms of prayers, adhering to religious leaders, belief in demons/evil spirits) have a significant influence on drug utilisation among workers in Uyo Senatorial District, Nigeria.

#### **Hypothesis Two**

There is no significant influence between the level of education and drug utilisation among workers in Uyo Senatorial District, Nigeria. This analysis of the hypothesis was carried out using analysis of variance (ANOVA). The dependent variable of this hypothesis is drug utilisation, while the independent variable is level of education, measured by graduate level, secondary education level, primary school level and informal education.

**Table 2: ANOVA (One-Way Analysis Of Variance) Measuring the Influence of Religious Beliefs on Drug Utilisation among Workers**

<b>Religious beliefs</b>	<b>N</b>	<b>X</b>	<b>SD</b>	<b>Std. Error</b>
Faith	294	21.21	5.01	.812
Prayers	322	22.06	5.72	.816
Demonic attacks	121	17.93	5.13	.704
Divine healing	211	19.78	5.33	.750
Total	948	22.11	5.47	.399
<b>Source of variation</b>	<b>SS</b>	<b>Df</b>	<b>MS</b>	<b>F-ratio</b>
BG	288.97	3	96.33	
WG	3658.59	944	3.87	24.89**
Total	3947.56	947		

\*P<0.05; df = 947; Cf = 3.04



This hypothesis was tested using responses from questions 12, 13, 14, 15 and 16, which measures the level of education and drug utilisation. The result of this hypothesis is represented in table 3.

The objective of this hypothesis was to examine the influence of level of education (graduate level, senior school certification examination [SSCE] level, first school leaving certificate [FSLC] and informal education level) on drug utilisation among workers in Uyo Senatorial District, Nigeria. The result of this hypothesis as shown in table 3 reveals that the calculated F-ratio of 2.92 is greater than the critical F-ratio of 2.62 at .05 significance level and 599 freedom level. With this outcome, the null hypothesis was therefore overruled while accepting the alternate hypothesis. This result shows that levels of

education have a significant influence on drug utilisation among workers in Uyo Senatorial District, Nigeria, such that there is a huge difference (15%) between the use of drugs between graduates and patients in the first school leaving certificate level of education.

### Hypothesis three

The findings of the hypothesis were interpreted based on the rule guiding the interpretation of values in PPMC. Thus, a value of 1 was interpreted as a *perfect positive correlation*; a value of -1 was interpreted as *perfect negative correlation* while a value of 0 was interpreted as a *negative correlation*.

Hypothesis three states that there is no significant relationship between communication and drug utilisation among workers in Uyo Senatorial District, Nigeria.

**Table 3: One-Way Analysis of Variance (ANOVA) Measuring the Influence of Level of Education on Drug Utilisation**

Levels of education	N	X	SD	Std. Error
Graduate Level	231	50.25	7.08	.499
SSCE Level	196	11.25	3.35	.499
FSLC Level	116	64.75	8.04	.499
Informal education level	180	0.75	0.86	.493
Total	723	125.5	19.33	1.99
Source of variation	SS	Df	MS	F-ratio
BG	41,548	3	13,849.33	
WG	965,304	719	1,342.56	10.31*
Total	1,006,852	722		

\*P<0.05; df = 722; Cf = 2.62

**Table 4: Pearson Product Moment Correlation Table Showing the Relationship between Communication and Drug Utilisation among Workers (N = 400)**

Variables	$\sum x$	$\sum x^2$	$\sum XY$	r
	$\sum y$	$\sum y^2$		
Communication (x)	363	2821	7063.6	0.96
Drug utilisation (y)	1,621	2917		

Significance: .05 (One-tailed); df -398; N= 400







This hypothesis was tested using responses from questions 17, 18, 19, 20 & 21. The table measured poor communication and drug utilisation. The result of hypothesis three is presented in table 4. At a significance level of .05 and 398 degrees of freedom, the  $t$ -cal value of 0.96 shows that there is a perfect negative correlation between poor communication and drug utilisation among workers in Uyo Senatorial District, Nigeria. With this outcome, the null hypothesis was maintained affirming that poor communication has no significant correlation with drug utilisation among workers in Uyo Senatorial District, Nigeria.

#### Hypothesis four

There was no significant relationship between the level of income and drug utilisation among workers in Uyo Senatorial District, Nigeria. The aim of hypothesis four was to identify whether levels of income influences drug utilisation among workers in Uyo Senatorial District, Nigeria. Using One-Way Analysis of Variance, at 0.05 level of significance and 910 degrees of freedom, the result of this hypothesis as presented in table 4.9 shows that the calculated F-ratio of 0.89 is less than the critical F-ratio of 0.99. With this outcome, the null hypothesis was accepted while the alternate hypothesis was rejected. This result shows that income levels do not

have a significant influence on drug utilisation among workers in Uyo Senatorial District. This was observed as the difference in drug utilisation between low income patients and high-income patients were less 2, representing 0.21 per cent of the respondents.

