گۆڤاری کوردستانیی بۆ لێکۆڵینەوەی ستراتیجیی

Factors Associated with Gastroenteritis Disease among Children

Age 2-5 Years in Qaladze and Ranya City

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Abstract

Acute gastroenteritis is a major cause of pediatric morbidity and death worldwide, with high healthcare utilization, ongoing practice variation, and significant family burden, especially in developing countries, and young children under the age of five are the most vulnerable. The objectives of the study are to: To assess the factors associated with gastroenteritis in children 2-5 years of age and also to investigate if there is a correlation between socio-demographic data with some of the factors of gastroenteritis A quantitative /descriptive study was conducted, with A non-probability /convenience sampling, The sample size was (111) children who had gastroenteritis and were admitted in Ranya maternity and pediatric teaching hospital and pediatric ward in Shahidan Qaladze Teaching Hospital. The data was collected by modifying the questionnaire that was asked from the patient's parents by interview (face to face) method. The results of the study indicate that most of the cases were between the age (of 24-28) months 22%, (29-33) months 14%, (32-38) months14% and (59and more) months 28% with the (Mean =42) months. The male was more affected (58%) than the female (42%). Most of the patients were from urban areas (67%). According to the findings, there is a correlation between BMI (body mass index) with gastroenteritis because the P-value is less than 0.05, (P-value =0.04566), there is a significant correlation between Type of feeding and eating Type with Gastroenteritis because the p-value for both of these correlations is less than (0.05), the p-value of correlation between Feeding type and Gastroenteritis is (0.0374). There is a correlation between making the water safer to drink with gastroenteritis because the P-value less than 0.05, and the P-value is (0.0423). Children under 5 years of age are vulnerable to suffering gastroenteritis, the factors, including BMI (body mass index) ،methods that are used to clean water safer, feeding type, and eating type; are those factors that make clients vulnerable to suffer gastroenteritis.

Keywords: Gastroenteritis, Morbidity, Children age 2-5.

INTRODUCTION

Gastroenteritis is indeed an infection of the gastrointestinal tract characterized by abdominal pain, cramps, nausea, vomiting, diarrhoea, as well as dehydration. It is possible to have acute or chronic gastroenteritis, with acute gastroenteritis typically lasting less than 14 days and chronic gastroenteritis typically lasting between 14 and 30 days (1) Whereas diarrheal episodes are more common in Asia as well as Africa, contributing for 80percent of annual prevalence(2). The most common and significant complication of AGE is dehydration, that in certain instances can potentially be the cause of death. Other problems involve imbalances in

electrolytes, changes in glucose levels (hypoglycemia and hyperglycemia), including metabolic acidosis (3).In developed nations, gastrointestinal infections are connected with a high rate of death, with one out of every forty children passing away as a direct result of diarrhoea (4) In comparison, the prevalence of acute diarrhoea is between one and two episodes per kid per year in kids under the age of three in more developed nations (3).

There has been a significant increase in the number of newly known etiological agents of acute gastroenteritis (AGE) during the past four decades, with more than 20 distinct microorganisms being recognized as the cause of AGE today (3) Several different enteropathogens, such as bacteria, viruses, and parasites, might all be considered potential causes of AGE. Rotavirus is widely regarded as the primary agent in the development of AGE in infants across the world (5). It is often regarded as one of the most important contributors to cases of diarrhoea in a child's first few years of life(6). Addition than rotavirus, the intestinal protozoan parasite Entamoeba histolytica is linked to diarrheal disorders, most notably human amoebiasis, which is a cause for worry for world health, particularly in underdeveloped nations. It is a primary cause of parasitic death worldwide, accounting for more than 50 million infection cases each year, with 40,000-110,000 people dying as a result(7, 8).

