
Brief Reports

Knowledge of Anganwadi Workers About Growth Monitoring in Delhi

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Growth monitoring is an excellent tool for assessing the growth of a child and for detecting the earliest changes in growth and to initiate appropriate interventions. As such, it contributes to the promotion of child health and nutrition and is an educative tool for the mother with regard to child feeding, appropriate response to illness and an understanding of the various factors which play a role in growth and development of the child(1).

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Growth monitoring has unique and as yet, incompletely applied potential for assisting health workers and parents to identify children with early problems in order to apply corrective measures(2).

The Integrated Child Development Services Scheme (ICDS) is currently in operation in 2926 projects(3). Anganwadi worker (AWW) is the most peripheral worker in ICDS scheme catering to a population of 1,000. Growth monitoring is one of the important function of AWWs, for which they should be sufficiently trained. The present study was conducted to assess the knowledge of AWWs regarding growth monitoring and to find out the gaps in their knowledge.

Material and Methods

The present study was conducted in an ICDS block, Alipur, in Delhi. The block has 100 AWWs who constituted the study population. A pretested, semistructured, open ended questionnaire (35 questions) was administered to each. AWW using interview techniques. Each question was read out and explained to them for better comprehension. The queries raised were clarified. The predesigned growth charts were given to them and they were asked to interpret the reading on the growth charts.

Results

Fifty two percent of AWWs were aged below 30 years while 48% were between the age groups 31-40 years. All the AWWs had studied upto Class VIII. The knowledge and skills amongst AWWs regarding interpretation of growth curves is shown in *Table I*. Almost all (99%) of the AWWs had adequate knowledge regarding the

significance of the lines on the growth charts indicating different grades of nutritional status. However, only 43% of AWWs had the knowledge that growth monitoring can be started for a child at any age below 6 years and 37% had wrong knowledge that assessment of correct age is not required for growth monitoring (Table II).

More than 90% of AWWs had adequate correct knowledge about weight of a child at 1 and 3 years. However, majority of

AWWs did not have correct knowledge regarding MUAC between the age of 1-5 years (Table III).

Discussion

It has been stated that for long term growth monitoring performances, use of weight chart appears appropriate and more over it can be handled easily by peripheral workers with minimum educational qualifications(4). In the present study, majority of

TABLE I—Skills of AWWs About Interpretation of Growth Curves (n=100).

| S. No. | Desired answer | Correct response (%) |
|--|----------------|----------------------|
| 1. Ascending growth curve indicates improvement in malnutritional status | Yes | 99 |
| 2. Descending growth curve indicates decrease in weight | Yes | 95 |
| 3. Flattening of growth curve indicates no weight gain | Yes | 89 |
| 4. Growth curve direction helps in early decision of growth retardation | Yes | 97 |
| 5. A child is not taking adequate food for six month, his growth curve will be flattened or descending | Yes | 88 |

TABLE II—Knowledge About Tools for Growth Monitoring (n=100)

| S. No. | Desired answer | Correct response (%) |
|--|----------------|----------------------|
| 1. All children who are normally nourished should be weighed regularly. | Yes | 82 |
| 2. Best method of growth monitoring is serial periodic weightment of child at regular interval | Yes | 77 |
| 3. All children below three years should be weighed every month | Yes | 71 |
| 4. Growth monitoring can started for a child from birth to any age below 6 years | Yes | 43 |
| 5. Assessment of correct age is not essential for growth monitoring | No | 63 |

TABLE III—*Knowledge About Nutritional Anthropometric Parameters (n=100)*

| S. No. | Desired answer | Correct response (%) |
|---|----------------|----------------------|
| 1. Weight of one year old optimally nourished child is 15 kg | No | 91 |
| 2. Weight of three years old optimally nourished child is 20 kg | No | 90 |
| 3. MUAC of 2 year old optimally nourished child should be less than 12 cm | No | 30 |
| 4. MUAC of 4 year old optimally nourished child should be less than 13.5 cm | No | 17 |
| 5. A child with normal birth weight doubles his birth weight within five months | Yes | 86 |

the AWWs had correct knowledge about the importance of ascending, flattened and descending curves. Similar findings have been reported by other workers(5,6). However, a study conducted by National Institute of Co-operation and Child Development showed significant difference in the levels of interpretation of growth charts by AWW from different states(7).

The reason for high level of awareness in the present study could be attributed to inputs regarding growth monitoring in the preplacement training in Anganwadi training schools and continued emphasis and orientation during monthly sector and block level meetings of these AWW by Medical Officers, CDPOs, and LHV's.

Most of the AWWs in the present study had incorrect knowledge regarding age at which growth monitoring should be started and the importance of correct age for successfully carrying out growth monitoring. This could be due to low emphasis on these aspects during the AWWs training programmes.

Similarly, the majority of AWWs had

inadequate knowledge about the cut-off measurements of MUAC. This may be possibly due to the fact that only colored MUAC tapes are being provided to AWWs of ICDS scheme in which calibrations are absent. The present study highlights the need of continued education of AWWs on various aspects of growth monitoring.

REFERENCES

1. Ghosh S. Growth monitoring—Lessons from India. *Indian J Pediatr (Suppl)* 1988, 55: 667-673.
2. Taylor CE. Child growth as a community—surveillance indicator. *Indian J Pediatr (Suppl)* 1988, 55: 516-525.
3. Monitoring, Motivation, Continuing Education, Evaluation Research and Training System in ICDS. CTC, Department of Women and Child Development, Government of India Press, Ministry of Human Resource Development 1992, pp 23-45.
4. Vijayaraghvan K. Appropriate tools for growth monitoring. Seminar on Growth Monitoring. A Report, National Institute of Public Co-operation and Child Development, New Delhi, Government Press, 1987, pp 102-121.