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CHALLENGES IN MANAGEMENT OF COMMON CHILDHOOD ILLNESS AMONG PRIMARY HEALTH CARE PROVIDERS IN KADUNA STATE, NIGERIA

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ABSTRACT

Primary Health Care is an inclusive approach to promoting health and well-being that prioritizes the needs and preferences of individuals, families, and communities. It addresses various factors influencing health and focuses on comprehensive aspects of physical, mental, and social well-being. The objective of this study was to identify the challenges in managing common childhood illnesses among primary healthcare providers in Sabon-Gari local government area, Kaduna State. The study utilized a descriptive cross-sectional design, involving all twenty-five healthcare workers in the primary healthcare center. Data was collected using an interviewer-administered structured questionnaire with a reliability coefficient of 0.78 Cronbach's alpha. Statistical Package for Social Sciences (SPSS) version 20 was used to analyze the data, employing measures such as frequency, percentages, mean, standard deviation, and Chi-square. Among the respondents, 9 (36.0%) were in the age range of 36-40 years, and 17 (68.0%) were females. Approximately 12 (48.0%) had 6-10 years of experience in managing childhood illnesses, while only 1 (4.0%) had over 10 years of experience. The study observed that the respondents possessed knowledge about common childhood illnesses (64.5%). The identified challenges in managing common childhood illnesses among primary healthcare providers included insufficient financial resources (2.6), incomplete assessment of children's signs and symptoms (2.6), incorrect diagnosis and treatment of potentially life-threatening illnesses (3.1), failure to refer severely ill children for hospitalization (2.6), lack of supervision from the local government area (2.6), lack of feedback for supervision (3.1), unavailability of referral forms (3.1), and inadequate staffing during the afternoon shift (3.1). To enhance the management of childhood illnesses in the health facility, it is recommended that the local government area employ more healthcare workers specializing in public health nursing.

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Keywords: Challenges, childhood illness, Primary Health Care, providers.

INTRODUCTION

Primary Health Care is a comprehensive approach to promoting health and well-being that prioritizes the needs and preferences of individuals, families, and communities. It addresses various determinants of health and encompasses physical, mental, and social well-being. It offers care for health needs throughout a person's life, covering a wide range of services from prevention to treatment, rehabilitation, and palliative care. Primary Health Care providers are healthcare practitioners who attend to individuals with common medical issues. In Nigeria, the primary health care system recognizes three types of health centers: Basic Health Clinics, primary health centers, and comprehensive health centers. Additionally, there are health posts, which are small units manned by Village Health Workers and primarily provide basic services. Basic Health Clinics offer limited resources and outpatient care for simple ailments and short-term illnesses, with referrals for more serious cases to primary and comprehensive health centers. Services provided at this level include the recognition and treatment of common symptoms, management of normal pregnancies, immunization, health education, hygiene and sanitation promotion, home visits, and referrals.

The catchment area of a health center, which varies based on the type and staff strength, is defined by the Nigerian Basic Health Services Scheme. According to this scheme, a comprehensive health center should serve a population of 50,000, a primary health center should serve 10,000-30,000, and a basic health center should serve 2,000 individuals. The

ultimate goal is to have a primary health center for every 10,000 people, ensuring accessibility within a reasonable radius or travel time. The staff/population ratio for senior PHC staff varies between zones in the country. For instance, for the medical officers of health, the South-west zone has a ratio of 1:164,110 compared to the North-west zone, which has a ratio of 1:480,313. In the same area, for the PHC health personnel notably the community health officers, the North-central zone has a ratio of 1:20,494 compared to the South-east with a ratio of 1:59,679 (NPHCDA 2010). This indicates that the staffing levels vary between health centers. It is noted in the same report that PHC technical support staffs are in short supply. In general, it was estimated that less than 50% of the LGAs had laboratory technicians, 40% had medical records officers and 20% dental assistants. The rural areas have junior and less qualified staffs as compared to the urban health facilities, which has high concentration of senior PHC staff. Available records have shown that only 19,268 community health practitioners are practicing within the country, and there is disproportionate distribution of between the urban and rural areas. In addition, it is recognized that there is 11-16% variation between the actual numbers practicing in the country and registered personnel due to attrition at all levels (NPHCDA 2010).

