Intestinal Parasitic Infections among School Children.

Gyanendra Ghimire¹, Dipendra Pandey², Binita Adhikari¹, Manoj Pradhan¹.

¹ Department of Microbiology, Nepalese Army Institute of Health Sciences, Bhandarkhal, Kathmandu.² Department of Biochemistry, Nepalese Army Institute of Health Sciences, Bhandarkhal, Kathmandu.

ABSTRACT

Introduction: Intestinal parasitic infections are endemic worldwide and constitute a major public health problem and considered as 'cancers of developing countries. Nepal is small improvised country where 70.0% of morbidity and mortality are associated with infectious diseases. Giardiasis, ascariasis, amoebiasis, ancyclostomiasis and taeniasis are common intestinal parasitic infections in Nepal. Thus, in this paper we report the prevalence of intestinal parasitic infection among school going children of Eastern part of Nepal.

Mathods: A total of 300 stool samples were collected from school children of Eastern part of Nepal in random basis. An informed consent was taken from both students and school teachers. The samples were examined for the presence of parasites both macroscopically and microscopically. Standard parasitological examination methods were followed.

Results: Out of total 300 school going children included in the study, 195 were male and 105 were female. A total of 97 (29.1%) were positive for one or more parasites. Out of total parasites detected, 35 (36.1%) were protozoan, 39 (40.2%) were helminthes and 23(23.7%) were mixed type. *Giardia intestinalis* 30 (30.9%) and Hookworm 18 (18.6%) were the commonest protozoan and helminthes respectively. The other parasites detected were *A. lumbricoides* 15(15.5%), *H. nana* 6 (6.2%) and *Entamoebahistolytica* 5(5.2%). Multiple parasitism was detected in 23(23.7%) children.

Conclusions: The incidence of intestinal parasite infection was 29%. The commonest infestation was Helminthe. Regular deworming program in association to other preventive measures may help reduce the prevalence.

Keywords: prevalence; intestinal parasites; school children; specimen.

INTRODUCTION

Intestinal parasitosis, a major public health problem in developing countries is aggravated by hot and humid climate, poverty, malnutrition, high population density, and poor health¹.

Intestinal parasitic infections are endemic worldwide and constitute a major public health problem. It is responsible for causing significant morbidity and mortality all over the world particularly in developing countries. Thus, it is considered as 'cancers of developing countries².

The World Health Organization estimates that over 270 million pre-school children and over 600 million of school children are living in areas where the parasites are intensively transmitted and are in need of treatment and preventive interventions. At least 750 million episodes of diarrhoea occur per year in developing countries that results in five million deaths^{3,4}.

Correspondance:

Gyanendra Ghimire

Department of Microbiology, Napalese Army institute of Health and sciences, Kathmandu, Nepal.

Email: serratia7@gmail.com

In Nepal, giardiasis, ascariasis, amoebiasis, ancyclostomiasis and taeniasis are common intestinal parasitic infection^{5,6}. Parasitic infection usually categorized as a disease of poverty.

Thus, in this paper we report the prevalence of intestinal parasitic infection among school going children of Eastern part of Nepal which may be fruitful to formulate strategies for the prevalence and control of intestinal parasitosis among school children of Nepal.

METHODS

The study was carried out from June 2012 to January 2013 at NAIHS, Kathmandu. The samples were collected from school children of Eastern part of Nepal in random basis. Ethical approval was obtained from Nepalese Army Institute of Health sciences Institutional Research/Review Committee (NAIHS-IRC). An informed consent was taken from both students and school teachers. A total of 300 students were enrolled in the study. They were provided with clean, dry, screw capped and properly labeled plastic container for the collection of the stool sample. Fecal samples were examined for the presence of parasites both macroscopically and microscopically. The samples were examined by standard parasitological examination which included wet mount (Saline mount and Iodine preparation method) and by formal-ether concentration method⁷. They were observed under low and high power fields of microscope. Macroscopic examination of stool was done for presence of mucus, blood or any parasites. The findings were stratified against age, sex and ethnic and were analyzed by applying statistical tools.

