

**Thesis Title** The Relationship Between Selected Demographic  
and Psychosocial Factors and Developmental  
Delay Among Khmer Children at Site II Camp

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**ABSTRACT**

This research study was conducted at Site II refugee camp located along the Thai-Kampuchean border. Since no similar study was ever done before on developmental delay among Khmer children living in refugee camps, this study utilized a descriptive survey method. The study aimed to detect developmental delay as well as investigate the relationship between selected demographic and psychosocial factors and developmental delay among Khmer children between the ages of

six (6) to sixty (60) months.

The first set of data were collected by conducting a developmental screening among 157 Khmer children in 17 MCH clinics at Site II camp. Utilizing the Denver Developmental Screening Test-Revised Site II (DDST-Revised Site II), all 157 children were screened in eight major areas of development which include: social, cognition, language, sight, hearing, self-care, gross motor, and fine motor. The second group of data were collected by utilizing questionnaire among the caregivers of the 157 children, who were developmentally screened. The questionnaire composed of both demographic and psychosocial data to investigate the relationship between demographic and psychosocial factors and developmental delay among Khmer children at Site II camp. Chi-square and odds ratio were employed to analyze the data. The findings of the study were as follows:

1. There is a relationship between child spacing and developmental delay ( $X^2 = 4.45708$ ; p-value = .03476).
2. There is a relationship between the child's nutritional status and developmental delay among the Khmer children at Site II camp ( $X^2 = 12.44143$ ; p-value = .00042).

3. Khmer children who have lesser verbal interaction from their caregiver(s) are at risk for language delay than those children who have more verbal interaction from their caregiver(s) ( $X^2 = 14.76562$ ; p-value = .00203).
4. There is a relationship between the child's caregiver (primary caregiver) and developmental delay ( $X^2 = 15.94700$ ; p-value = .00034).

#### RECOMMENDATIONS

Developmental disability prevention is rational. Causes of developmental delay among children can indeed be averted. Preventive efforts must be geared towards the prevention of developmental delay, reduction of disability as well as its severity among young children. Screening for developmental disabilities must be routinely carried out at any child health service facility. Also, appropriate programs should be designed and implemented.