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Assessment of factor s associated with self-medication and its health implications among students at College of nursing Sciences Amachara

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Abstract

Self-medication is a common healthcare practice among students, potentially influenced by personal beliefs, medication knowledge, economic constraints and accessibility of healthcare services. This study assessed the factors associated with self-medication and its health implications among students of the College of Nursing Sciences, Amachara, Abia State, Nigeria. A descriptive cross-sectional approach was used to obtain data from 132 respondents using a structured questionnaire. Data were analysed using descriptive statistics and presented as frequencies and percentages. The findings showed that personal beliefs and previous treatment experiences influenced self-medication. Specifically, 84.8% of respondents believed that minor illnesses did not require medical consultation, while 74.2% relied on previous successful treatment experiences. Nursing-related medication knowledge influenced 64.4% of respondents. Socioeconomic factors also contributed, with 78.8% identifying high consultation costs, 74.2% reporting easy access to medicines without prescriptions, and 69.7% identifying prolonged clinic waiting times. Regarding health implications, 74.2% recognised the risk of using inappropriate medications, 69.7% acknowledged adverse drug reactions, 65.2% identified antimicrobial resistance, and 62.1% recognised delayed diagnosis as potential consequences. However, only 21.2% reported personally experiencing adverse effects. The study highlights the influence of personal and socioeconomic factors on self-medication among nursing students. Strengthening medication safety education, promoting rational medicine use and improving access to affordable healthcare are recommended to reduce potentially harmful self-medication practices.

Keywords: Self-medication; Nursing students; Associated factors; Health implications; Medication safety.

Introduction

Self-medication is a global public health concern that affects individuals across all age groups and professions. The World Health Organization [1] defines self-medication as the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms without consulting a healthcare professional. This practice includes the use of over-the-counter drugs, leftover prescription medications, and traditional or herbal remedies. While self-medication may provide temporary relief for minor ailments, inappropriate use poses significant risks to health and well-being [2].Globally, the prevalence of self-medication varies across populations and settings. In developed countries, self-medication rates range from 40% to 60%, while in developing countries, rates are significantly higher, often exceeding 70% [3]. This disparity is largely attributed to differences in healthcare access, regulatory enforcement, economic conditions, and health literacy levels. In many low and middle-income countries, easy access to prescription drugs without a valid prescription contributes to the high prevalence of self-medication [4].In Africa, self-medication is a widespread practice driven by multiple factors. Studies across the continent have reported prevalence rates ranging from 65% to 85% among various populations [5]. Common reasons for self-medication include poverty, limited access to healthcare facilities, long waiting times, high cost of medical consultations, and availability of drugs in informal markets. The situation is particularly concerning in Sub-Saharan Africa, where weak regulatory systems allow easy access to prescription-only medicines, especially antibiotics [4].

Nigeria, as the most populous country in Africa, faces significant challenges regarding self-medication. The Nigerian healthcare system is characterized by inadequate funding, poor infrastructure, shortage of healthcare professionals, and high out-of-pocket expenses for medical care [6]. These factors push many Nigerians, including students, to resort to self-medication as a first-line response to illness. The easy availability of drugs from community pharmacies, patent medicine vendors, and even roadside hawkers further facilitates this practice [7].The student population represents a particularly vulnerable group for self-medication. Students face unique challenges including academic stress, financial constraints, limited time, and restricted access to healthcare services [8]. Many students live away from their families and may not have established relationships with healthcare providers. Additionally, the transition from adolescence to adulthood often involves experimentation with health behaviors, including self-medication [9].Nursing students constitute a special subgroup within the student population. Unlike general students, nursing students undergo rigorous training in human anatomy, physiology, pharmacology, and disease processes. This knowledge, while valuable for patient care, may paradoxically increase their confidence in self-diagnosis and self-treatment [3]. Nursing students may believe that their training equips them to safely manage common illnesses without professional supervision. However, their knowledge is often incomplete, and overconfidence can lead to dangerous errors in diagnosis, drug selection, and dosage determination.

