Bowel Pattern: Need to Establish the Norm for Nigerian Children

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Introduction

There is a growing concern about bowel functions in children across many cultures [1]. An estimated 10% of children brought to medical attention in the United States are said to be due to defaecation disorder such as poor bowel movement [2]. In all levels of healthcare in United States, there are reports of more consultations for poor bowel movement in children than for other periodic, chronic conditions such as asthma and migraine [3], yet not much have been mentioned about bowel pattern in children in local literature from the developing world, including Nigeria.

Normal Bowel Habit in Children and Limited Data in Nigeria

There is limited data on stool form and frequency among healthy Nigerian children, despite their importance for defining constipation and other gastrointestinal conditions including diarrhoea. Most studies available in the literature on these issues are from Western populations [4-8]. Bowel habits of different population may vary widely due to several factors including dietary habit, quantity of fibre intake and difference in gut transit time [9-11]. In the Western population, a stool frequency between 3 - 21/week is considered normal [4-13]. Considerable variation in 'normal' bowel habit in children is accepted. In a study, of 350 pre-school children (1 - 4 years of age) in UK, 96% of the children passed stools normally between three times a days to once every alternate day [14]. Studies in Nigeria on bowel habits in adolescents, similarly showed a wide range of normal bowel habit with children opening their bowels from at least once daily to once every alternate day [15,16]. Thus far, no studies on the defaecation pattern have been carried out in all groups of Nigerian children. Nigeria is a large country with a population of about one hundred and eighty million people [17], extending from the rain forest on the Atlantic coast where the staple crops are mainly root crops, through the Sahel savannah and the semi-arid regions of the North where cereals are the staples [18]. Locale specific data therefore becomes even more important. Previous studies on bowel functions in adolescence in Nigeria focused on bowel habits and defecation pattern in adolescence [15,16]. Unfortunately, there still exists insufficient knowledge with significant lack of epidemiological data on defecation pattern in all groups of Nigerian children. The limited data available is on adolescents and only from the western part of the country. Stool frequency is also age-dependent. Nyhan [19], in a study of 800 babies described a peak frequency of 4.4 per day at five days of age, which may also be as high as 13 per day in breast-fed infants. Diarrhoea is the second most important cause of infant and early childhood morbidity and mortality in Nigeria [20,21]. Constipation is also currently gaining importance as the cause of morbidity among children [22]. Appropriate management of both conditions requires a clear definition of normal bowel pattern of infants and young children.

Conclusion

The normal bowel habit of Nigerian children has not been established. Clinicians depend on Western standards despite the obvious limitations. The need to establish the norm for the country is incontrovertible.
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Bibliography


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