Salah Bakry¹, Mohamed A. Elhefny^{2, 3}

¹Faculty of Medicine, Umm Al-Qura University, Makkah city, Saudi Arabia.

²Department of Medical Genetics, Faculty of Medicine, Umm Al-Qura University, Al-Qunfudah, Saudi Arabia.

³Department of Cancer and Molecular Biology, NCI, Cairo University, Cairo, Egypt

ABSTRACT

Background/aims: Anaemia encompasses a significant challenge to public health globally as well as nationally. The current study aimed to estimate the prevalence and risk factors of microcytic hypochromic anaemia among school and university students in Saudi Arabia. Materials and methods: PubMed and Google Scholar search from 2002 until 2021 were utilized for the data obtained. Overall, 56 articles were reviewed and critically appraised based on the eligibility criteria, and relevant articles were selected. Results: Fourteen studies were identified. The prevalence of anaemia among school students ranged from 11.6% to 23%, whereas the prevalence among university students ranged from 12.5% to 64%. Age, gender, mother's education, BMI, smoking status, and occupational status were associated with the prevalence of anaemia. Furthermore, lifestyle, dietary habits, haemostatic defects, menorrhagia, high altitude, and physical activity were also correlated with the prevalence of anaemia. Conclusion: A relatively high prevalence of anaemia was found among school and university students.

Keyword: Anaemia, Microcytic Hypochromic Anaemia, Prevalence, Risk factors, Students, Saudi Arabia.

Introduction

Anaemia is a global health burden affecting about 1.62 billion individuals internationally, 24.8% of the worldwide population, according to the World Health Organization [1, 2, 3]. It thus influences all countries' social and economic development [1, 2]. Anaemia is common in people at any stage, but pregnant women and young children are especially vulnerable, increasing the likelihood of cognitive and physical development impairment and mortality and morbidity [4, 5]. Despite the fact that there are numerous anaemia etiologies, iron deficiency anaemia is unquestionably the most frequent cause of anaemia development [1, 3]. There are further subtypes of microcytic hypochromic anaemia, including sideroblastic anaemias (SAs) and anaemia of chronic disease (ACD) [6]. ACD may arise as a result of

Access this article online				
Quick Response Code:	Website:			
	www.smh-j.com			
	DOI:			
	10.54293/smhj.v2i2.34			

Autoimmune diseases, prolonged renal failure, infections, or cancers [7]. Contrarily, SAs share the characteristics of disturbed iron use in the erythroblast, inefficient erythropoiesis, and fluctuating systemic iron excess [8]. SAs can also be hereditary or acquired. In addition, thalassemia and lead poisoning are separate kinds of microcytic hypochromic anaemia [6]. Studies have shown that adolescents are more likely to develop anaemia due to the increased Fe demand throughout puberty, menstrual losses, inadequate dietary intake of Fe, and poor eating habits [9]. Herein, the current study aimed to determine the national prevalence and risk factors of varieties of microcytic hypochromic anaemia among school and university students by conducting a comprehensive literature review.

Address for correspondence: Salah Mohammed Taha Bakry, Faculty of Medicine, Umm Al-Qura University, Makkah city, Saudi Arabia. E-mail: salah.m.bakry@gmail.com

<u>Received:</u> 29 June 2022 <u>Received in revised form:</u> 8 September 2022 <u>Accepted:</u> 12 September 2022

This is an open access article by SMHJ is licensed under Creative Commons Attribution 4.0 International License.

(https://creativecommons.org/licenses/by/4.0)

Please cite this article as: Bakry S, Elhefny M. The prevalence and risk factors of microcytic hypochromic anaemia among students in the Kingdom of Saudi Arabia. A mini-review study: The prevalence and risk factors of anaemia. SMHJ [Internet]. 2022;2(2):62-69. Available from: https://www.smh-j.com/smhj/article/view/34

Methods

We utilised PubMed and Google Scholar from 2002 to September 2021 to obtained data for the current review. The search terms included the following keywords: "Anaemia", "students", "prevalence", "risk factors", "Saudi Arabia", "Kingdom of Saudi Arabia", "KSA". All research designs were reviewed for references to selected papers that cited identified articles. The eligibility criteria included school and university students diagnosed with microcytic hypochromic anaemia using one of the diagnostic criteria. Additionally, articles addressing the prevalence of anaemia and its risk factors among school and university students in Saudi Arabia were included in this review. This systematic review did not include research conducted in hospitals or on individuals who visit outpatient clinics. Fifty-two articles were critically evaluated, and the most relevant articles were used. Finally, the eligibility criteria were stratified in 14 studies. The review studies' findings were discussed. Rates among similarly aged students and other studies on public health were identified and used for the discussion.

