Assessment of the Use of National Standing Orders in the Treatment of Minor Ailments among Community Health Practitioners in Ibadan Municipality

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Abstract- National Standing orders for community health practitioners is a powerful tool in primary health care. It is a basic tool that makes Physicians extension possible. They describe typical symptoms which the patients may present and the way they could be managed. It was drawn up with Nigerian health conditions. The book was a basic tool both in the training of community health practitioners and the services that they subsequently provide to the community. The whole point of developing the national standing orders for community health practitioners is to provide a tool that will allow the physicians extenders to treat 10-20 times more patients. The descriptive survey research design was adopted for the study. The sample was 400 respondents randomly selected from eleven local Government areas in Ibadan. A self structured questionnaire was used for data collection. Descriptive statistics of frequency counts and percentages and chi-square was used to analyze the hypotheses and tested at 0.05 alpha level. Four variables were tested. Absolute schedule of drugs in the national standing orders calculated value was (38.97), review of national standing orders calculated value was (122.183), time spent on one patient while using national standing orders calculated was value (96.037), and client attitude/ perception towards the use of national standing orders calculated value was (133.499) had significant influence to the use of national standing orders in the treatment of minor ailments among community health practitioners. It is therefore recommended that national standing orders should be reviewed regularly with current health challenges in the country.

Index Terms- National Standing orders, minor ailments, Community health practitioners.

I. INTRODUCTION

National Standing orders for community health practitioners is a powerful tool in primary health care. It is a basic tool that makes Physicians extension possible. Standing orders are instruction sheets written by a group of physicians and Nurses at the institute of child health of the college of medicine, University of Lagos in 1974. They are protocols rather than standing orders because they describe typical symptoms with which the patient present and the way in which the patients may be managed, but the original name ‘’standing orders’’ has survived [Ekunwe, 1984]. National standing orders for community health practitioners were drawn up with Nigerian conditions in mind. The book was a basic tool both in the training of community health practitioners and the services that they subsequently provide to the community. The whole point of developing the national standing orders for community health practitioners is to provide a tool that will allow the physicians extenders to treat 10-20 times more patients (Ojo,2004). The national standing orders for community practitioners are very comprehensive, and the care provided by the users is of high quality and they should be adhered to it, unless there is a valid medical reason to deviate from them [Federal Ministry of Health and National Primary Health Care Development Agency,1995]. According to Sanwo [2007] the national standing orders is very necessary in primary health care because when used appropriately: there will be better coverage of population with good health care, improved standard care for all Nigerians, promote good health and enhance quality of life and thus elongate life span and remove trial and error in client’s management.

Eniolorunda [2004] observed that for many decades, emphasis was on curative medicine and very little was said on preventive, this limited health care to urban areas, because these were the places one could find tertiary hospitals with qualified health practitioners. The best that could be found in the rural areas were probably dispensaries and of course, they were deficient of health personnel and even when they were available health care was too expensive that those that could not afford it died of preventable diseases. Therefore, as a follow up on this, in 1978 at the joint WHO/UNICEF conference in ALMA ATA, the Governments of 134 countries endorsed the concept of primary health care [PHC] as the way to ‘’Health for all by year 2000 (Olise,2007). Nigeria, like other countries which are member of World health Organisation saw the need to try an alternative approach to health care delivery in view of the fact that health care were judged to be unsatisfactory and demands of the public as reflected by the low state of health of the population. Primary health care was therefore adopted as an alternative approach and launched in Nigeria in 1986 [Federal Ministry of Health,1993].

The goal of PHC is to wipe out the mal-distribution of health resources and services by bringing health care if possible to the door steps of every individual (WHO,1996). The adoption of primary health care in Nigeria brought about perspective shift in the orientation of the health programmes from curative to preventive care. The goal of the policy is to enable all Nigerians to achieve socially and economically productive lives, while the cornerstone of this policy is primary health care [Eniolorunda, 2004].With the adoption of PHC; it became more apparent that some health workers with polyvalent training would be relevant for its implementation. This was a great vacuum which created in the staffing of the numerous health facilities that were

established. Then, categories of health workers were identified and trained for the purpose called community health workers/practitioners, these cadres were Junior community health workers (JCHEW), Community health extension workers (CHEW) and Community health officers (CHO).The category of these health workers are significant in the management of primary health care services because primary health care facilities such as maternities and dispensaries, health clinics, health post and comprehensive health centres cannot operate meaningful except they are staffed with reasonable adequate number of qualified health personnel [Ogundeji,2002].These health workers were properly groomed when Nigeria like most developing counties observed that the past health care system had been unsatisfactory and human resources were inadequate and mal-distributed especially to the disadvantage of most Nigerians who live in the rural areas. Besides, most of the health problems causing pains and deaths needed simple methods, procedures and equipments for their prevention and early treatment [Iragunima, 2006].