RESULTS

A total of 300 stool samples were collected in a clean, dry screw capped plastic container. The specimens were examined by wet mount (Saline mount and Iodine preparation method) and by formal-ether concentration method. Out of total 300 school going children included in the study, 195 were male and 105 were female. 97 (29.1%) were positive for one or more parasites (Table 1). The prevalence of parasitic infection was significantly higher among Male children 74 (37.9.%) than Female children 23 (21.9%) (P<0.05)(Table 2).significantly highest infection rate was observed in the children aged between 5 - 10 years

(67.0%), followed by 11-15 years (15.0%) (P<0.05) (Table 3). Ethnically, prevalence of intestinal parasitic infection was found to be highest in *Dalit* 24(40.0%) followed by *Aadibasi-Janjati* 29(32.2%) and *Brahman-Chhetri* 44 (27.5%) (Table 4). Altogether 5 species (2 protozoan and 3 helminthes) of intestinal parasites were detected. Out of total parasites detected, 35 (36.1%) were protozoan, 39 (40.2%) were helminthes and 23(23.7%) were mixed type. *Giardia intestinalis* 30 (30.9%) and Hookworm 18 (18.6%) were the commonest protozoan and helminthes respectively. The other parasites detected were *A. lumbricoides* 15(15.5%), *H. nana* 6 (6.2%) and *Entamoebahistolytica* 5(5.2%) (Table 5). Multiple parasitism was detected in 23(23.7%) children (Table 6).

Table 1.Prevalence of intestinal parasitic infection in students

Number of students	Result	Percentage
97	Positive	29.1
203	Negative	60.9
Total		100

Table 2.Gender wise prevalence of intestinal parasitic infection

Gender	Total (n)	Positive (n)	Percentage	P-value
Male children	195	74	37.9	
Female children	105	23	21.9	0.005
Total	300	97	29.1	

Table 3.Prevalence based on age group

Age group	Total n	Positive	Percentage	P-value
		n		
5 -10 yrs	100	67	67.0	00.00
11-15 yrs	200	30	30.0	

Table 4.Prevalence of intestinal parasitic infection based on Ethnic group

Ethnic group	Total n	Positive	Percentage	P- value
		n		
Brahman-Chhetri	160	44	27.5	0.112
Aadibasi-Janjati	90	29	32.2	
Dalit	50	24	40.0	
Total	300	97	29.1	

Table 5.Frequency of intestinal parasite detected

Types of parasite	Total Positive n	Percentage
Protozoa	35	36.1
G. lamblia	30	30.9
E. histolytica	5	5.2
Helminthes	39	40.2
Hookworm	18	18.6
A. lumbricoides	15	15.5
H. nana	6	6.2
Mixed		
(Both Protozoa and	23	23.7
Helminths)		
Total parasites	97	29.1

Table 6.Pattern of parasitic infections among patients

Types of infection	Total positive n	Percentage
Single parasite	74	76.3
Protozoa	35	36.1
Helminthes	39	40.2
Multiple parasite	23	23.7
Protozoans	6	6.1
Helminthes	12	12.5
Protozoa + Helminthes	5	5.1
Total n	97	100.0

DISCUSSION

In the six month study period (June 2012 to Jan 2013), nearly one third 97 (29.1%) samples were positive for one or more parasites. This finding was in agreement with the recent studies conducted among school going children in dandeldhura district (31.1%) (Tiwariet al, 2013)4, Nepal. The finding of this study was also in agreement with a study conducted in school going children of rural community in India (30.4%) (Aher A et al 2011)⁵. However, Similar type of study conducted in Baglung district and Kathmandu district showed slightly lower prevalence (21.1% in baglung and 17.6% in Kathmandu) (Shresthaet al, 2011 and Khanalet al, 2011)^{6,8} and slightly higher prevalence (40.0%) was observed by Bhandariet al, 2011³ and (51.9%)Sherchandet al in 20109. The remarkably differences in prevalence might be due to the place and time differences of the study and use of concentration technique for the detection of parasites which might have increased the parasitic detection rate.

In this study in gender wise basis, intestinal parasitic infection rate was found higher among male (37.9%)

than female (21.9%). The findings was in agreement with some previous reports (Khanal*et al*, 2011; Olivera*et al*, 2003; Rai*et al*, 2004)^{8,10,11} and in contrast with the previous similar type of studies (Gyawali*et al*, 2009; Ishiyama*et al*, 2003; Rai*et al*, 2003, 2007; Shakya*et al*, 2009; Uga*et al*, 2004)¹, ^{12,13,14}. Although studies in Nepal and elsewhere in worlds have reported parasitic infection being gender independent, higher prevalence among boys than girls in the study population might be due to occupation and behavioral factors. Generally increased mobility of the male or their more active and wandering nature increases the risk of infection.

Based on the age of patients, the highest prevalence of intestinal parasitosis was found among children aged 5 - 10 years 67 (67.0%), followed by 11-15 years 30 (15.0%). The highest rate of prevalence among children was in agreement with the previous reports (Khanalet al, 2011; Raiet al, 1995, 2004; Shakyaet al, 2009)^{1,8,15}. The higher prevalence among children might be due to lack of proper care of children by their parents, unhygienic behavior, lack of public health awareness and lack of sanitation. On the other hand, previous studies (Nuchprayoonet al, 2002; Raiet al, 2007; Shakyaet al, 2006)^{16,1,17} reported high prevalence rate among adults and elderly patients too.