The healthcare system in Nigeria faces numerous challenges that significantly impact its effectiveness. Some of the prominent issues in the primary healthcare system include a lack of political will, insufficient funding, inadequate intersectoral collaboration, poor quality of services in primary healthcare facilities, limited community participation, and a shortage of human resources. The commitment of the government plays a crucial role in decentralizing health services and improving primary healthcare in Nigeria. Unfortunately, many leaders do not exhibit a strong political will to address the situation, and local health programs often rely heavily on support from international agencies. According to WHO guidelines, a country should allocate at least 5% of its GNP to healthcare, while developed nations typically spend a minimum of 10% of GNP. Insufficient financing and reliance on international agencies can have a detrimental effect on Nigeria's healthcare system.

Serious deficiencies exist in the management of ill children within some primary health facilities. These deficiencies include incomplete assessment of clinical signs and symptoms in children, incorrect diagnosis and treatment of potentially life-threatening illnesses, missed opportunities for vaccination, failure to refer severely ill children for hospitalization, and challenges in accessing prescribed medications from health facilities. Additionally, primary healthcare providers sometimes prescribe dangerous sedatives to one out of every seven children unnecessarily. It is crucial for primary healthcare providers to receive proper training and have access to necessary facilities to ensure quality care. Therefore, this study aims to identify the challenges in managing common childhood illnesses among primary healthcare providers in the primary healthcare centers of Sabon-Gari Local Government Area, Kaduna State.

Objectives

1. To determine the knowledge of primary health care providers about the management of common childhood illnesses in primary healthcare centers in Sabon-Gari local government area, Kaduna State.
2. To identify the challenges in management of common childhood illnesses among primary health care providers in primary healthcare centers in Sabon-Gari local government area, Kaduna State.

METHODOLOGY

Design: A descriptive cross-sectional survey was employed.

Setting: The population of the LGA is diverse,

consisting of various ethnic groups, with Hausa and Fulani being the predominant tribes, along with Yoruba, Igbo, Gwari, among others. The primary occupations of the residents include farming, trading, and civil service. Islam and Christianity are the main religions practiced in the area (SBG LGA, 2019).

Within Sabon Gari LGA, there are a total of 58 health facilities overseen by the Primary Health Care (PHC) Department, employing a staff of 332 individuals. The health facility situated in Muchia-Chikaji is the largest in the ward, assigned a ranking of '255'. It offers a range of health services, including routine immunization, antenatal care, delivery, laboratory services, tuberculosis treatment, as well as in-patient and out-patient care. Additionally, it serves as a practical training site for nursing students and students from other disciplines such as dental, pharmacy, laboratory, and medical records, allowing them to gain practical experience in their respective fields.

Study population: The study population was healthcare workers who are working in the primary healthcare facility of Muchia-Chikaji in Sabon-Gari local government area of Kaduna State. Total enumeration study was carried out, where all the healthcare workers in the health facility were included in the study. The total number of the healthcare workers (both permanent and casual) in this facility was twenty-five. There was no sampling process because it was a total population study, where all the healthcare workers in the health facility were included in the study.

Instrument: The instrument that was used for data collection was interviewer-administered structured questionnaire. The questionnaire comprises of four sections; Section A: socio-demographic characteristics, Section B: knowledge of common childhood illnesses, Section C: problems and challenges in management of common childhood illnesses. The data collected were analyzed using statistical packages for social sciences (SPSS) version 20.

Ethical Considerations: An introductory letter was obtained from the Department of Nursing Sciences which was signed by the supervisor and head of department (HOD). The letter was presented to the Director of Primary Healthcare Sabon-Gari Local Government Area for permission to carry out the study. Permission was obtained from every respondent before the data collection. The participation in the study was voluntary and they were allowed to withdraw at any time from the study if they felt uncomfortable. Confidentiality was ensured by not using your name or address on the questionnaire. There were minimal risks involved in participating in the study.