#### Discussion

The first hypothesis on religious belief and drug utilisation were tested using ANOVA (analysis of variance) at 947 freedom level and .05 significance level. After testing hypothesis one, which measure the influence of religious beliefs on drug utilisation, the F-ratio of 24.89 which was greater than the critical value of 3.04 justified the rejection of the null hypothesis in favour of the alternate hypothesis.

The alternate hypothesis states that there is a significant influence between religious beliefs and drug utilisation among workers in Uyo Senatorial District, Nigeria. This finding simply explains that the religious beliefs of most patients of Uyo Senatorial District significantly influence the utilisation of drugs. The outcome of this hypothesis agrees with findings from Roosh (2015) as well as Frush, Eberly and Curlin (2018) that religious beliefs significantly affect the utilisation of drugs, especially among rural dwellers and economically disadvantaged families.

**Table 5: One-Way Analysis of Variance (ANOVA) Measuring the Influence of Levels of Income on Drug Utilisation among Workers**

Levels of income	N	X	SD	Std. Error
Low income level	300	71.75	4.21	.729
Middle income level	315	86.75	9.31	.694
High income level	298	69.75	8.35	.733
Total	913	228.25	21.87	2.15
Source of variation	SS	Df	MS	F-ratio
BG	1842.67	2	921.33	
WG	938,700.59	910	1031.53	0.89*
Total	3947.56	912		

\*P<0.05; df = 912; Cf = 0.99





To Roosh (2015), many religious people exhibit high degrees of suspicion on drugs produced and marketed by individuals or agencies considered inimical or oppositional to the religion. He justified his conclusion of the prejudices in religion and drug from the widespread rejection of Western drugs and medical aids to countries such as Somalia, Pakistan, Afghanistan, etc. on the claims that the drugs and aids are covertly intended to depopulate the region. This has, however, had tremendous effects on the region especially in the fight against poliomyelitis and vaccination against several deadly infections and diseases such as hepatitis, measles, chickenpox, diphtheria, tetanus, Haemophilus influenza, tetanus, pertussis among others.

The finding of this hypothesis also tallies with Ghuman and Hogue (2015) who found that many religious youths in major urban areas of South Africa reported not indulging or utilizing drugs considered dangerous to the mind. To the youths, certain sedative drugs could have unwanted effects on them, making them unclean before their god. On the conflict between adherence to doctor's prescription and compliance to dosage and the religious influence on faithful, Dalgarrondo, Soldera, Rodrigues, Filho and Silva (2004) observed that religion has a strong influence over its adherents especially on the use of drugs, even in times of illnesses. The observation of Dalgarrondo, et al. (2004) showed that religious people tend to listen to the instructions of religious leaders on measures to attain healthiness than the instructions and prescriptions of medical doctors and health workers in general.

Hypothesis two on level of education and drug utilisation was tested using ANOVA, at 722 freedom level and .05 significance level. After testing this hypothesis, which measures the influence of levels of education on drug utilisation, the result showed that F-

ratio of 10.31 was greater than the critical value of 2.62. Based on this outcome, the alternate hypothesis was accepted while the null hypothesis was rejected. The alternate hypothesis states that there is a significant influence between levels of education and drug utilisation among workers in Uyo Senatorial District, Nigeria. This was observed as the difference between the appropriate use of drugs between graduates and FSLC was 115 (15.90%). This finding simply explains that levels of education of the patients of Uyo Senatorial District significantly influence their utilisation of drugs. The outcome of this hypothesis agrees with Gelayee and Binaga (2017) as well as Bonyani, Safaeian, Chehrazi, Etedali, Zaghian and Mashhadian (2018) who in addition to agreeing that the problem of drug utilisation is a global phenomenon, concluded separately that there is a significant influence of education on drug utilisation. To Bonyani, et al. (2018), there is improved utilisation of drugs among educated youths than other social classes such as adolescents and old people. This position is familiar with the assertion from Guenette and Moisan (2011) that polypharmacy (use of multiple drugs at the same time either for the treatment of different or same illnesses condition) was most prevalent among old people.

To Oshio (2018), as people get older their health status either improves or depreciates depending on their level of education. This implies that the health status of the educated is expected to relatively improve while that of the less educated is expected to deteriorate. This is facilitated through the knowledge of the use of drugs and the capacity to afford any drug. For the less educated, they lack the financial ability to purchase the essential drugs to meet their health needs. As noted by Mirowsky and Ross (2003, cited in Oshio, 2018), low educational level predisposes individuals to material disadvantages which could lead to a



significant reduction in access to adequate nutrition and life chances for healthy living.

Hypothesis three on communication and drug utilisation was tested using Pearson Product Moment Correlation (PPMC) Coefficient, presented in table 4.8 at 398 degrees of freedom and 0.05 level of significance. The calculated Pearson value of 0.96 showed there was a perfect negative correlation between communication and drug utilisation. With this, the null hypothesis was accepted and the alternate hypothesis was rejected. The null hypothesis states that there is no significant relationship between communication and drug utilisation among residents of Uyo Senatorial District in Akwa Ibom State, Nigeria. This finding showed that communication between healthcare givers and patients of Uyo Senatorial District has not significantly affected the utilisation of drugs among residents of Uyo Senatorial District in Akwa Ibom State.

