ASSESSMENT OF MOTHER KNOWLEDGE ABOUT GROWTH MONITORING IN TEPI HEALTHCENTER, SHEKA ZONE, SNNPR/

ETHIOPIA.

BY

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ABSTRACT

Back Ground- Growth monitoring is one of the curtail parts of child   measuring to determine their Conditions. It refers to following child from birth through the first two to three years of life and recording the weight on growth chart.

These include counseling and action to improve chilled growth in a proper way. The use of growth monitoring promotion activities can provide an entry point for households (individuals) to have their formation for child growth to guide activities address the problems identified that can hinder their growth.

Objective: -To assess the knowledge of mothers about monitoring chart among mothers who attending MCH clinic at Teppi health center.

Method:-Health intuition based cross- sectional convenient study method was done to assess the knowledge of mother who attended MCH clinic in Teppi health center. Data were collected using pre-tested open indeed questionnaire by trained data collector. Then the collected data analyses were done with scientific calculator.

Result:- in this study the result Identified about awareness of mothers on Growth monitoring shows 165/54%/ were knowledgeable about GM.132/43.2% of mothers were concerned and brings their children to MCH clinic and 43/61%/ of mothers were illiterate form mothers whose not knowledgeable about GM and 27/39%/ mothers were educated and knowledgeable about GM and mothers whose have children less than three years were observed in age between 20-29yeares which accounts 124/75%/ of them were knowledgeable

7. 1 Conclusion

In this study most of mothers whose had children less than 3 years were found in age group from 20-29 years, and they were married, house wife, and shows they had medium economic standard, and most of them were educated and most of them awe red on importance of GM, the study shows that there were factors that contribute to miss use of Growth chart and follow up regularly. Those factors were, under estimating of mothers, certain personal affairs, sickness of children, Ignorance to follow GM, low attention given to GM both by mothers and health professionals on use of Grouse chart and most mothers were allowed to bring their child during sick only.

7.2 Recommendations

Based on the study finding it is recommended to increase the awareness on GM through mass media and better to train and motivate the health professionals on use of growth chart for the children and also empowering of women on being governmental workers and awe ring of them to bring their chilled not only to bring during sickness

ACKNOWLEDGEMENT

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ACRONYMS

List of Abbreviation

GMC – Growth Monitoring Chart

MCH – Maternal And Child Health

WHO – World Health Organization

APGAR – Appearance –Pulse Rate Grimace Activity Respiration

UNICEF – United Nation International And Children Fund

KNOWLEDGE – In Formation Or Awareness Gained Thorough Experience Or Education

PEM – Protein Energy Malnutrition

FMOH - Federal Ministry Of   Health

MO.S -Medical Officers

MPW.S -Multi Purpose Workers

CDC- Child development center

CDP – Child developmental project

CHAPTER ONE

INTRODUCTION

Growth monitoring in one of the critical parts of Children measuring to determine their conditions growth and devolvement's are in inter changeable used growth monitoring is than process of equation ale measuring for the assessment of physical growth and development of individual in the community with the purpose of promoting child health , human development and quality of life.

The rationale for growth monitoring is considered as the corner stone of the UNICEF and world cam pain for child survival. Because steady growth in the best overall indicator of child health ,weight gain in the most sensitive measure growth and serial measurement of weight is simple , universally applicable tool for assign growth(1)

Rapid growth pattern can be seen in monthly changes and specific measurement of height, weight and head circumstance, reflex and motor developments will occur. Many bio physiological and psychological, can adversely affect growth and aberrant growth may be the first sighing underlying problems seen in Kenya in assessing growth (2)

Growth monitoring refers to weighing child growth chart. These include counseling and action to improve child growth in proper way. The case of growth monitoring promotion activities can provide an entry point forhouseholds or families to have the information for child growth to guide activities addresses the problem identified that can hinder their growth.Growth monitoring is an important technique for identifying individual. Groups or communities whose growth is not keeping up with the expected pattern.Poor growth whetheras a result of infection, malnutrition or other cause, and whether evident in particular individual or in population groups, needs to be detected early in order that corrected action may be taken.(3)

Growth monitoring of ayoung children is recognized an effective means of detecting growth faltering early providing critical opportunity for taking the preventive or curative actions needed. Due to the necessary for active involvement of mothers health workers and the community in growth monitoring of young children is recognized as an effective means of detecting growth faltering early, so monitoring growth by periodically (usually monthly) recording childes weight on chart that shows growth increasing is useful in helping to prevent mal nutrition by increasing mothers awareness of childes weight gain and loss. (4)

