



Assess the Knowledge & Identify the Existing Practice of ANM Regarding Assessment of Growth & Development of under 5 Years Children & its Contributing Factors

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Author's contribution

The sole author designed, analyzed, interpreted and prepared the manuscript.

Article Information

DOI: 10.9734/AJMAH/2022/v20i930484

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/87234>

Original Research Article

Received 05 March 2022

Accepted 10 May 2022

Published 16 May 2022

ABSTRACT

The investigator conducted a descriptive study to assess the knowledge, existing practices of assessment of growth and development of under five children and its contributing factors in selected sub-centres of district Hooghly in West Bengal. The conceptual framework was based on "Fishbone" diagram of Kaoru Ishikawa. Sixty Auxiliary Nurse Midwife (ANMs) as samples by non-probability convenient sampling technique were used to collect data. A valid and reliable structured knowledge questionnaire, structured observation checklist were used for data collection. Descriptive statistics were used for data analysis. The result revealed that the ANM scored 65.93% knowledge score and 82.22% practice score respectively. The contributing factors like unavailability of equipments (65%), lack of man power (25%), lack of interest, lack of in-service programme (85%) expressed by ANM emerged from the study. The study has implications in different fields of nursing practice, nursing administration, nursing research. On the basis of the findings some recommendations were made for future studies.

Keywords: Growth & development; under 5 children; knowledge; practice; auxiliary nurse midwives (ANMs).

1. INTRODUCTION

Growth monitoring is the routine measurement to detect the abnormal growth, Combined with some action when this is detected. (Paul Garner-1999), Growth monitoring, particularly of infants and young children, is widely regarded as an essential element of primary health care. UNICEF provided countries with weighing scales and supported the local production of growth charts. Within IMNCI, growth charts are used to classify a child's weight-for-age to guide decisions on follow-up and referral. Emphasis is given to nutrition counselling at every sick-child contact rather than on regular growth monitoring [1-3].

Under five children constitute 15 to 20 per cent of population in developing countries. More than 34% of all death occurs in this age group in India. The major Causes of death are diarrheal diseases, malnutrition, pneumonia and acute infectious diseases. It is a period of rapid growth and development [4-6]. In view of these reasons under five Children require special health care. The Millennium Development Goals (MDGs) were formulated in 2000 at the United Nations Millennium summit as a response to the world's main development challenges. There were many goals to be achieved by 2015. Those were set to aims to reduce under five mortality rate from 72 (2007) to 41 (till 2015), infant mortality rate 55 (2007) to 27 (2015), proportion of 1 year old children immunized against measles 67 (2007) to nil.

1.1 Objectives

1) To assess the knowledge of ANM regarding assessment of growth & development of Under 5 children 2)To identify the existing practice of ANM on assessment of growth and development of under 5 children.3)To identify the contributing factors for non -practice of assessment of growth and development in terms of knowledge, skill and infrastructural facility, man power, equipment, etc.

2. REVIEW OF LITERATURE

In the rural health care system, the ANM is the key field level functionary who interacts directly with the community and has been the central focus of all the reproductive child health programs. In 2012, a descriptive study was done by Rohani Jeharse taking 498 children as sample of 1-5 years of age regarding growth & development. Result showed that under-weight—

19.3%, shunting 27.6% & 27.4% wasting. The relevance of development delay was also sustainably high -37.1%. Pathak Chandana (2011), conducted a study on identification of the utilization pattern& reasons for non-utilization of post-natal health care services by the post-natal mothers residing in a selected rural community of W.B. Results of the study indicated that out of 5015, post-natal mothers, 1899 (38%) didn't receive any post-natal home visits as per requirement to check the baby. Under National Rural Health Mission (NRHM), there is provision for additional ANM for sub-centre to provide delivery care and curative services. However, about 55% of the sub centre do not have own building and 78% do not have tap water, in absence of such basic facilities it is not possible to provide care [7-10]. Before increasing the number of field functionaries there is a need to improve management of human resources, logistics and infrastructure. Unless India learns from failures of past programs, it is not possible for ANM to revert to the role of comprehensive RCH service provider. The Government is increasing the density of ANMs from 1 to 2 per 5000 population in difficult areas. This would only help if it is ensured that this new ANM is staying in the SC village and has the confidence and competence to attend to deliveries and other emergencies.

