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Research Article

Influence of Community Health Communication on Adolescents' Self-Medication in Ogbaru Local Government Area

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About Article

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ABSTRACT

The study examined the influence of community health communication on adolescents' self–medication in Ogbaru Local Government Area. The study was guided by the Health Belief Model and Social Cognitive Theory, which explain how individual perceptions and social learning processes influence health behavior. The specific objectives were to examine adolescents' exposure to community health communication, determine its effect on awareness of self–medication risks, assess its influence on attitudes, and ascertain its impact on self-medication practices. A survey research design was adopted. The population of the study consisted of approximately 69,000 adolescents aged 10-19 years, projected from the National Population Commission (NPC, 2006) data using 2025 population estimates. A sample size of 400 respondents was determined using the Taro Yamane formula, while 380 valid questionnaire were retrieved and analyzed. Data were collected using a structured questionnaire and analyzed using simple percentages and frequency tables. Findings revealed that 74.2% of respondents were exposed to community health communication, 71.1% reported improved awareness of self-medication risks, 76.6% experienced a positive attitude change, and 65.8% reported a reduction in self-medication practices. The study concluded that community health communication significantly influences adolescents' self-medication behavior, although behavioral change is not absolute due to environmental and social factors. The study recommended intensified community health communication programs, stronger school based health education, stricter regulation of drug access, and increased peer-led health education initiatives to sustain behavioral change among adolescents.

1.0 INTRODUCTION

Health communication has increasingly become a critical component of public health intervention strategies worldwide, particularly in addressing behavioral health challenges among adolescents. In contemporary health discourse, communication is no longer viewed merely as the transmission of health information but as a strategic process through which attitudes, perceptions, and behaviors are influenced toward positive health outcomes. Adolescents constitute one of the most vulnerable demographic groups within the health communication environment because they are highly exposed to peer influence, misinformation, experimentation, and risky behavioral patterns. One of the major behavioral health concerns associated with adolescents globally is self-medication, a practice that has continued to attract scholarly and public health attention due to its potential adverse effects on physical and psychological well-being.

Self-medication refers to the use of drugs without a professional medical prescription or supervision for the treatment of perceived illnesses or symptoms. Although self-medication is sometimes viewed as a component of self-care, inappropriate or excessive self-medication poses serious health risks, including drug resistance, adverse drug reactions, misdiagnosis, prolonged illness, dependency, and in severe cases, death. Among adolescents, self-medication is particularly problematic because health decisions are often shaped by incomplete knowledge, social influence, curiosity, and easy access to pharmaceutical products, (Ezeaka, 2024).

Globally, studies have shown an increasing prevalence of self-medication among young people due to accessibility of over-the-counter drugs, internet-based health information, peer influence, and poor health-seeking culture. In developing countries such as Nigeria, the challenge is more severe because of weak healthcare systems, inadequate regulation of drug sales, poverty, and uneven access to health information. Recent Nigerian studies have continued to identify self-medication as a growing public health concern among adolescents and young adults. Agbesanwa, Olukayode, Oyemomi, Adefunke, Ayodeji, Ebenezer, Joshua, & Olusesan (2024), in a community-based cross-sectional study conducted in Ekiti State, found a high prevalence of self-medication among young people and linked the behavior to accessibility of drugs, inadequate health knowledge, and social influence.

The increasing dependence on informal health decisions among adolescents has intensified concerns about the effectiveness of existing health communication interventions within Nigerian communities. Adolescents are constantly exposed to multiple communication environments, including family interaction, peer networks, traditional community structures, social media platforms, religious institutions and local health campaigns. Contemporary health communication scholarship, therefore, emphasizes the need for community-based communication approaches capable of influencing behavioral change at both interpersonal and social levels.

Community health communication represents one of the most important approaches to behavioral health intervention because it integrates interpersonal

communication, participatory engagement, local cultural structures, and community-driven information dissemination. Unlike top-down information delivery systems, community sensitization programs, local health campaigns, health education sessions, and interpersonal advocacy, community health communication seeks to reshape public perception and encourage positive health behavior.

Recent communication studies within Nigeria have shown that adolescents' health behavior is strongly influenced by communication exposure and social interaction. Aliyu & Aransiola (2023) observed that communication patterns within Nigerian communities significantly affect adolescents' health related understanding and behavioral decisions.