1.1 STATEMENT OF THE PROBLEM

One and half billions of children will borne in the decade. The quality of the environment in which millions of children are going up is in adequately by any number of criteria , overcrowding ,lack of portable water, lack of enough food and sewage facilities or inadequate care taking characterizes the problem of young children

Growth assessment is an essential component of pediatrichealth surveillance. Many physiological and psychological problem can adversely it affect a Childs growth and development Growth is the first sign of underling Problem.(5)

Developmental delay in children below 2years of age conducted at the child developmental center (CDC) has shown that about 50% of the babes have one or other form of cerebral palsy 50% prevalence of developmental delay among babies of less than 2years age and maximum prevalence of 8 -3in the 3-6months of age group. Infant mortality rate in India was 69in the year 1995.In that Karnataka has Infant Mortality Rate of 65. The goal was set at 60/1000livebirths the year 200A.D. money low cost measures canbe adopted for saving life of millions of children. (6)

The unite kingdom report of panel on dietary shows effect of selenium and iodine nutrient deficiency on bone, cartilage and growth of children .The fifth seventh, session of the regional committee for south east Asia and from Africa in Kenya and Egypt was shows the iodine nutrient deficiency in school age children increases the problems like insulin growth factors (IGF). (7)

The problem of mothers and infantmortality are completely involving women's status, education and employment opportunities the annual 500,000 maternal death occurs each year and these mostly happened in developing countries of these 122millions of children born annually 12millions of them were die before they reach their first birthday.(8)

According to Ethiopian FMOH study ,more than half of all deaths in children have stunting and wasting as the under lying cause that in they are to thin or to short for their age ,because they have not had sufficient growth nutrients that are required to build new tissues , sever mal nutrition(SAM) is bolt medical and social disorder success full managements of theirsever mal noised (SAM) child requires both medical and social problems be recognized and correction.(9)

The study in Ethiopia shows that infants and child survivals are strongly influenced by socio economic characteristics, morality rate in urban constantly lower than in rural areas. At first, breastfed babies grow well and are usually healthy. Infant mortality is 29% higher in rural areas /76deathes per 1000 live births/ than in urban area. Under five mortality rates ranges from allow of 53/1000live births in Addis Ababa to high of 169/1000 live per births in BenishanguleGumuz. There for it needs continues assessment and follow up with creating awareness among the mothers living in rural areas of Ethiopia. (10)

1.2   SIGNIFICANCE OF THE STUDY

The main goal of studying mother knowledge to word growth monitoring helps to know us factors affect and makes less use of growth monitoring chart by the mothers.Inour set up especially in developing countries when we take Ethiopia rather than others family mothers plays a great role in caring of their children so this study helps to recommend any problem was seen during the study and also help for other researcher as reference when kept in library. Helps the community to understand the explanation of growth monitoring with it's use for children under three years it effectively done with regular follow up.

REVIEW OF LITERATURE

A research done in Indian on 34 mothers integrated child development/project about Growth monitoring was assessed using interview and all workers had correct knowledge about routine usage of GM. A total of 73.5%and 94.1% had knowledge that flattened growth curve in dictates no weight gain and descending growth indicates decreased in weightrespectively.Manymultipurpose workers were aware that on ascending growth curve indicates health child 76.5% Attaining of Growth curve indicates the child is not gaining weight 73.5% and falling curve indicates reduced nutritional statue(94%)All Multipurpose workersaged that the best method to monitor growth is serial periodic weighing (at least monthly)of children yet only 29.4%know that health workers should weigh children of 3yeas old every 3 months All multipurpose workers (MPWS)agreed to teach mothers How to interpret the age of Growth monitoring.And that the mother should take a active participant in weighing and plotting of weight a growth chart with a good knowledge. This result in dictates high MPWS knowledge about we of anthropometry in determining nutritional status and the result in dictates' again in service training on know ledge of mothers about growth monitoring should be emphasized to it's import ace as atoolfor early detection of growth retardation. (11,6)

Additionally a systematic researcher method done in India on assessment of GM on medical workers at Haryanastate assess the knowledge of mothers whose are medical officers (MOS) child development project officers and multipurpose workers about GM. the sample was down from health person who had worked in child development center health block in Haryana state in India.Includes 48 childe developmental project who had worked for more than 4years, and 24 medical officers' who had worked more than 3years and 34 mothers .All have to hadsame measure of in service or course training. All M_{OS} and MPWs have knowledge that adequate nutrition was necessary for an ascending growth about 96% of mos,83% of child development project and 100% of MPW's have a knowledge of the descending growth curve as a decline in nutritional status .

