

BEHAVIOR PROFILE: GROWTH MONITORING

HEALTH GOAL

Improve maternal and child survival and reduce malnutrition

BEHAVIOR

Caregivers regularly seek information about childrens' growth

↻ Percentage of children 0-59 months who had their height and weight measured in the last 90 days [Source: DHS]

BEHAVIOR ANALYSIS		STRATEGY	
BEHAVIOR AND STEPS	FACTORS	POSSIBLE PROGRAM STRATEGIES	
<p>What steps are needed to practice this behavior?</p> <p>Behavior</p> <p>Caregivers regularly seek information about childrens' growth</p> <p>Steps</p> <ol style="list-style-type: none"> Decide to attend growth monitoring and promotion (GMP) sessions regularly (monthly in first year of life and every other month during the second year of life) Plan transport, child care, and other logistics Obtain required growth promotion services Request guidance from a trained provider on child care and feeding based on growth trend Follow trained providers' care and feeding guidance as well as referral recommendation 	<p>What factors may prevent or support practice of this behavior?</p> <p>STRUCTURAL</p> <p>Accessibility: Caregivers do not take their children to GMP sessions or to the Health Center for growth checks due to competing responsibilities (household chores, caring for multiple children, work, agricultural labor, etc.).</p> <p>Accessibility: Caregivers do not take their children to GMP sessions because they struggle to afford the costs for transport or to follow the provider's advice.</p> <p>Service Provider Competencies: Caregivers see value in and are more likely to attend GMP sessions when providers manage the process competently, including identifying the growth trend (not only red, yellow, green) of the child and giving individualized counseling and proper referrals.</p> <p>Service Experience: Caregivers do not take their child to GMP sessions because facilities lack private space for measurement and counseling and caregivers feel embarrassed in front of their peers if their child has not grown.</p> <p>SOCIAL</p> <p>Family and Community Support: Caregivers take their children for GMP sessions and follow the advice when growth monitoring is part of a community program that all are engaged in.</p> <p>Family and Community Support: Caregivers are more likely to participate regularly in GMP if family members are interested in the result and they receive family support.</p> <p>Norms: Caregivers do not prioritize or take their children to GMP sessions because they believe that body size is inherited so there is nothing that can be done about a child's growth.</p> <p>Norms: Caregivers do not attend GMP sessions because they are concerned</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p> <p>INSTITUTIONAL</p> <p>Policymakers: Enact and enforce a policy for regular GMP at the community level.</p> <p>Policymakers: Support regular high quality GMP that respects local ways of detecting growth and also refutes the myth that genetics is the only predictor of growth.</p> <p>Managers: Ensure training and supportive supervision focuses on providers' and/or community agents' ability to treat all caregivers warmly, identify the growth trend (not only red, yellow, green) of the child, provide specific tailored advice, and engage the caregiver to make a plan to act on the advice.</p> <p>Managers: Ensure that GMP facilities have a private place for counseling caregivers.</p> <p>Managers: Plan and budget for regular GMP to be done in the community and encourage referrals for growth problems to the facility as needed.</p> <p>Managers/Providers: Advocate for healthy child growth, refute the myth that inheritance is the sole predictor of growth, and encourage children to participate in regular GMP as requested at the facility and/or community in addition to local ways of detecting growth.</p> <p>Providers and Community Health Workers: Tailor the interaction to the caregiver's situation by engaging them in the process, discussing child's growth trend (not just red, yellow, green), conveying poor results compassionately, and offering advice suitable for the caregiver's situation to ensure that the advice can be tried and sustained.</p> <p>Providers and Community Health Workers: Actively seek to maintain regular participation of caregivers in GMP (even after the immunization schedule is complete) by focusing on healthy child growth and supporting caregivers regardless of the nutritional status of their child.</p> <p>Providers and Community Health Workers: Conduct home visits for individual caregivers who have strong objections to attending GMP sessions in a setting with other caregivers.</p> <p>Providers and Community Health Workers: Ensure that the weighing pants and measuring mat or board are clean for each child who is</p>	<p>What strategies will best focus our efforts based on this analysis?</p> <p>↻ <i>Strategy requires Communication Support</i></p> <p>ENABLING ENVIRONMENT</p> <p>Policies and Governance: Make healthy child growth (or the absence of malnutrition) a government goal with policies and accountability mechanisms enacted to ensure that all children are monitored routinely for early growth faltering with appropriate corrective actions available.</p> <p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Infrastructure: Ensure that GMP facilities have a private place for discussing growth results and offering advice.</p> <p>Quality Improvement: Develop guidelines for supervision of GMP that define quality. These should include: providers include caregivers in the measurement and treat them respectfully, proper care of the measurement tools (ex. cleaning them, taring the scales), identification of the growth trend (not only red, yellow, green) and presence of early growth faltering, and tailored advice based on the age and growth of the child.</p> <p>Quality Improvement: Ensure available tools make adequate growth or early growth faltering (not only red, yellow, green) easily visible to support providers' use of growth trends in counseling.</p> <p>Quality Improvement: Reinforce training on identifying the growth trend of the child and detecting early growth faltering (not only red, yellow, green) for proper remedial action.</p> <p>DEMAND AND USE</p> <p>Advocacy: Implement an advocacy campaign to give visibility and build commitment to the goal of supporting every child to experience healthy growth and development.</p> <p>Communication: Develop a robust package of communication materials and tools that motivate attendance at GMP sessions, help caregivers visualize the child's growth trend over time, and enable providers to offer meaningful advice to caregivers based on that growth trend. Specific strategies should support the role of family members in ensuring their children's healthy growth.</p> <p>Collective Engagement: Community leaders encourage and support making the community a place that fosters healthy child growth and development, organizing families for collective action or helping individual families with</p>