The most common risk factor for gastroenteritis is diarrhoea, which continues to be a significant burden on children in low as well as middle nations (9) as a result of several elements (10)mothers' low social status as well as education (11, 12)an absence of safe drinkable water, insufficient sanitation, as well as poor hygiene (13, 14) as well as young maternal age (15) Several previous research in Iraqi cities have found that incorrect breast-feeding, water supply, poor sanitation, cleanliness, and socioeconomic position, low income, crowdedness, as well as low mom knowledge are significant risk factors for diarrhoea incidence (16, 17) The major risk factors for gastroenteritis include environmental, seasonal, as well as demographics variables, with children becoming particularly vulnerable. Other disorders, such as measles as well as immunodeficiencies, increase the patient's risk of gastrointestinal (GI) infections. Malnutrition, including vitamin-A inadequacy or zinc insufficiency, is a substantial risk factor (18).

The majority of viral infections are spread with the fecal-oral route, which includes person-to-person contacts as well as contaminating food as well as water (5, 19, 20) It could also be transferred via respiratory droplets as well as hands (21) In certain cases, the reason of gastroenteritis is improperly prepared food or the reheating of meat, dairy, shellfish, or bakery items. Other times, the condition is brought on by non-infectious factors such as poisoning via heavy metals such as arsenic as well as cadmium (22). Furthermore, pediatric AGE impacts families in a variety of different ways, including hurting the mental as well as physical well-being of both children and their parents (23)with frequent absences from parental jobs (24).

PATIENTS AND METHODS

Quantitative design /descriptive study will be used during the period of the study. The study was conducted among children between the age of 2 years old(24 months) and 5 years old (60 months old) complaining of acute diarrhoea and vomiting on 6th June 2022 to 31st August 2022.

Study Tools and Instruments:

Modify questionnaire was applied to collect data, the questionnaire consists of:

Demographic data consist of 18 items including age, gender, birth order…etc.

Environmental data consist of 8 items including the type of feeding, does she/ he buy food from street vendors, source of water…etc.

Behavioural data consist of 5 items including hand washing of mother, hand washing of child, vaccination history…etc.

The clinical presentation consists of 8 items including fever, nausea, vomiting…etc.

Variable gastroenteritis:

In such a study we computed the clinical presentation (fever, nausea, vomiting, diarrhoea, bloody stool, abdominal cramp, lethargy, headache) to create a variable known as variable gastroenteritis (mild, moderate, severe).

Exclusion Criteria:

-children 2-5 years old who have gastroenteritis with mental health problems.

The Sampling and Sample of the Study:

Non-probability / convenience sampling was used. The study involve (111) children between 2-5 years old admitted to Ranya maternity and paediatric teaching hospital and paediatric ward in Shaidan Qaladze Hospital.

STATISTICAL ANALYSES

The data would be coded, entered and analyzed by using Statistical Package for Social Sciences (SPSS, version 25)

RESULTS

Tables (1) and (2) represent demographic data of patients. Most of the cases occurred on August 40 and the highest percentage of the duration of disease was two days %32 and one day %20 with the (Mean=3±2). Most of the cases were between the age (24-28)months 22%, (29-33)months 14%,(32-38) months 14% and (59 and more)months 28% with the (Mean =42±14)months. The male was more affected (58%)than the female (42%). Most of the patient's weights were between (14-18) 48%and (9-13) 42% with (Mean=14±3). Also most of the case's heights were between (81-96) 38% and (97-111) 45% with (Mean =101±10). Most of the client's birth or-

ders were between (1-3) 79% with (Mean=2±1). About the number of family members the majority of families were between (3-5) members 73% with (Mean=5±1) and 98% of families had (2-5) rooms with (Mean=3±1). Most of the patients were from urban areas (67%). The majority of families were nuclear (89%). The occupation of the father (59%) were government employees, (and 41%) were primarily educated fathers. Of (111) patients 73% the mother of them were housewives, the majority ages of the mothers were between (20-29) 40% and (30-39)48% with (Mean=32±6) and 36% were primarily educated mothers.49% of patient's families were sufficient in monthly income.

 from all participants (77%) of them had a fever, 9% nausea, 90% vomiting, 80%diarrhea, 4% bloody stool, 86% abdominal cramp,93% lethargy and 9% headache. Among all patients, 55% of cases had severe, 30%moderate and 15%mild .56% of them were weight and 44% of them had a healthy weight .figure (1) and Figure (2)

 Table (3) shows that none of the socio-demographic variables has a significant correlation with gastroenteritis among children aged 2 to 5 years old, the p-value of all of these variables is bigger than (0.05), therefore, the null hypothesis for all of these correlations couldn't be rejected. The p-value for the correlation between Gender and Gastroenteritis is (0.7871) and for the correlation of Residence, family Type, father Occupation, father Education, Mother occupation, Mother Education and Family monthly Income with Gastroenteritis is (0.2958, 0.2567, 0.7016, 0.8125, 0.4638, 0.9763, 0.8514) respectively.

