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ANAEMIA IN CHILDREN ATTENDING THE GENERAL HOSPITAL OGOJA, CROSS RIVER STATE - NIGERIA

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ABSTRACT

This study was carried out in a General Hospital setting, in a semi urban area to screen children for anaemia. All children who attended the General Hospital, Ogoja during the nine months study period had haemoglobin and haematocrit levels done on them. This was irrespective of the disease entities for which the attendances were made. The haemoglobin levels were obtained using the Haemoglobinometer while the packed cell volume values were obtained using the microhaemotocrit method. 175 children, aged 4 months to 10years were involved in the study. 64% of the children were found to be anaemic and 98 (87.5%) were five years old or below. It is recommended that children attending any health facility for whatever illness should be screened for anaemia.

Keywords: Childhood Anaemia, Ogoja, Cross River State-Nigeria.

INTRODUCTION

Anaemia defined as a haemoglobin of 10g/d1 or less (king, 1986) or when the haemoglobin falls below the third percentile for the patient's age (Barkin Roger and Rosen, 1994) is common in developing countries like Nigeria. Though iron deficiency has always been considered to be a common cause of anaemia other non-nutritional factors also cause anaemia. These include malaria, acute and chronic infections and haemoglobinopathies. In some health facilities, the anaemic children may be identified, treated and sent home without necessary follow-ups.

Ogoja is a semi urban area in Northern Cross River State. The populations are arable farmers whose food products are consumed locally. Social infrastructures and health facilities are scanty. Studies of the health status of children including childhood anaemia have not been carried out in this community. This study therefore seeks to study childhood anaemia in this area.

SUBJECTS AND METHODS

The study was carried out on all children 4 months to 10 years of age who attended the General Hospital, Ogoja between June 2001 and March 2002. Since clinical assessment of anaemia is unreliable (Wright, 1979), blood samples were taken from all children who attended the hospital either as outpatients or inpatients. This was irrespective of the diagnosis for which each child was treated in the hospital. A total of 175 children were involved in this study.

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Full consent of the parents/guardians of each child was obtained. There were 130 males and 62 females. The male: female ratio was 1.8:1. On each child the haematocrit and the haemoglobin concentrations were done. Peripheral blood film evaluation was used for a definitive haematological diagnosis of anaemia (Kasili, 1980). Microcytosis, hypochromasia indicated iron deficiency anaemia, while presence of sickle cell forms indicated sickle cell disease.

RESULTS

A total of 112 children out of the 175 (64%) had haemoglobin values of 10g/dl or less. A breakdown of the 112 anaemic children against the various disease entities for which they attended the hospital is shown in Table 1. It can be seen that 70 out of the 112 anaemic children (62.5%) were 4 months to 2 years old, 28 (25%) were 3-5 years and only 14 were 6-19 years. 98 (87.5%) of the 112 anaemic children were 5 years or under.

DISCUSSION

Anaemia is the most common condition associated with other primary disease in hospital paediatric practice in tropical and sub-tropical regions (kasili, 1980). The finding of 112 out of 175 children with anaemia in this study in the General Hospital Ogoja, underscores the morbidity and mortality burden due to anaemia in this population (Ojukwu, 2002). 98 (87. 5%) of the anaemic children were aged five years and below

Table 1: Primary Diagnosis in 112 Anaemic Children

		No. of Cases	Percentage
1.	Malaria	32	28.5
2.	Vomiting & Diarrhoeal Disease	21	18.5
3.	Others. like Otitis Media, Scabies, etc.	20	18
4.	Bronchopneumonia	9	8
5.	Iron Deficiency	9	8
6.	URTI	9	8
7.	Sickle Cell Anaemia	5	4.5
8.	Intestinal Parasites	4	3.6
9.	PEM	3	2.7

Table 2: Age Distribution of Anaemic Children

Age	No	Percentage
0-2 years	70	62.5
3-5 years	28	25
6-10 years	14	12.5
Total	112	100

Table 3: Haemoglobin Levels of Anamic Children

Hb	N0. of Patients	Percentage
Below 5g/dl	6	5.4
5-8g/dl	42	37.5
9-10g/dl	64	57.1
Total	112	100

showing that anaemia is common among the under five years old in the Ogoja, semi-urban area. Endemic malaria parasitemia also explains the high percentage of anaemia in this study (Akinkugbe, 1982). Other likely causes of anaemia in this age group are malnutrition, helminthiasis and iron deficiency (Usanga 1983). This age group therefore needs special attention by the health authorities of this area. This age-group should be targeted for preventive interventions like deworming and provision of nutritional supplements, like multivitamins and iron

Children attending any health facility for whatever cause should be screened for anaemia. Those found anaemic can then be appropriately treated. This simple programme of early detection of anaemia, its treatment and follow-up will improve the general health status of the children.

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