RESULTS

Table 1 presents the demographic and professional characteristics of the respondents. Among the respondents, 9 (36.0%) were in the age range of 36-40 years, while 7 (28.0%) fell within the age range of 26-30 years. Only 1 (4.0%) respondent belonged to the age group of 46-50 years. In terms of gender distribution, 17 (68.0%) of the respondents were females. Regarding educational qualifications, the majority of the respondents, 12 (48.0%), held an Ordinary National Diploma (OND), followed by 8 (32.0%) with a Diploma and 3 (12.0%) with a Higher National Diploma (HND). In terms of professional designation, 16 (64.0%) of the respondents were Community Health Extension Workers (CHEW), 3 (12.0%) were Community Health Officers (CHOs), and 2 (8.0%) were Auxiliary nurses.

In terms of experience in managing childhood illnesses, 12 (48.0%) respondents had 6-10 years of experience, while only 1 (4.0%) respondent had more than 10 years of experience. Only 11 (44.0%) of the healthcare workers had received training on integrated management of childhood illness within the health facility. Among those who received training, 2 (18.2%) had been trained within the last 6 months, while 4 (36.3%) had been trained 1-2 years ago. The majority of the training sessions conducted for healthcare workers lasted 1-2 days, as reported by 6 (54.5%) of the

Table 1: Socio-demographic characteristics of the respondents (n = 25)

Variable	Frequency	Percent
Age (years)		
21-25	3	12.0
26-30	7	28.0
31-35	3	12.0
36-40	9	36.0
41-45	2	8.0
46-50	1	4.0
Sex		
Male	8	32.0
Female	17	68.0
Qualification		
SSCE/GCE	2	8.0
OND	12	48.0
Diploma	8	32.0
HND	3	12.0
Professional cadre		
CHO	3	12.0
CHEW	16	64.0
Pharmacy technician	2	8.0
Health assistant	2	8.0
Auxiliary nurse	2	8.0
Years of experience		
1-5	12	48.0
6-10	12	48.0
11-15	1	4.0
Training received		
Yes	11	44.0
No	14	56.0
Period of last training (n = 11)		
1-6 months	2	18.2
7-12 months	3	27.3
1-2 years	4	36.3
2-3 years	1	9.1
More than 3years	1	9.1
Duration of training (n = 11)		
1-2 days	6	54.5
3-5 days	2	18.2
6-7 days	3	27.3

Table 2 reveals that the respondents are knowledgeable about the common childhood illness (64.5%).

Table 2: Respondents Knowledge About the Common Childhood Illness

SN	ITEMS		YES	NO
1	Childhood disease refers to disease that is contracted or becomes symptomatic before the age of 18 or 21 years old.		24(96%)	1(4%)
2	The diseases can be spread through the air when a sick child coughs or sneezes		19(76%)	6(24%)
3	The diseases can be spread through direct contact, when a sick child touches infectious parts of their body then touches toys or other children, who may then touch their mouth, nose or eyes		20(80.0%)	5(20%)
	Type of childhood illness		84%	16%
4		Diarrhoea	17(68%)	8 (32%)
5		Measles	23(92%)	2 (8%)
6		Pertussis	13(52%)	12 (48%)
7		Tetanus	14(56%)	11 (44%)
8		Fever	13(52%)	12 (48%)
	Clinical symptom of measles		64%	36%
9		Nausea/vomiting	5(20.0%)	20(80%)
10		Skin rash	22(88.0%)	3(12%)
11		Fever	20(80.0%)	5(20%)
12		Seizures/convulsion	14(56.0%)	11 (44%)
13		Malaise	11(44.0%)	14 (56%)
14		Cough	15(60.0%)	10(40%)
	Clinical symptom of malaria		58%	42%
15		Nausea/vomiting	18(72.0%)	7(28%)
16		Skin rash	4(16.0%)	21(84%)
17		Fever	20(80.0%)	5(20%)
18		Seizures/convulsion	17(68.0%)	8(32%)
19		Malaise	14(56.0%)	11(44%)
20		Cough	5(20.0%)	20(80%)
		Sub total	**52%**	**48%**
		Total	**64.5%**	**35.5%**