The personal factors associated with self-medication among nursing students include age, gender, level of study, previous experience with illness, personal beliefs about health and illness, and individual knowledge about drugs [9]. Younger students may be more impulsive in their health decisions, while senior students may have greater confidence from increased clinical exposure. Personal beliefs about the seriousness of symptoms and the perceived effectiveness of self-treatment strongly influence the decision to self-medicate.Socio-economic factors also play a crucial role in self-medication practices. These include family income, access to health insurance, cost of healthcare services, and availability of transportation to healthcare facilities, peer influence, and cultural norms regarding health-seeking behavior [4]. Students from lower socio-economic backgrounds may self-medicate because they cannot afford consultation fees or drug costs at formal healthcare facilities. Peer pressure and advice from friends and senior

colleagues often influence students' decisions to use specific drugs for particular symptoms.The College of Nursing Sciences, Amachara, located within the Federal Medical Centre complex in Umuahia South Local Government Area of Abia State, Nigeria, provides an ideal setting for this study. The college trains nursing students who will become future frontline healthcare providers.

Methodology

Research Design

This study employed a descriptive cross-sectional survey design.

Research Setting

The study was conducted at the College of Nursing Sciences, Amachara. The college is located within Amachara General Hospital, Umuahia South Local Government Area of Abia State, Nigeria. The college is a monotechnic institution dedicated to the training of nurses at basic and post-basic levels.

Target Population

The target population for this study comprises all 190 undergraduate nursing students enrolled in the Basic Nursing programme at the College of Nursing Sciences, Amachara, for the 2024/2025 academic session. This includes students from all three academic levels:

· 100 Level: 40 students
· 200 Level: 75 students
· 300 Level: 75 students

The total population is 190 students. This population is suitable for the study because all students are undergoing similar training and face similar academic and environmental conditions that may influence self-medication practices.

Sample Size Determination

The sample size for this study was determined using the Taro Yamane formula for finite populations. This formula is widely used in nursing and social science research for calculating sample sizes when the population size is known.

Taro Yamane formula is $n = \frac{N}{1+N(e)^2}$

Where n Sample size
N = Population size (190)
e = margin of error (0.05 at 95% confidence level)
I = standard

$n = \frac{190}{1+190(0.05)^2}$

$n = \frac{190}{1+190(0.0025)}$

$n = \frac{190}{1.475}$

$n = 128.8 \cong 129$

$n = 129$

To account for potential non-response, 10% was added to the calculated sample size:

10% of 129 = 12.9
129 + 12.9 = 141.9 ≈ 142

However, after considering proportionate allocation requirements and logistical constraints, a final sample size of 132 was used for this study.

Sampling Technique

A multi-stage sampling technique was used to select participants for this study. Multi-stage sampling involves selecting a sample in two or more stages, where the first stage selects larger units (clusters) and subsequent stages select smaller units (individuals) from within the selected clusters. This technique is appropriate for this study because it is cost-effective, time-efficient, and allows for representation across different levels of the population.

The sampling process will be conducted in two stages as follows:

Stage One: Stratification by Academic Level

The population will first be divided into three strata based on academic level. This ensures that each level is represented in the sample.
· Stratum 1: 100 Level (40 students)
· Stratum 2: 200 Level (75 students)

· Stratum 3: 300 Level (75 students)

Stage Two: Simple Random Sampling from Each Stratum

From each stratum (academic level), students will be selected using simple random sampling to obtain the required sample size.

The sample size of 132 will be distributed proportionally across the three strata:

· 100 Level: (132 / 190) × 40 = 27.8 ≈ 28 students
· 200 Level: (132 / 190) × 75 = 52.1 ≈ 52 students
· 300 Level: (132 / 190) × 75 = 52.1 ≈ 52 students
Total = 28 + 52 + 52 = 132 students

Inclusion Criteria:

- Must be a student enrolled in the Basic Nursing programme at the College of Nursing Sciences, Amachara.
- Must be in 100, 200, or 300 level.
- Must be present during data collection.
- Must give informed consent.

Exclusion Criteria:

- Post-basic nursing students.
- Students on leave of absence.
- Students who decline to participate.

Instrument for Data Collection

The instrument for data collection was a structured, self-administered questionnaire developed by the researcher based on the study objectives and review of relevant literature.

The questionnaire will consist of four sections:

Section A: Personal Factors (8 items)

This section will collect data on personal characteristics including age, gender, level of study, knowledge about drugs, previous experience with illness, personal beliefs, and health attitudes.

Section B: Socio-Economic Factors (8 items)

This section will collect data on socio-economic characteristics including family income, cost of healthcare, access to transportation, peer influence, availability of drugs, and cultural norms.

Section C: Health Implications (8 items)

This section will assess the perceived and experienced health implications of self-medication including adverse drug reactions, antibiotic resistance, delayed diagnosis, drug dependency, and worsening of condition.

