ABSTRACT

Introduction: Fever is a symptom that cuts across many clinical divides irrespective of age, sex, etc. Self medication for acute febrile illness is increasing in spread and content globally, often times with severe consequences. The family influences the health of the individual and hence the community in several ways. Knowledge of family factors that influence self medication for acute febrile illness may help streamline and profer solutions to irresponsible, dangerous practices. This study sets out to determine the relationship between family factors and self-medication amongst persons with acute febrile illness in a primary care setting in Jos.

It was a cross-sectional study conducted at the Out Patient Department (OPD) of Bingham University Teaching Hospital (BHUTH), Jos from October 2012 to February 2013. The study population comprised all patients with fever or history of fever of not more than two weeks duration, presenting at the study site who met the inclusion criteria.

Results: The study revealed that highly functional families were in the majority, 285(92.5%) followed by moderately dysfunctional 21(6.8%) and highly dysfunctional 2(0.6%). Dysfunctional families were more likely to be engaged in self medication for acute febrile illness and the difference was statistically significant (P=0.037, OR=1). There was no significant association between self medication and family size or any of the demographic attributes studied.

Conclusion: There is a high level of self medication for acute febrile illness by the respondents. Also, there is a high level of family function among the respondents and a statistically significant association between family dysfunction and self medication for acute febrile illness (P=0.037, OR=1). Appropriate recommendations to government and family