Barriers of Continuation of Growth Monitoring in Bara District

S Yogesh[1], A Bhurtyal[2], A Bhattarai[3], A Amatya[4]

Maharajgunj Medical Campus, Institute of Medicine

Introduction

Growth Monitoring

Regular measuring of weight of infant and young children

Plotting it in Growth monitoring chart and Interpreting

Facilitate communication and interaction with caretakers

Increase caretaker's awareness about child growth, caring practices and increased demand for other services[1]

GM starts at birth and should be performed on a monthly basis till 23 months of age[2-5].

GM acts a platform for several nutrition and health related activities [5,6].

GM is provided through Health Facilities & Primary Health Care /Out Reach Clinic and has well organized system in Nepal [2-4].

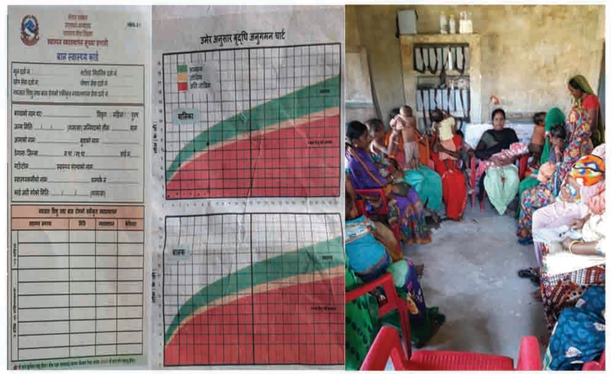
Government of Nepal (GoN) has adopted the following strategies to control PEM:

Improve skills and knowledge of health workers on growth monitoring and nutrition counseling

Strengthen the system of growth monitoring and its supervision and monitoring[2].

Nutritional status of children lies in high prevalence category in Nepal[2]

GM being practiced for more than two decades but still average GM is 3.2 (Out of 24) which shows no continuation of GM[2]



Research Questions

Growth Monitoring

What are the barriers of continuation of growth monitoring in Bara district?

What are the suggested measures for continuation of growth monitoring in Bara district?

Objectives

This research aims to explore the barriers of continuation of GM from service providers and service consumers and the suggested measures to reduce the barriers of continuation of GM.

Methods

- This study was carried out in Bara district which lies in Province 2 where 33,116 under two years children were estimated by Management Division, DoHS for the Fiscal year, 2017/018.

Participants	Methods	Tools	Total no conducted	Remarks
Mothers/caretakers	FGD	FGD Guideline	6 (3 at HF and 3 at PHC/ORC; 50 participants)	Discussions and interviews were recorded and notes were taken
Health workers	KII	KII Guideline	9 (3 HF Incharge, 3 assigned HWs, 3 in DPHO- Nutrition focal person, Family Planning Supervisor and DPHO chief	
FCHVs	KII	KII Guideline	6 (FCHVs where FGD were done)	

Sampling Units	Sampling Technique	Description
Bara District	Convenience	Need no time to know the community of study
VDCs	Purposively	Having high proportion of identified ethnic group
Mothers/Caretakers	Purposively	From the nutrition register & CHC
HWs	Purposively	HF In-charge and assigned HW for GM; Nutrition Focal Person, Family Planning Supervisor and DPHO chief
FCHVs	Purposively	FGD conducted wards

Unavailable caretakers and those who refused to participate during the time of data collection were excluded.

Data management and analysis

- Various steps of data analysis process were followed to analyze data generated from both FGD and KII and was done manually7,8

First step: Familiarization with data

Second Step: Coding

Third Step: Content analysis

Fourth Step: Summarization

Fifth step: Framework analysis using Socio Ecological Model as per themes and categories identified

The themes obtained were based upon the questions that were put as well as from the narratives of the respondents

Background Characteristics:

- Altogether 50 caretakers participated aged from 17 years to 60 years and their ethnicity was Brahman/Chhetri- 11, Tharu -17 and Madhesi- 18 (dalits-4). Majority of Madhesi and Tharu had no education and were under 20 years of age.
- HF Incharges were Sr AHW (2, male) and Health Assistant (1,female)
- Among 6 FCHVs, 2 Brahmin had higher education whereas one Tharu had primary education and remaining Madhesi had no education.
- *"The child is not ill, if the child becomes ill then we come to have checkups and GM is done"*

  -FGD at Dakshin Jhitkahiya HP catchment area
- *"GM is conducted in the HP and in EPI center; and also in the PHC/ORC but only when it is conducted. PHC/ORC is not conducted regularly, so we don't do it there".*

