

Growth monitoring versus growth charting

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Maternal and child health has been an area of concern for the government, non-governmental organizations and the international donors for a long time. Despite a lot of investment in this area, a major change in the indicators is not seen in developing countries and specially Pakistan.¹

According to UNICEF, The State of World Children 2007, the statistics related to child health are very important in understanding this alarming situation in our country. The infant mortality rate has been brought down to 99/1000 live-births, children under five suffering from moderate and severe malnutrition are 38%, those suffering from wasting are 13% and stunting are 37%.¹

Looking at these indicators, Protein Energy Malnutrition remains an important underlying cause of mortality and morbidity in the developing world. Despite adequate food supply with national average daily per capita availability of calories (2350) and proteins (62 g) malnutrition prevalence is very high in Pakistan and remains a serious obstacle in improving maternal and child health.²

Three National Nutritional Surveys were conducted in 1985-87, 1990- 94, and 2001-02. Results of these surveys showed that stunting among under five children has declined from 43 % to 36 %, however, there is no change in wasting under five years for the past 20 years.³

Many programmes have been launched in Pakistan to address this issue of persistent malnutrition in the country.⁴ Among them "Growth Monitoring and Promotion" is the most cost effective intervention and forms the basis of comprehensive child care. Growth monitoring can be done easily by plotting growth charts also called (WHO Road to Better Health Chart); the format of the chart is very simple and easily understandable by health workers.⁵ This tool has been used in a squatter settlement in Karachi by the secondary school educated females, proving its simplicity and success as a community health programme.⁶ The most sensitive indicator used in growth charts is weight for age, by using this indicator malnutrition can be detected long before it becomes clinically apparent.⁵

Increase in weight is more important than weight on one occasion, i.e., the direction and pattern of growth curve is more important than the position of the dots. It is easy to weigh a normal healthy child also at times of immunization, at three months interval up to the age of one year, and then at six months interval up to three years of age. The growth chart should be given to the mother, explained to her how important it is to get the child assessed and regularly followed.⁷

The aim of filling growth chart is to develop accurate home based record of child health and development, to build relationship between mother and health care providers, proper risk assessment of certain socio-economic, biological, environmental and behavioral factors. The interactive approach which involves active participation of both the health worker and the mother is an essential component of growth monitoring and promotion.⁵

Despite of all these strategies and availability of basic tools, the programme is not being able to meet the desired objectives and no marked improvement in indicators of child health and malnutrition could be observed. In actual practice at health centers, the only use of growth chart is to mark the weight of the child without any information or education of the mother. There is no emphasis on follow up, and lack of positive and encouraging behaviour results in drop outs of these children from the programme.⁸

Growth monitoring is a multi purpose activity, not only addressing malnutrition but also promotion of growth among healthy children. All the necessary ground material is available, what is required is concern towards the issue. Revitalizing the programme will prove a way forward in achieving Millennium Development Goals.⁹⁻¹⁰ Sensitization of health professionals belonging to all cadres including the paediatricians, family physicians, nurses, paramedical staff and community health workers, on implementation of the growth monitoring and promotion is essential, along with emphasis of the programme in the undergraduate medical curriculum.

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