that their children could be given the evil eye.

Norms: Caregivers do not take their children to GMP sessions because culturally they have their own ways of judging growth.

INTERNAL

Attitudes and Beliefs: Caregivers value GMP because they learn about their children's health through the measurement rather than just comparing their child to others in the community.

Attitudes and Beliefs: Caregivers do not prioritize GMP because they do not believe that malnutrition is a severe illness or that short stature is a health problem.

Attitudes and Beliefs: Caregivers do not attend GMP sessions because they fear that their children might get sick from contact with other children or unsanitary surfaces (weighing pants or height board).

Attitudes and Beliefs: Caregivers only value GMP when they receive a benefit, such as individualized counseling, food, or referral to a feeding program.

Attitudes and Beliefs: Caregivers do not take their children to GMP sessions because they believe that weighing treats children like a "piece of meat" that is for sale.

Attitudes and Beliefs: Caregivers do not take their children for GMP because they believe it is only for children who are malnourished or sick.

Attitudes and Beliefs: Caregivers do not take their children for GMP once the vaccination schedule has been completed because they do not see value in it.

Self-Efficacy: Caregivers feel more confident in helping to improve their children's growth when they receive specific "doable" advice on ways to improve child growth.

Knowledge: Caregivers do not take their children to GMP sessions because they do not know that a child's physical growth is a marker of overall well-being.

Knowledge: Caregivers do not know the recommended schedule for GMP and therefore do not come based on it.

Skills: Caregivers are more likely to actively participate in GMP when they have the skills to interpret the growth chart.

measured. Try to isolate sick children and prioritize them for quick service.

Local Level Policymakers: Support communities by showing interest in the growth outcomes of children and creating critical links to services (e.g. development and maintenance of transport systems to the facility for referrals).

COMMUNITY

Community Leaders: Promote regular attendance at GMP sessions while also respecting local ways of detecting growth and refuting the myth that genetics is the only predictor of growth.

Community Leaders: Recognize local community health workers and families for their efforts in holding and attending regular GMP sessions in the community.

Community Leaders: Discuss growth outcomes with the community and encourage community pride in good growth. Facilitate community decision making around actions that will improve child growth.

HOUSEHOLD

Family Members: Express interest in the healthy growth of the family's children, supporting their attendance at regular GMP by taking the child to the session (or helping with transport costs) and asking about the result and follow-up actions.

needed actions to prevent illness and malnutrition.