

Ulcers or not ulcers, that's the question worrying school administrators and parents alike about the rising cases of chronic stomach aches in schools. Health specialists think otherwise and have found something else.

BY TONNY ABET

School managers and parents are reporting a surge in chronic stomach aches among learners, sparking fears of ulcers.

But health specialists have cautioned against referring to most of these conditions in children as "ulcers", saying their medical examinations point to something else.

According to data from the Ministry of Health, gastrointestinal disorders (stomach problems) are on the increase in children and the general population.

In the 2024/2025 Financial Year, it was the fourth leading cause of hospital visits in outpatient departments (OPD) of health facilities, with a total of 2.3 million cases registered, which is six percent of all patients with various forms of illnesses that visited health facilities.

This was a 21 percentage point increase from the 1.9 million cases of gastrointestinal disorders registered in the previous Financial Year 2023/2024, in the general population.

Mr Hasadu Kirabira, the chairperson of the National Private Education Institutions Association (NPEIA), in an interview with this publication, confirms the increase in chronic stomach aches among learners.

He warns that the rising number of school children suffering from "ulcers" is seriously affecting learning outcomes, student wellbeing, and the financial sustainability of private schools. "It is a growing concern in schools and one of the challenging health issues," he notes. "It's partly a product of poor feeding habits."

At Grace High School in Gayaza, the school nurse, Ms Joyce Kalemba says they are equally seeing the increase in the number of children complaining about "ulcers." "Last year, we recorded many learners with the problem," she says. "But we kept on talking to them and counselling them, advising them on what to eat. So, by the end of the third term, the number had declined."

Ms Jolly Kamishani, the director of Mirembe Junior School, also says she recognised this growing problem among children. Like Mr Kirabira, she also believes the surge in severe stomach aches in children has a lot to do with what the children are eating.

Both Mr Kirabira and Ms Kamishani believe the problem often starts at home, as opposed to placing all the blame on the school meals as the cause of the severe stomach aches.

"I don't believe that posho and beans have ever caused ulcers,"

Ms Kamishani defends the staple meals served in most Ugandan schools. "We have eaten these for many generations, the coarse or hard type of posho, not this refined type the learners now eat."

But Mr Kirabira, recognising the dynamic situation, is also not entirely praising the common meals served



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Tracing plague of chronic stomach aches in schools

in most schools. "Nowadays, the main meal in the schools is basically that meal, which is sometimes more acidic. Most of the time, the whole issue starts at home," he adds.

Ms Kalemba, offers more insights. "Some of them come with it [the condition or stomach ache] from home. But some, especially the girls, get it from school because they don't want to eat posho and beans," she explains.

Ms Kamishani laments that many of the children often decline to eat beans and posho and opt for junk or processed foods or snacks, which she believes are the drivers of some of the cases of severe stomach aches.

"Those children also like foods seasoned with chili, and on an empty stomach. Early in the morning, the child is on a snack. That's what is causing the ulcers," she says.

But Dr Ronald Mbiine, a stomach health specialist at Mulago Hospital and lecturer at Makerere University College of Health Sciences, says they are seeing something else whenever these children are brought for medical examination.

"So, people refer to stomach pain as ulcers, while for us medically ulcer means a peptic ulcer, a wound in the stomach," he explains. "We are seeing an increasing number of children complaining of abdominal pain, stomach ache, which the community would describe as ulcers in the children," he adds.

Dr Mbiine, a surgeon, says they have gone ahead to do advanced medical examination of what's inside the stomach or intestine through endoscopy to determine exactly what these children are suffering from.

He shares the results: "Most of the time, when we do the endoscopy, they are normal, and we tend to treat it as irritable bowel syndrome (IBS), which is caused by several factors."

"Basically, they are sensitive to certain foods; there are diets that predispose them to stomach problems," he adds.

THE FACTS

Data from the Ministry of Health reveals that gastro-intestinal disorders or stomach problems are on the increase in children and the general population.

