



Prevalence and epidemiological study of *Entamoeba histolytica* and *Giardia lamblia* parasites among children in Maysan Governorate, Iraq: A cross-sectional study

Rehal Jehad Husain

Directorate of Education Maysan, Ministry of Education, Maysan, Iraq

Email corresponding author's: rahal@uomisan.edu.iq

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Abstract

Background: Intestinal parasitic infections remain an important health problem among children, in settings where environmental and sanitary conditions may facilitate transmission. *Entamoeba histolytica* and *Giardia lamblia* are among the intestinal protozoan parasites of clinical and epidemiological importance. **Objective:** This study aimed to determine the prevalence of *Entamoeba histolytica* and *Giardia lamblia* among children in Maysan Governorate, Iraq, and to assess the distribution of infection according to age and sex, as well as the occurrence of co-infection between the two parasites. **Methods:** A cross-sectional study was conducted in Maysan Governorate from (2 November, 2025), to (20 March, 2026). A total of 422 stool samples were collected from children aged from less than one year to 13 years. The samples were examined for intestinal parasitic infections, and the obtained data were analyzed using frequencies, percentages, and the chi-square test. A P-value < 0.05 was considered statistically significant. Results: Among the 422 examined samples, *E. histolytica* was detected in 85 samples (20.1%), whereas *G. lamblia* was detected in 68 samples (16.1%). The prevalence of *E. histolytica* differed significantly among age groups ($\chi^2 = 11.9$, df = 4, P = 0.018), as did the prevalence of *G. lamblia* ($\chi^2 = 15.2$, df = 4, P = 0.004). Infection with *E. histolytica* was higher among males (26.1%) than females (16.6%), with a statistically significant association ($\chi^2 = 5.54$, df = 1, P = 0.019). Similarly, *G. lamblia* infection was higher among males (21.0%) than females (13.2%), and the association was statistically significant ($\chi^2 = 4.45$, df = 1, P = 0.035). Co-infection with both parasites was detected in 11 samples (2.6%). However, no statistically significant association was found between *E. histolytica* and *G. lamblia* infection ($\chi^2 = 0.793$, df = 1, P = 0.373). **Conclusion:** The findings indicate that *E. histolytica* and *G. lamblia* are present among children in Maysan Governorate, with significant differences in infection according to age and sex. The detection of co-infection, although relatively limited, indicates that both parasites circulate within the study population. Strengthening personal hygiene, ensuring safe drinking water and food, and improving health education may help reduce the transmission of intestinal protozoan infections among children.

Keyword : Intestinal parasitic infections; *Entamoeba histolytica*; *Giardia lamblia*; children; prevalence.

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INTRODUCTION

Intestinal parasites are a major cause of gastrointestinal infections and a significant health problem, particularly among children [1,2]. Their prevalence varies by region, depending on environmental factors, personal hygiene, sanitation, drinking water quality and lifestyle [3,4,5]. These infections are particularly important in childhood due to the potential for gastrointestinal disturbances, diarrhea, abdominal pain, and indigestion [6,7,8]. The effects of infection become more pronounced with repeated or persistent exposure, especially in children living in environments exposed to sources of contamination [9]. Among the intestinal parasites that receive particular attention are *Entamoeba histolytica* and *Giardia lamblia*. These parasites are transmitted through the ingestion of parasitic cysts found in contaminated water or food, or through contact with contaminated hands and surfaces [10]. Their continued transmission within a

community depends largely on the health and environmental conditions surrounding children[8].Recent studies indicate variations in the prevalence of intestinal parasites among different communities and regions [11]. This variation may be due to population characteristics, water sources, and the level of health and environmental services, as well as differences in age groups and diagnostic methods used in the studies[12,13,14].In Iraq, previous studies have shown the presence of several intestinal parasites among children, including *E. histolytica* and *G. lamblia*. Iraqi studies have recorded significant variations in infection rates across different governorates and regions, highlighting the importance of conducting large-scale local studies to determine the epidemiological patterns of infection in each area[15,16,17].Maysan Governorate is one of the areas that requires more data on intestinal parasites in children. Therefore, the current study is important, focusing on determining the prevalence of *Entamoeba histolytica* and *Giardia lamblia* among children whose stool samples were tested at Maysan Children's Hospital and some private laboratories.