3. METHODOLOGY

In the present study, population of the present study of ANMs who are working in Sub-Centres, Hooghly. The duration of survey is from 29/12/2014 to 17/07/2015. The Sample selection was done by Non-probability sampling technique where Samples are selected because of their convenient accessibility and proximity to the researcher. Tools have been used to collect the demographic data, knowledge & practice questionnaire and analysis accordingly to ascertain the knowledge & practice of ANM's regarding assessment of growth & development of under 5 children. Structured questionnaire regarding contributing factors for non- practice of assessment of growth & development of under 5 children in terms of infrastructure, knowledge, skill etc The maximum score of knowledge score 15 and practice score is also 15.

3.1 Analysis & Interpretation of Data

The background information of 60 samples in terms of their age, academic qualification, period of training, working experience & exposure to different in service training.

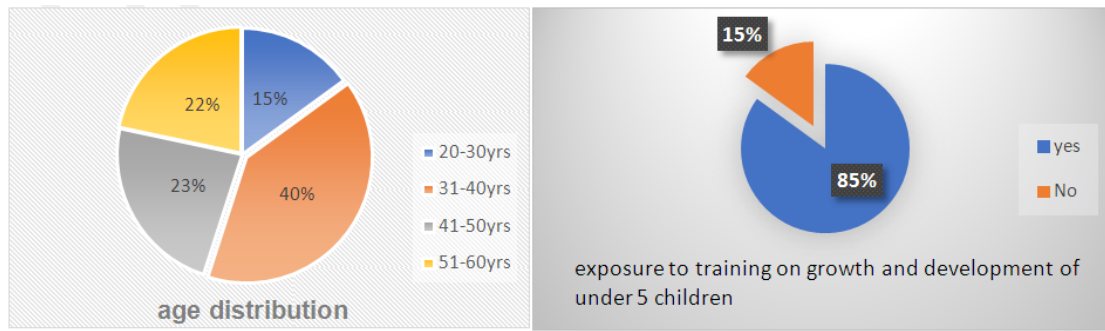


Fig. 1. Age distribution and training on growth and development

Table 1. Mean, median ,SD and significance between knowledge & practice of ANM

Variables	Mean	Median	SD	t-value
Knowledge	19.78	20	2.53	10.802*
Practice	14.80	15	2.52	

Table 2. Item wise obtain percentage of contributing factors for non- assessment of growth & development of under 5 children

Area	Contributing factor	Frequency	Percentage
Measuring weight in spring balance	Unavailability of Spring Balance	39	65
Measuring Length infantometer	Unavailability of infantometer	32	53.33
Putting weight in growth chart	Shortage of growth Chart	4	6.67
Measuring heads circumference	Lack of man power	13	21.67
Taking chest circumference	Lack of man power	15	25
Measuring mid arm circumference	Lack of manpower	15	25
Examination of fontanelle	Lack of interest	13	21.67
Measuring heads circumference	Lack of interest	10	16.67
Taking chest circumference	Lack of Interest	11	18.33

T(118) = 1.97 p< 0.05→ significance, there is a significant differences in mean values between knowledge & practice of ANM's as the calculated value of t (10.802) with 118 df is higher than table value of t (1.97)at 0.05 level of significance.

4. DISCUSSION

Findings related to Demographic Characteristics of the Subjects •Majority of ANM i.e. 17 out of 60 (28.33%) had only 1 co-worker & 13.33% of ANM had no co-worker. •34 (56.67%), out of 60 had working experience of 1-5 years. •28 (50%) had not been exposed to any in-service training like TB, ARI, Diarrhoea, HIV & 14 (23.33%) of them had been exposed to all the said training. •Most of the samples 51(85%) had not been exposed to in-service training regarding growth &

development of under five children. a significant differences in mean values between knowledge & practice of ANM's as the calculated value of t (10.802) with 118 df is higher than table value of t (1.97)at 0.05 level of significance .Findings related to the contributing factors regarding non assessment of growth &development of under five children •Non-availability of spring balance was 65%.•Non-availability of infanto-meter was 53.33%. •Lack of man power 21.67%•Lack of interest 21.67%. This result likely to be supported by the study of Bera A, Delhi, to evaluate the Primary Health care service in terms of quality of immunization including growth &development of under 5 children and family planning services. Result show 99.2% mothers were satisfied provided by health worker.

