

Conclusion: Anaemia is highly prevalent in the rural communities of Bangladesh, which affects both males and females equally. Studies should be undertaken to examine the cases of anaemia in different age and sex groups to develop effective preventive and control measures.

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Determinants of Nutritional Status of Pre-school Children in BRAC-eligible Households

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Objective: Assess the prevalence and determinants of nutritional status of children aged 6-59 months in the BRAC-eligible households.

Methodology: The Nutritional Surveillance Project (NSP) of BRAC and the Helen Keller International collects children's anthropometric and corresponding household's socioeconomic data at an interval of every two months on a cohort of 100 village in 4 rural thanas. During each round, 20 children from each village have been surveyed. The present analysis is based on 11,611 measurements of children aged 6-59 months collected during April 1994-December 1996. Socioeconomic data were collected using a structured questionnaire, and weight and height data were collected using Salter scale and wooden height board. The nutritional status was expressed as stunting which was defined as height-for-age <90% of the NCHS median. BRAC eligibility was defined as the households having land of <50 decimals, and one of the households members sold manual labour at least 100 days in the last one year. Both bivariate and multivariate tools were used for analyzing the data.

Results: The overall prevalence of stunting was 71% which was higher in males (67%) than females (57%) ($p < 0.01$). The prevalence of stunting was highest (71%) among the 6-24-month age group. The prevalence of stunting was associated with age, point prevalence of acute respiratory infection and diarrhoea, vitamin A capsule coverage, type of latrine, sex of household head, family size, mother's literacy, occupation of main earner, BRAC membership, and per capita monthly food expenditure ($p < 0.01$). Multivariate analysis suggests that birth order, point prevalence of diarrhoea, sex of household head, monthly food expenditure, occupation of main earner, and loan received during last month are the significant predictors of stunting of the children among the BRAC-eligible households ($p < 0.05$).

Conclusion: Compared to the national average of 46%, a very high proportion of the children in the BRAC eligible households are stunted. Nutritional considerations in monitoring and evaluation of the ongoing poverty Alleviation programmes should be carefully incorporated to enhance their impact on nutritional status.

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Infant Growth Patterns in the Slums of Dhaka in Relation to Birth Weight, Intrauterine Growth Retardation, and Prematurity

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Objective: Describe the patterns of growth in body weight among infants till their first birthday, especially with reference to birth weight, intrauterine growth retardation (IUGR), and prematurity.

Methodology: One thousand six hundred fifty-four infants, born in selected slum areas of Dhaka, were enrolled at birth and followed longitudinally till they reached 12 months of age. Weights, lengths, and baseline information of these infants were measured at enrollment. Anthropometric measurements were taken again at 1, 3, 6, 9 and 12 months of age. Analysis was limited to descriptive statistics based on means and proportions, and comparisons to growth references.

Results: The mean birth weight of the infants was 2,517 g, and 46.6% had low (<2,500 g) birth weight (LBW). Sixty-nine percent were born with IUGR, and 17% were premature. Of the growth-retarded newborns, birth weights of 63% of the infants were proportionate to their lengths according to the ponderal index. This indicates that most IUGR infants were subjected to chronic intrauterine undernourishment. The growth of the infants in the study sample was similar to that of a pooled sample of breastfed infants from affluent countries, in that the study infants closely tracked the -2 SD curve of the "reference" infants. The mean z-scores (based on the breastfed reference) were very similar at birth and 12 months (-2.38 and -2.34) and only showed slight improvements in the first 3 months (-1.72). Differences in weight at birth between infants grouped according to birth weight, IUGR and/or prematurity status were retained throughout infancy.

Conclusion: The infant growth rate in this sample was similar to that observed amongst the breastfed infants in developed countries. Catch-up growth was not seen, and weight at 12 months was largely a function of weight at birth. The data suggest the need to focus on the improvement of birth weight as the principal means for improving nutritional status of infants in this population.

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Knowledge, Attitude and Practice Patterns of Adolescent Girls

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Objective: Understand dietary intake and health beliefs of adolescent girls.

Methodology: The study group comprised 360 randomly selected adolescent girls aged 11-18 years, attending the BRAC's Non-formal Primary Education (NFPE) schools in Muktagacha thana of Mymensingh district. A questionnaire was used for obtaining sociodemographic information and information on knowledge, attitude, and practices regarding their normal diet and diet during illness and menstruation.

Results: The mean age of the adolescent girls was 12 ± 2 years. Ninety-seven percent of the girls felt that they were taken care of and not considered a financial burden. The food intake patterns showed that more than 70% of the girls ate rice 3 times a day. When the girls were asked whether their food intake had increased with age, 78% reported that it increased in terms of quantity, whereas 8% reported that it decreased with age. Data on the nutrition values of food showed that only 59% of the girls could identify energy-containing foods, such as rice, flour, roti, potatoes, and oil. Vegetables were identified as rich source of vitamins by 49%. During menstruation, 32% reported avoiding specific foods, such as milk, sour food, fish, and eggs, and 31% reported decreased food intake during fever and indigestion. Rice was the food most likely to be avoided during fever. Focus group discussions recorded that they learnt food avoidance from the elders in the family.