Ethnically, prevalence of intestinal parasitic infection was found to be highest in *Dalit* 24(40.0%) followed by *Aadibasi-Janjati* 29(32.2%) and *Brahman-Chhetri* 44 (27.5%). It was consistent with the previous studies (Ishiyamaet al, 2003; Raiet al, 2005; Raiet al, 2002)^{13,18,19}. However, higher positive rate among *Adibasi-Janjati* and *Brahman-Chhetri* have also been reported (Adhikariet al, 2006; Raiet al, 2003, 2008; Sharma et al, 2004)^{18,19,20}. This could be due to low literacy rate, lack of health awareness, poor hygienic condition, area of study etc.

Altogether 5 species (2 protozoan and 3 helminthes) of intestinal parasites were detected. Out of total parasites detected, 39 (40.2%) were helminthes, 35 (36.1%) were protozoan. Multiple parasitism was detected in 23(23.7%) children. This finding was in agreement with the various previous findings from Nepal and elsewhere (Ishiyama*et al*, 2001; Sharma *et al*, 2004)^{21,22}. However, other studies (Rai*et al*, 2002, 2007; Shakya*et al*, 2006; Sherchand*et al*, 1996)^{23,1,24} among general population have found higher prevalence of protozoan infections.

This might be due to the differences in the life-cycle

of these two types of parasites. Helminthic parasites are common from soil where as protozoan parasites are found in the faces and gets contaminated through facco-oral route only.

In the present study, among the various parasites detected, the most common was *G. lamblia* (30.9%) and *Enatmoebahistolytica* (5.2%) the protozoan parasite. This finding was in agreement with previous reports (Ihaboet al, 2011; Raiet al)^{25,19}, However it was in contrast with other similar studies in Nepal and else where (Raiet al, 1995; Ugaet al, 2004)^{15,18}. High prevalence of *G. lamblia* might be due to consumption of raw fecal contaminated water because of drinking raw water, water sources may be in contact with pig farming, animal farming and poor sewerage system.

Similarly, among the helminthes, hookworm (18.6%) %) was the commonest parasite in the study group, followed by *A. lumbricoides* (15.5%) and *H. nana* (6.2%) High prevalence of hookworm among the helminthes was in agreement with the previous reports (Raiet al, 1995; Raiet al, 2008)^{19,20}. However, this finding was in contrast to most other findings reported earlier in which *A. lumbricoides* topped the list (Raiet al, 1995; Shakyaet al, 2012)^{19,1}. High prevalence of hookworm might be due to open defecation that may cause the contamination of soil with hookworm larva and then farming in the field with bare foot. Low prevalence of *A.lumbricoides* might be due to intake of anti-helminthic drugs as well as public awareness about parasitic infections.

The prevalence of monoparasitism was higher (76.3%) than multiparastism (23.7%) in the study population. This finding was in agreement with the previous reports (Ugaet al, 2004; Magaret al, 2011)^{15,26}. But higher percentage of multiparasitism has also been reported by Ishiyamaet al (2001)¹³. The higher rate of monoparasitism with *G. lamblia* might be due to the consumption of raw fecal contaminated water.

CONCLUSIONS

The incidence of intestinal parasitosis is as high as 29%. The prevalence of parasitic infection was significantly higher among boys (37.9.%) than girls (21.9%). Highest infection rate was observed in the children aged between 5 - 10 years (67.0%). The commonest parasites detected were helminthes (40.2%). Regular deworming program in association to other preventive measures may help reduce the prevalence.