Table 3 depicts the challenges encountered in managing common childhood illnesses among primary healthcare providers. The table highlights the presence or absence of certain challenges and assigns them ratings based on their significance. Positive ratings (2.6, 3.1) indicate the existence of challenges such as insufficient financial resources, incomplete assessment of children's signs and symptoms, incorrect diagnosis and treatment of potentially life-threatening illnesses, failure to refer severely ill children for hospitalization, lack of supervision from the Local Government Authority (LGA), lack of feedback for supervision, and unavailability of referral forms. Negative ratings (0.7, 1.2, 1.5, 1.6, 1.8, 2.1) reflect challenges like lack of training and mentoring, conflicts between the time required for effective consultations and competing demands, lack of planning and coordination between policy makers and implementers, inappropriate prescription of dangerous sedatives, missed opportunities to vaccinate, inadequate frequency of feedback, inadequate personal protective equipment (PPEs), unavailability of essential drugs, inadequate staffing during different shifts (afternoon and night). The ratings assigned to each challenge represent their respective impact or importance within the context of the study. This study conclude that challenges in Management of Common Childhood Illness Among Primary Health Care Providers are: Insufficient financial resources to fund program activities, Incomplete assessment of children's signs and symptoms, Incorrect diagnosis and treatment of potentially life-threatening illnesses. Lack of Supervision from LGA, Lack of Feedback for supervision, Referral forms Not available, Failure.

Table 3: Challenges in Management of Common Childhood Illness Among Primary Health Care Providers

Challenges	SA	A	D	SD	X	REMARK
1) Insufficient financial resources to fund program activities.	16 (64%)	2 (8%)	6 (24%)	1 (4%)	**2.6**	Positive
2) Lack of training and mentoring	8 (32%)	1 (4%)	15 (60%)	1 (4%)	**0.7**	Negative
3) Length of time required for effective and meaningful IMCI consultations conflicts with competing demands	15 (60%)	2 (8.0)	6 (24%)	2 (8.0%)	**2.1**	Negative
4) Lack of planning and coordination between policy makers and implementers resulting in ambiguity of roles and accountability.	5 (20%)	6 (24%)	4 (16%)	5(20%)	1.2	Negative
5) Incomplete assessment of children's signs and symptoms.	8 (32%)	10 (40%)	4 (16%)	3 (12%)	**2.6**	Positive
6) Incorrect diagnosis and treatment of potentially lifethreatening illnesses.	10 (40%)	9 (36%)	3 (12%)	3 (12%)	3.1	Positive
7) Inappropriate prescription of dangerous sedatives.	9 (36%)	7 (28%)	5 (20%)	4 (16%)	1.8	Negative
8) Missed opportunities to vaccinate.	12 (48%)	5 (20%)	6 (24%)	2 (8%)	2.1	Negative
9) Failure to refer severely ill children for hospitalization.	11 (44%)	7 (28%)	4 (16%)	3 (12%)	2.6	Positive
10) Lack of Supervision from LGA	10 (40%)	8 (32%)	4 (16%)	3 (12%)	2.6	Positive
11) Lack of Feedback for supervision	12 (48%)	7 (28%)	4 (16%)	2 (8%)	3.1	Positive
12) Referral forms Not available	16 (64%)	3 (12%)	2 (8%)	4(16%)	3.1	Positive
13) Frequency of feedback	9 (36%)	6 (24%)	5 (20%)	5 (20%)	1.5	Negative
14) Inadequate PPEs	10 (40%)	6 (24%)	6 (24%)	3 (12%)	1.8	Negative
15) Drugs not available	11(44.0%)	7 (28%)	4 (16%)	3 (12%)	1.6	Negative
16) Inadequate Number of staff during afternoon shift	9 (36.0%)	10 (40.0%)	3(12.0%)	3 (12.0%)	3.1	Positive
17) In Adequate Number of staff during night shift	7 (28%)	10 (40%)	4 (16%)	4(16%)	2.1	Negative