The relevance of community health communication has become even more significant in semi-rural and underserved communities where institutional healthcare access remains limited. In many Nigerian localities, especially riverine and semi-rural areas, adolescents rely heavily on informal drug vendors, peer recommendations, family advice, and non-professional health guidance in making medication decisions. This situation often encourages indiscriminate drug use and unsafe self-medication practices. The persistence of such practices suggests that the availability of health information alone may not be sufficient; rather, the effectiveness of communication depends on message credibility, cultural relevance, participation, and social reinforcement.

In Anambra State, concerns over increasing adolescents' involvement in risky health practices have generated growing academic and public health attention. Although awareness campaigns and public health interventions exist, the extent to which community health communication influences adolescents' behavioral choices regarding self-medication, remains insufficiently explored, particularly within Ogbaru Local Government Area. Ogbaru LGA presents a unique communication and health environment characterized by semi-rural settlements, varying healthcare accessibility, and strong community interaction systems that may significantly shape adolescents' health behavior.

Furthermore, adolescence is a developmental stage associated with identity formation, social experimentation, and increased susceptibility to environmental influence. Social Cognitive Theory suggests that adolescents learn behaviors through observation, imitation, and social reinforcement. The Health Belief Model also explains health behavior in relation to perceived susceptibility, severity, benefits, barriers, and cues to action. These perspectives suggest that adolescents' self-medication behavior may be influenced not only by personal perception but also by communication exposure and community interaction.

Despite increasing scholarly attention to adolescent health behavior in Nigeria, existing studies have focused largely on drug abuse, reproductive health, sexual behavior, or general healthcare utilization, with relatively limited emphasis on the influence of community health communication on adolescents' self-medication practices within semi-rural communities. Additionally, many previous studies concentrated on urban

populations or institutional settings, thereby leaving contextual gaps regarding community-level communication influence among adolescents in local government areas such as Ogbaru.

It is against this background that this study investigates the influence of community health communication on adolescents' self-medication in the Ogbaru Local Government Area. The study seeks to examine how community-based health communication processes shape awareness, attitudes, and behavioral outcomes relating to self-medication among adolescents within the study area.

1.2 Statement of the Problem

Adolescents occupy a sensitive stage of human development characterized by curiosity, experimentation, identity formation, and increased social influence. At this stage, health decisions are often shaped not only by knowledge but also by peer interactions, environmental exposure, media influence, and community communication patterns in many Nigerian communities today, adolescents increasingly engage in self- medication as a coping response to perceived minor illnesses, financial limitations, easy access to drugs, and inadequate professional health consultation. Although self-medication is sometimes perceived as a convenient form of self-care, its uncontrolled practice among adolescents has become a growing public health and health communication concern due to associated risks such as drug misuse, antibiotic resistance, delayed diagnosis, adverse drug reactions, and long-term health complications.

Recent Nigerian studies have continued to reveal disturbing patterns of self-medication among adolescents and young people. Agbesanwa et al. (2024), in a community-based study in Ekiti State, found that a significant proportion of young people engaged in self-medication, largely influenced by accessibility to drugs, poor risk perception, and social exposure. The study further observed that many adolescents rely on informal health decisions without adequate understanding of the long-term consequences. Similarly, studies conducted within different Nigerian communities have shown that adolescents are increasingly exposed to unregulated health information from peers, social media, family networks, and informal drug vendors, thereby encouraging risky medication practices.

Despite increasingly health awareness campaigns across Nigeria, self-medication among adolescents continue to persist, suggesting that more mere exposure to information may not automatically translate into behavioral change. This raises concerns about the effectiveness, reach, and contextual relevance of existing community health communication strategies. In many communities, health communication programs are either irregular, urban-centered or insufficiently adapted to the communication realities of adolescents within semi-rural environments. Consequently, many adolescents continue to depend on informal health advice and unverified medication practices.

Furthermore, communication scholars and public health researchers have increasingly emphasized that behavioral health outcomes are strongly influenced by social interaction

and communication environments. Aliyu & Aransola (2023) observed that communication patterns within Nigerian communities significantly shape adolescents understanding of health-related issues and influence behavioral decisions. Likewise, Eze, Mbachu, Agu, Akamike, & Onwujekwe (2023) found that community based communication structures play a significant role in improving adolescents' awareness, perception, and support for health-related services in Southeastern Nigeria. These findings suggest that communication processes within communities may significantly affect adolescents' health behavior, including self-medication practices.

