feeding and to breastfeed exclusively for five months. Socioeconomic data and information on previous infant-feeding practices were collected in the last trimester of pregnancy by trained interviewers. On day 4, they collected post-delivery feeding practices.

**Results:** Mothers selected for the study (363 in each group) were of similar age and socioeconomic status. Significantly more mothers in the intervention group initiated breast-feeding within one hour (64% vs. 15%) and gave their babies colostrum as the first food (69% vs. 11%). Of the intervention mothers whose babies had received prelacteals, most reported that either the baby’s grandmothers had administered the prelacteals contrary to their own wishes; or they had to accept the advice of local health facility staff and family members. In spite of these obstacles, on day 4, significantly more mothers were breastfeeding exclusively in the intervention group (84% vs. 30%).

**Conclusion:** Peer counsellors can improve early postpartum breast-feeding practices, but could be even more effective if health staff and family members do not give conflicting advice.

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**Exclusive Breast-feeding Reduces ARI and Diarrhoea Deaths among Infants in Dhaka Slums**

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**Objective:** Describe the breast-feeding practices and assess the effect of exclusive breast-feeding in early infancy on the risk of infant deaths, especially those due to acute respiratory infections (ARI) and diarrhoea.

**Methodology:** In a prospective study in the slums of Dhaka city, 1,677 infants were followed up from birth till 12 months of their age. Based on the baseline information at enrollment, the infants were visited 5 more times for anthropometric measurements and infant-feeding information. Verbal autopsy, based on a structured questionnaire, was used for assigning causes to the 180 reported deaths. Proportional hazards regression models were used for estimating the effect of breast-feeding practices, introduced as a time-varying variable, after accounting for other variables.

**Results:** The proportion of infants exclusively breastfed was only 6.2% at enrollment, increasing to 53.1% at 1 month and then gradually declining to 4.8% at 6 months of age. Predominant breast-feeding declined from 65.9% at enrollment to 4.1% at 12 months of age. Very few infants were not breastfed, while the proportion of partially breastfed infants increased with age. The breast-feeding practices did not differ between the low- and the normal birth-weight infants at any age. The overall infant mortality was 114 deaths per 1,000 live-births. Compared to exclusive breast-feeding in the first few months of life, partial or no breast-feeding was associated with 2.30-fold higher risk of infant deaths and 2.48- and 3.96-fold higher risk of deaths due to ARI and diarrhoea respectively.

**Conclusion:** The important role of appropriate breast-feeding practices in the survival of infants is clear from this analysis. The reduction in ARI deaths underscores the broad-based beneficial effect of exclusive breast-feeding beyond its role in reducing dietary contamination as evident here in the strong protection against deaths
Due to diarrhea. Formulation of effective strategies for increasing the practice of exclusive breast-feeding in early infancy is recommended.

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BRAC’s Rural Development Programme and Child Nutrition

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Objective: Explore the effect of the BRAC’s rural credit programme on the nutritional status of children aged 6-72 months.

Methodology: Mid-upper arm circumference (MUAC) of 1,518 children aged 6-72 months were recorded from the first round survey of the BRAC-ICDDR,B Joint Research Project in Matlab. Data were collected during April-August 1995 using a four-cell study design. Measurements were taken using a TALC MUAC tape. Apart from intra-cell comparison, these children were also compared with similar data from a baseline survey done in 1992. Both bivariate and multivariate analyses of data were done.

Results: The prevalence of protein-energy malnutrition (PEM) was significantly lower among the children of the BRAC members compared to those of the non-members (p<0.01). During the pre-intervention period, the prevalence of severe PEM was found to be similar among these two groups. After three years of the BRAC intervention, it decreased from 15.4% to 8.7% among the children of the BRAC member households (p<0.05). However, among the non-member households, the prevalence remained unchanged (15.8%). In the bivariate analysis, children of the older members (25 months or more) and of the borrowers of the larger loan (Tk 7,500.00) were significantly better-off compared to other categories. However, after controlling for background indicators, sex and age of the children, year of schooling of the mothers, the number of living children, age of the mothers, and the per capita monthly expenditure were the significant predictors of nutritional status of children.

Conclusion: Three years of involvement in the BRAC’s development activities are probably too a little time to have a significant measurable effect on the children’s nutritional status. However, the results of the study showed a numerical trend in the improvement of the nutritional status of children of the BRAC member households.

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