

ABSTRACT

The current Child Health Development Record is the tool used in Sri Lanka to promote the growth and development of children focusing on the provision of their total needs. The last revision in 2004 identified more responsibilities for the caregivers to monitor the health, nutritional and developmental status of their children. Therefore it is of utmost importance to assess the utilization of the revised CHDR by the caregivers in providing care to their children. With this in mind a descriptive cross sectional study was designed to assess the knowledge, attitudes and practices of caregivers regarding the revised CHDR and to identify associations between knowledge, attitudes and practices and selected family characteristics. Four hundred and twenty seven interviews were conducted by PHII with caregivers having children who had completed nine months and had come to the Child Welfare Clinics to get the measles vaccination. Secondary data was gathered from the CHDR by the SPHMM.

Overall knowledge and attitudes regarding components related to weighing, immunization, screening of vision and hearing and health education messages were quite high as against the practices that were comparatively low. Regarding the birth weight, 83.4% of caregivers knew it accurately while 77.4% knew that birth weight should be recorded by the hospital staff where the child was born. The caregivers' knowledge on the accurate birth weight correlated significantly with the birth weight recorded in the CHDR ($P=0.01$). The utilization of the CHDR as a source of information was 79.2% for birth weight, 59.9% for correct frequency of weighing and 59.3% for correct age of child for next immunization.

The ability to interpret growth charts was good with 88% able to interpret a normal growth chart while 77.3% and 80.1% able to interpret growth charts with growth faltering and acute underweight respectively. However only 36% was able to interpret the normal growth chart of a LBW infant. The differences seen in interpreting growth charts were not significantly associated with number of children in the family and age of the caregiver. It was seen that those with a higher level of education were able to interpret the growth chart more accurately but statistically significant differences ($p < 0.001$ and $p < 0.001$ respectively) were observed only in the ability to interpret growth charts showing growth faltering and underweight. In respect of the normal growth chart majority were able to interpret irrespective of the educational levels but the inability to interpret the growth chart of a LBW baby increased with lower levels of education even though this difference seen was not statistically significant ($p = 0.055$).

Although the knowledge (99.3% for vision and 99.1% for hearing) and attitudes (97.9% for vision and 95.6% for hearing) of caregivers on the importance of screening for vision and hearing at home was quite high only 63% and 59.7% had screened and recorded the vision and hearing in the CHDR respectively. The knowledge and attitudes on health messages available in the CHDR on newborn care and complementary feeding was quite high among caregivers compared to that on psycho-social development.

Overall this study shows that the caregivers had utilized the CHDR in providing care for their children to some extent but efforts have to be taken by the PHMs and supervisory

staff to strengthen its utilization further giving priority to those with lower levels of education. Further it is also important to concentrate on changing the behaviours of the caregivers because it was seen that although the overall knowledge and attitudes were satisfactory the practices were comparatively poor.