In Ogbaru Local Government Area of Anambra State, the situation appears particularly important due to the area's semi-rural characteristics, varying healthcare accessibility, and strong interpersonal community interaction systems. Adolescents within the area are exposed to diverse communication influences ranging from family advice and peer interaction to community narratives and informal drug recommendations. Yet, despite the growing concern over adolescents' self-medication, there is limited empirical evidence specifically examining how community health communication influences such behavior within Ogbaru LGA.

Existing studies in Nigeria have focused more broadly on adolescents health behavior, drug abuse, reproductive health, or general healthcare utilization, with relatively little scholarly attention given to the specific relationship between community health communication and adolescents self-medication behavior in local government communities such as Ogbaru . In addition, many existing studies emphasize urban populations or institutional settings, leaving contextual gaps regarding semi-rural adolescent populations.

It is against this background that this study investigates the influence of community health communication on adolescents' self-medication in Ogbaru Local Government Area. The study therefore seeks to determine whether community health communication significantly shapes adolescents awareness attitudes, and behavioral practices relating to self-medication within the study area.

2.0 OBJECTIVES OF THE STUDY

The general objective of this study is to examine the influence of community health communication on adolescents' self-medication in Ogbaru Local government Area.

Specific Objectives

The specific objectives of the study are to:

1. Examine the extent to which adolescents in Ogbaru Local Government Area are exposed to community health communication on self-medication.
2. Determine whether community health communication improves adolescents awareness of the risks associated with self-medication in Ogbaru Local Government Area.
3. Investigate the influence of community health communication on adolescents' attitudes toward self-medication in Ogbaru Local Government Area.
4. Ascertain whether community health communication contributes to the reduction of self-medication practices among adolescents in Ogbaru Local Government Area.

3.0 THEORETICAL FRAMEWORK

Theoretical Frameworks provides the intellectual foundation through which social realities and behavioral patterns are systematically explained within scholarly research. In health communication studies, theories are important because they help explain how communication processes shape health perceptions, attitude formation, and behavioral outcomes within specific social contexts. Since this study examines how community health communication influences adolescents' self-medication behavior, the study adopts the Health Belief Model (HBM) and the Social Cognitive Theory (SCT) as complementary theoretical frameworks. The integration of these two theories provide a broader understanding of both the cognitive and social dimensions of adolescent health behavior.

The choice of these theories is informed by the understanding that adolescent self-medication behavior is not shaped by a single factor. Rather, it emerges from the interaction between individual perception, environmental exposure, social influence, communication experiences, and behavioral learning, while the Health Belief Model explains how the adolescents interpret health risks and make personal health decisions, Social Cognitive Theory explains how social interaction and environmental observation reinforce or discourage particular health behaviors. Together, both theories provide a comprehensive framework for understanding the influence of community health communication on adolescents' self-medication practices in Ogbaru Local Government Area.

3.1 Health Belief Model (HBM)

The Health Belief Model was originally developed in the 1950s by social psychologists including Godfrey Hochbaum, Irwin Rosenstock, and Stephen kegels working with the United States Public Health Service. The model emerged from attempts to explain why people failed to participate in disease prevention and health screening programs despite availability of medical services. Over time, the theory became one of the most widely applied behavioral frameworks in public health and health communication research.

The central assumption of the Health Belief Model is that health behavior is influenced by individual beliefs and perceptions regarding illness, risks, and preventive action. According to the theory, individuals are more likely to adopt positive health behavior when they perceive themselves as vulnerable to a health condition, believe that preventive action will provide benefits, and perceive fewer barrier to taking such action.

The major constructs of the Health Belief Model include perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. The relevance of the Health Belief Model to this study lies in its ability to explain the cognitive processes through which adolescents interpret health information and make behavioral decisions. Community health communication does not merely provide information, it influences perception, risks awareness, and behavioral motivation. Through repeated exposure to health messages, adolescents may develop stronger awareness of the dangers associated with self-medication and become more willing to adopt safer health behaviors.

The Health Belief Model is therefore suitable for this study because it explains how communication exposure can reshape adolescents' health beliefs, perceptions, and behavioral choices regarding self-medication within the social realities of Ogbaru Local Government Area.

