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Subject: Hemoglobinopathies in Cambodia

Posted by [kendra](#) on Fri, 28 Sep 2018 05:01:54 GMT

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The Cambodia DHS states that the majority of children had normal hemoglobin (HbA1). However, with only 32% having normal Hb, and 20% having missing data, it seems that the majority of children actually have abnormal hemoglobin i.e. a hemoglobinopathy. This may be in part what is causing 47% of children to have elevated stfr (using a cut-off which has not been validated to detect iron deficiency), thus inflating iron deficiency estimates. However, it is impossible to tell, given that ferritin has not been corrected for inflammation. In the next version of the DHS, it would be nice to see the estimated prevalence of children with iron deficiency, to develop more targeted programs and policies.

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Subject: Re: Hemoglobinopathies in Cambodia

Posted by [Liz-DHS](#) on Tue, 02 Oct 2018 22:06:53 GMT

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A response from nutrition expert, Sorrel Namaste:

Quote:

Globally there has been a growing appreciation of the relationship between genetic disorders, iron biomarkers, and inflammation. As adjustments approaches continue to emerge and be refined there is the potential to apply adjustments in future reports if this type of data is collected.

The DHS Program is implemented in five year cycles and DHS-8 began in September 2018. The DHS Program is currently planning a major review of the core questionnaire and procedures. There will be an opportunity to suggest revisions on the DHS website, and I hope you will repost this suggestion at that time.

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