There is a correlation between BMI (body mass index) with gastroenteritis because the P-value is less than 0.05, (P-value =0.04566).

 Table (4) demonstrates that there is a significant correlation between the Type of feeding and eating Type with Gastroenteritis because the p-value for both of these correlations is less than (0.05), the p-value of correlation between Feeding type and Gastroenteritis is (0.0374) and the p-value for correlation between Eating type and Gastroenteritis is 0.0159. Therefore, the Null hypothesis for these two relationships could be rejected, but, the correlations between Street Vendor and Gastroenteritis (P= 0.199) and also between Type of street Vendor and Gastroenteritis (P=0.2850).

Table (5) shows that there is a correlation between making the water safer to drink with gastroenteritis because the P-value is less than 0.05, and the P-value is (0.0423). But there is no significant correlation between the source of water, sewage disposal, trash disposal and vaccination history with gastroenteritis (0.8617,0.1807,0.5606, 0.4793) respectively.

.Table 1: Demographic characteristics related to participants				
Variables		F_i	%	
Gender	Male	64	58	
	Female	47	42	
Residence	Urban	74	67	
	Subur-ban	23	21	
	Rural	14	13	
Date of admission	June	38	34	
	July	29	26	
	August	44	40	
Family Type	Nuclear	99	89	
	Extend-ed	12	11	
Father Occupation	Governmental employee	66	59	
	Non-Gov-ern-mental employ-ee	1	1	
	Self-job	40	36	
	Jobless	1	1	
	Retired	3	3	

Father Education Mother Occupation	Illiterate	6	5	
	Primary school	46	41	
	Inter-mediate school	22	20	
	Diplo-ma	21	19	
	Bach-elor degree	16	14	
	Govern-mental employ-ee	17	15	
Mother Education	Self –job	13	12	
	House-wife	81	73	
	Illiterate	14	13	
	Primary school	40	36	
	Inter-mediate school	23	21	
	Diplo-ma	23	21	
	Bach-elor degree	11	10	
Family Income	Sufficient	54	49	
	Barely Suffi-cient	46	41	
	Insuffi-cient	11	10	

Note: Fi: frequency, %: percentage.

Table2: Demographic characteristics related to participants					
Variables		F$_i$	%	Mean S. D±	
Birth order	1-3	88	79		
	4-5	22	20	2±1	
	6-7	1	1		
Weight	9-13	47	42		
	14-18	53	48	14±3	
	19-21	11	10		
Height	81-96	42	38		
	97-111	50	45	101±10	
	112-127	19	17		
Age of children	24-28	22	20		
	29-33	16	14		
	34-38	15	14		
	39-43	9	8		
	44-48	12	11	42±14	
	49-53	3	3		
	54-58	3	3		
	and 59 More	31	228		

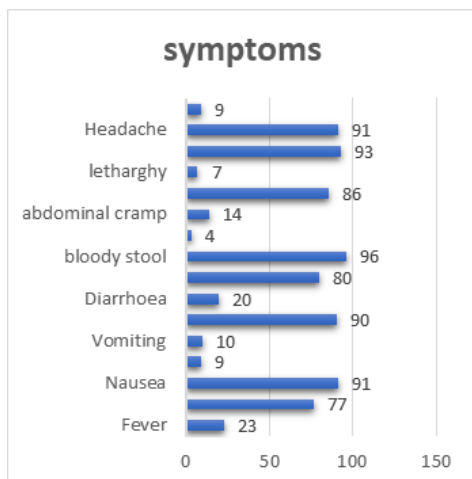Note: Fi: frequency, %: percentage, SD: standard deviation
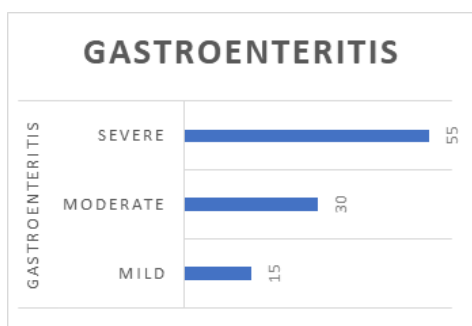