Results

After searching and conducting a critical appraisal of the articles, 14 studies were selected for the systematic review [10-24]. A summary of these studies is presented in Table 1.

Discussion

The prevalence in the current review differed according to the type of anaemia. For example, concerning school students, the reported prevalence was 20.5% in the study of Abalkhail and Shawky 2002 [10], 11.6% in Abou-Zeid, et al. 2006 [11], and 23.0% in Gari 2008 [12]. For university students, on the other hand, a prevalence of 64% was reported in the study of Al Hassan 2015 [14]; of these patients, 45% had mild anaemia, 49% moderate, and 6% severe. Elderdery, et al. 2016 [15] reported a prevalence of 32%, whereas Alzaheb and Al-Amer 2017 [17] reported an anaemia prevalence of 12.5%. Furthermore, Alhazmi, et al. 2018 [18] reported an overall prevalence of 28.4%. Additionally, Al-Jamea, et al. 2019 [20] reported an anaemia prevalence of 35.3%, while Alkhaldy, et al. 2020 [21] reported 63% and Hamali, et al. 2020 [22] reported that the rate of anaemia was only 4.70% among male students but 67.35% among females. Moreover, Owaidah, et al. 2020 [23] stated an anaemia prevalence of 33.9%, while Bakr, et al. 2021 [24] reported an overall prevalence of 39.28%. The majority of the studies revealed a high prevalence of anaemia among university students [14,15,18,20,21,23,24]. This in agreement with Shill, 2014 [25], which reported 55.3% of students have anaemia, while Al-Alimi, 2018 [26] stated an anaemia prevalence of 30.4%.

Several studies have found that age is a significant risk factor correlated with anaemia. Abalkhail and Shawky 2002 [10] revealed that 12-year-olds and older are at a high risk of developing anaemia; however, anaemia is more likely to affect growth in children aged 6-14 years according to the study of Abou-Zeid, et al. 2006 [11]. Furthermore, Gari 2008 [12] stated that iron deficiency anaemia in school students appears high, particularly among those aged 10-12 years. Moreover, gender represents risk factors of anemia; the majority of studies revealed that females are at a greater risk of developing anemia, as shown in (Table 1). Several studies reported a higher proportion of males over females being anaemic [27-32]. However, Gupta, 2008 [32] revealed that anaemia appears more in females due to menarche. Mother's education represents one of the risk factors of anaemia as well according to Abalkhail and Shawky 2002 [10] and Alhazmi, Alenezi et al. 2018 [18]. Both studies revealed a correlation between mother's education and the prevalence of anaemia [10-11]. This is strongly consistent with several studies such as [33-36]. Additionally, a single study report that students' body mass index (BMI), smoking and occupational statuses could represents a risk factors for anaemia developing among students [18]. An important risk factors includes lifestyle and dietary factors have been documented by several studies. Abalkhail and Shawky 2002 [10] revealed that skipping breakfast, eating few fruit and vegetables, and eating too much junk food are substantially correlated with an increased prevalence of anaemia; however, Abou-Zeid, et al. 2006 [11] stated that malnutrition is a significant health problem among those children, as assessed by anthropometric measurements. Additionally, Al Hassan 2015 [14] noted that the high prevalence of iron deficiency anaemia might be linked to the lifestyle of female students and their dietary habits. Similarly, Elderdery, et al. 2016 [15] reported that low-quality meals containing animal products are positively correlated with the presence of iron deficiency. Correspondingly, Alzaheb and Al-Amer 2017 [17] concluded that inadequate intakes of iron and vitamin C, frequent tea consumption, and infrequent red meat consumption are related to contracting anaemia. Additionally, Alhazmi, et al. 2018 [18] found that eating red meat as well as consuming fast food and soft drinks weekly are significantly correlated with anaemia. Al-Jamea, et al. 2019 [20] stated that the development of IDA is significantly reduced when having a regular breakfast. Furthermore, Alkhaldy, et al. 2020 [21] stated that low-quality meals containing animal products are associated with anaemia, while Hamali, et al. 2020

Table 1: Studies'	' summary of the	included studies in	the current review.
-------------------	------------------	---------------------	---------------------