STADY OBJECTIVE

The current study aimed to determine the prevalence of *Entamoeba histolytica* and *Giardia lamblia* infections among children in Maysan Governorate, while also examining the distribution of infection according to demographic variables, particularly age and gender, in order to provide local epidemiological data that can be used to strengthen prevention and control measures for these infections.

MATERIALS AND METHODS

Study Design and Study Setting

A cross-sectional study was conducted in Maysan Governorate, Iraq, to investigate the prevalence of *Entamoeba histolytica* and *Giardia lamblia* among children. The study was carried out from November 2, 2025, to March 20, 2026. Children attending or admitted to Maysan Children's Hospital, in addition to children attending selected private laboratories, were included in the study.

Study Population and Sample Size

The study included children ranging in age from less than one year to 13 years. A total of 422 stool samples were collected during the study period. The participants were categorized into age groups for subsequent analysis.

Stool Sample Collection

Stool samples were collected from the participating children and examined for the presence of intestinal parasites. The collected samples were recorded according to the relevant demographic information, particularly age and sex.

Macroscopic and Microscopic Examination of Stool Samples

All stool samples were examined macroscopically before microscopic examination. The macroscopic examination included observation of stool color and consistency, which was classified as diarrhea (liquid), soft, or semi-formed. The samples were also examined for the presence of mucus or blood, as these findings may be associated with intestinal protozoan infections, including *Giardia lamblia* and *Entamoeba histolytica*. Following macroscopic examination, microscopic examination was performed using the direct normal saline preparation technique. A direct stool smear was prepared using normal saline and examined microscopically for the detection of parasitic forms. The findings were recorded for subsequent statistical analysis.

Data Collection and Variables

Information obtained from the participants was recorded together with the corresponding stool examination results. The data were subsequently organized according to sex and age groups to determine the prevalence of infection and compare infection patterns between different demographic categories. The age groups included children younger than one year, 1–3 years, 4–7 years, 8–10 years, and 11–13 years.

Statistical Analysis

The collected data were analyzed using jamovi software (version 2.3.28). Frequencies and percentages were used to describe the study population and the distribution of parasitic infections. The chi-square (χ^2) test was used to assess associations between parasitic infection and demographic variables, including age and sex, as well as the relationship between *E. histolytica* and *G. lamblia* infections. A P-value < 0.05 was considered statistically significant.

RESULTS

Demographic Characteristics of the Study Participants

The study included 422 stool samples collected from children in Maysan Governorate. Females accounted for 265 of the participants (62.8 %), whereas males accounted for 157 (37.2 %). With respect to age, the 4–7-year group was the largest, including 135 children (32.0%). The 1–3-year and 8–10-year groups each included 100 children (23.7%). The 11–13-year group comprised 77 children (18.2%), while only 10 children (2.4%) were younger than one year. The demographic distribution of the study population is presented in (Table 1).

Table 1. Demographic Characteristics of the Study Participants According to Sex and Age Group (N = 422)

Variable	Category	Number	Percentage%
Gender	Male	157	% 37.2
	Female	265	%62.8
Age Group	Under 1 year	10	%2.4
	3-1years	100	%23.7
	7-4years	135	%32.0
	10-8years	100	% 23.7
	13-11years	77	% 18.2

Prevalence of *Entamoeba histolytica*

Of the 422 stool samples examined, *E. histolytica* was detected in 85 samples, giving a prevalence of 20.1%. The remaining 337 samples (79.9%) were negative. Infection was not distributed equally across the age groups, and the difference was statistically significant ($\chi^2 = 11.9$, $df = 4$, $P = 0.018$). The highest proportion was recorded among children younger than one year (30.0%), followed by those aged 1–3 years (27.0%). The prevalence then decreased to 22.9% among children aged 4–7 years, 19.5% among those aged 8–10 years, and 9.0% among the 11–13-year group (Table 2).

Table 2. Distribution of *Entamoeba histolytica* Infection According to Age Group

E.histolytica						
Age Group	Negative	Positive	Total	χ^2	df	P.Value
Under 1 year	7(70.0%)	3(30.0%)	10 (100.0%)	11.9	4	0.018
3-1years	73(73.0%)	27(27.0%)	100 (100.0%)			
7-4years	104(77%)	31 (22.9%)	(100.0%)135			
10-8years	91(91.0%)	9 (9.0%)	100(100.0%)			
13-11years	62(80.5%)	15 (19.5%)	77(100.0%)			
Total	337 (79.9%)	85 (20.1%)	422 (100.0%)			

χ^2 = Chi-square; df = degrees of freedom; P = significance level.