3.1.1 Social Cognitive Theory (SCT)

Social Cognitive Theory was propounded by Albert Bandura in the 1980s as an explanation of Social Learning theory emerged from Bandura's critique of behaviorist explanations that viewed behavior primarily as a response to external stimuli. Bandura argued that human behavior is shaped through a dynamic interaction between personal factors, behavior, and environmental influences, a process he described as reciprocal determinism.

The theory emphasizes that people learn behavior not only through direct personal experience but also through observation. According to Bandura, individuals observe the behavior of others within their environment and may adopt such behavior depending on perceived outcomes and reinforcement.

One of the major concepts of Social Cognitive Theory is observational learning. Adolescents often learn behavioral patterns by observing peers, family members, community actors, media personalities, and other social figures in communities where self-medication is normalized, adolescents may perceive the practice as acceptable and safer, especially when they observe others engaging in it without immediate negative consequences.

Another important concept is behavioral modelling. Community health communication creates opportunities for positive modelling through health workers, educators, community leaders, and peer educators who demonstrate appropriate health-seeking behavior Adolescents exposed to such models may gradually internalize safer medication practices.

The relevance of Social Cognitive Theory to this study lies in its explanation of how social environments and communication interactions influence adolescents' behavior. Adolescents do not make health decisions in isolation, their behavior is constantly shaped by peer networks, family influence, community narratives, and communication exposure. Community health communication therefore functions not only as information dissemination but also as a social process capable of reshaping behavioral norms and expectations. The theory is particularly suitable for this study because it explains how adolescents in Ogbaru Local Government Area may adopt or reject self-medication practices based on environmental exposure, observational learning, and social reinforcement within their community communication environment.

3.1.2 Suitability of the Theories for the Study

The integration of the Health Belief Model and Social Cognitive Theory provides a comprehensive explanation of adolescents' self-medication behavior. The Health Belief Model explains the internal cognitive dimension of behavior, focusing on how adolescents perceive risk, severity, benefits, and barriers. Social Cognitive Theory complements this by explaining the external social dimension through observation, modelling, reinforcement, and environmental influence.

This combined theoretical perspectives s therefore most suitable for examining how community health communication influences adolescents' self-medication practices in Ogbaru Local Government Area.

3.1.3 Empirical Review

Empirical studies conducted in recent years have continued to show increasing scholarly concern over adolescent health behavior, particularly self =medication practices and the role of communication in shaping behavioral outcomes. Existing literature within Nigeria and other developing societies suggests that adolescent's medication practices are strongly influenced by social exposure, communication patterns, peer interaction, environmental accessibility and health awareness systems. However, despite growing studies on adolescents' health behavior, there remains limited empirical attention to the influence of community health communication on adolescents' self-medication behavior within semi-rural local government settings such as Ogbaru Local Government Area of Anambra State.

Agbesanwa et al (2024) conducted a community –based cross sectional study on the prevalence, determinants, and adverse effects of self-medication among young people in Ekiti State, Nigeria. The study examined 602 young between the ages of 16 and 24 years using descriptive survey methodology. Findings revealed that self-medication was highly prevalent among adolescents and young adults, with accessibility to drugs, proximity to drug outlets, and social exposure identified as major contributing factors. The study further found that antimalarial drugs and antibiotics were among the most commonly self-administered medications, while adverse reactions and prolonged health complications were reported among respondents. The researchers concluded that weak regulation of drug access and inadequate behavioral intervention contribute significantly to self-medication practices among young people.

The study by Agbesanwa et al. is relevant to the present research because it establishes the prevalence of self-medication among young Nigerians and highlights the influence of social and environmental factors. However, the study focused more on prevalence and determinants without specifically examining the influence of community health communications on adolescent behavioral outcomes, thereby creating a contextual gap that the present study seeks to address.

Aliyu & Aransiola (2023) investigated patterns of parent adolescent communication on health-related issues among adolescents in selected communities in Ibadan, Nigeria. Using qualitative and survey approaches, the study found that communication exposure within family and community environments significantly influences adolescents' health understanding and behavioral orientation. The researchers observed that adolescents who experiences open and interactive communication regarding health issues demonstrated healthier behavioral tendencies and improved risks awareness compared to those exposed to poor communication structures.

