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The aetiology and nature of paediatric dysphagia (0-18 months) in state hospitals Johannesburg, Gauteng.

Fourie, Andrea

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ABSTRACT

Background: Many infants in developing countries are faced with poverty, poor nutrition, limited access to healthcare, and exposure to communicable diseases that place them at risk for negative developmental consequences. Dysphagia is estimated to occur in 25-40% of normally developing, and 80-90% of infants with disabilities. International studies report the common causes of dysphagia to be of gastro-intestinal and neurological origin, yet limited research exists into the profile of paediatric dysphagia within developing contexts.
Objective: To describe the profile of paediatric dysphagia in state hospitals, Gauteng.
Methods: By means of a retrospective record review, this study investigated paediatric dysphagia (0-18 months) in state hospitals, Johannesburg. Hospital records of 263 infants with feeding impairments were analysed using descriptive statistics, phi correlations and logistical regression.
Results: Findings revealed 214 underlying aetiological combinations whereby 65% (n=171) of infants experienced dysphagia secondary to a systemic illness, predominantly communicable diseases. The health professionals, management strategies and procedures employed in the assessment and intervention of paediatric dysphagia were context specific and related to the aetiological and social factors influencing the infants.
Conclusion: Results differ significantly to those reflected in studies from developed countries. Of concern is the fact that 65% of infants experienced dysphagia secondary to a systemic illness, since with adequate nutrition, sanitation and health care, these conditions are potentially preventable. By improving social circumstances, the effects of systemic illnesses may be minimised, and may consequently decrease the number of infants affected by dysphagia. This implies that paediatric dysphagia in South Africa is no longer merely a health dilemma, but one which involves basic human rights.

Key words: developing countries-South Africa; paediatric dysphagia; retrospective review; systemic illness