

PDF - RELATIONSHIP BETWEEN FAKE DRUGS AND PEOPLE'S PERCEPTION OF HEALTHCARE DELIVERY SYSTEM IN ONITSHA URBAN - researchcub.info ABSTRACT

This study was conducted to assess the relationship between fake drug (FD) use and people's attitude towards healthcare delivery system (HCDS). Participants (n = 103) were both healthcare providers (56) and consumers (47). 36 were males and 67 were females above eighteen years. They were selected through a random sampling technique. The mean ages were 37.2, 34.2 and 42.8 for all the participants, female participants and male participants respectively. All testing took place in Onitsha General Hospital, Community Pharmacies, medical Laboratories and classroom environments in Onitsha urban. Results revealed significant relationships ($r = 0.6$, $p < 0.05$). People's attitude (selection, organization, and interpretation of health related information to form a meaningful picture of their health care needs) were considerably affected by the use of FD in HCDS.

CHAPTER ONE INTRODUCTION

The usefulness of a good health care delivery system to any population is an obvious fact that cannot be over emphasized. A healthy individual is a valuable asset not only to himself, to his family, but also to his society. The World Health Organization (WHO) (1948) defined **health** as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

In 1986, the WHO in the Ottawa Charter for Health Promotion said health is "a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities." Overall health is achieved through a combination of physical, mental, emotional, and social well-being.

To achieve an overall health, we need health care delivery systems (HCDS) that can provide high quality medical care, that are responsive to the health needs and expectations of the populations they are intended to serve, and at affordable costs.

On the other hand, the efforts geared toward achieving overall health, that is, **health care delivery** is the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical, nursing, pharmaceutical, dental, clinical laboratory sciences and allied health professions (Wikipedia, 2009).

According to WHO, health care delivery embraces all the goods and services designed to promote health, including "preventive, curative and palliative interventions, whether directed to individuals or to populations". The organized provision of such services constitutes a **health care delivery system**. When fake drugs are used in health care delivery the main purpose of health care delivery system, which is an overall health will not be achieved.

The relationship between fake drug use in health care delivery system and how people perceive health care delivery system will better be appreciated by looking at the levels of health care delivery systems. All health care systems contain four essential levels of care (Lunde, 1990):

1. Lay self-care
2. Primary professional care.
3. General specialist care, that is, secondary care.
4. Super specialist care, that is, tertiary care.

And there is a fifth level of care – quaternary care.

The WHO defines **self – care** as “activities individuals, families, and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health. These activities are derived from knowledge and skills from the pool of both professional and lay experience. They are undertaken by lay people on their own behalf, either separately or in participative collaboration with professionals.” The skills and knowledge of self – care will be manifested in an individual’s ability to take appropriate action(s) to achieve overall health. Such actions include the ability to know when to seek for professional care, gather information on what type of care to seek for and where to get desired medical service.

Reports of the media (print and electronic), and lay information on incidences and effects of fake drugs can influence an individual’s decision on how to access health care. Therefore, it becomes necessary to determine the relationship between fake drug use in HCDS and how such use affects people’s perception of HCDS.

Primary health care (PHC) as defined in Alma – Ata Declaration (1978), is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-determination.

Primary health care is promotive, preventive, and rehabilitative. Health services based on PHC include at least immunization against the major infectious diseases: measles, whooping cough, diphtheria, polio, tetanus, and tuberculosis and other components of National Health Policy.

When fake vaccines were used and no immunity conferred on the immunized, such individuals would be highly disposed to developing the specific disease.

The term **secondary health care** is a service provided by medical specialists who generally do not have first contact with patients, for example, cardiologists, urologists and dermatologists. A physician might voluntarily limit his or her practice to secondary care by refusing patients who have not seen a primary care provider first, or a physician may be required, usually by various payment agreements, to limit the practice this way (Wikipedia, 2009).

Tertiary health care is a specialized consultative care, usually on referral from primary or secondary health care personnel, by specialists working in a centre that has personnel and facilities for special investigation or diagnosis and treatment (Wikipedia, 2008).

Quaternary health Care – Quaternary health care is the advanced level of medicines which are highly specialized and not widely used (Intota, 2009). It is the provision of healthcare to patients in cardiac care, orthopedic, neurosciences, oncology, renal care, and so forth.

