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the pharmacy (Ballantyne, 2007;

research instrument. One on- one interview and filling in the survey forms was done because most participants were unschooled. The interview was conducted in Yoruba, Hausa and Pidgin English. Pharmaceutical interventions were applied by providing adequate drug information and counselling on appropriate health management including hypertension, osteoarthritis, dyspepsia, malaria and nutritional deficiency. The intervention was conducted at baseline and bi-monthly for eighteen months. During the period of the study, 3,112 interventions were made with 818 pharmaceutical interventions on 176 hypertensive respondents and 801 interventions on 220 participants with dyspepsia. Respondents with ostearthritis, malaria, anaemia and insomnia were given 678, 522, 122 and 171 interventions respectively. In addition, body weight, height, body temperature and blood pressure measurements were carried out routinely at every visit of participants to the pharmacy by the researcher.

Data Analyses

The data obtained from respondents were analyzed using Statistical Package for Social Science software version 2. Frequencies, means, standard deviations and percentages were used as descriptive statistics. Regression analysis was applied to establish a linear relationship between two quantitative variables.

RESULTS

Table 1 reveals that male respondents were one third of the population studied, while females had the highest percentage of 69.9%. Respondents between the age of 40 and 50 years dominated with 42.3%, followed by 51-60 years (28.4%) and 30-39 years (20.1%). Two-thirds of the respondents were married and 24.8% single. Majority of the rural residents were unschooled (88.1%), primary and secondary school certificate holders were 6.9% and 5.0% respectively. None of the respondents attended tertiary institution. More than half of the studied participants engaged in farming. One fifth of the respondents were business men and women, while few engage in fishing and cattle rearing.. Almost all the participants speak Yoruba language, followed by Hausa, Fulani and Bassa languages. Larger parts of the respondents were Muslims, less than five percent were Christians, while others were traditional worshippers. More than half of the participants self-

medicating for over ten years, one third between one and five years, while less than one fifth were on drug abuse for one year. More than half of respondents were habitual kola nut consumers, followed by snuff inhalers, cigarette smoker while very few were alcohol drinkers. Half of the rural residents in the stuy earned less than ten thousand Nigeria money ($63) per month.

Among the combination of drugs abused by the respondents are presented in Table 2. The regimen containing prednisolone plus diclofenac and paracetamol had the highest users (31.1%). This was followed by tramadol plus ibuprofen plus paracetamol) combination (25.0%), ibuprofen plus prednisolone plus paracetamol (18.1%) and piroxicam plus ibuprofen plus paracetamol (15.4%). The least abused drug combination was ibuprofen plus diclofenac plus prednisolone (10.4%). More than half of the respondents had two times dose frequency (morning and afternoon) for their abused medications. The once daily regimen was commonly used by 25% of the respondents. Only few participants were on once daily cocktail (Table 3). Table 4 shows the rationale behind self-medications. The foremost reason was osteoarthritis. Other justifications were poverty, general body pain, fever, low back pain, lack of health facilities and ignorance. Malaria was the most prevalent disease in the communities, with Dyspepsia ranking second and high blood pressure third. Others were insomnia and anaemia (Table 5).

At baseline of the present study, the mean systolic blood pressure of respondents was 161mmhg. The intervention offered by the pharmacist had reduced the value significantly ($p<0.05$) to 129 mmhg. The diastolic blood pressure also diminished from 104mmhg at baseline to 86 mmhg at post-intervention. Also, at baseline, two hundred and twenty (220) respondents had dyspepsia due to self medication of analgesics. Post-intervention evaluation showed the drastic improvement impacted by the pharmacist as the respondents with dyspepsia had significantly ($p<07(d)-17(,)-9( )-2w(l)$

Table 1: Demographic characteristics of respondents.

Characteristics	Status	Number =730 (%)
GENDER	Male	222(30.4%)
	Female	508 (69.6%)
AGE (YEARS)	30-39	147 (20.1%)
	40-50	309 (42.3%)
	51-60	207 (28.4%)
	61 and above	67 (9.2%)
MARITAL STATUS	Married	549 (75.2%)
	Unmarried	181 (24.8 %)
EDUCATION	Tertiary	None
	Secondary	36 (5.0%)
	Primary	51 (6.9%)
	Illiterates	643 (88.1%)
OCCUPATION	Agriculture	502 (68.8%)
	Businessmen/women	149 (20.4%)
	Others	79 (10.8)
ETHNICITY	Yoruba	669 (91.7%)
	Hausa/Fulani	47 (6.4%)
	Bassa	14 (1.9%)
RELIGION	Islam	688 (94.3%)
	Christianity	34 (4.6%)
	Others	8 (1.1%)
DURATION OF MEDICATION (YEARS)	< 1	(13.3%)
	1-5	(34.5%)
	6-10	(52.2%)
LIFESTYLE HABITS	Kolanut consumers	(56.7%)
	Snuff inhalers/suckers	(15.8%)
	Smokers	(4.9%)
	Alcoholics	(2.1%)
	None of above	(10.5%)
INCOME /MONTH (NAIRA)	< 10,000	374 (51.3%)
	10,000-20,000	236 (32.3%)
	Above 20,000	120 (16.4%)

Table 2: Self-medication combinations utilized by rural communities in Oke Oyi metropolis

Drug combinations(Tablets/strength/dose)	Number =730 (%)
Ibuprofen 400mg(2) + Prednisolone 5mg (2) + Paracetamol 500mg (3)	132 (18.1%)
Prednisolone 5mg (2) + Diclofenac Sodium 50mg (2) + Paracetamol 500mg (3)	227 (31.1%)
Piroxicam 20mg(1) + Ibuprofen 400mg(2) + Paracetamol 500mg (3)	112 (15.4%)
Ibuprofen 400mg(2) + Diclofenac Sodium 50mg (1) + Paracetamol 500mg (2)	76 (10.4%)
Tramadol 100mg (1) + Ibuprofen 400mg(2) + Paracetamol 500mg (3)	183 (25.0%)

Table 3: Dose frequency of self-medication combinTm   [(1)19351.12 Tm   [()] TJ   ET   Q   q   62.64 336.726644.24 7RT   /F9 9.4751 Tf

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