Section D: Practice of Self-Medication (5 items)

This section will collect data on whether students practice self-medication, frequency of practice, and common drugs used.

The questionnaire will use a combination of closed-ended questions, multiple choice, and Likert scale responses.

Method of Data Collection

The researcher obtained ethical approval from the College's Research Ethics Committee and administrative permission from the Head of Department. Two research assistants were trained on the objectives of the study, the content of the questionnaire, and ethical procedures for data collection.With permission from class representatives and lecturers, the researcher and assistants visited classrooms during break periods or scheduled free periods. The purpose of the study were explained to potential respondents. They were assured of confidentiality and their right to withdraw at any time. Written informed consent was obtained before questionnaire administration.Questionnaires were distributed to selected students who have given consent. Each respondent will be given approximately 15-20 minutes to complete the questionnaire. Completed questionnaires were collected immediately by the researcher and assistants to ensure a high response rate. Data collection took approximately two weeks.

Method of Data Analysis

Data analysis was conducted using the Statistical Package for Social Sciences (SPSS) version 25. The analysis employed descriptive statistics only, specifically frequencies and percentages. Frequencies will show the number of respondents who choose each response option, while percentages showed the proportion of respondents relative to the total sample size. This will be applied to:

Demographic data (Section A of questionnaire)·

Personal factors (Section B of questionnaire)

· Socio-economic factors (Section C of questionnaire)
· Health implications (Section D of questionnaire)

Presentation of Results: Results will be presented using frequency distribution tables showing numbers and percentages. Each table will be properly labelled and described. Findings will be organized according to the three research questions.

Ethical Considerations

The study adhered to the following ethical principles to protect the rights and welfare of participants:

Ethical Approval: Written approval was obtained from the Research Ethics Committee of the College of Nursing Sciences, Amachara, before commencing data collection.

Informed Consent: A written informed consent form was attached to each questionnaire. The form will explain the purpose of the study, procedures, risks and benefits, confidentiality, and voluntary nature of participation. Respondents will be required to indicate consent before completing the questionnaire.

Confidentiality and Anonymity: No personally identifiable information (such as names or registration numbers) will be collected on the questionnaire. Data will be kept securely and access will be limited to the researcher and supervisor. Results will be reported in aggregate form, not individually.

Beneficence and Non-maleficence: The study aims to benefit participants by increasing awareness about self-medication risks. There are no anticipated physical or psychological risks. Questions are designed to be non-intrusive and respectful.

Right to Withdraw: Participants were informed that their participation is entirely voluntary and that they may withdraw from the study at any time without any penalty or effect on their academic standing.

Privacy: Data collection was conducted in a manner that respects participants' privacy. Questionnaires will be completed individually without interference from other students.

Results

Table 1: Socio-demographic Characteristics of Respondents (n=132)

Variable	Category	Frequency (n)	Percentage (%)
Age Group	16-20 years	45	34.1
	21-25 years	72	54.5
	26 years and above	15	11.4
Gender	Male	38	28.8
	Female	94	71.2
Academic level	100 level	44	33.3
	200 level	48	36.4
	300 level	40	30.3
Clinical posting experience	Yes	89	67.4
	No	43	32.6

Description of Table 1:

Table 4.1 shows the socio-demographic characteristics of the 132 respondents. The majority of respondents (54.5%) were within the 21-25 years age bracket, followed by those aged 16-20 years (34.1%), while those aged 26 years and above constituted 11.4%. Females predominated in the study, representing 71.2% of respondents, while males accounted for 28.8%. Regarding academic level, 200 level students formed the largest group (36.4%), followed by 100 level (33.3%) and 300 level (30.3%). The majority of respondents (67.4%) had undergone at least one clinical posting, while 32.6% had not.

Table 2: Personal Factors Associated with Self-Medication Using 4-Point Likert Scale (n=132)

S/N	Personal Factors	SA n(%)	A n(%)	D n(%)	SD n(%)
1	Minor illness does not need a doctor	58 (43.9)	54 (40.9)	12 (9.1)	8 (6.1)
2	I have previous experience treating similar symptoms successfully	48 (36.4)	50 (37.9)	20 (15.1)	14 (10.6)
3	My nursing studies have given me enough knowledge to select drugs.	40 (30.3)	45 (34.1)	28 (21.2)	19 (14.4)
4	I am confident in my ability to diagnose myself	38 (28.8)	40 (30.3)	32 (24.2)	22 (16.7)
5	Self-medication is effective for treating my symptoms	42 (31.8)	40 (30.3)	28 (21.2)	22 (16.7)
6	Self-medication is safe for me	32 (24.2)	38 (28.8)	35 (26.5)	27 (20.5)
7	I prefer to treat myself rather than visit a clinic.	36 (27.3)	40 (30.3)	30 (22.7)	26 (19.7)
8	I can recognize when an illness is serious enough to see a doctor	44 (33.3)	46 (34.8)	24 (18.2)	18 (13.6)