Cumulative mean = 2.5

DISCUSSION

This study examines the challenges in managing common childhood illnesses among primary healthcare providers in Sabon-Gari local government area, Kaduna State. The findings reveal that the majority of the respondents are females aged 36-40 years with an educational qualification of OND. Community Health Extension Workers (CHEWs) constitute the majority of healthcare providers in line with Nigeria's primary healthcare policy. However, there is an imbalance in the distribution of healthcare personnel between rural and urban areas, with urban facilities having more senior staff members. The study also highlights that a significant proportion of the respondents have 6-10 years of experience in managing childhood illnesses. Furthermore, only 44.0% of the healthcare workers received training on integrated management of childhood illness (IMNCI), indicating a need for more training in this critical area of child health. It is worth noting that recent and longer-duration trainings were limited, with the majority of trainings lasting 1-2 days. To improve IMNCI implementation, it is recommended that a higher percentage of healthcare workers receive training, particularly those managing children under 5 years of age in the majority of health facilities (Renosa, 2020; WikiEducator, 2017; NPHCDA, 2010).

The study found that the respondents are knowledgeable about common childhood illness (64.5%). This study aligns with previous findings from the World Bank (2013).

Our study indicated that challenges in Management of Common Childhood Illness Among Primary Health Care Providers are: Insufficient financial resources to fund program activities, incomplete assessment of children's signs and symptoms, Incorrect diagnosis and treatment of potentially life-threatening illnesses. Lack of Supervision from LGA, Lack of Feedback for supervision, Referral forms Not available, Failure.

This study is consistent with PAN, (1998) who posited that incomplete assessment of children's signs and symptoms was another challenge, consistent with the Pediatric Association of Nigeria. Incorrect diagnosis and treatment of potentially life-threatening illnesses were also identified as a challenge, echoing the WHO's report on the complexities of diagnosing multiple conditions (WHO, 2015). Failure to refer severely ill children for hospitalization was noted as another challenge, which is in line with the findings of PAN (1998). This finding aligns with the perspective presented by WikiEducator (2017), which emphasizes the importance of supervising trained health workers to reinforce their skills. Furthermore, our study indicates that another challenge in managing common childhood illnesses is the lack of feedback for supervision. This result is similar to the findings reported by Adekanye (2014). The absence of constructive feedback can hinder the improvement of healthcare practices and service delivery.

Additionally, our study concludes that the unavailability of referral forms is another challenge in the management of common childhood illnesses. This finding aligns with the results reported by Adekanye (2014). The lack of accessible referral forms can impede effective referral systems and the timely transfer of patients for specialized care. Moreover, our study reveals that inadequate staffing during the afternoon shift is a challenge in managing common childhood illnesses. This observation is consistent with the findings of Primary Health Care in Nigeria (2021), which highlights fragmented governance, poor infrastructure, shortage of human resources, and inadequate funding as challenges in Nigeria's primary healthcare services. These factors collectively contribute to staffing limitations during crucial periods of care.

CONCLUSION AND RECOMMENDATIONS

In conclusion, this study highlights several challenges in the management of common childhood illnesses among primary healthcare providers. These challenges include insufficient financial resources to fund program activities, incomplete assessment of children's signs and symptoms, incorrect diagnosis and treatment of potentially life-threatening illnesses, and failure to refer severely ill children for hospitalization. Additionally, the study identifies other challenges such as lack of supervision from the local government authority (LGA), lack of feedback for supervision, unavailability of referral forms, and inadequate staffing during the afternoon shift.

To address these challenges, it is recommended that the LGA takes steps to improve the situation. One potential solution is to employ more healthcare workers with a specialization in public health nursing. By increasing the number of skilled professionals in the health facility, the management of childhood illnesses can be enhanced. Additionally, it is crucial to provide adequate training for nurses on the proper management of common childhood illnesses. This training will empower healthcare providers to effectively address and overcome the challenges they encounter in their daily practice. By addressing these challenges and implementing appropriate strategies, the management of common childhood illnesses can be improved, leading to better health outcomes for children in the primary healthcare setting.

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