WHAT FACTORS ARE ASSOCIATED WITH HOSPITALIZATION FOR INFANTS IN TANZANIA?

Christina Briegleb from the Department of Global Health and Population at Harvard School of Public Health with colleagues at the African Academy for Public Health, Dar es Salaam, and the Ifakara Health Institute, Mikocheni, Tanzania, explored the predictors of admission to hospital as part of a randomized controlled trial of neonatal vitamin A supplementation in both centres in Tanzania. Dar es Salaam is a major city, and Ifakara serves a rural area of Morogoro in the south west of Tanzania.

Data on demographic, socio-economic, environmental and birth outcome predictors of hospitalization were assessed prospectively in the trial cohort. Unsurprisingly, rates of admission were highest during the neonatal period in both areas and declined with increased age. In both Dar es Salaam and Morogoro region, older maternal age, male sex, low birth weight and being small for gestational age were significant predictors of higher risk of hospitalization ($p < 0.05$). Increased wealth and having a flush toilet were significantly associated with an increased risk of hospitalization in Morogoro region only ($p < 0.05$).

The authors discuss the issue of access for poor families in Morogoro and recognize some limitations in the study; the main trial excluded newborns that were unable to feed orally at birth, and thus some neonates with a potentially high risk of morbidity and mortality were not included in our cohort, although only 38 newborns were excluded for this reason. A second limitation was that other known predictors of hospitalization such as distance to nearest health facility, were not collected and may be an important factor, particularly in rural Morogoro region.

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HOW COMMON ARE EXPERIENCES OF CHILDHOOD MALTREATMENT?

The United Nations Convention on the Rights of the Child has been ratified by more countries than any other convention. It therefore provides an almost universal shared understanding of what we should provide for children. The Convention makes clear statements about maltreatment:

- Article 19 (Protection from all forms of violence)
- Article 34 (Sexual exploitation)
- Article 36 (Other forms of exploitation).

It is encouraging to see research that increases our understanding of the size of the issue.

Meenakshi Bhilwar from the Department of Community Medicine, Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi, worked with a team from Indira Gandhi Medical College and Research Institute, Puducherry, and Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India, to explore the prevalence of physical, emotional and sexual abuse during childhood among college students. A stratified random sampling was used to select 936 college students who were questioned about their childhood experiences using the adapted ‘Ministry of Women and Child Development Questionnaire on Child Abuse for Young adults’.

Almost half (48%) of the participants reported being mocked because of their physical appearance. In all, 56% (524/936) of the participants reported that they were beaten during their childhood, and 13.4% of these (70/524) required medical treatment. Around 10% reported someone exposing his/her genitalia to them, while in 6.4% of the cases, the perpetrator forced the study participants to expose their genitalia.

These findings contravene the UNCRC.

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