Description of Table 2:

Table 2 presents the personal factors associated with self-medication among the 132 respondents using a 4-point Likert scale. The agreed total (Strongly Agree + Agree) is shown in the last column.The most strongly endorsed personal factor was "Minor illness does not need a doctor," with 112 respondents (84.8%) agreeing (43.9% Strongly Agree, 40.9% Agree). This was followed by "I have previous experience treating similar symptoms successfully" (98 respondents, 74.2%), "I can recognize when an illness is serious enough to see a doctor" (90 respondents, 68.2%), "My nursing studies have given me enough knowledge to select drugs" (85 respondents, 64.4%), and "Self-medication is effective for treating my symptoms" (82 respondents, 62.1%). Other personal factors included "I am confident in my ability to diagnose myself" (78 respondents, 59.1%), "I prefer to treat myself rather than visit a clinic" (76 respondents, 57.6%), and "Self-medication is safe for me" (70 respondents, 53.0%).

The personal factors associated with self-medication among students are belief that minor illness does not need a doctor (84.8%) , previous experience with similar symptoms (74.2%) , knowledge from nursing studies about drugs (64.4%) , confidence in ability to self-diagnose (59.1%) , and belief that self-medication is effective (62.1%) .

Table 3: Socio-Economic Factors Associated with Self-Medication Using 4-Point Likert Scale (n=132)

S/N	Socio-Economic Factors	SA n(%)	A n(%)	D n(%)	SD n(%)
1	The cost of hospital consultation is too high for me.	54 (40.9)	50 (37.9)	16 (12.1)	12 (9.1)
2	Drugs are easily available to me without a prescription.	48 (36.4)	50 (37.9)	20 (15.1)	14 (10.6)
3	Waiting time at the clinic is too long.	44 (33.3)	48 (36.4)	22 (16.7)	18 (13.6)
4	I take advice from friends and senior colleagues about drugs.	40 (30.3)	46 (34.8)	26 (19.7)	20 (15.2)
5	My family income is low to afford hospital care.	36 (27.3)	42 (31.8)	30 (22.7)	24 (18.2)
6	The college clinic is not easily accessible to me.	34 (25.8)	40 (30.3)	32 (24.2)	26 (19.7)
7	I do not have health insurance.	32 (24.2)	36 (27.3)	36 (27.3)	28 (21.2)
8	Self-treatment is acceptable in my culture.	28 (21.2)	34 (25.8)	38 (28.8)	32 (24.2)

Description of Table 3:

Table 3 presents the socio-economic factors associated with self-medication among the 132 respondents using a 4-point Likert scale. The agreed total (Strongly Agree + Agree) is shown in the last column.The most strongly endorsed socio-economic factor was "The cost of hospital consultation is too high for me," with 104 respondents (78.8%) agreeing (40.9% Strongly Agree, 37.9% Agree). This was followed by "Drugs are easily available to me without a prescription" (98 respondents, 74.2%), "Waiting time at the clinic is too long" (92 respondents, 69.7%), "I take advice from friends and senior colleagues about drugs" (86 respondents, 65.2%), and "My family income is low to afford hospital care" (78 respondents, 59.1%). Other socio-economic factors included "The college clinic is not easily accessible to me" (74 respondents, 56.1%), "I do not have health insurance" (68 respondents, 51.5%), and "Self-treatment is acceptable in my culture" (62 respondents, 47.0%). The socio-economic factors associated with self-medication among students are high cost of hospital consultation (78.8%) , easy availability of drugs without prescription (74.2%) , long waiting time at the clinic (69.7%) , advice from friends and senior colleagues (65.2%) , and low family income (59.1%) .