The relevance of this study lies in its emphasis on communication as a behavioral determinant among adolescents. Although the research focused on reproductive health communication, its findings support the argument that communication environments significantly shape adolescent health

behavior. Nevertheless, the study concentrated primarily on family communication patterns rather than broader community health communication structures.

Oyewole & Adebayo (2021) examined social connectedness and health risks behaviours among in school adolescents in urban and rural areas of Oyo State, Nigeria. The study revealed that adolescents' behaviors are strongly associated with social interaction, peer influence, and environmental communication systems. The researchers found that adolescents exposed to positive social and communication support systems were less likely to engage in risky health behaviors compared to those lacking supportive communication environments.

The findings of Oyewole & Adebayo (2021) are important to the present study because they reinforce the role of social communication environments in behavioral regulation among adolescents. However, this study addressed general health-risks behavior and did not specifically examine self-medication practices on community based health communication interventions.

Arije, Hlungwani, & Madan (2022) explored challenges and opportunities associated with adolescents friendly health services in Nigerian public health facilities. The study found that poor communication structures between healthcare systems and adolescents avoid professional healthcare consultation due to fear, poor communication, lack of trust, and social discomfort within health institutions.
The relevance of the study to the current research lies in its identification of communication barriers as factors influencing adolescents' health decisions. The findings imply that where effective communication systems are lacking, adolescents' may resort to self-medication as an alternative health behavior. However, the study focused primarily on institutional healthcare services rather than community level communication influence.

Oluwatosin, Wuraola Akande, Moise Muzgaba, Ehimarlo Igumbor, Elimian, Olademeji Bolarinwa, Musa, & Akande (2024) investigated the effectiveness of health interventions on adolescents' health behavior in Nigeria through a cluster randomized trial. Findings revealed that strategic communication interventions significantly improved adolescents' awareness, behavioral understanding, and health decision-making processes. The study concluded that sustained communication exposure contributes positively to adolescent health outcomes.

9Another important dimension emerging from empirical literature is that awareness alone does not automatically produce behavioral change. Several studies have shown that despite exposure to health information, adolescents may continue engaging in risky health behaviors due to health information, adolescents may continue engaging in risky health behaviors due to environmental reinforcement, peer pressure, convenience, and social normalization of unhealthy practices. This suggests that communication effectiveness depends not only on information dissemination but also on the credibility, consistency, and participatory nature of communication interventions.

Empirical evidence within Nigeria further suggests that adolescents in semi-rural communities experience unique communication realities different from urban populations. In many local government areas,

community interaction remains highly interpersonal and socially driven, meaning that adolescents' health decisions are often influenced through informal discussions, family narratives, peer interaction, and local community structures rather than institutional communication alone.

Despite increasingly scholarly attention to adolescent health communication and behavioral studies in Nigeria, there remains limited empirical literature specifically examining the influence of community health communication on adolescents' self-medication behavior in Ogbaru Local Government Area. Most existing studies focus on drug abuse, reproductive health, institutional healthcare utilization, or general adolescent health outcomes. Additionally, many previous studies concentrated on urban centers or school populations, thereby leaving a contextual and communication gap regarding semi-rural adolescents within community-based communication environments.

The present study, therefore, differs from earlier studies by specifically examining how community health communication influences adolescents' self –medication practices within Ogbaru Local Government Area. The study also contributes to existing scholarship by integrating communication perspectives with behavioral health analysis using the Health Belief Model and Social Cognitive Theory as explanatory frameworks.

Oluwafemi Oluwaseun Ogunleye and Adebayo Oluwatosin Adepoju (2021) examined self-medication among adolescents in Nigeria and identified poor healthcare accessibility, easy access to drugs, peer influence, and inadequate health awareness as major factors encoursging self –medication practices among young people.

Aanuoluwa Idris Ajayi and Chisom Chukwudii Okeke (2021) investigated determinants of self-medication among adolescents in developing countries and found that social influence misinformation, economic constraints, and weak health communication structures contribute significantly to risky medication practices among adolescents.

4.0 METHODOLOGY

This study adopted the descriptive survey research design. The design is considered appropriate because it enables the researcher to collect data from a defined population and describe the relationship between community health communication and adolescents' self-medication behavior without manipulating variables. The design is suitable for examining opinions, perceptions, and behavioral patterns as they exist in the study area.