The general finding was that growth monitoring could/be used to Identity at risk children and no weight gain by most personal, However Mo's did not have are gate knowledge of the age in assessment of GM of the importance of weighing malnourished children, monthly or the importance of weighing every 3months above the age of 3yrs,so Adequate Training needed for MOs on GM knowledge b/c they are the supervisors of health programs.(12)

A systematic cross sectional a research method were done in Canada to assess mal nutritional status of children height and weight measurement were taken during GM follow up proportions of underweight and stunting were calculated using NCHS standard showed that proportion of both under weight and stunting was more among children of illiterate mothers (55.2% and 55.8%) while comparing with children of mothers having above primary education (41.0% and 42.9%), employed mothers 77.4% and 80.6%) while comparing with children of house wives (46.8 and 47.8%) and mother who do not have any knowledge(54.7%and 50.3%) of control of expenditure while comparing with children of mothers who had knowledge of control over daily expenditure(25.6% and 30.0%).More than 80% of families belonged to labor class and the differences persisted irrespective of economic status of families in addition to their knowledge these the study shows that educated mothers and those having control over family expenditures take of children more effectively reflected i9n better nutritional status of their children while children of poor employed mothers suffer nutritionally due to lack of early detection of Growth monitoring in addition to the above resin.(13)

On Assessing knowledge of mothers on GM, the schedule was evaluated through a 10 month monitoring program of 95 children age 2-10math's the acceptability of the process was evaluated by studying retention rates and by or amazing polices group discussed with participating mothers on knowledge of GM results are the structured interview developmental millstones checklist consisted of 66 items covering three broad domains of child functioning: motor, language and personal-social developments. The interview yielded scores of developmental achievements showed high internal consistently and excellent test result reliability. The result was sensitive to mal nutritional changes and nutritional deficiently. In addition acceptable retention rates approximately 80%were found. It was necessary to evaluate mother's knowledge and descriptive cross-section study of nursing mothers and their children attending well-baby clinics Ibadan was designed.200 and 40 nursing mothers and their children were recruited from 3types of well-baby clinics university teaching Hospital state maternity Hospital primary care H/C) in the Ibadan Anthropometric measurement of the children were taken to

determine $_{<<}$ wasting$^{>>}$stunting $^{>>}$ and underweight Result of the analysis showed that majority of the mothers (74%) were married and (17% were simple(31-3%) had completed primary and secondary education (6.7% had no formal education while 51.8% had Tertiary education 63% of the children were under weight ,68% were stunted 23% were wasted there were no significant relationship b/n mothers practice of cuss and nutrition of the children mothers education was negatively correlated to<< wasting in the children this study refrains the importance of female education in the proactive of cuss and good nut out comes in children.(14,15)

A research done in Jimma university on 2000 on Assessment of mothers knowledge shows from 170 mothers assess66 (39.%)of were knowledge on mother anal comprehension of Group chart in similar the one study done in other country should maternal comprehension awareness/is 15(62%)-concerning to importance of GM of mothers accepted it and this indicates, even though thy have no adequate information about GM they need it for the service are promising of the total 66 mothers who were knowledge 2/4 have got an information is not adequate health presence are significantly high source of information for mothers and also mothers concern about their children when to bring their child to health institution indicates 71 mothers to bring their children during sick and most of mothers were b/n age of 26-39yrs of age are 108,of these 34 mothers were know led poled about Growth monitoring does not depends on the marital status, religion and ethnicity However on monitor statues of the total study population married mothers constitutes more than ¾ and from knowledge able mothers are 52(78.8%) were married. From the total study subject the result shows 116 mothers were found to be literate and 54 of them were found to be illiterate mothers (16).

CHAPTER 3

3.OBJECTIVES

3.1 General objective

To asses knowledge of mother about monitoring charts among mother who attending MCH clinic at Teppi health center.

3.2 Specific objectives

1. To assess the awareness of mothers about the use of growth monitoring

2. To assess the advantage and use of growth monitoring by mothers for their children

3. To assess factors that halts the regular attendance of growth monitoring by mothers

health institution.

4. METHODOLOGY

4.1 Study Area and Period

The study was conducted in Teppi health center which was located at south western part of the country in SNNPRG, in Sheka zone,Teppi town was far from the center country about 624 km and 87 km from the Sheka zone. The health center was established in 1957 E.C and provides preventing, promoting, curative and rehabilitating service for the community. The population of Teppi town is 30252 as it was projected in 2004, Ethiopian population of 1997 census, and estimated to have 6174 households. This health center has many customers because of good civil service approach and now on process to grow to hospital at the end of this year, and the study will be conducted form Feb. 20/ 2013 - March 4/2013.