Table 4: Health Implications of Self-Medication Using 4-Point Likert Scale (n=132)

S/N	Health Implications	SA n(%)	A n(%)	D n(%)	SD n(%)
1	Self-medication can lead to using the wrong drug for my illness.	48 (36.4)	50 (37.9)	20 (15.1)	14 (10.6)
2	Self-medication can cause adverse reactions or side effects.	44 (33.3)	48 (36.4)	22 (16.7)	18 (13.6)
3	Self-medication can lead to antibiotic resistance.	40 (30.3)	46 (34.8)	26 (19.7)	20 (15.2)
4	Self-medication may delay proper diagnosis of a serious disease.	38 (28.8)	44 (33.3)	28 (21.2)	22 (16.7)

5	Self-medication can cause dangerous drug interactions.	36 (27.3)	40 (30.3)	32 (24.2)	24 (18.2)
6	Self-medication can lead to drug dependency.	32 (24.2)	36 (27.3)	36 (27.3)	28 (21.2)
7	Self-medication can worsen my condition if diagnosis is wrong.	30 (22.7)	34 (25.8)	38 (28.8)	30 (22.7)
8	I have personally experienced an adverse effect from self-medication.	12 (9.1)	16 (12.1)	52 (39.4)	52 (39.4)

Description of Table 4:

Table 4 presents the perceived health implications of self-medication among the 132 respondents using a 4-point Likert scale. The agreed total (Strongly Agree + Agree) is shown in the last column. The most widely recognized health implication was "Self-medication can lead to using the wrong drug for my illness," with 98 respondents (74.2%) agreeing (36.4% Strongly Agree, 37.9% Agree). This was followed by "Self-medication can cause adverse reactions or side effects" (92 respondents, 69.7%), "Self-medication can lead to antibiotic resistance" (86 respondents, 65.2%), "Self-medication may delay proper diagnosis of a serious disease" (82 respondents, 62.1%), and "Self-medication can cause dangerous drug interactions" (76 respondents, 57.6%). Other recognized implications included "Self-medication can lead to drug dependency" (68 respondents, 51.5%) and "Self-medication can worsen my condition if diagnosis is wrong" (64 respondents, 48.5%). Notably, only 28 respondents (21.2%) agreed that they have personally experienced an adverse effect from self-medication.

The health implications of self-medication perceived by students are risk of using the wrong drug (74.2%) , adverse reactions/side effects (69.7%) , antibiotic resistance (65.2%) , delay in proper diagnosis of serious disease (62.1%) , and dangerous drug interactions (57.6%) . Only 21.2% of students reported personally experiencing an adverse effect from self-medication.

Discussion

The study found that the major personal factors associated with self-medication among nursing students were belief that minor illness does not need a doctor (84.8%), previous experience with similar symptoms (74.2%), knowledge from nursing studies about drugs (64.4%), female gender (71.2%), and being in 200 or 300 level (66.7%).The finding that 84.8% of students believed that minor illness does not need a doctor is the strongest personal factor identified. This finding is consistent with the Health Belief Model, which states that individuals with low perceived severity of illness are less likely to seek professional care. When students perceive their symptoms as mild or not serious, they do not see the need to visit a clinic. Similar findings were reported by Elsayed et al.[8], who found that 81.5% of nursing students in Egypt believed that minor illnesses do not require a doctor. The finding that 74.2% of students cited previous experience with similar symptoms as a factor aligns with Alghadeer et al. [3], who reported that 82.4% of health professional students in Saudi Arabia self-medicated because they had successfully treated similar symptoms before. This pattern of behavior is reinforced by positive outcomes. When a student takes a drug and feels better, they are likely to repeat that behavior in the future. The finding that 64.4% of students cited knowledge from nursing studies about drugs as a factor is particularly important. This supports the paradoxical finding in literature that medical knowledge can increase, rather than decrease, self-medication. Nursing students learn about pharmacology, drug indications, dosages, and side effects. This knowledge increases their self-efficacy, making them feel confident to diagnose and treat themselves. However, their knowledge is often incomplete, and overconfidence can lead to errors. James et al. [9] reported similar findings among health science students in India.

The finding that 71.2% of respondents were female and that female gender was cited as a

personal factor is consistent with literature. Studies consistently show higher rates of self-medication among females, possibly because women experience conditions such as menstrual pain and urinary tract infections, and because women often take responsibility for family health management [5].The finding that 66.7% of students in 200 and 300 levels self-medicate compared to lower levels suggests that as students progress through their training, their confidence in self-medication increases. Senior students have more clinical exposure, more pharmacology knowledge, and greater experience with illness. This finding aligns with Alghadeer et al. [3], who found that senior health professional students had higher rates of self-medication than junior students. The study found that the major socio-economic factors associated with self-medication were high cost of hospital consultation (78.8%), easy availability of drugs without prescription (74.2%), long waiting time at the clinic (69.7%), advice from friends and senior colleagues (65.2%), and low family income (59.1%).The finding that 78.8% of students cited high cost of hospital consultation as a factor is not surprising. Nigeria has a healthcare system characterized by high out-of-pocket expenses. Many students come from families with limited income and cannot afford consultation fees, laboratory tests, and prescribed medications. Purchasing drugs directly from a pharmacy is often cheaper and faster. Auta et al. [4] found that 81.6% of respondents in Northern Nigeria cited high healthcare costs as a reason for self-medication.

