Introduction
&
Aim Of The Work

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Diarrhea is a self-limiting disease and resolving in few days ***(Booth and Muctting, 1984)***.

Black et al., (1984) reported that the mean duration in their study to the various types of diarrhea is 4 to 5 days except shigellosis which has a duration of 7 days.

It is reported by ***Hirshhorn in (1985)*** that the length of an average uncomplicated episode of diarrhea was 3 to 5 days which was explained by the fact that intestinal epithelial turn over takes 3 to 5 days.

Persistent diarrhea refers to diarrheal episodes presumed to be caused by infectious agents that begin acutely but have a duration of at least 14 days or more ***(Candy, 1989)***.

Studies from the various developing countries have shown that between 3 to 20 percent of episodes becomes persistent ***(WHO, 1987)***.

Episodes of persistent diarrhea although fewer in number than those of acute diarrhea are more likely to have severe consequences. Persistent diarrhea is an important contributor

to protein energy malnutrition and a substantial proportion of diarrhea related deaths in young children in some areas of the world is associated with persistent diarrhea ***(WHO, 1987)***.

Relatively, little is known about what is that places a child in a community at a persistent risk of developing persistent diarrhea with high risk of death ***(Alabhar, A., 1990)***.

Accordingly, the aim of this study is to identify those risk factors that may make a diarrheal episode to persist in a child 0 - 6 months.

Such risk factors may be socio-demographic, clinico-biological or behavioral, together with the possible etiological agent.

Identification of risk factors for persistent diarrhea may provide important clues to its pathogenesis and possibly its prevention.