Figure 1: Percentage of symptoms

Figure 2: Percentage of gastroenteritis

Note: Fi: frequency, DF: degree of freedom, X2: Chi-square, P: p-value, NS: no significant, S: significant.

Table3: correlation between socio-demographic variables and Gastroenteritis					
Variables	Categories	F_i	DF	X^2	P
Gender	Male	64	2	0.4788	0.7871
	Female	47			NS
Residence	Urban	74	4	4.9185	0.2958
	Suburban	23			NS
	Rural	14			

Family Type	Nuclear	99	2	2.7201	0.2567
	Extended	12			NS
Father Occupation	Governmental employee	66	8	5.5129	0.7016
	Non- Governmental- employee	1			NS
	Self –job	40			
	Jobless	1			
	Retired	3			
Father Education	Illiterate	6	8	4.4697	0.8125
	Primary school	46			NS
	Intermediate school	22			
	Diploma	21			
	Bachelor degree	16			
Mother Occupation	Governmental employee	17	4	3.5934	0.4638
	Self- job	13			NS
	Housewife	81			
Mother Education	Illiterate	14	8	2.1421	0.9763
	Primary school	40			NS
	Intermediate school	23			
	Diploma	23			
	Bachelor degree	11			

	Sufficient	54	4	1.3583	0.8514
	Barely Sufficient	46			NS
Family Income	**Insufficient**	11			
Body Mass Index	Underweight	62	2	5.5579	0.04566
	healthy weight	49			S

Table4: Correlation between Environmental and Gastroenteritis					
Variables	Categories	F_i	DF	X^2	P
Feeding Type	**None of the above**	58	4	6.2909	0.0374
	Bottle feeding +Mixed feeding	46			S
	Breast-feeding +Mixed feeding	7			
Eating Type	**Homemade food +Fast food**	28	2	8.2867	0.0159
	Only homemade food	83			S
Buy food from Street Vendors	**Yes**	34	2	3.2195	0.1999
					NS
	No	77			

Type of food buy from Street vendor	Juice		15		6	7.4046	0.2850 NS
	Ice-cream	23					
	Sandwich	4					
	Ice-cream, Sandwich	7					

Note: Fi: frequency, DF: degree of freedom, X2: Chi-square, P: p-value, NS: no significant,

S: significant.

Table 5: Correlation between Environmental and Gastroenteritis						
Variables	Categories	F_i	DF		X^2	P
Source of water Drinking	Piped water	99	4		1.2981	0.8617 NS
	Water from bore-hole	10				
	Surface water	2				

Making Safe Water	Boiling	7	6	8.9724	0.0423
	Use chlo-rine	5			S
	Use wa-ter fil-ters	12			
	None of the	87			
Sewage Disposal	Proper	94	2	3.4218	0.1807
	Im-	17			NS
Trash Disposal	Sanitary waste	105	2	1.1574	0.5606
	Un-san-itary	6			NS
Vaccination History	Complete	96	G2	1.4707	0.4793
	Not com-plete	15			NS

Note: Fi: frequency, DF: degree of freedom, X2: Chi-square, P: p-value, NS: no significant,

S: Significant

DISCUSSION

Based on the findings of the study, the highest percentage of children were between the age group (24-28) months %20 and (59 and more)months %28. While the study from Senegal by Thiam, Diène (25) reported the highest percentage in the ages group (24-59) months %51.5. In this study, the male was more affected by %58 than female %42 this finding is consistent with a study in Iraq done by Tuky and Semender (26) which found that male %54 being more affected than female %46 which may be related to boys more likely to play outdoor.