The outcome of this hypothesis agrees with Sawant and Sansgiry (2018) who found no significant effect between communication and drug utilisation. To Sawant and Sansgiry (2018), patients often make a decision regarding drug use based on the perception of risks and benefits associated with the behaviour of the patient, the illness condition as well as the external factors such as income and belief system.

However, this finding contradicts most previous works on communication and drug utilisation. To Bergkvist, et al. (2009) poor communication between the hospital and the inpatient usually mislead general medical practitioners into prescribing different and sometimes, incompatible drugs. Bergkvist, et al. (2009) argue that changes usually made on a patient's drug history are often not included in the discharge letter, which makes it difficult for general practitioners to continue with the drugs. This is often observed among patients from rural communities, who travel long

distances to access healthcare services in urban areas, without the means to return or maintain appointments with the urban hospital.

To Brekke and Frydenberg (2012), less than six per cent of patients from rural communities usually carry along their updated medical list containing drug history when visiting a general practitioner. Without effective communication, most patients find it difficult to utilize the drugs prescribed. Despite of the indications written on the leaflet of the drug package and the instruction for use issued by the medical officer, Davis, Schoenbaum, Collins, Tenney, Hughes and Audet (2012) contends that most patients still find it difficult to utilize such drugs due to confusion on what exactly to do to avert the prospect of possible contraindications.

Hypothesis four on level of income and drug utilisation was tested using ANOVA at 912 freedom level and 0.05 significance level. The calculated F-ratio of 0.89, which was less than the critical value of 0.99, caused the alternate hypothesis to be rejected while the null hypothesis was accepted. The null hypothesis states that there is no significant influence between levels of income and drug utilisation among workers in Uyo Senatorial District, Nigeria.

This shows that the level of income has no significant influence on the utilisation of drugs among residents of Uyo Senatorial District. This finding shares the position of Khullar and Chokshi (2018), who noted that the tendency to appropriately utilize drugs is measured equally among low-income earners, middle-class and the wealthy (high-income status). Their observation shows that high-income patients utilize drugs as much as the low-income patients, despite of the disparity in their class susceptibility to illnesses and diseases.

The outcome of this hypothesis disagrees with findings from Federman, Halm, Zhu, Hochman and Siu (2006), which showed



that low level income patients often skip their drugs due to their inability to afford the cost, especially where they are not covered by health insurance facilities. To Federman, et al. (2006), many patients are not able to acquire drugs prescribed for them in the hospital due to their inability to afford the cost. Although the World Bank (2014) observes is a symbiotic synergy between poverty and ill-health; such that while prolonged illness condition could make a patient poor due to high cost of seeking treatment, poverty also deprives a patient of accessing quality food and medicines for healthy living, the findings of this study does not support this point of view. Another challenge associated with a high number of low-income patients in the health care system is the fact that it exposes many into drug abuse. They tend to utilize any drug available to them, which leads to polypharmacy and other health complications including paralysis, stroke and death. In many cases, low-income patients go for low-quality drugs or simply different drugs from what is prescribed.

## **Conclusion and Recommendations**

Sociocultural variables (religious beliefs, educational level, communication and income level) influencing drug utilisation showed striking outcomes. On the religious belief to drug utilisation, certain religious beliefs such as prayer, faith in divine healing and that illnesses and diseases were caused by demons and spiritual forces tend to hamper the use of drugs by patients which has become a menace in the healthcare system due to complications arising from inappropriate drug use. In many cases, individuals conceal their illness with the hope that prayers would heal them, only to report to the hospital for treatment when it becomes life-threatening. On educational level and drug utilisation, it was discovered that highly educated

individuals have a better understanding of drug utilisation than the less educated class. On communication and use of drugs, poor communication in the healthcare system has been identified to include failure of health officers to relay vital information relating the health and safety of the patients, leading to wrong administration of drugs contrary to diagnostic outcomes. However, on income level and drug utilisation among workers, has no significant relationship. It, therefore, implied that levels of income of patients do not determine how drugs are utilized. In that, there was no observation justifying better usability of prescribed drugs between patients of high-income status and those in the low-income strata. Based on this, the study proposed that:

1. The Federal Ministry of Health (FMH) should in collaboration with the leaders of religious and traditional institutions should sensitise their members on the importance of adhering to medical instruction on drug use without violating the tenets of the respective belief.

2. The National Orientation Agency (NOA) in collaboration with other media organizations, especially radio and television, carry out intensive sensitization campaigns on the need to adequately educate the people on the dangers of inappropriate drug use and drug abuse.

3. Hospitals should create Communication Departments where indigenes and individuals with proficiency in different languages and dialects are engaged to link the hospital and the patients through effective communication.

4. The National Health Insurance Scheme (NHIS) should be extended to rural communities to accommodate farmers and market women. This is intended to reduce the burden of cost which has been identified to hamper healthcare access for the rural poor and the inability to afford essential drugs.



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