**Result** As per the risk factor, smoking was found to be significant (p = 0.05). Likewise, history of prior tuberculosis was found to be significantly different in cases compared to control (p = 0.02). Social stigma has been more pronounced among the cases compared to control (p = 0.015). The knowledge regarding MDR TB and DOTS Plus treatment was found to be very high among the cases OR = 9.64 (95% CI 3.34 to 27.84) and OR = 16.71 (95% CI 4.65 to 60.01) respectively.

**Conclusion** The ultimate strategy to control MDR-TB is one that implements comprehensive approach incorporating treatment of MDR-TB based on appropriate treatment strategies that use second-line drugs under proper case management conditions; uninterrupted supply of quality-assured antituberculosis drugs; standardised recording and reporting system.

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**P2-448 SMOKING AND BODY MASS INDEX AMONG MALES AGED 20 YEARS AND ABOVE: A SOUTH INDIAN STUDY**

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**Introduction** To investigate the relationship between smoking status and Body Mass Index (BMI) in men aged 20 years and above.

**Methods** A cross sectional study was conducted in the rural field practice area of Department of Community Medicine, PSG Institute of Medical Science and Research, Coimbatore during June and July 2010. A total of 459 men aged 20 years and above were included in the study. Statistical analyses were done using General Linear Model procedure of SPSS.

**Results** Cigarette smokers weighed (kg) less, p < 0.01 (age adjusted mean ± SE = 68.64 ± 0.44) and were leaner, p < 0.001 [age adjusted BMI (kg/m²) ± SE = 21.13 ± 0.13] than ex/non-smokers (61.11 ± 0.69 and 22.19 ± 0.2 respectively). Regarding the intensity of smoking and BMI, light smokers (1–20 cigarettes per day) were leaner than ex/non smokers (mean ± SE were 21.13 ± 0.13, 22.19 ± 0.20 respectively, p < 0.001). Regarding the duration of smoking and BMI, a linear diminution in BMI is observed with increasing duration of cigarettes smoking compared to ex/non smokers (mean ± SE of BMI) for ex/non smokers 22.19 ± 0.208, 1–10 years of smoking 21.56 ± 0.221 (p < 0.05); 11–20 years of smoking 21.23 ± 0.256 (p < 0.01); 21–30 years of smoking 20.30 ± 0.333 (p < 0.001); 30 and above years of smoking 20.07 ± 0.501 (p < 0.001).

**Conclusion** We found significant results confirming an association between cigarette smoking and lower BMI in men.

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**P2-449 MATERNAL EDUCATION AND HEIGHT GROWTH TRAJECTORIES IN CHILDHOOD: 2004 PELOTAS BIRTH COHORT STUDY**

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**Introduction** The aim of this study was to explore the age at which socioeconomic inequalities in child height emerge among children from a middle-income country.

**Methods** Using data from the 2004 Pelotas cohort study from Brazil we modelled individual height growth trajectories in 2106 boys and 1947 girls from birth to 48 months using a linear spline mixed effects model. We examined the associations of maternal education on birth length and length/height growth and explored the effect of adjusting for confounding factors.

**Results** We showed linear and positive associations of maternal education with birth length and length/height growth rates in the first four years of life. By age four, the mean height of boys in the lowest education category was 100.98 cm (SE = 0.21) compared with 104.25 cm (SE = 0.12) in the highest education category. The equivalent predicted heights at age four for girls were 100.08 cm (SE = 0.25) and 103.00 cm (SE = 0.15) in the lowest and highest education categories respectively. Thus for both boys and girls there was an average of a 3 cm difference between the extreme maternal education categories. Differences in postnatal growth rates persisted in the adjusted analyses.

**Conclusion** Our data demonstrate an increase in the absolute and relative inequality in height after birth indicating that height inequality, which was already present at birth, widened considerably through childhood growth. These findings differ from studies in high income countries where height inequalities at birth exist but do not widen postnatally. Our results highlight the importance of postnatal environments on infant and childhood growth in a middle-income setting.
Introduction Neonatal sepsis is a life-threatening emergency that demands urgent management and leading cause of neonatal mortality accounting nearly half of all neonatal deaths. Blood culture is a gold standard method for diagnosis but changing pattern of organisms and frequent emergence of resistant bacteria causes difficulty in treatment. Non-specificity of symptoms creates difficulty in diagnosis of infections in the early stage. Present study was conducted with the objectives of isolation of bacteria from blood, their sensitivity and resistance pattern, correlation of maternal and fetal risk factors.

Methods Study was conducted in tertiary care centre on 210 cases of clinically diagnosed neonatal sepsicaemia admitted in NICU. Blood culture was positive in 49.05% cases. Klebsiella Pneumoniae was frequently isolated pathogen (63.11%), followed by Escherichia coli (12.62%) and Staphylococcus aureus (10.68%). Gram negative isolates from enterobacteriaceae were 100% sensitive to imipenem followed by amikacin and cefotaxime. S aureus isolates were 100% sensitive to vancomycin followed by amikacin and cloxacillin. The commonest maternal risk factors were meconium stained amniotic fluid (42.72%), premature rupture of membrane (35%), History of fever (20.3%). Fetal risk factors commonly present were 79.61% low birth weight, 67.96% neonates were preterm and birth asphyxia (65.0%).

Conclusion There is a need of continuous surveillance of the bacteriological profile and antimicrobial sensitivity pattern of neonatal sepsicaemia in each and every NICU.