According to the date of admission, the highest percentage of patients who were admitted to the hospital was in June and August (38 and 44 cases, respectively). A study in Lebanese done by Salami, and Fakih (27) revealed that Considering the monthly distribution of acute gastroenteritis episodes, the maximum amount was

noticed throughout the summer season, particularly in July & August (92 & 91 cases, respectively) The peaking throughout the summer months could be attributable to specific viral attributes like environmental stabilization, heat tolerance, simple transmission via the fecal-oral pathway, as well as, most likely, increasing consumption of potentially contaminated water throughout this period.

Regarding body mass index (BMI) in this study its sample size was (111)cases % and 56 of them were under-weight. While the outcome of a study from Peshawar by Mushtaq, and Khan (28) which was (100) cases and(100) controls the per cent of underweight is %35 in cases and %27 in controls.

According to birth order %79 of them were between (1-3) children. While the study done by Sinmegn Mihrete, and Asres Alemie (29) they mentioned indicated that 30.7% of children 2 3 birth orders, being the second or third child had about three times more likely to have diarrhoea contrasted to those being the first child. Regarding residency in this study, the highest percentage of the samples were living in urban 67%. This finding is consistent with the findings of a study conducted in Senegal by Thiam, Diène (25), which found that children aged 2-5 years who live in urban areas have a greater chance of being exposed to bacteria that cause diarrhoea. Regarding the type of family; in this study %89 were nuclear and only %12 of them were extended, this research is consistent with A study by Agustina, Sari (30) in East Jakarta found that 52 per cent of patients with gastro-enteritis had nuclear family units, whereas 48 per cent had joint family formations.

 Discussion Environmental factors

In the present study,%52 of children were not breastfed and bottle-fed,%6 were breastfed, % and 41 were bot-tle-fed. A study conducted by Tuky and Semender (26) detected that %6 of children used breastfeeding,% and 44 used bottle feeding.

Our study revealed that %31 of children's parents bought food from street vendors for their children only %69 of children's parents did not buy food from street vendors. A study conducted by Tesfamariam, and Kidane (31) they had (80) cases and (80) controls, %50 of instances purchased food from street vendors, while %50 did not. %29 of the controls purchased food from street vendors, while %70 did not.

In the current study, %80 of patients' families used piped water as the source of water, %9 of patient's families used water from boreholes and %2 of patient's families used surface water as the source of water.

A study conducted by Hussein (32)showed that most of the cases used unprotected water sources like: unpro-tected well, unprotected springs, and surface water.

About the techniques used by the patient's families in our study %6 used boiling to make the water safer, %5 used chlorine, %11 used a water filter and %78 did not use any methods to make the water safer. A study conducted in Tanzania by Kakulu (33) showed that from (149) sample size %44 used boiling water to treat their water to drink,%13 used chlorine, %40 used let it stand as well as settle and %13 used strain via cloth.

In our study .%85 of patient's families had proper sewage disposal,%5 improper sewage disposal and %95 had sanitary waste. According to the study in Iraq Tuky and Semender (26)detected that %22 of patients' families had proper sewage and %76 improper sewage disposal and %39 had sanitary trash,% and 61 unsanitary trash.

Discussion Behavioral factors

In the current study, the percentage of the hand-washing caregiver were%96.the caregivers washed their hands before food preparation, before a meal, after child cleaning, before feeding /breastfeeding, and after child cleaning .only %2 before food preparation,%1 before food preparation and after child cleaning. In a study done in Northwest Ethiopia by Agegnehu, and Bewket Zeleke (34) with (389) sample size % 50 of caregivers washed their hands before food preparation, %65 of them before a meal,%50 of them before any cleaning, % 38 before feeding/ breastfeeding and %10 of them washed their hands after child cleaning.

About the hand washing materials, in our study %, 100 of the mothers used water with soap. The study done by Agegnehu, and Bewket Zeleke (34) with (389) detected that %41 mothers washed their hands with only water .%32 used water with ash,% and 26 used water with soap.

Thus according to our findings, %3 of kids cleaned their hands only before eating, %1 of kids cleaned their fingers just after eating, and %3 of kids cleaned their hands just after going to the bathroom65 per cent of children cleansed their hands before and after eating as well as after using the toilet. The reason for this may be the idea of the Kurdish mothers about cleanness, who try to educate their children and teach them the importance of cleanness.

