SP5-6 IT'S TIME TO FOCUS ON THE NUTRITIONAL STATUS OF BOYS

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Introduction Anaemia and undernutrition, is a common problem in children below 5 years of age and women in reproductive age group. Poor nutritional status predisposes the individual to several diseases, which further deteriorates their nutritional status leading to a vicious cycle. Nutritional Intervention Programmes focuses on women in reproductive age group, pre-school children and adolescent girls. There are no active measures taken to improve the nutritional status of boys.
Methodology The study was conducted in seventh standards students of a public school in Mumbai. A written consent of the school authorities and parents was taken prior to undertaking the study. Haemoglobin and Body Mass Index was assessed along with nutrition education emphasising on the importance of iron rich food and balanced diet using interactive teaching methodology.
Results Haemoglobin and Body Mass Index was assessed in 116 and 114 students respectively. Mean age of of the students was 12.97 years. Only 9.5% of the students had normal haemoglobin; 7% boys and 11.9% girls. Undernutrition was found in 62.3% of the students; 64.9% boys and 59.6% girls. The observed difference between boys and girls was found to be statistical significant.
Conclusion The higher percentage of boys with anaemia and under nutrition is a cause of concern. Weekly iron folic acid supplementation for the girls by the government seems to have contributed to a slightly lower prevalence of anaemia in girls as compared to boys. It is time that adolescent boys are also included in the nutritional intervention programmes.

SP5-7 FATAL ACCIDENTS AT WORK: IMPROVING THE IDENTIFICATION AND MEASUREMENT IN BELO HORIZONTE

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Information on fatal work injuries (FWI) are unreliable in Brazil. The Information System of the Ministry of Social Security, fed by Work Accident Communications (WAC), covers only work accidents (WA) over formal labour, governed by the Consolidation of Labour Laws. To collect data of major injuries (accidents and diseases) related to work, the Ministry of Health established an Information System for Notifiable Diseases (SINAN NET). Notification is mandatory and can be made by any health professional trained. The Mortality Information System (SIM) provides information on FWI, also with acknowledged underreporting. To reduce underreporting of FWI in the SIM and SINANET in Belo Horizonte, this work was carried out crossing information from SIM and SINAN NET. We also crossed component data from death certificates and the records of investigation in which there was plausibility of FWI between the profession of the deceased and the type of accident and there was no explicit statement of whether it was work accident or death. Underreporting was evident in both the SINAN NET and the SIM and the study led to a significant increase in the number of FWI in the city.

SP5-8 TUBERCULOSIS-MAJOR KILLER OF ADULT URBAN WOMEN: DEMOGRAPHIC AND HEALTH SURVEY (DHS) FROM PAKISTAN

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Background Overall, almost 3.8 million cases of tuberculosis were reported in the world in 1990, of which 49% were in Southeast Asia. The WHO has estimated that there are approximately 8.8 million new cases of tuberculosis (TB) each year.
Objectives To study mortality patterns among women between 12 and 49 years of age in Pakistan.
Methods DHS in Pakistan was conducted from September 2006 to February 2007. A total of 1125 adult female deaths were identified through the household questionnaires as occurring since January 2003. Verbal autopsies were successfully completed for 1062, for a response rate of 94%.
Result Most of the respondents were parents (24.9%), Brother/sister in law (19.2%) and husband (17.3%). About 91% of the respondents were present at the time of death of the deceased. Out of 1022, 103 (10.1%) death were due to Tuberculosis in women between 12 and 49 years of age. Tuberculosis was the number three cause of death in women between the ages of 12 and 19 years (10.8%), 25 to 29 years (7.3%) and 35 to 39 years (10.2%). Between the ages of 30 and 34 years tuberculosis (16%) was number two cause of death after complication of pregnancy, childbirth and puerperium.
Conclusions Cancer, tuberculosis and other infectious diseases are the next most important causes of death after complication of pregnancy, childbirth and puerperium among women in reproductive ages. The prevention of TB, the extension of WHO DOTS programs, and a focused effort to control TB in are matters of great urgency.

SP5-9 GEOGRAPHICAL DISTRIBUTION OF SCHISTOSOMIASIS AND ITS CONTROL IN NIGERIA

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Introduction Nigeria is the most populous country in Africa with over 150 million people. Inadequate basic social amenities and weak primary healthcare infrastructure have promoted the transmission of schistosomiasis. Presently, there is little no control programme due to absence of detail distribution of the disease that can be use in planning control programme in Nigeria.
Methods A search of articles related to schistosomiasis in Nigeria from PUBMED and local database was conducted. Search was limited to publications from 1990 to 2010. Additional reports were obtained from Federal Ministry of Health, Abuja and all the State Ministries of Health where schistosomiasis has been reported to access available information.
Results 326 relevant articles were accessed showing that schistosomiasis is endemic in 34 of 36 states and Abuja. Infection was reported from 632 locations, majorly from school children aged 5–14 years living in rural and semi urban areas. *Schistosoma heamatobium* infection was reported from 493 (77.5%) locations in 35 (94.6%) states. *Schistosoma mansoni* was reported from 125 (19.9%) locations in 18 (48.6%) states. *Schistosoma intercalatum* has been reported from 17 (2.7%) locations in 1 (2.7%) state. Eighteen states reported both *S mansoni* and *S heamatobium* infection. The prevalence reported from these locations ranges from (0.00-100.00 for *S heamatobium*), (0.00-77.5 for *S mansoni*) and 2.5 for *S intercalatum* respectively.
Conclusion Schistosomiasis disease has a nation-wide distribution. There is the need for relevant government agencies to urgently address this problem through an aggressive mass treatment campaign, improve community sanitation and health education.