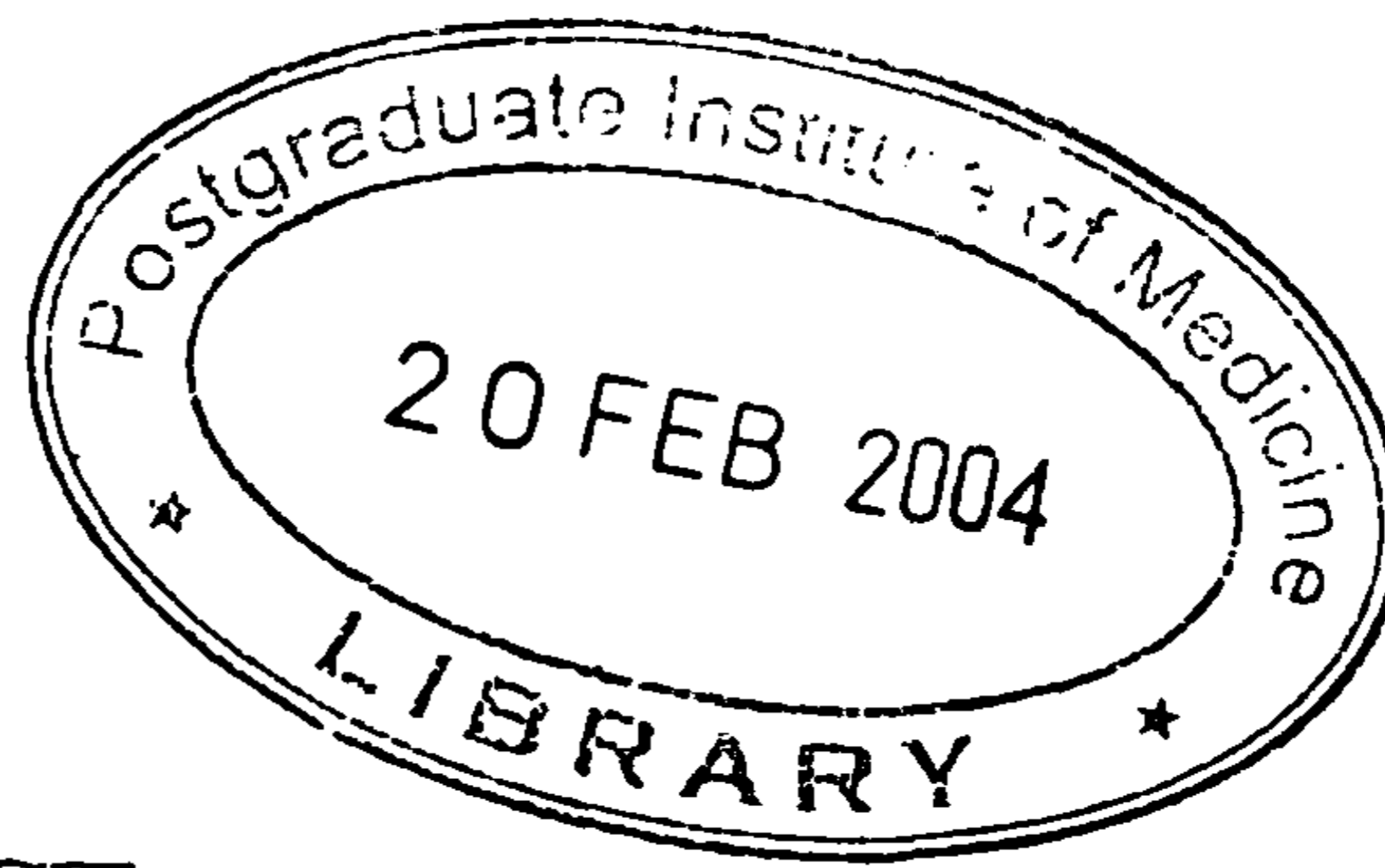


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ABSTRACT

This study on growth monitoring and promotion was a descriptive study of representative sample of 330 children born during the period 31st August 1999 to 31st August 2001, living in the CMC area.

The study was carried out with the main objective to determine factors influencing growth monitoring, to assess growth promotional activities and the skills of mothers in interpreting growth curves in CHDR and also to determine the service factors for growth monitoring provided by the CMC.

Thus the study consists of 2 components; community-based and clinic-based study. The study has been carried out over a period of one month since 1st September 2002.

The study revealed 99 % of the children possessed CHDR. 85 % of the children of the study area attend to CWC in CMC. Only one child of the study sample did not attend to any CWC. All the children with no CHDR and the child with no clinic attendance were found from Bloemendhal area. Non was found without growth monitoring but only 31.5% of the children in the study sample have been weighed more than 50 % of the standard required frequency appropriate to the ages of them. Thus the rest, defined as dropouts was 68.5%. The percentage of dropouts significantly increases as the age of the children increase. About 50 % of the dropouts had occurred by the age of 18 months. But 50 % of the dropouts have initiated dropping out by the age of 8 months and 75 % has initiated by their first birthday.

Knowledge of mother on frequency of weighing, has significantly improved the weighing of the children. Dropouts have significantly reduced when the birth space from the immediate younger sibling is less than one year. Fathers lacking school education have

significant adverse effect on the weighing of the children. The type of clinic attending has not shown any effect on the frequency of weighing.

75% of the children have been visited by PHMM more than once at home but this has no significant effect on improving the weighing of children. EBF has not been continued on 21% of the children in the sample at least up to the age of four months. 66 % of them were intervened to improve breast-feeding. CWC staff of the CMC has taken intervention activities on 49 % and 77 % of dropouts and growth falterers respectively.

The level of maternal skills in interpreting growth curves in C.H.D.R. was poor. Only around 50 % of the mothers have interpreted growth curves correctly and the skills did not depend on the direction of the curve.

42% percent of the mothers stated that they are not attending the CWC in CMC because the clinics are over crowded and time consuming. The average waiting time at clinic ranges from 90 o 160 minutes with median of 110 minutes. Massive amount of children served by each clinic and the less satisfactory arrangements of flow of the clinics seem to be the main reasons for congestion at clinics.

Salter scales were used in all CWC except one in the CMC area. Weighing children fully clothed and checking whether the pointer of scale is in zero position with out hanging the empty bag were the main drawbacks identified during the weighing procedure at clinics.

Recoding of weight in CHDR was satisfactory but interpretation of current weight in relation to the previous weight carried out only about 50 % children observed. Health education was carried out in all the clinics but they were unsatisfactory according to the criteria of the study. Thriposha was the supplement that was most demanded and least available in the clinics.