In the Financial Year 2024/2025, it was recorded as the fourth leading cause of hospital visits in outpatient departments (OPD) in health facilities, with a total of 2.3 million cases registered, which is 6 percent of all patients with various forms of illnesses that visited health facilities. This was a 21 percentage point increase from the 1.9 million cases of gastrointestinal disorders registered in the previous FY 2023/2024, in the general population. At Lacor Hospital, a study by Tom Richard Okello, between 2000 and 2007, revealed that some children with chronic stomach pains were actually dia-

gnosed with duodenal ulcers (ulcers in upper small intestine).

But the report indicated that stomach aches are driven by various conditions as other specialists have indicated. The report was published in 2017 in *Africa Health Sciences* scientific journal.

"We analysed 135 children who were referred for upper gastrointestinal endoscopy. There were 38 boys and 97 girls. The mean age was 16 years. The main indications comprised epigastric pain, or pain in upper abdomen (67.4 percent), dyspepsia, or persistent pain in upper abdomen associated with nausea and bloating (11.9 percent), hematemesis, or vomiting of blood (8.9 percent), recurrent abdominal pain (3 percent) recurrent vomiting (3 percent), and miscellaneous (5.8 percent)," the report read.

"Endoscopic diagnose included

duodenal ulcer (14.8 percent) and gastritis, or inflammation in stomach lining (12.6 percent); duodenal scarring (5.2 percent), bile reflux, or reflux of digestive substance associated with heartburn (5.2 percent) duodenitis, or inflammation of the duodenum (4.4 percent) and miscellaneous 6.4 percent," the report said.

A 2010 study in children of 0-12 years in urban Kampala, by Elon Hestvik, from the Department of Paediatrics, Haukeland University Hospital in Norway, found that the prevalence of *H. Pylori*, the bacteria that many health workers link to ulcers, is high.

"The overall prevalence of *Helicobacter pylori* in the 427 children was 44.3 percent (189 out of 427). Early colonisation was common, 28.7 percent, in children younger than 1 year of age," the report reads.

In a separate interview with Daniel Tumwine, a paediatrician at Children's Clinic Naalya, the observations from the specialists are similar.

"A lot of cases diagnosed as 'peptic ulcers' are not really that. Many health workers are testing for *H. pylori* and correlating it to 'ulcers,' he explains.

"Abdominal pain in children is common, and the commonest cause is 'functional abdominal pain', which is common in children between five years and 14 years," he adds.

Dr Tumwine says this means there is no specific organic cause for the pain, but it may be due to stress or dietary behaviour.

"Peptic ulcers are generally rare in children, and finding *H. pylori*, a bacteria that can cause ulcers, doesn't mean the child has ulcers," he explains.

"If there is pain and it also leads to either some diarrhoea or constipation in

the child, it may be irritable bowel syndrome (IBS)," he adds.

Dr Tumwine says, "Most of this pain goes away, or may go away if you reduce stress," he explains.

Besides, the paediatrician says the most important thing is for parents to know the danger signs of when to take the pain seriously.

"These signs include severe, sudden, or rapidly worsening pain associated with fever, vomiting blood, black or bloody stools, or a rigid or swollen abdomen," he explains.

"Also, if the pain lasts more than one hour or keeps getting worse, the child cannot walk or is refusing to move, the child is not passing gas or cannot eat or drink, or if the pain wakes the child up at night, please ensure the child is seen urgently by a qualified medical professional," he advises.

On IBS, according to information from

the National Health Service (NHS) of the United Kingdom, although there's no single diet or medicine that works for everyone with IBS, one can manage or prevent it through lifestyle modifications.

At the top of NHS list is that a person with IBS should "try to eat a healthy, balanced diet" and "keep a diary of what you eat and any symptoms you get - try to avoid things that trigger your IBS."

To prevent triggers, the NHS advises against delaying or skipping meals, eating lots of fatty, spicy, or processed foods, drinking alcohol, and fizzy drinks.

Ms Kalemba, says they offer treatment in school for those in severe pain and refer those who are not responding to treatment home for further treatment in a hospital.

Both Ms Kalemba and Ms Kamishani say their schools are restricting junk food or snacks in school canteens and