Author(s)	Year	Sample	Target	Target	Prevalence	Diagnostic tool
		sizeu	population	students		[administration]
(Abalkhail and Shawky 2002) [10]	2002	800	Males and females	School students	20.5%	structured questionnaire
						[person interview]
(Abou-Zeid, Abdel- Fattab at al 2006)	2006	513	Males and	School	11.6%	questionnaires and
[11]			Ternales	students		laboratory sample
(Gari 2008) [12]	2008	123	Females	School	23.0%	Collect
				students		laboratory sample
(Zolaly, Hanafi et al 2012) [13]	2012	557	Males and females	Saudi school	-	questionnaire, Collect
un 2012) [10]			Termates	students		lacoratory sumple
(Al Hassan 2015)	2015	268	Females	female	64%	Collect
				students		laboratory sample
(Elderdery,	2016	198	Females	female	32%	Collect laboratory
Alshaiban et al. 2016) [15]				college students		sample
(Hassaein, Wahdan	2016	49	-	female	-	
et al. 2010) [10]				students		
(Alzaheb and Al-	2017	200	Females	Saudi	12.5%	questionnaires and
Amer 2017) [17]				college		laboratory sample
				students		
(Alhazmi, Alenezi et al. 2018)[18]	2018	675	Males and females	shopping mall.	28.4%	interview based questionnaire and using
				University		HemoCue devise
				and a central		
				blood ban		

(Kabel, Al Thumali	2018	1066	Males and	University	-	history taking, clinical
et al. 2018) [19]			females	students		examination, and
						laboratory sample
(Al-Jamea, Woodman et al. 2019)[20]	2019	485	Females	University students	35.3%	questionnaires and Collect laboratory sample
(Alkhaldy, Hadi et al. 2020) [21]	2020	200	Females	female medical student	63%	structured questionnaire [send by e-mail]
(Hamali, Mobarki et al. 2020) [22]	2020	134	Males and females	University students	Male: 4.70%, Female: 67.35%	questionnaire, Collect laboratory sample and screening tests
(Owaidah, Al- Numair et al. 2020) [23]	2020	981	Males and females	University students	33.9%	questionnaire, Collect laboratory sample
(Bakr, Almutairi et al. 2021) [24]	2021	463	Females	Saudi female college students	39.28%	standardized questionnaire, Collect laboratory sample and screening tests

[22] reported the influence of a low dietary iron intake and irregular meal consumption. Correspondingly, a recent review described and discussed the correlations among nutritional, dietary habits, and lifestyle factors in the risk of adolescents developing anaemia [37].

Haemostatic defects and menorrhagia are reported as factors in developing anaemia as well according to Bakr, et al. 2021 [24]. Similarly, the study of Friberg, 2006 [38] reported that heavy menstrual bleeding is frequently reported in 37% of school students. High altitude has been reported to be a risk factor for anaemia, according to [19,21]. This issue was previously addressed by several studies [39-40]. According to Cook JD et al., 2005 [40], the impact of high altitude on iron storage and haematological parameters cannot be overlooked. The hypoxiainduced erythropoiesis will use the iron storage until it is exhausted [21]. To improve iron absorption and release from the storage, erythropoiesis stimulates the formation of erythroferrone, which suppresses hepcidin [21]. Moreover, physical activity is reported as one of the possible risk factors for anaemia and has a significant relationship with IDA [20]. A published case report suggests that exercise-induced anaemia should be explored in young female adults with unexplained IDA [41]. Strength of evidence, to our knowledge, the current systematic review is the first that compares the anaemia prevalence and its risk factors among school and university students in Saudi Arabia.

Limitations of Study

The conducted search strategy were carried out only in two databases. Furthermore, our study did not strictly compare the risk factors between school and university students. Additionally, it did not explain the diagnostic criteria of anaemia in detail. Moreover, the current study focused on studies conducted on students only. In addition, there is no quality assessment to the included studies.

Conclusion

The current review suggests that anaemia is highly prevalent among school and university students. Social-demographic characteristics such as age, gender, mother's education, BMI, smoking status, and occupational status are strongly correlated with anaemia development. Additionally, lifestyle, dietary habits, hemostatic defects, menorrhagia, high altitude, and physical activity were also correlated with the prevalence of anaemia. Therefore, annual screening of anemia is recommended in schools and universities for anaemia detecting.

Conflict of Interest None

Funding None

References

1- Vibhute NA, Shah U, Belgaumi U, Kadashetti V, Bommanavar S, Kamate W. Prevalence and awareness of nutritional anemia among female medical students in Karad, Maharashtra, India: A cross-sectional study. Journal of family medicine and primary care. 2019;8(7): 72-2369.

2- Guilbert JJ. The world health report 2002 - reducing risks, promoting healthy life. Education for health (Abingdon, England). 2003;16(2):230.