4.2 The study design

Health institution based cross sectional Convent study method was conducted form Feb. 20/ 2013 – March 4/2013 by open and closed ended questionnaires were develop to explore extra information.

4.3 Source and study population

All mothers come to Teppi health center MCH clinic to get medical service having children less than 3 years.

4.3.1 Inclusion criteria – all mothers who have children less than 3 years

4.3.2 Exclusion criteria – all mothers who have children greater than 3 years

4.4 Sample size calculation The sample size were determined using the formula for single population proportion

$$n = \frac{\left(z - \frac{a}{2}\right) 2\, p(1 - P)}{d2}$$

z- a/2 = confidence interval (95%=1.96^2)
P=prevalence rate = 50% =0.5
Prevalence value 50%= 0.5%

$\frac{n = \left(z - \frac{a}{2}\right) 2\, p(1-P)}{d2}$ n=1.96^2X 0.5 (1-0.5)
$\qquad\qquad\qquad\qquad\qquad$ 0.05^2

n= $\underline{3.8416\text{X } 0.5\text{X}0.5}$
$\qquad$ 0.0025
N= $\underline{0.9604}$
$\qquad$ 0.0025 = 384

But the number of mothers to be tested will depends on mothers coming to Tepi health center MCH clinic during the study period.

4.5 Sampling procedure: -Convenience sampling method were done based on inclusion criteria. The above mentioned sample size for 305 mothers having child < 3Years who will come to Tepi health center MCH clinic for sick or well baby clinic follow up during the data collection period will be considered.

4.6 Variables

Dependent variables

❖   mothers knowledge concerning usage of growth monitoring

Independent variables

❖   Lack of information
❖   Age
❖   Religion
❖   Marital status
❖   Inappropriate appointment
❖   Personal problem   Family problems
❖   Monthly income

4.**7 Data collection instrument and procedure**

The data were collected from mothers come to Teppi health center MCH department from Feb. 20/2013–march 4/2013by using prepared questionnaire by interviewing them using Amharic language. The data collection process were started having verbal consent of the mothers and the data collector were diploma nurses selected from the health center, but from other department .

4.8 Pre-test

One week before the actual survey, pre-test was conducted and the main data collection process started, in order to evaluate the study tool for reactions may be rise from the respondents. The questionnaires were distributed randomly for 10 mothers. The feasibility of the study tool or the questionnaire were clearly designed and prepared, so it is possible to continue.

4.9 data quality management

Data collectors were properly trained to collect data correctly. Every day the collected data were cheeked for completeness of the format and clarity by supervisor.

4.10 data analysis procedure

The data collected were clear and checked for its completeness. The data were presented by percentage, cross tabulation for comparison   purpose and result will be discussed.

4.11 Operational definition

1. / Growth – an increase in size of the whole body or in part
2. / Development – is crease in skill or ability to function (qualitative)
3. / Infant – children less than one year
4. / Toddlers – children age from 2-3 years
5. / Literate – person who is able to read and write
6. Anthropometrics measurement – it is used for comparative child's today measurement of height ,weight, head and chest circumference .
7. Knowledge- interaction gained, awareness through education.
8. Growth mortaring – Attentively following the growth child 23year
9. Anthropometry – measurement of different body damnation and proportionate different nutritional sate
10. Nutrition – the process of eating or taking nourishment

4.12 Ethical consideration

The research paper were submitted to JU research and publication office for ethical consideration, then official letter were obtained from Jimma University nursing department and submitted to Teppi health center, then the study participates were informed verbally about the purpose and benefit of the study along with their night to refuse.

4.13 Limitation of the study

Because of low awareness of mothers about use of growth monitoring may causes absenting of mothers from MCH Department during this study the researcher may not be efficient, because the research /study/ done on this Topic was scarce, so, the outer may lack experience and also lack of money shortness of time given for the study and lack of literatures done in region and country were the factor for limitation of the study

4.14 Dissemination of result

The result of the study were disseminated to Jimma University, Sheka zone health Department, and Teppi Health center.

CHAPTER FIVE
5. Result

Data was collected from 305 mothers at the time of study and who were willing to fill the self-administrative questionnaire.

5.2. Frequency table showing socio demographic and demographic distribution study of mother's knowledge on Growth Monitoring.