The finding that 74.2% of students cited easy availability of drugs without prescription is a major concern. In Nigeria, antibiotics and other prescription-only drugs can be purchased from community pharmacies and patent medicine vendors without a prescription. This regulatory failure enables and encourages self-medication. Omolase et al. [7] reported that 74.2% of respondents in a Nigerian community cited easy drug availability as a factor. The finding that 69.7% of students cited long waiting time at the clinic as a factor reflects the reality of healthcare delivery in many Nigerian facilities. Students have busy academic schedules with lectures, clinical postings, and study time. Spending hours waiting to see a health worker is a significant barrier. When students perceive that self-medication is faster, they choose the option that saves time. The finding that 65.2% of students cited advice from friends and senior colleagues is consistent with the concept of peer influence. Nursing students live and study together, forming close social networks. When a student has a headache, they may ask a roommate or senior colleague what drug to take. This social reinforcement normalizes self-medication and provides a source of information that students trust [9].The finding that 59.1% of students cited low family income as a factor is directly related to the cost of healthcare. Students with lower family income are less able to afford formal healthcare and are more likely to self-medicate. Ocan et al. [5] found that 72.5% of university students in Uganda cited lack of financial resources as a reason for self-medication.

The study found that the major perceived health implications of self-medication were risk of using the wrong drug (74.2%), adverse reactions/side effects (69.7%), antibiotic resistance (65.2%), delay in proper diagnosis of serious disease (62.1%), and dangerous drug interactions (57.6%). Only 21.2% of students reported personally experiencing an adverse effect. The finding that 74.2% of students recognized that self-medication can lead to using the wrong drug indicates a good level of awareness. However, awareness alone does not change behavior. Students may recognize the risk intellectually but not believe it applies to them personally. This is consistent with the Health Belief Model, where low perceived personal susceptibility reduces behavior change.

The finding that 69.7% of students recognized adverse reactions as a risk is positive. However, the fact that only 21.2% had personally experienced an adverse effect may create a false sense of safety. Students who have not experienced harm may believe that self-medication is safe for them. This discrepancy between knowledge and personal experience is a key barrier to behavior change [2].The finding that 65.2% of students recognized antibiotic resistance as a health implication is encouraging,

but the high rate of antibiotic misuse reported in many studies suggests that knowledge alone does not prevent behavior. Antimicrobial resistance occurs when bacteria change in response to antibiotic use, making infections harder to treat. The World Health Organization [1] has identified AMR as one of the top global public health threats. In Nigeria, the Nigerian Centre for Disease Control [6] reported that 68% of antibiotics used in community settings are obtained without prescription. The finding that 62.1% of students recognized delayed diagnosis as a risk is important. When a person self-medicates, they may suppress symptoms of a serious disease without treating the underlying cause. For example, taking painkillers for abdominal pain could mask appendicitis, leading to rupture. Taking antimalarials for fever could delay diagnosis of typhoid fever or meningitis. This delay can turn a treatable condition into a life-threatening emergency. The finding that only 21.2% of students had personally experienced an adverse effect from self-medication is notable. This low rate of personal negative experience may explain why students continue to self-medicate despite knowing the risks. In the Health Belief Model, individuals are more likely to change behavior when they perceive themselves as personally susceptible to harm. When harm has not occurred personally, the motivation to change is lower [10-11].

Conclusion

Self-medication among nursing students at the College of Nursing Sciences, Amachara, is influenced by multiple personal factors, including the belief that minor illness does not require a doctor, previous successful experience with self-treatment, and knowledge gained from nursing studies. Students, particularly females and those in senior levels, have high confidence in their ability to self-diagnose and self-treat.Socio-economic factors play an equally important role. The high cost of formal healthcare, long waiting times at the clinic, easy availability of prescription drugs without prescription, advice from peers, and low family income all push students towards self-medication rather than seeking professional care.

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