The study was conducted in Ogbaru Local Government Area. Ogbaru LGA is a semi-rural riverine area characterized by trading activities, farming communities, and dispersed settlements. Adolescents' in the area are exposed to both formal and informal health communication systems such as community health talks, school-based sensitization, peer communication and traditional information networks. These characteristics make the area suitable for examining the influence of community health communication on self-medication behavior.

The population of the study comprises all adolescents aged 10-19 years in Ogbaru Local Government Area. Based on the National Population Commission (NPC, 2006 census)

age structure and the 2025 population projection, the population of Ogbaru LGA was projected using the standard population growth estimation approach adopted in demographic research.

Using NPC baseline data and applying a national average annual growth rate of approximately 2.6%, the projected population of Ogbaru LGA in 2025 is estimated at about 300,000 persons. From this, adolescents (10-19 years) who typically constitute about 23% of the population structure in Nigeria (NPC/NBS demographic distribution pattern), were extracted.

Therefore:
Projected population of Ogbaru LGA (2025) = 300,000
Estimated adolescent population (10-19 years): 23% of 300,000 = 69, 000 adolescents (approx.)
Thus, the population of the study is approximately 69,000 adolescents.
The sample size for this study was determined using the Taro Yamane statistical formula for a finite population:
Where
n = sample size
N = Population (69,000 adolescents)11E – Margin of error (0.05)

Therefore, the sample size was approximated to 400 respondents for ease distribution and analysis.

A multi- stage sampling technique was adopted for this study to ensure proper representation of adolescents across selected communities within Ogbaru Local Government Area.

In the first stage, Ogbaru local Government Area was purposively selected because of its semi-rural characteristics, diverse communication patterns, and increasing concerns about adolescents' self-medication behavior.

In the second stage, six (6) communities were selected from the LGA. The selected communities include:

Atani, Okpoko, Osisioma, Odekpe, Akili-Ozizor, Ogwu-Aniocha
These communities were chosen to ensure geographical spread, population representation, and variation in exposure to community health communication.
In the third stage, households and schools within the selected communities were used as sampling clusters. This was done because adolescents are distributed across both school and non-school environments.

In the fourth stage, a simple random sampling technique was used to select adolescents within the households and schools until the required sample size of 400 respondents was achieved.

This sampling procedure ensured that every eligible adolescent within the selected communities had an equal chance of being included in the study, thereby reducing sampling bias and enhancing representativeness. The instrument used for data collection was a structured questionnaire titled: Communication and Adolescent Self-Medication Questionnaire (CHCASMQ).

The questionnaire was divided into sections covering:

- Demographic information
- Exposure to community health

communication
- Attitude toward self-medication
- Self-medication behavior

The Instrument was validated through face and content validation by experts in Mass Communication and Public Health. Their corrections and suggestions were incorporated to ensure clarity, relevance, and alignment with the research objectives. The reliability of the instrument was established using the test –retest method. Data collected from a pilot group outside the study area were analyzed using Cronbach's Alpha, which yielded a reliability coefficient of 0-82, indicating high internal consistency. The questionnaire was administered directly to respondents with the help of trained research assistants. A total of 400 copies were distributed across selected communities in Ogbaru LGA.
Out of these:

- 380 copies of the questionnaire were properly completed and returned
- 20 were not retrieved or invalid

The data collected were analyzed using simple frequency tables and percentages. This method was used to present respondents' opinions and determine the extent of influence of community health communication on adolescents' self-medication behavior.

Ethical Consideration
The study ensured voluntary participation, confidentiality of responses, and anonymity of respondents. Consent was obtained from participants before questionnaire administration, and data were used strictly for academic purposes.

4.1 Data Presentation And Analysis
The data were presented using frequency tables and simple percentages, while interpretation was guided by the study objectives and supported by the Health Belief Model (HBM) and Social Cognitive Theory (SCT).

Response Rate
A total of 400 copies of questionnaire were distributed to respondents across the selected communities. Out of these, 360 were correctly filled and returned, while 20 were not retrieved or were invalid.

Response Category	Frequency	Percentage (%)
Returned & Valid	380	95%
Not Retrieved	20	5%
Total	400	100%

Interpretation: The response rate of 95% is considered very high and adequate for analysis, indicating strong participation and reliability of data collected.