Marital status	Awareness of mothers knowledge on GM by marital status				Total	
	YES		NO			
	Number	Percentage	Number	Percentage	Number	Percentage
Married	139	53	125	47	264	100
Divorced	15	68	7	32	22	100
Widowed	11	58	8	42	19	100
Total	165	54	140	46	305	100
Age						
15-19	10	100	0	0	10	100
20-24	65	48	71	52	136	100
25-29	59	63	34	37	93	100
30-34	25	53	22	47	47	100
35-29	6	32	13	68	19	100
40-54	0	0	0	0	0	100
Total	165	54	140	46	305	100
Religion						
Orthodox	99	60	67	40	166	100
Muslim	44	56	35	44	79	100
Protestant	22	37	38	64	60	100
Others	0	0	0	0	0	100
Total	165	54	140	46	305	100
Etinicity						
Amhara	65	58	48	42	113	100
Kafecho	54	59	38	41	92	100
Shakecho	19	42	26	58	45	100
Dawro	27	53	24	47	51	100
Others	0	0	4	100	44	100
Total	165	54	140	46	305	100
Occupation						
Gov.ernploye	25	93	2	7	27	100
House wife	123	48	134	52	257	100
merchant	17	100	0	0	17	100

Others	0	0	4	100	4	100
Total	165	54	140	46	305	100
Educational status						
Illiterate	27	39	43	61	70	100
Primary	89	66	46	34	135	100
Secondary	32	52	29	48	61	100
College /University	17	43	22	57	39	100
Total	165	54	140	46	305	100
Income/birr/month						
< 793	39	46	45	54	84	100
> 793-3050	95	57	73	43	168	100
> 3050 birr	31	58	22	42	53	100
Total	165	54	140	46	305	100

Marital status:- The table shows that the mothers awareness on growth monitoring by marital status among the total mothers who were knowledgeable 165 /54%/ of mothers were married and140/46%/ of mothers were not knowledgeable to growth monitoring.

Age:- From the total respondents of women 165 of them were knowledgeable about growth monitoring with indicating that age from 20-24 years 65 /48%/ of them, 59/63%/ were seam in between the age of 25-29 years , 25 /53%/ were seam in age 32-34 years and know mothers greater than age 39 years came to this health centre MCH clinic having children age less than 3 years , while from total mothers 140 , who were not knowledgeable age from 20-24 years were accounts 71 /52%/ of women and 34 /37%/ of women were found in between age of 25-29 years, 22 /47%/ of mothers again found in between age group of 30-34 years.

Religion:- The table shows that awareness of mothers about GM by their religion. From the total of 165 mothers who were knowledgeable 99 /60%/ of them were orthodox, 44 /56%/ of them were Muslims and 22 /37%/ were protestant, were as from the total of 140 mothers who were not knowledgeable 67 /40%/ were orthodox, 35/44%/ of them were Muslims and 39 /63%/ of mothers were protestant.

Etinicity:- The frequency distribution table shows as the awareness of mothers on GM by their own ethnicity. From the total of women   who were knowledgeable 65 /58%/ were Amhara, 54/59%/ were kafecho , 19 /42%/ were shekaho and 27 /53%/ were dawro, while from the total of women 140 were not knowledgeable about growth monitoring, 48 /42% were amahara , 38 /41%/ were kafecho, 26 /58%/ of them were shekachoand 24 /47%/ of them were dawro respectively.

Occupation:- This table shows as the awareness of mothers of mothers about GM by their occupation. From the total assessed women of mothers were knowledgeable , 123 /48%/ were house wife, 25 /93%/ were Gov. workers of all types and 17 /100%/ of them were merchants , while mothers were not have awareness of GM from the total of 140 women 134 /52%/ were house wife , 4 /100%/ were0thers and 2 /7%/ of them were governmental workers .

Educational Status:- This table Shows that mothers knowledge of GM based on their educational status. From the total of 165 women come to Teppi health center during study period, 89 /66%/ were educated their primary level , 32 /52%/ were educated secondary level , 17 /43%/ were educated collage /university level, 27 /39%/ were Illiterate , while from the total mothers who were not awe red about GM 46 /34%/ were educated primary level , 29 /48%/ were educated secondary level, 22 /57%/ were educated College /University level and 43 /61%/ were Illiterate

Income per month :- This table told as mothers knowledge on growth monitoring by their monthly gain in come from the total 165 mothers come to health center MCH clinic those were knowledgeable 39 /46%/ were can get monthly income below 793 birr/ month , 95 /57%/ were get monthly income greater than 793-3050 birr/month , 31 /58%/ mother get monthly greater than 3050 birr per month, were as mothers who were not knowledgeable about GM from the total of 140 mothers , 45 /54%/ were get birr blow 793, 73 /43%/ were get birr greater than 793-3050 , 22 /42%/ of mothers can get birr 3050 per month.

Table 2:- The frequency distribution of mothers knowledge about growth monitoring for a sample of 305 mothers having children less than 3 years come to teppi health center MCH clinic on February 2013

Awareness of growth monitoring Assessed Among mothers	Number of mothers	Percentage
Yes	165	54
No	140	46
Total	305	100

The finding of the table of the study indicate that majority of the respondents are knowledgeable about the use of growth monitoring.