3- De Benoist, B., Cogswell M, Egli I, McLean E, 2008. Worldwide prevalence of anaemia 1993-2005 of. 1st ed. Geneva: World Health Organization, p.40.

4- Al-alimi AA, Bashanfer S, Morish MA. Prevalence of Iron Deficiency Anemia among University Students in Hodeida Province, Yemen. Anemia. 2018;2018:4157876.

5- Khaskheli M-N, Baloch S, Sheeba A, Baloch S, Khaskheli FK. Iron deficiency anaemia is still a major killer of pregnant women. Pakistan journal of medical sciences. 2016;32(3):630.

6- Turner, J., Parsi, M. and Badireddy, M., 2022. Anemia. [online] Ncbi.nlm.nih.gov. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK499994/> [Accessed 12 January 2022].

7- Gangat N, Wolanskyj AP. Anemia of chronic disease. Seminar in Hematology. 2013;50(3):8-232.

8- Bottomley SS, Fleming MD. Sideroblastic anemia: diagnosis and management. Hematol Oncol Clin North Am. 2014 Aug;28(4):70-653.

9- Mesías M, Seiquer I, Navarro MP. Iron nutrition in adolescence. Critical reviews in food science and nutrition. 2013;53(11): 37-1226.

10- Abalkhail B, Shawky S. Prevalence of daily breakfast intake, iron deficiency anaemia and awareness of being anaemic among Saudi school students. International journal of food sciences and nutrition. 2002;53(6): 28-519.

11- Abou-Zeid AH, Abdel-Fattah MM, Al-Shehri AS, Hifnawy TM, Al-Hassan SA. Anemia and nutritional status of schoolchildren living at Saudi high altitude area. Saudi medical journal. 2006;27(6):9-862.

12- Gari MA. Prevalence of iron deficiency anemia among female elementary school children in Northern Jeddah, Saudi Arabia. Medical Science. 2008;15(1).

13- Zolaly MA, Hanafi MI, Shawky N, El-Harbi K, Mohamadin AM. Association between blood lead levels and environmental exposure among Saudi schoolchildren in certain districts of Al-Madinah. International journal of general medicine. 2012;5:64-355.

14- Al Hassan NN. The prevalence of iron deficiency anemia in a Saudi University female students. Journal of microscopy and ultrastructure. 2015;3(1):8-25.

15- Elderdery A, Alshaiban A, Abdelgadir A, Elhussein D, Alnemer M, Alkhelaiwi W, et al.

Prevalence of Iron Deficiency Anemia amongst a Subset of Female Students at Aljouf University, Sakak, Saudi Arabia. AUMJ. 2016;3(3):23-27.

16- HASSANEIN AS, Wahdan M, Al Habashi WY. Study of Correlation between Ferritin, Bmi and Crp in Saudi Young Females with Mild Microcytic Anemia in Al-Ghad College, Jeddah, Kingdom of Saudi Arabia. Journal of the Egyptian Society of Parasitology. 2016;46(2):60-353.

17- Alzaheb RA, Al-Amer O. The Prevalence of Iron Deficiency Anemia and its Associated Risk Factors Among a Sample of Female University Students in Tabuk, Saudi Arabia. Clinical medicine insights Women's health. 2017;10:1179562x17745088.

18- Asma M. Alhazmi, Safiah A. Alenezi , Moayad A. Karboji, et al. PREVALENCE OF ANEMIA AND ITS ASSOCIATION WITH DIETARY HABITS AND BODY MASS INDEX OF ADULTS IN AL MADINAH, SAUDI ARABIA. INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES. 2018;05(12):17194–17204.

19- Kabel AM, Al Thumali AM, Aldowiala KA, Habib RD, Aljuaid SS. Sleep disorders in a sample of students in Taif University, Saudi Arabia: The role of obesity, insulin resistance, anemia and high altitude. Diabetes & metabolic syndrome. 2018;12(4): 54-549.

20- Al-Jamea L, Woodman A, Elnagi EA, Al-Amri SS, Al-Zahrani AA, Al-shammari NH, et al. Prevalence of Iron-deficiency anemia and its associated risk factors in female undergraduate students at prince sultan military college of health sciences. Journal of Applied Hematology. 2019;10(4):126.

21- Alkhaldy HY, Hadi RA, Alghamdi KA, Alqahtani SM, Al Jabbar ISH, Al Ghamdi IS, et al. The pattern of iron deficiency with and without anemia among medical college girl students in high altitude southern Saudi Arabia. Journal of family medicine and primary care. 2020;9(9): 25-5018.