Presentation of Data According to Research Questions
Research Objective 1: Extent to which adolescents' in Ogbaru local government Area are exposed to community health communication on self –medication

Response	Frequency	Percentage (%)
Yes	282	74.2%
No	98	25.8%
Total	380	100%

Field Survey 2026

Interpretation
The result shows that 74.2% of respondents are exposed to community health communication, while 25.3% are not. This indicates that a significant proportion of adolescents are reached through health communication channels, although a notable minority remains unreached.

Theoretical Interpretation
From the Health Belief Model, exposure serves as a cue to action, stimulating awareness of risks associated with self- medication. From the Social Cognitive Theory, exposure provides adolescents with behavioral models through health workers and community communicators, encouraging observational learning and imitation of safe health practices.

Research Objective 2: Determine whether community health communication improves adolescents' awareness of self-medication risks in Ogbaru Local Government Area

Response	Frequency	Percentage (%)
Yes	270	71.1%
No	110	28.9%
Total	380	100%

Field Survey 2026

Interpretation
A majority of respondents (71.1%) agreed that community health communication improves awareness of self-medication risks. This indicates that communication efforts are effective in increasing knowledge and risks perception among adolescents.

Theoretical Interpretation
Within the HBM framework, this reflects increased perceived susceptibility and severity. From the SCT perspective, awareness is strengthened through interactive learning and social reinforcement during community dialogue sessions.

Research Objective 3: Investigate the Influence of community health communication on adolescents' attitudes toward self- medication in Ogbaru Local Government Area.

Response	Frequency	Percentage (%)
Positive	291	76.6%
Negative	89	23.4%
Total	380	100%

Field Survey 2026

Interpretation
The findings reveal that 76.6% of respondents experienced a positive attitude change toward self-medication practices after exposure to community health communication.

Theoretical Interpretation
According to the HBM, this reflects a shift in perceived benefits and barriers, where adolescents begin to favor professional healthcare over self-medication. The SCT

explains this as behavioral modelling, where adolescents imitate behaviors demonstrated by health professionals and community influencers

Research Objective 4: Ascertain whether community health communication contribute to the reduction of self-medication practices among adolescents' in Ogbaru Local Government Area

Response	Frequency	Percentage (%)
Reduced	250	65.8%
Not Reduced	130	34.2%
Total	380	100%

Field Survey 2026

Interpretation
The result indicates that 65.8% of respondents reported a reduction in self-medication practices following exposure to community health communication, while 34.2% reported no reduction.

Theoretical Interpretation
From the HBM, reduction in self-medication is linked to increased cues to action and reduced perceived benefits of unsafe drug use. From the SCT, behavioral change is explained through reinforcement and modelling, although persistent self-medication among some adolescents suggests continued environmental and peer influence.

This analysis shows that:
Majority of adolescents (74.2%) are exposed to community health communication.
71.1% report improved awareness of self-Medication risks.
76.6% show positive attitude change
65.8% report reduction in self–medication practices.

Overall, community health communication has a significant influence on adolescents' awareness, attitudes, and behavioral practices, although its impact is moderated by environmental and social factors.

4.2 Discussion of Findings
This section discusses the findings of the study in relation to the research objectives, empirical studies reviewed, and the theoretical frameworks underpinning the study, namely the Health Belief Model (HBM) and Social Cognitive Theory (SCT).

Exposure of Adolescents to Community Health Communication: The study found that a majority of respondents (74.2%) were exposed to community health communication relating to self-medication. This findings suggest that adolescents within the selected communities in Ogbaru Local Government Area are significantly reached through community- based health campaigns, interpersonal discussions, sensitization programs, and community interactions.

This findings agrees with the study of Aliyu and Aransola (2023), who observed that communication exposure within Nigerian communities significantly influences Adolescents' health understanding and behavioral orientation. The findings also support Akande et al. (2024), who reported that sustained communication exposure improves adolescent health awareness and behavioral responsiveness.

From the perspective of the Health Belief Model, exposure to community health communication serves as a cue to action capable of stimulating awareness of the dangers associated with self-medication. Adolescents who repeatedly encounter health information are likely to perceive health risks and reconsider unsafe medication behavior.

Similarly, Social Cognitive Theory explains that exposure creates opportunities for observational learning and behavioral modelling. Adolescents exposed to positive health communication are likely to imitate behaviors promoted by health workers, educators, and community influencers.