Table 3 :- The frequency distribution of mothers response concerning the importance of growth monitoring for children less than three years came to Teppi Health center MCH clinic February 2013

Is growth monitoring important	Number of mothers	Percentage
Yes	165	54
No	140	46%
Total	305	100%

The table shows that the importance of growth monitoring from the total sample taken 165 /54%/ of mothers responds using of growth monitoring is important for children.

Table 4:- The frequency distribution of source of information about growth monitoring among 165 mothers brought their children to Teppi Health center MCH clinic and responds on February 2013.

Source of information from	Number of mothers	Percentage
Health professional	83	27.2
Mass media	71	23.2
Friends	11	3.6
Total	165	100

As shown in table 4 mothers who were Knowledgeable about the importance of growth monitoring by their own need though source of information listed in table that is from health professionals 83 /27.2%/of mothers and from mass media 71/23.2%/ of mothers and 11 /3.6%/ mothers get information from friends.

Table 5:- The frequency distribution of mothers concerned when to bring their children to health institution in Teppi health center MCH clinic February 2013

Mothers who concerned to bring their child for GM n=	Number of mothers	Percentage
During Healthy	33	10.8
During sick	140	46
During both healthy and sick	132	43.2
Total	305	100

The table shows that 33/10.8%/ mothers who were concerned about their children bring to health institution during they were healthy, 140 /46%/ of them wants to bring when they were sick and 132 /43.2%/ of mothers were wants to bring their children to Teppi health center MCH clinic when they were both sick and healthy.

6. DISCUSSION

The use of growth monitoring for children less than 3 years was in cooperated to child health service by WHO in developing countries and by ministry of health in various regions to aid the health workers as well as mothers or the care givers to monitor the importance and acceptance of the programs and also to identify those who were at risk for malnutrition and to give reliable management. The data were collected tabulated and analyzed. Because of scarce studies and literature's done before on this topic in our country and shortage of the study time given and money, the outer may lack intense experience and some of the results discussed using it's items. In this study the result identified about awareness of mothers on growth monitoring, shows 165 /54%/ were knowledgeable about GM and another study done by Ato Arega Aweke on maternal compression of assessment of mothers knowledge in Jimma university in 2000 the study result shows 39% of mothers were found to understand the importance of growth monitoring for their children.(16)

In similar study in India a research done on 34 mothers in integrated child development project /CDP/ shows growth monitoring was assessed using interview and all workers had a correct knowledge about routine usage of growth monitoring showing a total of 73.5% were awe red.

From these four different studies, the concept gain was the study done in Jimma was mush less than the current study concerning mothers knowledge and study done in India was grater than studies in Jimma by percent concerning mothers knowledge . So to increase the maternal knowledge on GM it needs great awareness creation or health education incorporated with other organizations like mass media for mothers (6, 12,16).

Concerning importance of GM the study done in Jimma University in 2000 showed 66 /39% / were assessed that GM is important but their awareness is less than current study which shows 165 /54%/ of mothers were assessed that using of GM for children is important.(16).

Then the study done concerning their age show that most of mothers who had childless than 3 years were observed in between age group from 20-29 years and accounts 124 /75%/ of them were knowledgeable. The study done by Arega Aweke shows most of mothers whose had child less than 3 years were observed in between 12-39 years and also they were knowledgeable for GM so there were a little beat difference in between three studies .(16)

Also the study done by Arega Aweke in Jimma University shows that 55/83%/ were found to be educated 11 /16.7%/ found to be illiterate among awe red women ,where as 61 /58.6 %/ were found to be literate and 43 /41.3%/ of women were found to be not educated among those were not awe red . In this study the result shows in both awered and not awered mothers the number of educated women were increased than those illiterate, so this indicates that education alone by its self is not enough to know the importance of GM, it needs teaching or awering more about use of GM to avoid the ignorance(16). Finally the study show that there were some factors contributes to miss use of growth monitoring such as under estimating of mothers, certain personal affairs, child sickness and the main problem is low attention given to take growth chart and strictly awering mothers by health professionals were the main reasons.

7. 1 CONCLUSION

In this study most of mothers whose had children less than 3 years were found in age group from 20-29 years, and they were married, house wife, and shows they had medium economic standard, and most of them were educated and most of them awe red on importance of GM, the study shows that there were factors that contribute to miss use of Growth chart and follow up regularly. Those factors were, under estimating of mothers, certain personal affairs, sickness of children, Ignorance to follow GM, low attention given to GM both by mothers and health professionals on use of Grouse chart and most mothers were allowed to bring their child during sick only.

