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## ABSTRACT

The study included a community based qualitative explorative component with six focus group discussions and a household level cross sectional survey with an analytic component where 544 children were studied to assess developmental status and the factors influencing developmental status of children of five years of age in Trincomalee district.

The focus group discussions were conducted using a pre-designed and flexible focus group discussion guide. These discussions revealed that: (1) The community under study is in the phase of transition from traditional thinking to scientific thinking with much enthusiasm to gather scientific knowledge on childrearing (2) There were positive values and practices such as high value for children, community responsibility in caring for children and moral expectations for children's future observed which should be promoted (3) There were practices and values such as food taboos that were detrimental, which should be discouraged and (4) Traditional games and herbal treatment in practice, which have to be further explored.

During the cross sectional survey the developmental status was studied in relation to selected independent variables. The gross motor, fine motor and language development were assessed using Denver Developmental Screening Test and cognitive developmental status was assessed using Goodenough - Harris draw a man test. An interviewer administered questionnaire and a household observation checklist were used to measure the independent variables. Weight and height were measured using standard equipment and procedures. Proportion of children with unsatisfactory developmental status for gross motor, fine motor, language and cognitive developments were 33.8%, 45.6%, 32.9% and 68.0% respectively. Independent variables were selected from physical environment of household, characteristics of the child and of parents and caregivers. Selected variables were included in a logistic regression analysis and altogether 17 factors were found to be significantly associated with developmental outcomes.

It is recommended that district and provincial level action should be initiated to strengthen the developmental monitoring system and household risk factor surveillance system by means of advocacy to the top-level managers at

provincial and national levels and training to the public health staff. Widespread behaviour change activities should be launched among the public to address the food taboos and other detrimental behaviour elements. Continuous awareness programmes on childrearing practices for the community was recommended as another important intervention. Combined activities of health and educational sectors were recommended to improve the preschool system. Further it was recommended that use of herbal preparations and traditional games should be explored further in order to study their usefulness.