Some years back Nigeria health system performance was ranked 187th among 191 member states with high rate of child mortality rate [under5 years] of 198 per 1000 live birth and maternal mortality rate in Nigeria is estimated to be 800 per 100,000 live birth [NPHCDA,2011].As a result of the enormous problem, a stakeholders of PHC convened to address the issues and a technical committee was set up to develop a strategic plan to revitalize primary health care in Nigeria, and they resolved and recommended that community health workers who are purposely trained for community health services are not working according to stipulated guidelines [Non usage of national standing orders while treating their clients] and there was overlapping or blurring of role and responsibilities among other health workers and they recommended for replacement of the cadres (National Primary Health Care Development Agency,2004).This study therefore examined the use of national standing orders in the treatment of minor ailments among community health practitioners in Ibadan municipality.

II. Hypotheses

1. Absolute schedule of drugs will not be a significant determinant for the use of National standing orders in the treatment of minor ailments among Community health practitioners in Ibadan municipality.
2. Review of National standing orders will not be a significant determinant for it use while attending to minor ailments among Community health practitioners in Ibadan municipality.
3. Time spent on one client will not be a significant determinant for the use of National standing orders in the treatment of minor ailments among Community health practitioners in Ibadan municipality.
4. Client attitude/perception will not be a significant determinant for the use of National standing orders in the treatment of minor ailments among Community health practitioners in Ibadan municipality.

III. Methodology

The descriptive survey research was employed to investigate the use of National standing orders in the treatment of minor ailments among community health practitioners in Ibadan municipality. Proportionate stratified random sampling technique was used to select 400 respondents which were 60% of total population of community health practitioners working with the eleven local government areas in Ibadan municipality. The respondents were selected from ten primary health care facilities in each of eleven local government areas in Ibadan municipality. The selected respondents are 36 Junior Community health extension workers, 284 Community health extension workers and 80 Community health officers were selected. Simple random sampling technique was used to give each of the respondents in the chosen health facilities an equal and independent chance of being included in the study.

The instrument for data collection in the study was a self developed and validated questionnaire. The socio-demographic characteristics of the respondents covered in section A include; age, sex, professional cadre and income per month of the respondents. Section B was used to elicit information on independent variable of absolute schedule of drugs, review of national standing orders, time spent on one client and client's attitude / perception. The responses in sections B were constructed in a 4-point modified Likert format of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).The instrument was validated through expert review, which in turn helped to remove ambiguities and item construction problems. The data generated through pre-testing of the instrument were then subjected to factor analysis. A cronbach alpha method was used to test the internal consistency of questionnaire which yielded reliability values of 0.86. In totality, fifteen (15) items that met with 0.40 as criterion for retention of items were retained in the questionnaire. The data collected were analyzed using descriptive statistics of frequency counts and chi-square (X^2) analysis to test the hypotheses at 0.05alpha level.

IV. Result

Table 1: Socio-demographic characteristics of the respondents

Variable	Frequency	Percent (%)
Age (years):		
20- 30 years	69	17.3
31-40 years	166	41.5
41- 50 years	128	32.0
51 years and above	37	9.2
Total	**400**	**100.0**
Sex:		
Male	107	26.7
Female	293	73.3
Total	**400**	**100**
Professional cadre		
JCHEW	36	9.0
CHEW	284	71.0
CHO	80	20.0
Total	**400**	**100**
Income per month		

#35,000- #45,000	31	7.8
#50,500- #60,000	82	20.5
#61,500- #80,000	139	34.8
#90,000 and above	148	37
Total	**400**	**100**

Hypothesis1: Absolute schedule of drugs will not be a significant determinant for the use of National standing orders in the treatment of minor ailments among Community health practitioners in Ibadan municipality.

Test of Hypotheses

Table 2: **Absolute schedule of drugs in the national standing orders**

	Absolute schedule of drugs in the national standing orders					X^2 Crit	X^2cal	Df	P
	SD	D	A	SA	TOTAL				
Q1	43 (10.8%)	72 (18.0%)	136 (34.0%)	149 (37.3%)	400 (100.0%)	16.9	38.968	9	.000
Q2	51 (12.8%)	108 (27.0%)	146 (36.5%)	95 (23.3%)	400 (100.0%)				
Q3	24 (6.0%)	84 (21.0%)	174 (43.5%)	118 (29.5%)	400 (100.0%)				
Q4	55 (13.8%)	82 (20.5%)	148 (37.0%)	115 (28.8%)	400 (100.0%)				
Total	173 (10.8%)	346 (21.6%)	604 (37.8%)	477 (29.8%)	1600 (100.0%)				

Table 2 showed that the calculated value of 38.97 is higher than critical value of 16.9 and 9 degree of freedom at 0.05 level of significance. This implies that absolute schedule of drugs in the national standing orders was a significant determinant towards it use while attending to minor ailments among community health practitioners in Ibadan municipality. The null hypothesis was therefore rejected. This study corroborates the findings of Ogundeji (2002) who reported that drugs play limited role in protecting, maintaining and restoring health, yet, the production, marketing, storage, distribution, selection, purchasing and utilisation for health reasons, still constitute one of the biggest business in the world particularly Nigeria, at the same time, drugs needed for common diseases were constantly out of stock.

