

# ***INTRODUCTION***

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Diarrhea is defined as an increase in the frequency, fluidity, or volume of bowel movements relative to usual habit of the individual (*Fitzgerald and Clark, 1982*).

Most episodes of diarrhea are acute, they start suddenly and are quite short, lasting between two and seven days, most are due to infections in the bowel (*Candy, 1989*), diarrhea accounted for 27 to 30% of deaths in infants and children under 5 years during 1987 (*UNICEF, 1990*).

A proportion of acute cases become persistent, lasting more than two weeks. Their importance is that they account for almost half of diarrhea-deaths, they also require extra-treatment in addition to the oral rehydration therapy which is effective for most cases of acute diarrhea (*Candy, 1989*).

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So, persistent diarrhea is defined as diarrheal episode of presumed infectious etiology that begins acutely, but have an unusually long duration. The term does not include chronic or recurrent diarrheal disorders (*Black et al., 1987*).

Persistent diarrhea is increasingly recognized as an important pediatric health problem in developing countries and the elucidation of risk factors, epidemiological studies and the development of treatment and control measures would be greatly facilitated if the etiologic agents of persistent diarrhea could be identified (*Bhan et al., 1989*).

About 3 to 20 percent of episodes of acute diarrhea become persistent and up to one half of all diarrhea associated deaths occur during episodes of persistent diarrhea (*WHO, 1987*).