7.2 RECOMMENDATIONS

Based on the study finding it is recommended to increase the awareness on GM through mass media and better to train and motivate the health professionals on use of growth chart for the children and also empowering of women on being governmental workers and awe ring of them to bring their child not only to bring during sickness.

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ANNEX

Jimma university school of cursing

This questionnaire will be prepared to study the knowledge of mothers attending in Teppi health center MCH department about growth monitoring

Introduction

The main objective of this study is to verify the knowledge of mothers growth monitoring the result of the study will play vital role to in crease the awareness of mothers and effective utilization of growth monitoring.

Instruction of Questionnaire

You are kindly requested to responded to the question

N.B put

✓   Mark to answer the despondence on the space / box/ provide

Part I

Back ground in formation

1.Who old are you _____ years.
2. Occupation A. government B. house worker C. others /spa city/
3. Religion A. Muslim B. protestant C. orthodox
4.Marital status A. single B. married   C. divorced D. widowed
5.Ethnicity A. Amhara B. Kaficho C. shekacho
6. Educational status A. illiterate B. Primary school C. Secondary school D. College or University

7. Monthly income _____ birr per-month.

Part II

Information on knowledge of growth monitoring

1. Why do you bring the child to this health center
   A. For immunization B .for growth monitoring C. for treat meat D. other (specify)
2. Do you thing taking of child weight regularly is important!   A.yes B. no
3. If yes, for question number 2, what is its important ?
   A. to know the child weight B. to get important information c. I don't know uses
4. Do you know growth monitoring ?A.yes B no

5. If yes, for equation number 4 what is its use? A. to know wither the child is in a good
   appropriate or not B. to know child weight only C I don't Know the reason for
6. When do you bring the child to hearth institution. When the child is
   A.   Healthy B, sick C both (sick and healthy)
7.Have you ever got information about regular check up on growth monitoring until the child is 3
   years old ? A. yes B .no
8.If yes for question number 7 from whom do you get? A. from mass media B. from fiends c
   from health person
9. Did you default even through you know the appointment date? A yes B. no
10.   If yes for question number 9 why? A. because I was busy on social
    affair B because my child is sick C. because I lost the card
11.   If the card of the child is lost what are you going to do? A. I will come
    and ask for another card B. I will not come back C. I can't decide
12.   Where do you put the card you took from health institution? A. in safe
    place B. any place
13.   Is there social or economic problems that influence you from regular
    follow up of growth monitoring ? A. Yes B. no
14.   If yes for question number 13 mention some of them? _____//
    _____

አኔ¡ ስ

የጅማ ዩኒቨርስቲ የነርስ ት/ቤት

Ãህ ¾መÖ¾Ä öርም ሲ²Öï እድሜያቸው 3 አመት በታች የሆኑትን ሕጻናት ወደ ቴፒ ጤና ×ቢ.Á ¾ሕናቶችና ሕጻናት ክሊኒክ ክፍል የሚያመጡ እናቶች የሕጻናት የእድገት ክትትልሳላቸው እውቀትለማጥናት የተዘጋጀ ፎርም ነው::

መዕቢ.Á

የጥናቱ ዋና አላማ እናቶች እድሜያቸው ከ3 አመት በታች የሆኑትን ሕጻናትበእድገት ክትትል ዙሪያ ስላላቸው የእውቀት ደረጃ ለማወቅና ለወደፊቱም ግንዛቤውን ለመጨመርና አጠቃቀሙን ፈጣንና ቀልጣፋ ለማድረግ ነው::

የጥያቄዎቹ አጠቃቀም መመሪያ

ከዚህ በታች ተዘጋጅተው የቀረቡትን መጠይቆች አንብበው ከተረዱ በኃላ እንዲመልሱልን በትህትና • ንጠይቃለን

ማሳሰቢ.Á

ተዘጋጅቶ በተቀመጠውሳጥን ውስጥመልስዎ አዎን ከሆነ የራይት ምልክት ☑ ÁስቀምÖ::

ወደ ጥያቄውከመግባቶ በፊት እድሜዎን ይጻፍ (ይነገሩኝ)

ክፍል አንድ

1. • ድሜሽ(ዋ) ስንት ነው ------- -------- አመት

2. ሥራዎ ምንድንነው? ሀ. ¾መንግስት ሰራተኛ ሐ. ነጋዬ

ለ. የቤት እመቤት መ. ሌላ(ይገለጽ)