22- Hamali HA, Mobarki AA, Saboor M, Alfeel A, Madkhali AM, Akhter MS, et al. Prevalence of Anemia Among Jazan University Students. International journal of general medicine. 2020;13: 70-765.

23- Owaidah T, Al-Numair N, Al-Suliman A, Zolaly M, Hasanato R, Al Zahrani F, et al. Iron Deficiency and Iron Deficiency Anemia Are Common Epidemiological Conditions in Saudi Arabia: Report of the National Epidemiological Survey. Anemia. 2020;2020:6642568.

24- Bakr S, Almutairi AA, Dawalibi A, Owaidah M, Almughiyri AA, Owaidah T. Screening hemostatic defects in Saudi University students with unexplained menorrhagia: a diagnosis, which could be missed. Blood coagulation & fibrinolysis : an international journal in haemostasis and thrombosis. 2021;32(4): 84-278.

25- Shill KB, Karmakar P, Kibria MG, Das A, Rahman MA, Hossain MS, et al. Prevalence of irondeficiency anaemia among university students in Noakhali region, Bangladesh. J Health Popul Nutr. 2014;32(1):10-103.

26- Al-alimi A, Bashanfer S, Morish M. Prevalence of Iron Deficiency Anemia among University Students in Hodeida Province, Yemen. Anemia. 2018;2018:1-7.

27- Ngesa O, Mwambi H. Prevalence and risk factors of anaemia among children aged between 6 months and 14 years in Kenya. PloS one. 2014;9(11):e113756. 28- Owusu-Agyei S, Fryauff DJ, Chandramohan D, Koram KA, Binka FN, Nkrumah FK, et al. Characteristics of severe anemia and its association with malaria in young children of the Kassena-Nankana District of northern Ghana. The American journal of tropical medicine and hygiene. 2002;67(4):7-371.

29- Brabin BJ, Premji Z, Verhoeff F. An analysis of anemia and child mortality. The Journal of nutrition. 2001;131(2): 48S -636S.

30- Akhwale WS, Lum JK, Kaneko A, Eto H, Obonyo C, Björkman A, et al. Anemia and malaria at different altitudes in the western highlands of Kenya. Acta tropica. 2004;91(2): 75-167.

31- Tezera R, Sahile Z, Yilma D, Misganaw E, Mulu E. Prevalence of anemia among school-age children in Ethiopia: a systematic review and meta-analysis. Syst Rev. 2018;7(1):80.

32- Gupta N, Kochar G. Pervasiveness Of Anemia In Adolescent Girls Of Low Socio-Economic Group Of The District Of Kurukshetra (Haryana). The Internet Journal of Nutrition and Wellness. 2008;7.

33- Rahman A, Chowdhury S. Determinants of chronic malnutrition among preschool children in Bangladesh. Journal of biosocial science. 2007;39(2): 73-161.

34- Variyam JN, Blaylock J, Lin BH, Ralston K, Smallwood D. Mother's nutrition knowledge and children's dietary intakes. American Journal of Agricultural Economics. 1999;81(2): 84-373.

35- Martin LG, Trussell J, Salvail FR, Shah NM. Covariates of child mortality in the Philippines, Indonesia, and Pakistan: an analysis based on hazard models. Population Studies. 1983;37(3): 32-417.

36- Lamerz A, Kuepper-Nybelen J, Wehle C, Bruning N, Trost-Brinkhues G, Brenner H, et al. Social class, parental education, and obesity prevalence in a study of six-year-old children in Germany. International journal of obesity (2005). 2005;29(4): 80-373.

37- De Andrade Cairo RC, Rodrigues Silva L, Carneiro Bustani N, Ferreira Marques CD. Iron deficiency anemia in adolescents; a literature review. Nutricion hospitalaria. 2014;29(6):9-1240.

38- Friberg B, Ornö AK, Lindgren A, Lethagen S. Bleeding disorders among young women: a population-based prevalence study. Acta obstetricia et gynecologica Scandinavica. 2006;85(2):6-200.

39- Gassmann M, Muckenthaler MU. Adaptation of iron requirement to hypoxic conditions at high altitude. J Appl Physiol (1985). 2015 Dec 15;119(12):40-1432.

40- Cook JD, Boy E, Flowers C, Daroca Mdel C. The influence of high-altitude living on body iron. Blood. 2005 Aug 15;106(4):6-1441.

41- Wouthuyzen-Bakker M, van Assen S. Exerciseinduced anaemia: a forgotten cause of iron deficiency anaemia in young adults. The British journal of general practice : the journal of the Royal College of General Practitioners. 2015;65(634):9-268.