Objective Approximately 58 million of children living in rural areas in China have been left behind after their parents migrated to cities to find work. The impacts of parental migration on the early development of left-behind children (LBC) are uncertain. We conducted a preliminary cross-sectional survey to investigate the prevalence of these left-behind children, their status of early childhood development and associated risk factors.

Methods A total of 1107 children were enrolled from two counties in Anhui province, China. Their caregivers completed questionnaires on demographics, the Early Childhood Development Questionnaire and the Parenting Self-efficacy Scale.

Results The estimated prevalence of left-behind children in the area was 86.6% (959/1107), comprising 30.8% (341/1107) and 55.8% (618/1107) children as a result of migration of either parent or both parents, respectively. The duration of breastfeeding for LBC was significant lower than those staying with mothers (8.74 vs. 10.14; p < 0.01). LBC had fewer reading books than non-left-behind children (NLBC) (p < 0.05). LBC also showed fewer times of physical check and higher case rate of diarrhoea in the last two weeks than NLBC. Male LBC who were fostered by caregivers with lower levels of parenting efficacy, and came from poorer families with less social support, experienced more mental health problems than other children.

Conclusions The study confirmed some negative outcomes for children who were left-behind in their early childhood. As the huge population proportion of LBC in rural China, more research on intervention strategies to improve the early development of LBC is urgently needed.

ESPNIC – Young Investigators Presentations

O-208 RANDOMISED CONTROLLED TRIAL OF DAY CARE VERSUS HOSPITAL CARE OF SEVERE CHILDHOOD PNEUMONIA AND SEVERE MALNUTRITION IN DHAKA, BANGLADESH

Background and aims Management of severe pneumonia and malnutrition relies on hospital-based treatment but practical barriers often prevent children in areas with highest disease burden from receiving hospital care. A RCT compared clinical and cost of Day Care Approach (DCA) of management with that of hospital management.

Methods Children aged 2–59 months with severe pneumonia with severe malnutrition received either DCA at outpatient clinic with antibiotics, micronutrients, diet and supportive treatment from 08:00–17:00 daily, while mothers were educated on continuation of care at home, or hospital care with similar 24-hours treatment.

Results Four hundred seventy children aged 12.2 (8.8) months were equally assigned randomly to either DCA or hospital care, 13% had hepatomegaly and 11% had hypoxemia. The durations of day care and hospital were 7.9 (5.5) and 7.1 (3.1) days, respectively. Successful management was possible for 184/235 (78.3% (95% CI 72.6- 83.1%)) in DCA and 201/235 (85.5% (95% CI 80.5–89.5%)) in hospital. Thirty-six patients (15.3% (95% CI 11.3–20.5%)) in DCA and 22 (9.4% (95% CI 6.3–13.8%)) in hospital required referral to hospitals. There were no deaths among DCA, however, 2 [0.9% (95% CI 0.2–3.0%)] died in hospital. The average cost of treatment per episode per child was 165 US$ for DCA and 256 US$ for hospital.

Conclusions Severe pneumonia with severe malnutrition can be treated successfully and safely at reduced cost by DCA, but as effectively as hospital care, which can have an enormous impact in countries where resources are scarce and hospital beds are limited for inpatient treatment.