  -KII with In-charge Dumarbana
- *"Our mother-in law do not allow us to go for GM to the healthy baby. So sometime they bring my child in EPI otherwise not done"*

  -FGD with caretakers, Bachhanpurwa PHC ORC area
- *"We have only one set logistic for GM including MUAC tape, so we wonder whether to keep it in Health post or PHC/ORC or to take it in EPI centre".*

  -KII with In-charge at Dakshin Jhitkahiya

Barriers in SEM model

Levels	Demand	Supply	
	Mothers/Caretakers	Health Workers	FCHVs
Intrapersonal	Lack of knowledge and practice on definition, place of GM, frequency, purpose, perceived benefits and disadvantages	Lack of knowledge and Practice on definition, classification, Place of conduction, Target population, frequency, process, follow up mechanism, feedback mechanism, effective counseling, lack of motivation to mothers	Lack of knowledge and practice on definition, place of conduction of GM, Target population, Frequency, perceived advantages and disadvantages
Interpersonal	Family barrier (work load, family restriction)	High workload to mothers (No family support)	High workload to mothers
Organizational	Non-functional PHC/ORC, improper response of HWs, lack of motivation to mothers	Non-functional PHC/ORC, Inadequate logistics supply, Unfilled HR, Ineffective supervision, follow up time table & schedule of HF, incharge ship problem	Non-functional PHC/ORC, response from mothers and HWs
Community	Cultural barrier	Infrastructure of PHC/ORC, Traditional barriers, HMGM, PHC/ORC CC	lack of support provided

Suggestions in SEM model

Levels	Demand	Supply	
	Mothers/Caretakers	Health Workers	FCHVs
Intrapersonal Level	Raise awareness	Provide health education, awareness to local people,	Awareness raising to mothers,
Interpersonal Level	Family awareness		
Organizational Level	Family awareness, Provision of motivation to mothers	Strengthen HMGM, Effective counseling, coordinating mothers, Effective supervision, follow allocated time table and schedule, provision of reward and punishment, regular logistic supply, effective counseling, feedback mechanism, Motivation for FCHV, solve inchargeship issue, Initiation from local government	Strengthen HMGM, functional PHC/ORC, Support from HWs
Community Level	Role of FCHV,	Activate FCHV, Provide infrastructure for PHC/ORC	Door to door campaign (Ghar Dailo program)

Conclusion

- Most of the mothers and caretakers were unaware of GM and its advantages, and interestingly, very few HWs were able to explain all the components of GM. .
- Counseling and follow up mechanism is not practiced in the district led the number of high dropout of children for growth monitoring.
- Socio cultural barriers prevailing in the community bared receiving routine GM.
- High workload to mothers along with family restriction acted as hurdle for continuation of GM.
- Numerous HFs did not provide the services due to lack of human resources and logistics supply and ineffective supervision from the district authorities was observed.

References

1. UNICEF. Experts' consultation on growth monitoring and promotion strategies: Program guidance for a way forward. Recommendations from a technical consultation. 2008:1-8.
2. Department of Health Services. Annual Report 2072/73 (2015/16). Kathmandu: 2017
3. Department of Health Services, Child Health Division. Growth Monitoring Guideline. Available on, URLL: http://www.chd.gov.np
4. Ministry of Health, Nepal; New ERA; and ICF. 2017. Nepal Demographic and Health Survey 2016: Key Indicators. Kathmandu, Nepal: Ministry of Health, Nepal
5. Report of a Technical Consultation. UNICEF Headquarters New York. USA. Revisiting Growth Monitoring and its Evolution to Promoting Growth as a Strategic Program Approach: Building Consensus for Future Program Guidance. September 25-26, 2007
6. Griffiths M, Rosso JD. Growth monitoring and the promotion of healthy young child growth: evidence of effectiveness and potential to prevent malnutrition. Washington, DC: Manoff Group. 2007 Nov:36
7. Bilal SM, Moser A, Blanco R, Spigt M, Dinant GJ. Practices and challenges of growth monitoring and promotion in Ethiopia: a qualitative study. Journal of health, population, and nutrition. 2014 Sep;32(3):44.
8. Bengtsson M. How to plan and perform a qualitative study using content analysis. NursingPlus Open. 2016;2:8-14.

Contact

Sajjan Yogesh

Maharajgunj Medical Campus, Institute of Medicine, TU

sajjanyogesh@gmail.com