Hypothesis 2: Review of National standing orders will not be a significant determinant for it use while attending to minor ailments among Community health practitioners in Ibadan municipality.

Table 3: Review of National standing Orders

	Review of National standing Orders					X^2 Crit	X^2cal	Df	P
	SD	D	A	SA	TOTAL				
Q1	57 (14.3%)	92 (23.0%)	125 (31.3%)	126 (31.5%)	400 (100.0%)	21.0	122.183	12	.000
Q2	27 (6.8%)	100 (25.0%)	179 (44.8%)	94 (23.5%)	400 (100.0%)				
Q3	35 (8.8%)	102 (25.5%)	168 (42.0%)	95 (23.8%)	400 (100.0%)				
Q4	16 (4.0%)	44 (11.0%)	190 (47.5%)	150 (37.5%)	400 (100.0%)				
Q5	72 (18.0%)	96 (24.0%)	151 (37.8%)	81 (20.3%)	400 (100.0%)				
Total	207 (10.4%)	434 (21.7%)	813 (40.7%)	546 (27.3%)	2000 (100.0%)				

As shown in table 3 the calculated value of 122.183 is higher than the chi-square critical value of 21.0, degree of freedom is 12 at 0.05 alpha level. This implies that the review of National standing orders was a significant determinant towards it use while attending to minor ailments among community health practitioners in Ibadan municipality. The null hypothesis was therefore rejected. This study is in agreement with Federal Ministry of Health (1995) which observed that disadvantage of the national standing orders include the fact that national standing orders are difficulty to prepare as the doctors must know the diseases that are likely to occur in a particular area and the epidemiology in a population. The instructions cannot be prepared at one sitting as they must be written clearly and carefully. It is not possible to cover all situations but omissions can be kept to a minimum by having a team of doctors to write the orders.

Hypothesis 3: Time spent on one client will not be a significant determinant for the use of National standing orders in the treatment of minor ailments among Community health practitioners in Ibadan municipality.

Table 4: **Time spent on one client while using national standing orders**

	Time spent on one client while using national standing orders					X^2 Crit	X^2cal	Df	P
	SD	D	A	SA	TOTAL				
Q1	16 (4.0%)	71 (17.8%)	152 (38.0%)	161 (40.3%)	400 (100.0%)	12.6	96.037	6	.000
Q2	58 (14.5%)	119 (29.8%)	145 (36.3%)	78 (19.5%)	400 (100.0%)				
Q3	26 (6.5%)	57 (14.3%)	203 (50.8%)	114 (28.5%)	400 (100.0%)				
Total	100 (8.3%)	247 (20.6%)	500 (41.7%)	353 (29.4%)	1200 (100.0%)				

As shown in table 4 the calculated value of 96.037 is higher than the chi-square critical value of 12.6, degree of freedom is 6 at 0.05 alpha level. This implies that time spent on one client was a significant determinant towards the usage of national standing orders among community health practitioners in Ibadan municipality. The null hypothesis was therefore rejected. This study is in line with the assertion of Sanwo (2007) that the physicians who are primarily trained to diagnose and treat patients are in short supply (about ratio 1 medical doctor to 6000 population) are not enough to cover all the primary health care facilities and national standing orders authorise the community health workers to manage conditions that were to be managed by physicians thus reducing pressure on the physician's time and have more time to spend on serious and complicated cases.

Hypothesis 4: Client attitude/perception will not be a significant determinant for the use of National standing orders in the treatment of minor ailments among Community health practitioners in Ibadan municipality.

Table 5: Client's attitude/perception towards the use of national standing orders

	Client attitude/perception towards the use of national standing					X^2 Crit	X^2cal	Df	P
	SD	D	A	SA	TOTAL				
Q1	17 (4.3%)	56 (14.0%)	180 (45.0%)	147 (36.8%)	400 (100.0%)	12.6	133.496	6	.000
Q2	20 (5.0%)	47 (11.8%)	213 (55.3%)	120 (30.0%)	400 (100.0%)				
Q3	38 (9.5%)	150 (37.5%)	151 (37.8%)	61 (15.3%)	400 (100.0%)				
Total	75 (6.3%)	253 (21.1%)	544 (45.3%)	328 (27.3%)	1200 (100.0%)				

Table 5 showed that the calculated value of 133.496 is higher than the chi-square critical value of 12.6, degree of freedom is 6 at 0.05 alpha level. This implies that the client attitude/perception was a significant determinant towards the usage of national standing orders among community health practitioners in Ibadan municipality. The null hypothesis was therefore rejected. This study is in agreement with Ogundeji (2002) who reported that many factors are identified as militating problems for non patronage of health facilities in rural communities and such factors include ignorance, poor level of education, taboos and superstition.

V. Conclusion and Recommendations

National Standing orders for community health practitioners is a basic tool that makes Physician extension possible, and allow the users to function and act accordingly in the treatment of minor ailments at primary health care level which is the first level of health care delivery in Nigeria. Therefore, it should be reviewed regularly as it was planned, while the interval of the review should be within five years with good orientation on its advantages to the populace.

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