Regarding vaccination history, in the present study %, 86 of children had a complete vaccination according to their age, and only %14 of children did not have complete vaccination. A study done in Iraq by Tuky and Semender (26)showed that from total (of 250) children complete vaccination according to their age %25 and %75 of children did not complete vaccination according to their age.

The relationship between Socio-demographic data with gastroenteritis

It was indicated from our study that there were no significant relationships between (age, gender, family type, father occupation, father education, mother education, mother occupation, and family monthly income) with gastroenteritis at P-value >0.05.This finding contrast with Tuky and Semender (26)who demonstrated that the effect of younger maternal age < 30 years, illiterate or primarily educated parents, housewife mothers in addition to crowded family (6 or more members) and low family income all these bad socioeconomic circumstances play a role in increasing the chance of getting acute diarrhoea.

In our study, there was a relationship between body mass index (BMI)With gastroenteritis at (P-value = 0.045). This finding in line with the study done by Mushtaq, and Khan (28)indicated that there was a significant difference in anthropometric measurement in children with gastroenteritis and these significant differences belong to dehydration that occurs in gastroenteritis.

The relationship between Environmental factors with gastroenteritis

According to our findings; there was a significant relationship between feeding type with gastroenteritis, the P-value of the correlation between feeding type and gastroenteritis was (0.045). This finding lines with the study in Iraq by Tuky and Semender (26) Breastfeeding affected reducing acute diarrhoea, and more cases of acute di-

arrhoea occurred even when patients consumed filtered water, indicating the importance of water supply quality. It also lines with the study done by Salami, and Fakih (27) indicated that breastfed kids may be less susceptible to unidentified enteropathogens, adenovirus, as well as combination infections.

Our findings indicated that there was a significant correlation between eating type with gastroenteritis, the P-value for this relationship was (0.0159). This is because I indicated the taped water for the daily home might be contaminated and associated with improper food storage.

In this study, we revealed that there was no significant correlation between buying food from street vendors .in contrast Hafeez, and Pervaiz (35) reported that the kids who bought food from street vendors had a high risk of the disease.

Our results indicated that there was no correlation between the source of water with gastroenteritis (P-value= 0.8617). This is in line with the research done by Thiam, and Diène (25) indicated that there was no significant relationship between the source of water as well as the prevalence of diarrhoea. There was a correlation between making the water safer to drink with gastroenteritis (P-value =0.0423). According to research performed in Tanzania by (33), ill health related to the use of untreated water just at the household scale is one of the major concerns in Tanzania as well as other developing nations.

The relationship between Behavioral factors with gastroenteritis.

Our result demonstrated that there was no relationship between vaccination history with gastroenteritis at (P-value= 0.4793). This is in contrast with the study by Recha and Manetu (36)which detected that immunization of children has also been found to be a significant factor in explaining childhood diarrhoea incidence.

CONFLICT OF INTEREST

The authors declared that they have no conflict of interest

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پوخته

هۆکارە پەیوەندیدارەکان بەسکچوون و ڕشانەوە لە منداڵانی تەمەن ٢بۆ٥ ساڵان لە ڕانیە وقەڵادزێ

ئامانجەکان و پاشخان: سکچوون و ڕشانەوە یەکێکە لە هۆکارە سەرەکیەکانی نەخۆشبوون و مردن لەمنداڵاندا، هۆکارە بۆ بارگرانی کەرتی تەندروستی وە خێزانی بەتایبەت لە وڵاتە تازە پێگەیشتوەکان، وە منداڵانی خوار تەمەن پێنج ساڵ زۆر هەستیارن بۆ توشبوون بەو نەخۆشیە. ئامانج: بۆ هەڵسەنگاندنی هۆکارەپەیوەندیدارەکانی سکچوون و ڕشانەوە لەنێو منداڵانی تەمەن ٢بۆ ٥ ساڵ وە هەروەها لێکۆڵینەوە لەوەی کە ئایا پەیوەندییەک هەیە لە نێوان زانیارییە کۆمەڵایەتییە دیمۆگرافیەکان لەگەڵ هەندێک لە هۆکارەکانی سکچوون و ڕشانەوە.