Given the present situation in Nigeria, the environment is intensely stressful and virtually everyone’s health is dangerously threatened in one way or another. In periods like this, our health care delivery system should provide relief to Nigerians, so many of whom are daily on edge (Adelusi-Adeluyi, 1995). Unfortunately, this painful situation has been compounded by the use of fake drugs in our health care delivery. It is worthwhile to note that decisions as to the genuineness of drugs one consumes, appropriateness and competence of both the health care facilities and personnel deserve a great attention.

In Nigeria, because of chaotic drug distribution, possibility of one becoming a victim of counterfeit drugs is very high. After all, it is more difficult to secure a house with over a thousand doors than the one with one or

two doors. There are so many handlers (intermediaries) in drug distribution in Nigeria. Each intermediary is a potential entry point for fake drugs.

According to WHO (2006), "a counterfeit drug is one which is deliberately and fraudulently mislabeled with respect to identity and / or source. Counterfeiting can apply to both branded and generic products and counterfeit products may include products with the correct ingredients or with the wrong ingredients, without active ingredients, with insufficient active ingredients or with fake packing." In the Nigerian counterfeit and Fake Drugs and Unwholesome Processed Foods (Miscellaneous Provisions) Decree 1993 as amended, a fake drug is defined as

- a. Any drug or drug product which is not what it purports to be; or
- b. Any drug or drug product which is so colored, coated, powdered or polished that the damage is concealed or which is made to appear to be better or of greater therapeutic value than it really is, which is not labeled in the prescribed manner or which label or container or anything accompanying the drug bears any statement, design or device which makes false claim for the drug or which is false or misleading; or
- c. Any drug or drug product whose container is so made, formed or filled as to be misleading; or
- d. Any drug product whose label does not bear adequate directions for use and such adequate warning against use in those pathological conditions or by children where its use may be dangerous to health or against unsafe dosage or methods or duration of use; or
- e. Any drug product which is not registered by the National Agency for Food and Drug Administration and Control (NAFDAC) in accordance with the provisions of the Food, Drugs and related products (Registration, etc).

The consumption of counterfeit drugs is worst error that can occur in HCDS. It is an error because both the health care provider and consumer do not know they are using the wrong drug. Fake drugs are eroding both the essence of healthcare delivery system (HCDS) and confidence people have in the system. Counterfeiters are into everything the pharmaceutical industry produces – from life saving drugs, for example, HIV/AIDS, antituberculosis, anticancer, antidiabetic, antihypertensive to recreational drugs. The existence and functionality of our HCDS is being threatened, as many pharmaceutical manufacturers who spend large amounts of money on research, production and supply of genuine drugs are being edged out of business by fake drug manufacturers.

The relationship between fake drugs and people's perception of health care delivery system can be looked at from two perspectives:

Healthcare consumers' perspective

Health care providers' perspective

STATEMENT OF THE PROBLEM

Counterfeit drugs are believed to be poisonous, toxic, threats to life, health risks, without therapeutic usefulness, with insufficient therapeutic benefits; and can cause treatment failures, death, disease complications, worsening of disease conditions, development of drug resistance, delayed recovery and human organ damage. Because of these effects, the confidence of both the health care professionals and consumers in our health care delivery system is in doubt.

In the past, Nigerian government through her regulatory agencies such as NAFDAC had made serious efforts toward solving this problem. The regulatory agencies have increased public awareness on fake drugs, ensured that drugs in use in Nigeria are approved and registered, known fake drug manufacturers are

banned from marketing their products in Nigeria, re-inspection of production facilities to ensure that such facilities still conform to appropriate standards, and persons caught with fake drugs were made to pay heavy penalties. Also, the agencies have interacted with some foreign governments to ensure that such countries' pharmaceutical industries export to Nigeria only genuine products.

This study will investigate the relationship between fake drug use in health care delivery system and people's perception of health care delivery system.

PURPOSE OF THE STUDY

We might have heard, we might have observed, and we might have read reports on problems of fake drugs. Unfortunately, what is known to the public as regards to the problem of fake drugs is a tip of the iceberg. The true situation is far from known or reported. The cause(s) of most deaths are not identified or confirmed through autopsy.

But how do these problems affect people's perception of our health care delivery system? This question is what this study intends to answer.

SIGNIFICANCE OF THE STUDY

It is my belief that this study will

Increase the level of commitment of people to their health care needs.

Motivate people to ensure that the quality of drugs, health care services and qualification of their health care providers are as prescribed and regulated by government.

3. Encourage people to acquire self – care knowledge and skills that they need to participate more actively in fostering their own health and in shaping conditions that influence their own health.

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