

breakfast and adequate hydration, especially because insufficient hydration could affect the proper function of the kidneys in the long term.

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Health Seeking Behavior of Caregivers Whose Children (6–60 Months) Presented With Severe Malaria in a Tertiary Health Institution in Nigeria

BACKGROUND AND OBJECTIVES: Early recognition of symptoms of malaria and commencing appropriate home-based treatment or seeking prompt treatment in a health facility are malaria control strategies recommended under the Roll Back Malaria initiative. This initiative aims at reducing malaria morbidity and prevention of mortality in children aged <5 years. The success of this strategic plan for malaria control depends on the health-seeking behavior of caregivers of these children. The goal of this study was to document the health-seeking behavior of caregivers whose children (aged 6–60 months) presented with severe malaria in a tertiary health institution.

METHODS: This descriptive cross-sectional study was conducted from July 2012 to June 2013. Appropriate health-seeking behavior included seeking prompt treatment in a health facility within 24 hours of onset of severe malaria symptoms or presentation in a health facility within 48 hours with symptoms of severe malaria while on home-based treatment. Features of severe malaria were identified by using the criteria of the World Health Organization. Data were obtained by using a researcher-administered questionnaire, and malaria was confirmed in each child by using microscopy and following a standard protocol. Analysis of data was performed by using SPSS version 16.0.

RESULTS: Of the 120 caregiver (31.4 ± 7.0 years)/child pairs (24 ± 14.7 months) recruited, 35 (29.2%) caregivers had appropriate health-seeking behavior. Of the 85 (70.8%) caregivers with poor health-seeking behavior, 82 (96.5%) inappropriately managed malaria at home by administering the wrong malaria medications (given, in most cases, at incorrect dosages), and 3 (3.5%) did nothing during the

illness ($P = .003$). Appropriate health-seeking behavior did not significantly depend on level of education of the caregivers ($P = .17$). The most common place for home-based care was the patent medicine vendor in 65 (79.3%) of 82 cases, and 20.7% was from neighbors and traditional physicians. The mortality rate observed in this study was 150 per 1000; 94.4% were children whose caregivers had poor health-seeking behavior ($P = .02$).

CONCLUSIONS: Health education regarding appropriate malaria care should be intensified for caregivers and other community-based health care providers such as the patent medicine vendors.

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Blood Pressure in Children: Role of High Altitude?

BACKGROUND AND OBJECTIVES: There is controversy regarding the role of high altitude on blood pressure. The goal of this study was to evaluate the blood pressure of children aged 6 to 18 years who permanently lived at sea level in Al Ain ($n = 417$), the United Arab Emirates (UAE), and the Himalayan mountain villages in Pakistan (altitude of 3000 m, $n = 372$).

METHODS: Population-based samples of children and adolescents were selected from the Himalayan mountain villages of Pakistan and UAE as part of a global health project for noncommunicable disease prevention. The same anthropometric scales and automated blood pressure monitors were used by trained nurses to measure systolic blood pressure (SBP) and diastolic blood pressure (DBP). Participants classified as being overweight were defined as having a BMI percentile ≥ 85 th and < 95 th percentile, and obesity was defined as being ≥ 95 th percentile according to the growth charts of the Centers for Disease Control and Prevention. Prehypertension was defined as having an SBP or DBP reading that was ≥ 90 th percentile to < 95 th percentile, and hypertension was defined as having an SBP or DBP ≥ 95 th percentile, according to the age-, gender-, and height-specific guidelines of the National Heart, Lung, and Blood Institute.

RESULTS: Participants were similar with respect to age in the UAE (11.2 years [55.1% boys]) and the Himalayan region (11.1 years [51.6% boys]). A higher proportion of children in the UAE were overweight (15.5%) and obese (13.1%) compared with the Himalayan children (2.2% overweight and 3.0% obese). Mean SBP was significantly higher in Himalayan children than in the children living in the UAE (112.1 ± 12.1 mm Hg vs 107.0 ± 11.8 mm Hg, respectively; $P < .001$). Similarly, mean DBP was significantly higher in

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