Results: Thirty-four percent of the women reported having more than one sex partner in the last 24 hours. More than half (56%) had sex during menstruation. One-sixth reported ever practising anal sex. Sixty-eight percent had sex more than 3 times per day. Only 50% reported that they occasionally used condoms. An insignificant proportion (2%) reported consistent condom use, and 34% used less than 50% of the time. Forty-three percent and 57% had knowledge about sexual transmission of STDs and AIDS respectively, while 76% and 44% were sure that had condoms been used they would not have got or transmitted STDs and AIDS respectively.

Discussion: Risk of behaviour exists among the street sex workers, and risk perceptions are not adequate. HIV/AIDS and STD prevention programme targeting high-risk behaviour groups should include strategies to raise awareness through regular contact using peers and should be supplemented by provision of means of behaviour change, endorsement by the target group and the society. To promote safer behaviour, the intervention should work to create an environment which will facilitate the behavioural change among the street-based sex workers.

[1]SHAKTI Project, CARE-Bangladesh, House 60, Road 7/A, Dhanmondi R/A, Dhaka 1209, Bangladesh
[2]Bangladesh AIDS Prevention and Control Programme, House 23, Road 27 (Old), Dhanmondi R/A, Dhaka 1209, Bangladesh

Impact of Community-based Intervention on Diarrhoea through Oral Rehydration Therapy on Hospitalization of Children Aged Less Than Five Years in Rural Bangladesh

DS Alam, M Yunus, A Rahman, HR Chowdhury, and J Patrick Vaughan

Objective: Examine the impact of community-based intervention on diarrhoea through oral rehydration therapy (ORT) on hospitalization of children aged less than five years in rural Bangladesh.

Methodology: The Maternal and Child Health and Family Planning (MCH-FP) programme has been involved in community-based intervention on diarrhoea through active promotion of ORT, covering nearly half of the ICDDR,B study area in Matlab. In the other half (the comparison area), ORS is available with the community health workers on demand. Children were considered genuinely eligible for hospitalization if they met any of the following criteria: (1) severe dehydration, (2) moderate dehydration with vomiting, (3) bloody stool, or (4) diarrhoea for more than three days. Data from the Matlab Diarrhoea Treatment Centre (DTC) were analyzed in relation to the area (MCH-FP/comparison) and eligibility criteria for hospitalization.

Results: Data on 1,760 (95% of the total admissions) children (61% male) with no (8%), mild (75%), moderate (14%), and severe (3%) dehydration at admission were included in the analysis. Age, sex, nutritional status, and the type of diarrhoea of the admitted children were comparable between the study areas. About 12% of the children presented with moderate dehydration with vomiting, 18% with bloody diarrhoea, 24% with diarrhoea for more than three days, and 10% of the patients required intravenous fluid within 24 hours of admission. Forty-seven percent of the children did not meet any of the criteria for hospitalization, and that proportion was similar in both the areas. Overall, 66% of the children took ORS at home, with a significantly higher proportion of the children from the MCH-FP area compared to the comparison area (72% vs. 64%, $\chi^2=25$, $p<0.01$). The volume of ORS intake was significantly higher in the MCH-FP area compared to that of the comparison area (mean ±SD 2.23±2.3) vs. 1.72±2.1, $p<0.01$).

Conclusion: The findings of the study indicate that the home use of ORS is greater and significantly influenced in the areas served by MCH-FP. Nearly a half of the children had no valid criterion for admission. This suggests that mothers in the study areas are yet to be convinced that uncomplicated diarrhoea can be effectively managed at home through ORT. Further intensification and modification of the educational programmes are required.

International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), GPO Box 128, Dhaka 1000, Bangladesh