

## DECREASING THE PREVALENCE OF PAEDIATRIC DYSPHAGIA: THOUGHTS FROM A DEVELOPING COUNTRY

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**Background and aims:** South Africa is a country of disparate levels of income and access to services. Being born into a poverty-stricken and resource-poor setting, places infants at risk for acquiring communicable diseases, which may have a variety of negative sequelae. One of the most concerning consequences is dysphagia which may result in inadequate nutrition; and delayed cognitive, motor and social development. International studies report the most common causes of dysphagia to be of gastro-intestinal, neurological and genetic origin, yet limited research exists on paediatric dysphagia within developing contexts.

**Methods:** By means of a retrospective record review, this study investigated the underlying aetiologies of paediatric dysphagia in South Africa. State hospital records of 263 infants, aged 0-18 months, with feeding impairments in Gauteng, South Africa were analysed using descriptive statistics, phi correlations and logistical regression.

**Results:** Findings revealed 214 underlying aetiological combinations. Significantly, 65% (n=171) of infants experienced dysphagia secondary to a systemic illness with 74% (n=127) diagnosed with a respiratory-based aetiology.

**Conclusion:** Results differ significantly to those obtained in 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 and through poverty alleviation, 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.