

## INTRODUCTION AND AIM OF THE WORK

Constipation refers to the passage of hard stools, usually associated with difficulty and infrequency, (Silverberg, 1982).

The frequency of defecation is influenced by social and dietary customs, and it is only recently that a normal pattern of defecation has been agreed on, albeit in adults. Older children and adolescents who have fewer than three bowel movements a week can be considered as outside the normal range but do not, on this basis alone, require treatment any more than does the breast fed infant who passes a soft stool every three or four days.

Constipation refers to the character of stool rather than to the frequency of defecation and to associated symptoms such as difficulty in exhalation of stools, bloodstreaked bowel movement, and abdominal discomfort (Keith et al., 1958).

Constipation may represent the regular passage of firm or hard stools or else of small, hard masses at extremely long intervals (obstipation). In its most severe form, constipation may be accompanied by faecal soiling (encopresis) (Ellis et al., 1966).

Familial, cultural and social factors influence the genesis, development and course of constipation to varying degrees.

A few babies are constipated during the neonatal period and despite a variety of formula changes, persist in having constipation.

Psychologic factors, methods involved in toilet training, diet (particularly excessive milk intake), and misuse or abuse of laxatives and enemas may influence the development of toilet habits (Roy et al., 1975).

Our aim of the work is to evaluate the important causes and types of constipation and encopri-  
ses, the effect of psychological factors on enco-  
prises.