میتۆدی توێژینەوە و نەخۆش: ئەم توێژینەوەیە توێژینەوەیەکی وەسفی چەندایەتیە، (١١١) منداڵی توشبوو کە بەشێوەی ناگریمانەیی (نموونەی دەست پێراگەیشتوو) بەشداری توێژینەوەکە بوون کە لە هەر یەکە لە نەخۆشخانەکانی منداڵان و لەدایکبوونی ڕانیە و شەهیدانی قەڵادزێ داخلکرابوون، داتاکان لە ڕێگەی پرسیارکردن کە لە دایکەکە کرابوو کۆکراوەتەوە، بە شێوازی چاوپێکەوتن (ڕووبەرۆو). ئەنجام :بەپێی ئەنجامی توێژینەوەکە زۆربەی تەمەنیان لە نێوان (٢٤-٢٨) مانگی ٢٢%بووە، (٢٩-٣٣) مانگی ١٤% بووە، (٣٢-٣٨)مانگی ١٤%بووە، (٥٩-زیاتر)٢٨% بووە کە ناوەندیان بریتیبووە لە ٤٢. زیاتر کوڕ توشبوون کە ڕێژەکەیان ٥٨% وە ڕێژەی کچ بریتیبووە لە ٤٢%. زۆربەی نەخۆشەکان خەڵکی شارۆچکەن ٦٨%. بەپێی دۆزینەوەکان پەیوەندییەک هەیە لە نێوان BMI (پێوەرەکانی بارستەی جەستە) لەگەڵ هەوکردنی گەدە و ڕیخۆڵە چونکە بەهای- P کەمترە لە (٠.٠٥)، (٠.٠٤٥٦٦= بەهای- P)، پەیوەندییەکی بەرچاو لە نێوان جۆری خۆراکدان و جۆری خواردن لەگەڵ هەوکردنی گەدە و ڕیخۆڵەدا هەیە چونکە بەها p - بۆ هەردوو ئەم پەیوەندییە کەمترە لە (٠.٠٥)، بەهای p- پەیوەندی نێوان جۆری خۆراکدان و هەوکردنی گەدە و ڕیخۆڵە (٠.٠٣٧٤). پەیوەندییەک هەیە لە نێوان سەلامەتکردنی ئاوەکە بۆ خواردنەوە لەگەڵ هەوکردنی گەدە چونکە بەهای P کەمترە لە (٠.٠٥)، بەهای- P (٠.٠٤٢٣) یە.

دەرئەنجام و ڕاسپاردە : منداڵانی خوار تەمەن پێنج ساڵ زۆر هەستیارن بۆ توشبوون بە نەخۆشی سکچوون و ڕشانەوە؛ هۆکارەکانی وەکو کێشی کەمی و تەکنیکەکانی خاوێنکردنەوەی ئاو ، جۆری خواردن و خواردنی سەرشەقام؛ لەو هۆکارانەن کە وا لە کەسەکە دەکەن توشی نەخۆشیەکە ببنێ. بۆ کەمکردنەوەی توشبوون بەو نەخۆشیە زۆر پێویستە کە پاڵپشتی شیری دایک، خواردنی پێویست و لەبار، پاک و خاوێنی تاک و خاوێنی ئاو بکرێ. کەرتی تەندروستی پێویستە جەخت لەسەر لە ناوبردنی نەخۆشیە کوژەرەکە بکات کە منداڵی خوار تەمەن پێنج ساڵ زۆر هەستیارن بۆ توشبوون پێی؛ کە ئەوەش لە ڕێگەی زیاتر وشیارکردنەوەی دایبابان دەکرێ.

