



AN INVESTIGATION OF THE INTERPRETATION OF THE GROWTH CHART
AND FEEDING PRACTICES OF CAREGIVERS OF CHILDREN UNDER FIVE
YEARS FROM THE GREATER TZANEEN MUNICIPALITY, LIMPOPO
PROVINCE, SOUTH AFRICA

Ву

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ABSTRACT

Purpose

The main purpose of this study was to investigate the interpretation of the growth chart and feeding practices of caregivers of children under five years from the greater Tzaneen municipality, Limpopo province.

Methods

The study design was descriptive and exploratory. The study described the interpretation of growth chart and the feeding practices by mothers of children less than five years and explored the influence of mothers' knowledge about growth of their children on feeding practices. The research type was also quantitative. A sample of 120 caregivers of children under the age of five years was selected from six clinics using the multi stage sampling method, i.e.: Simple random, quota and convenience sampling and a sample of 30 nurses was selected by simple random sampling (convenience). Data was collected using two questionnaires: one for caregivers and one nurses under the categories demographic data, availability of the chart, the knowledge and infant feeding practices of the caregivers, children's anthropometric measures as well as the caregivers' interpretation of the chart. The purpose of the nurses' questionnaire was to validate the information gathered from the caregivers. The birth weight and length of the children were recorded from the growth chart and the current weight and length/ height were also measured.

Results

The sample of children consisted more of girls than boys. Caregivers were mainly in the age group 24-35 years, which made up 46.7%. Most children were taken care of by their biological mothers who also provided finances for their food and most had secondary education. Half of the nursing staff said all categories of nurses do growth monitoring and promotion and educated caregivers about feeding of children.



Most caregivers did not know how to interprete the growth charts and as such could not link growth patterns to feeding. Most caregivers knew the importance of growth charts but did not know the frequency of growth monitoring below 12 months and when to stop monitoring growth. More than 80% of the children were growing well in terms of weight for age, length/ height for age and weight for length/ height. The majority of the caregivers confirmed that they were taught about feeding of babies of three to 24 months and denied being taught for babies from two to five years. However, they talked about mixed feeding for the babies below six months and were not aware of exclusive breastfeeding, and giving starchy foods for the older children. The caregivers agreed that they were taught about the importance of the growth chart and monitoring thereof, though they did not know the interpretation of the chart.

Conclusions

Although most caregivers knew that children should be fed three times a day, they did not know that they had to diversify the diet. Most caregivers gave starchy foods to the children. The majority of the caregivers has been taught about the use of growth charts but cannot interpret the growth of the child by looking at the curve, as such could not feed properly to address the curve direction. They could neither tell the frequency of growth monitoring beyond 12 months nor the cut off age for monitoring

The majority of the children were neither underweight, wasted nor stunted despite that they were not properly educated about feeding. At PHC they were taught about feeding a child below 24 months and not that of two to five years however, exclusive breastfeeding was not emphasized. It was not clear as to which category of nurses was expected to monitor growth or educate about feeding.