A cross sectional descriptive study was conducted in Lahore district from November 2008 to February 2009. Forty lady health workers were selected using stratified random technique. Four monthly reports submitted in health facilities by each lady health workers were retrieved from respective health facilities. Out of 40 lady health workers (LHW's) interviewed, 32(80%) had good knowledge, 6 (15%) had satisfactory knowledge, while (25%) had unsatisfactory knowledge regarding data recording and reporting tools considering the utility of this data for health planning at district, provincial and national levels, adequate supervision and regular auditing should be carried out at health facility and district levels before onward transmission primary healthcare data to provincial and national levels.

The obtained findings in this area is supported by a cross sectional study of Sufiyan Mu'awiyah Babale where growth & development assessed. Results showed that (7%) Wasted, 31% shunted & 55% of mother had no education.

The result is likely to be supported by Baypa Reddy N, G. Ravi Prabhu, TSR. Sai, [11] who conducted a study on availability of physical infrastructure & man power facilities in sub-centres of Chittoor District of Andhra Pradesh. A total 34 SCs were selected by multistage & stratified random sapling technique was used. Results showed the deficiency in the availability of health workers male & female were found to be 67.7% & 27.5% respectively.

5. CONCLUSION

Monitoring of growth and development is an important preventive measure for assessment of nutritional and health status early detection of growth and development disorders due to malnutrition, illness or psychosocial problems & also for follow-up regarding efficiency of the treatment. This study assessed the knowledge and existing practice regarding assessment of growth & development of under five children. A similar study can be conducted regarding assessment of growth and development up-to the age group of 3 years of children.

6. LIMITATIONS

The structured knowledge questionnaire and structured observation checklist were used to collect data. So the responses were restricted.

- The sample of the study was purposefully selected.

- The study material was bounded to specific area (Growth & Development of under five children).

CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

ETHICAL CONSIDERATION

Ethical Clearance taken from the following authority:

- Permission taken from the ethical committee of N.R.S. M &Hospital' Kolkata.
- Principal, Govt. College of Nursing, N.R.M.C &H Kolkata.
- D.H.S. of West Bengal.
- D.D.H.S (Nursing), West Bengal.
- C.M.O.H. Hooghly District.
- Dy.C.M.O.H.-3 Hooghly District.
- D.P.H.N.O, Hooghly, WB.
- B.M.O.H, of selected Blocks, Hooghly District.
- B.P.H.N. of selected Blocks, Hooghly District.

ACKNOWLEDGEMENT

Investigator expresses her sincere gratitude to the Almighty for his abundant grace and blessing which made the possible for completion of the study.

Firstly investigator extends her deep sense of gratitude to Prof. Anushila Sengupta, Principal, Govt. College of Nursing, NRS Medical College and Hospital for her kind support and facilitation for present study.

Investigator takes the opportunity to expresses to guide Ms. Suniti Das, Sr. Lecturer, and co-guide Ms. Jasodha Biswas Sr. Lecturer, Govt. College of Nursing, NRS Medical College and Hospital for their valuable guidance and inspiration for successful completion of the study. Without their help and motivation it would have been difficult to complete the research study.

Investigator thanks to co-ordinator Mrs. Jayanti Ghosh, Reader, Govt. College of Nursing, NRS Medical College and Hospital, Kolkata and all faculty member of Govt. College of Nursing, NRS Medical College and Hospital, Kolkata for their valuable suggestion.

Investigator is very much indebted to Mr. Partha Bhowmick, Ex- demonstrator, All India Institute of Public Health and Hygiene, Kolkata for constant help and expert guidance.

Investigator wishes to thank to all the experts for suggestions and guidance in validation of the tool for the study.

Investigator is heartedly grateful to C.M.O.H, & D.P.H.N.O of Hooghly district for allowing me to conduct the pilot as well as final study. Investigator wishes to convey thanks to all A.N.M. who take part in this study and co-operate me.

Investigator expresses her deep gratitude to her parents for their blessings and moral support who helped to overcome all barriers throughout the study. Investigator is always indebted to her husband Debaprosad Dutta and her daughter Indira Dutta & also her sister and brother who supported her in every possible way to carry out the study.

Investigators thanks goes to her fellow mates and well-wishers for their encouragement, support and good wishes for the success of this study.

Finally, investigator would like to invite the suggestions cordially from the expert and she will be very much thankful to all nursing staff and medical personnel if required.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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Peer-review history:

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