REFERENCES

- Shakya B, Shrestha S, Madhikarmi NL, Adhikari R (2012). Intestinal parasitic infection among school children. J Nepal Health Res Counc 10: 20-3.
- Agrawal PK, Rai SK, Khanal LK, Ghimire G, Banjara MR, Singh A. Intestinal parasitic infections among patients attending Nepal Medical College Teaching Hospital, Kathmandu, Nepal. Nepal Med Coll J 2012; 14(2): 80-83.
- Bhandari N, Kausaph V, Neupane GP. Intestinal Parasitic Infection among School Age Children, 2011. J Nepal Res Counc: 9: 30-2.
- 4. Tiwari BR, Chadhury R, Adhikari N, Jayaswal SK, Poudel TP and Rijal K. Prevalence of Intestinal Parasitic Infections among school children of Dadeldhura District. JHAS, 2013; 3: 14-6.
- 5. Aher A, Kulkarni S. Prevalence of Intestinal Parasites in school going children in a rural community. Int J BioMed Res 2011; 2: 605-7.
- Shrestha A, KC Narayan, Sharma R. Prevalence of Intestinal ParasitosisAmong School Children in Baglung District of Western Nepal. Kathmandu Univ Med J 2012;37(1): 3-6. http://dx.doi.org/10.3126/kumj.v10i1.6904
- Forbes BA, Sahm DF and Weissfeld A. Balley and Scott's Diagnostic Microbiology (11th ed). Mosby 1998.
- Khanal LK, Rai SK, Khanal PR and Ghimire G (2011). Status
 of intestinal parasitosis among hospital visiting patients in
 Deukhury Valley, Dang, Nepal. Nepal Med Coll J 13: 100102
- 9. Sherchand SP, Joshi DR, Adhikari N, Gurung K, Pant K, Pun R, Shrestha D and Parajuli K. Intestinal Parasitosis among School going children. JHAS 2010;1: 12-5.
- Oliveira MC, De Silva CV and Costa-Cruz JM (2003). Intestinal parasites and commensals among individuals from a landless camping in the rural area of Uberlandia, Minas Gerais, Brazil. Rev Inst Med Trop Sao Paulo 45: 173-176. http://dx.doi.org/10.1590/S0036-46652003000300011
- 11. Rai DR, Rai SK, Sharma BK, Ghimire P and Bhatta DR (2005). Factors associated with intestinal parasitic infection among school children in a rural area of Kathmandu Valley, Nepal. Nepal Med Coll J 7: 43-46.
- Gyawali N, Amatya R and Nepal HP (2009). Intestinal parasitosis in school going children of Dharan municipality, Nepal. J Trop Gastroenterol 30: 145-147.
- 13. Ishiyama S, Ono K, Rai CK, Rai G, Tsuji H, Sharma AP, Chaudhary DR and Rai SK (2001). Study of enteropathogens and its predisposing factors in a sub-urban public school children in Kathmandu. Nepal Med Coll J 3:5-9.
- 14. Rai K, Sherchand JB and Bhatt DR (2004). Study

- of enteropathogens and its predisposing factors in gastroenteritis suspected children attending Kanti Children Hospital, Kathmandu, Nepal. J Nepal Assoc Med Lab Sciences 6: 48-53.
- Uga S, Rai SK, Kimura K, Ganesh R, Kimura D, Wakasugi M, Miyake Y, Ishiyama S and Rajbhandari TP (2004). Parasites detected from diarrheal stool samples collected in Nepal. Southeast Asian Trop Med Public Health J 35: 19-23.
- Nuchprayoon S, Siriyasatien P, Kraivichian K, Porksakorn C and Nuchprayoon I (2002). Prevalence of parasitic infection among Thai patients at the king Chultalonkorn Memorial Hospital, Bangkok, Thailand. J Med Assoc Thai 85: 415-423.
- Rai DR, Sharma BK, Ghimire P, Bhatt DR and Rai SK (2003). Status of intestinal protozoan parasitic infection in northern part of Kathmandu, Nepal. Nepalese J Microbiol 1:16-20.
- Rai SK, Bajracharya K, Budhathoki S, Khadka JB, Rai KK, Shrestha MK, Sharma CM, Nakanishi M, Kobo T and Shrestha HG (1995). Status of intestinal parasitosis at TU Teaching Hospital. Inst Med J (Nepal) 17: 134-141.
- Rai SK, Hirai K, Abe A, Ishiyama S, Rai G, Ono K and Uga S (2002). Intestinal parasitosis among school children in rural hilly area of Dhading District, Nepal. Nepal Med Coll J 4: 54-58.
- Adhikari N, Rai SK and Singh A (2006). Intestinal parasitic infections among HIV seropositive and high risk group

- subjects for HIV infection in Nepal. Nepal Med Col J 8: 160-169.
- Sharma BK, Rai SK, Rai DR and Choudhary DR (2004). Prevalence of intestinal parasitic infestation in school children in the northeastern part of Kathmandu Valley, Nepal. Southeast Asian J Trop Med Public Health 35: 501-505.
- Ishiyama S, Rai SK, Ono K and Uga S (2003). A small-scale study on intestinal parasitosisin a remote villages in Nepal. Nepal Med Coll J 5: 28 -30.
- Rai SK and Gurung CK (1986). Intestinal parasitic infection in high school children of Birgunj. Inst Med J (Nepal) 8: 33-38.
- Sherchand JB, Larsson S and Shrestha MP (1996). Intestinal
 parasites in children and adults with and without abdominal
 discomfort from the Kathmandu area of Nepal. J Trop
 Gastroenterol 17: 15-22.
- Ihabo HI, Binta Y, Yakubo SE. Asymptomatic Giardiasis and Nutritional status of Children in two local government areas in Kaduna state, Niseria. Sierra Leone J BioMed Res 2011; 3: 157-62.
- Magar DT, Rai SK, Lekhak B and Rai KR (2011). Study of parasitic infection among children of SukumbasiBasti in Kathmandu Valley. Nepal Med Coll J 13: 7-10.