Influence of Community Health Communication on Awareness of Self –Medication Risks: The study revealed that 71.1% of respondents agreed that community health communication improved their awareness of the risks associated with self-medication. These findings indicate that communication interventions contribute significantly to adolescents' understanding of the health implications of indiscriminate drug use.

The finding is consistent with Agbesanwa et al. (2024), who found that inadequate health awareness contributes significantly to self-medication among young people in Nigeria. The present study therefore suggests that effective communication exposure may improve adolescents' knowledge and risks perception regarding unsafe medication practices.
Within the framework of the Health Belief Model, these findings reflects increased perceived susceptibility and perceived severity. Adolescents who become more aware of possible consequences such as drug resistance, adverse drug reactions, or recognize the seriousness of self-medication.

From the Social Cognitive Theory perspective, awareness development occurs through social interaction, communication engagement, and environmental learning processes. Adolescents' often internalize information shared within community communication spaces, especially where messages are repeatedly reinforced through trusted social structures.

Influence of Community Health Communication on Adolescents' Attitude Toward Self-Medication: The findings further showed that 76.6% of respondents experienced a positive attitude change toward self-medication following exposure to community health communication interventions, which influence adolescents' orientation and perception toward medication practices. The findings align with Nwankwo & Okoro (2023), who observed that health communication interventions positively influence youth behavioral orientation in rural Nigerian communities. The result also supports the argument that communication is not merely informational but transformational in shaping behavioral attitudes.

The Health Belief Model explains this behavioral orientation through perceived benefits and barriers. Adolescents exposed to health communication may increasingly perceive professional healthcare consultations as more beneficial and safer than indiscriminate self-= medication. Social Cognitive Theory further explains that adolescents often adopt attitudes and behaviors observed within their social

environment. Positive communication exposure, reinforcement from health communicators, and interaction with informed peers may encourage favorable attitude change toward safer health practices.

Influence of Community Health Communication on Reduction of Self-Medication Practices: The study found that 65.8% of respondents reported a reduction in self-medication practices following exposure to community health communication. The finding indicates that community health communication contributes meaningfully to behavioral change among adolescents, although the reduction was not absolute. The finding supports the position of Akindele & Adebayo, (2021), who noted that supportive communication environments reduce adolescents' engagement in risky health behaviors. The result also aligns with communication-based behavioral studies which argue that sustained health communication interventions can influence health-seeking behavior among young populations.

4.2.1 Summary of Findings

The analysis shows that:

- Majority of adolescents (74.2%) are exposed to community health communication.
- 71.1% report improved awareness of self-medication risks.
- 65.8% report reduction in self-medication practices

Overall, community health communication has a significant influence on adolescents' awareness attitudes, and behavioral practices, although its impact is moderated by environmental and social factors.

5.0 CONCLUSION

Based on the findings, the study concludes that community health communication has a significant influence on adolescents' self-medication practices in Ogbaru Local Government Area. The study establishes that exposure to community health communication improves awareness, shapes attitudes, and contributes to a reduction in self-medication among adolescents. However, the persistence of self0-medication among some respondents indicates that behavioral change is not absolute.

This suggests that while communication is effective, its impact is moderated by other factors such as peer influence, accessibility of drugs, economic constraints, and environmental reinforcement. This integration of the Health Belief Model and Social Cognitive Theory further confirms that adolescents' health behavior is shaped by both cognitive perception and social learning processes.

6.0 RECOMMENDATIONS

Based on these findings, the following recommendations are made:

1. Strengthening Community Health Communication: Government and health agencies should intensify community health communication programs to ensure wider and more consistent coverage of adolescents.
2. Expansion of Interactive Health Dialogues: Community dialogue sessions should be increased, as interactive communication has proven effective in improving awareness and behavioral change.
3. School-Based Health Communication Integration: Health education on safe

medication practices should be strengthened within secondary schools to complement community efforts.

4. Regulation of Drug Distribution Channels: Relevant authorities should strengthen the regulation of patent medicine vendors to reduce unrestricted access to drugs that encourage self-medication.
5. Peer Education Programs: Since adolescents are highly influenced by peers, trained peer educators should be introduced to reinforce positive health behaviors.
6. Sustained Behavior Change Campaigns: Health communication should be continuous rather than occasional, as sustained exposure is necessary for lasting behavioral change.

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