الخلاصة

العوامـل المرتبطـة بحـدوث مـرض التهاب المعـدة والأمعاء بـين الطفـال مـن سـن ٢-٥ سـنوات في رانيا وقلعـةدزة

الخلفيـة: التهاب المعـدة والأمعـاء الحـاد هـو سـبب رئيـسي لمـرض الأطفال ووفياتهـم في جميـع أنحـاء العـالم ، مـع اسـتخدام الرعايـة الصحيـة العاليـة ، والتباين المسـتمرة في الممارسـة ، والعبـء الأسري الكبـير ، خاصـة في البلـدان الناميـة ، والأطفال الصغـار تحـت سـن الخامسـة هـم الأكـثر عرضـة للخطـر.

الهـدف مـن هـذه الدراسـة: لتقييـم العوامـل المرتبطـة بالتهاب المعـدة والأمعـاء لـدى الأطفال الذيـن تـتراوح أعمارهـم بـين ٢-٥سـنوات و أيضًـا للتحقـق مـما إذا كان هنـاك ارتبـاط بـين البيانـات الديموغرافيـة الاجتماعيـة وبعـض عوامـل التهاب المعـدة ولأمعـاء.

المنهجيـة: دراسـة كميـة / وصفيـة ، عينـة غـير احتماليـة / ملائمـة ، حجـم العينـة كانـت (١١١) طفلا مصابا بالتهاب المعـدة والأمعـاء الذيـن أدخلـوا مستشفى رانيا التعليمـي للـولادة والأطفال وجناح الأطفال في مستشفى شـهيدان قلعـةدزة التعليمـي. تـم جمـع البيانـات مـن خـلال اسـئلة تـم طرحهـا مـن أوليـاء المـرضى طريـق المقابلـة (وجهـاً لوجـه) .

النتائـج: تشـير نتائـج الدراسـة إلى أن معظم الحـالات كانـت بـين عمـر (٢٨-٢٤) شـهور ٢٢٪ ، (٣٣-٢٩) شـهور ١٤٪ ، (٣٨-٣٢) شـهور ١٤٪ ، (٥٩وأكـثر) شـهور ٢٨٪ مـع (المتوسـط =٤٢) شـهور كان الذكـور أكـثر تأثـراً (٥٨٪) مـن الإنـاث (٤٢٪). كان معظم المـرضى مـن المناطـق الحضريـة (٦٧٪). وفقًـا للنتائـج ، هنـاك ارتبـاط بـين مـؤشر كتلـة الجسـم (BMI) والتهـاب المعـدة والأمعـاء لأن قيمـة P أقـل مـن(٠.٠٥)، (قيمـة ٠.٠٤٥٦٦P =) ، هنـاك ارتبـاط معنـوي بـين نـوع التغذيـة ونـوع الأكـل مـع التهـاب المعـدة والأمعـاء لأن قيمـة pكل مـن هذيـن الارتباطـين أقـل مـن (٠.٠٥) ، والقيمـة الاحتماليـة للارتبـاط بـين نـوع التغذيـة والتهاب المعـدة والأمعـاء هـي (٠.٠٣٧٤) ، وهنـاك ارتبـاط بـين جعـل المـاء أكـثر أمانًـا للـشرب مـع التهـاب المعـدة والأمعـاء لأن قيمـة P أقـل مـن(٠.٠٥) ، القيمـة الاحتماليـة هـي (٠.٠٤٢٣).

الخلاصـة: الأطفال الذيـن تقـل أعمارهـم عـن ٥ سـنوات معرضـون للإصابة بالتهاب المعـدة والأمعـاء ، قلـة وزن ، والطـرق التـي تسـتخدم لتنظيـف الميـاه بشـكل أكـثر أمانًـا ، ونـوع التغذيـة ، ونـوع الأكـل ؛ هـم مـن العوامـل المعرضـة للإصابة بالتهاب المعـدة والأمعـاء. لتقليـل خطـر الإصابة بالتهاب المعـدة والأمعـاء ، مـن الـضروري دعـم الرضاعـة الطبيعيـة ، والحالـة التغذيـة المناسـبة ، والنظافـة الشـخصية ، وإمـدادات الميـاه النظيفـة. وينبغـي أن تركـز اسـتراتيجية الرعايـة الصحيـة عـلى الوقايـة مـن هـذا المـرض المميـت بـين الأطفال تحـت سـن الخامسـة مـن خـلال توفـير المعلومـات لوالـدي الطفـل.