3. ሃይማኖትዎ ምንድነው? ሀ. ሙስሊም ሐ. ኦርቶዶክስ

ለ. ፕሮነስታንት መ. ሌላ

4. የጋብቻዎ ሁኔታ ሀ. ያላገባ ለ. ያገባ ሐ. የፈታ(ች) መ. ባል የሞተበት

5. ብሔረሰብ ሀ. አማራ ለ. ከፍቾ ሐ. ሽክቾ መ. ዳውሮ ሠ. ሌላ

6. የትምህርት ደረጃ ሀ. ያልተማረ ለ. 1-4ኛ ¦ አል ሐ. 5-8ኛ ¦ አል

መ. ከ9-10ኛ ¦ አል ሠ. 10-12ኛ ክፍል ሠ. ከ12ኛ በላÃ

7. የወር ገቢዎ ምን ያክል ይሆናል? -------------- ብር በ¨ C::

ክፍል ሁለት

የቴፒ ከተማ ነዋሪ የሆኑ እናቶችች የሕጻናት የእድገት ክትትል ዙሪያ ያላቸውን እውቀትለማወቅ የቀረቡመጠይቆች

1. ሕጻኑን ወደዚህ ጤና አ/ጣቢያ ያመጡት ለምንድነው?
ሀ. ለክትባት ለ. ለሰእድገት ክትትል
ሐ. ለህክምና አገልግሎት መ. ሌላ ጉዳይ (ይገለጽ)

2. ለሕጻናት በተከታታይ የእድገት ክትትል ማድረግ ይጠቅማልብሉያስባሉ?

ሀ. አዎን ለ. አይደለም

3. መልሶ- ለ2ኛውጥያቄ አዎን ከሆነ ጥቅሙ ምንድነውብሉÁስባሉ?

ሀ. የሕጹኑን ክብደትለማወቅ ለ. በቂ ግንዛቤ ለማግኘት ሐ. ጥቅሙን አላውቀውም

4. ¾ሕድገት ክትትልማለት ምን እንደሆነ ያውቃሉ?

ሀ. አዎን ለ. አይደለም

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5. ለ5ኛውጥያቄመልሶም አዎን ከሆነ ጥቅሙ ምንድነውብሎያስባሉ?

   ሀ. ሕጻኑብጥሩ ሁኔታ ላይ መሆኑና አለመሆኑን ለማረጋገጥ

   ለ. የሕጻኑን ክብደት ብቻ ለማወቅ

   ሐ. ምክኒያቱን አላውቅም

6. ሕጻኑን ለጤናድርጅት የሚያመጡት መች ነው?

   ሀ. ጤናማ ሆኖ እያለ   ለ. ሕጻኑ ሲታመም   ሐ. በሁለቱም ጊዜ

7. ሕጻኑሶስት አመት እስኪሞላውድረስ በየወሩ ማመላለስ እንዳለበዎት ያውቃሉን?

         ሀ. አዎን   ለ. አላውቅም

8. መልስዎ ለተራቁጥር 7 አዎን ከሆነ ስለጉዳዩ የሰሙት ከማን ነው?

   ሀ. ከሬድዮና ከቴሌቪዥርን   ለ. ከጎደኛዎ   ሐ. ከጤና ባለሞያ

9. የሕጻኑን የቀጠሮ ቀን እያወቁ አቁርጦ ያውቃሉን?

         ሀ. አዎን   ለ. አይደለም

10. መልስዎ ለጥያቄ 9 አዎን ከሆነ ለምንድን ይመስሎ• ል?

    ሀ. በማህበራዊ ጉዳዮች ምክኒያትበመያዝ

    ለ. ሕጻኑስለታመመብኝ   ሐ. ካርዱ ስለጠፋብኝ

11. የሕጻኑ ካርድ ከጠፋቦት ምንድን ያደርጋሉ?

    ሀ. ወደ ጤና አ/ጣቢያው መጥቼ ሌላ ካርድ አወጣለሁኝ

ለ.ተመልሼ አልመጣም

   ሐ. ለመወሰን ያስቸግራል

12. ከጤናድርጅትዎ የምሰጦትን ካርድ የት ያስቀምጣሉ?

   ሀ. ℥᎙ፃÃÖኛ ቦታ   ለ. በማንኛ ⁻ም ቦ•

13. የሕጻኑን የእድገት ክትትል እንዳያደርጉለት እንቅፋት የሆነበት የኢኮኖሚ ወይም

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የማኅበራዊ ችግር አጋጥሞት ያውቃል ወይ?

ሀ. አዎን   ለ. አይደለም

14. መልሶ ለ13ኛው ጥያቄ አዎን ከሆነ የተወሰነትን ችግር ይጥቀሱ?