

# Reducing Self-Medication by Prompting Care-Seeking During Household Visits in Nigeria

Aisha is a seven-year-old Nigerian girl who might have developed and even died of severe malaria because of well-meaning, but inappropriate, medication provided by her grandmother. A Breakthrough ACTION-trained community volunteer ensured Aisha received life-saving treatment at a health facility instead.

Self-prescribed malaria treatments are a common problem in Nigeria, where the disease is endemic. Malaria cases in Nigeria account for 27% of global cases and for 31% of malaria-related deaths.<sup>1</sup> Malaria begins as an uncomplicated, acute, febrile illness that can progress from an uncomplicated form to a severe one.<sup>2</sup> Therefore, health authorities advise caregivers to take family members with fever to a health center within 24 hours of symptom onset.<sup>3</sup> Unfortunately, many Nigerians do not engage in prompt and appropriate care-seeking for malaria.<sup>4</sup> The 2021 Nigeria Malaria Indicator Survey reports 37% of children under age five had a fever two weeks prior to the survey, but only 31% of their caregivers sought advice or treatment the same or next day.<sup>5</sup>

Those who are either unable or unwilling to seek prompt care from medical professionals turn instead to self-medication.<sup>6</sup> Several studies in Nigeria reveal the prevalence of self-medication ranges between 60–90%.<sup>7</sup> The risks of self-medication include using the wrong medication and dosages, delayed resolution, worsening of the primary ailment, and expending household resources on unnecessary treatments.



A happy and healthy Aisha.  
Credit: Breakthrough ACTION-Nigeria

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*“Aisha’s caregiver did not understand the importance of visiting a health facility for care and treatment. In her words, ‘Hospitals and patent medicine vendors both give out the same types of drugs to patients.’ Moreover, she believed that people [spend] a productive part of their time waiting to see a doctor at the hospital, contrary to medicine vendors who attend to them much more quickly.”*

— Alwoesin Nafisat Aderonke, Community Volunteer, Oje-Owode

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With funding from the U.S. President’s Malaria Initiative (PMI), the Breakthrough ACTION project in Nigeria trains community volunteers in interpersonal communication and counseling and social and behavior change (SBC) approaches. The volunteers use what they learn to conduct community activities like household visits, building their outreach on the principles of trust and empathy to promote positive malaria behaviors, such as sleeping inside an insecticide-treated net every night, year round; seeking malaria testing at a health facility due to fever; and, if malaria tests are positive, adhering to malaria treatment practices according to national guidelines. Typically, household visits last an hour. The community volunteers try to visit when all members of the household are present. After a household visit, community volunteers refer pregnant women and cases of fever to PMI-supported health facilities.

Since 2018, the community volunteers have averaged over 20,000 household visits and reached about 100,000 persons every quarter with malaria messages across seven states: Oyo, Akwa Ibom, Nasarawa, Plateau, Benue, Cross River, and Zamfara.

During one of these household visits, a community volunteer found Aisha lying on a bench, conscious but feverish and lethargic. Salaudeen, Aisha’s grandmother and caregiver, had bought and administered over-the-counter medications that did not help Aisha.

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*“During one of the visits, I noticed Aisha lying down on a bench in front of the store where the household visit [using] interpersonal communication and counseling was ongoing. I inquired why Aisha was not in school, and her grandmother replied that she has a fever and could not attend school.”*

— Alwoesin Nafisat Aderonke, Community Volunteer, Oje-Owode

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After speaking with the volunteer, Salaudeen rushed Aisha to the nearest PMI-supported facility for testing and treatment. Aisha tested positive for malaria and immediately started treatment according to the national guidelines. She has since experienced a full recovery and has returned to school. If Salaudeen had waited longer, Aisha may have develop severe malaria, which can be fatal. The experience taught Aisha’s caregiver the importance of prompt care-seeking for fever and the danger of self-medication. Salaudeen was thankful for the malaria control interventions that Breakthrough ACTION-Nigeria taught the community volunteers. She quickly became an advocate of the importance of prompt care-seeking.

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*“To seek medical care and test[ing] is much safer than treating without testing. After the experience, I decided to tell more people around me that it is always better to go to the hospital for treatment than to use a chemist. Luckily, one of my neighbors also had a similar experience. She told me that her child was having a high temperature. I decided to put my lessons into practice by advising her to take the child to the hospital and not to do home treatment. She listened to me and took the child to the hospital. Although the test showed that the child did not have malaria, he was evaluated for other diseases.”*

— Salaudeen, Oyo State

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Since 2021, Breakthrough ACTION-Nigeria's community-level malaria SBC activities have averaged over 60,000 referrals (for fever and antenatal care for pregnant women) with a quarterly referral completion rate over 80%. This means four out of five people referred go to the hospitals for treatment and care. These robust household visits can save the lives of children like Aisha, whose well-intended caregiver delayed prompt and appropriate care.

Breakthrough ACTION-Nigeria will continue to promote the adoption and practice of healthy malaria behaviors, ensuring that caregivers seek prompt care for fever and reduce self-medication. If these behaviors are adopted, more children may be saved from malaria complications and health outcomes may significantly improve over time.

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