Prevalence of *Giardia lamblia*

G. lamblia was identified in 68 of the 422 samples examined, corresponding to an overall prevalence of 16.1%. A total of 354 samples (83.9%) were negative. The distribution of infection showed a significant difference between age groups ($\chi^2 = 15.2$, df = 4, P = 0.004). The highest prevalence occurred among children aged 1–3 years (26.0%), followed by children younger than one year (20.0%). Lower proportions were observed among the 4–7-year (17.0%), 8–10-year (14.3%), and 11–13-year (6.0%) groups (Table 3).

Table 3. Distribution of *Giardia lamblia* Infection According to Age Group

<i>Giardia lamblia</i>						
Age Group	Negative	Positive	Total	χ^2	df	P.Value
Under 1 year	8(80.0%)	2(20.0%)	10(100.0%)	15.2	4	0.004
3-1years	74 (74.0%)	26(26.0%)	100 (100.0%)			
7-4years	112 (83.0 %)	23 (17.0 %)	135 (100.0%)			
10-8years	66(85.7 %)	11 (14.3 %)	77 (100.0%)			
13-11years	94(94.0%)	6(6.0%)	100(100.0%)			
Total	354(83.9%)	68 (16.1 %)	422 (100.0%)			

χ^2 = Chi-square; df = degrees of freedom; P = significance level.

Sex and *Entamoeba histolytica* Infection

When infection was examined according to sex, *E. histolytica* was detected in 26.1% of males compared with 16.6% of females. The difference was statistically significant ($\chi^2 = 5.54$, df = 1, P = 0.019), indicating that infection was more common among males in the study population (Table 4).

Table 4. Association Between Sex and *Entamoeba histolytica* Infection

Gender	Negative	Positive	Total	χ^2	df	P.Value
Male	116(%73.9)	41(%26.1)	157(%100.0)	5.54	1	0.019
Female	221(%83.4)	44(%16.6)	265(%100.0)			
Total	337(%79.9)	85(%20.1)	422(%100.0)			

χ^2 = Chi-square; df = degrees of freedom; P = significance level.

Sex and Giardia lamblia Infection

A similar pattern was observed for *G. lamblia*. The prevalence was 21.0% males and 13.2% females. This difference was statistically significant ($\chi^2 = 4.45$, df = 1, P = 0.035), with males showing a higher proportion of infection (Table 5).

Table 5. Association Between Sex and Giardia lamblia Infection

Gender	Negative	Positive	Total	χ^2	Df	P.Value
Male	124(%79.0)	33(%21.0)	157(%100.0)	4.45	1	0.035
Female	230(%86.8)	35(%13.2)	265(%100.0)			
Total	354(%83.9)	68(%16.1)	422(%100.0)			

χ^2 = Chi-square; df = degrees of freedom; P = significance level.

Co-infection with Entamoeba histolytica and Giardia lamblia

The two parasites were detected together in 11 of the 422 samples, representing 2.6% of the study population. In comparison, 74 samples were positive only for *E. histolytica*, while 57 were positive only for *G. lamblia*. The remaining 280 samples were negative for both parasites. Despite the presence of co-infection, the statistical analysis did not show a significant association between the two parasites ($\chi^2 = 0.793$, df = 1, P = 0.373). Thus, within this study population, detection of one parasite was not significantly related to detection of the other (Table 6).

Table 6. Overlap between Entamoeba histolytica and Giardia lamblia infections among children (N = 422)

Infection	G. lamblia Negative	G. lamblia Positive	Total
Negative E. histolytica	(%83.1)280	(%16.9)57	(%100.0)337
E. histolytic Positive	(%87.1)74	(% 12.9)11	(% 100.0)85
Total	(% 83.9)354	(%16.1)68	(% 100.0)422
χ^2	0.793		
df	1		
P-value	0.373		

DISCUSSION

This study aimed to detect primary intestinal parasitic infections among children in Maysan Governorate. A total of 422 stool samples were examined, revealing *Entamoeba histolytica* in 85 samples (20.1%) and *Giardia lamblia* in 68 samples (16.1%). These findings are consistent with studies conducted in other Iraqi governorates, including Baghdad and Duhok [18,19,20]. Infection rates varied across age groups, with the highest rate of *Entamoeba histolytica* infection among children under one year old (30.0%), followed by children aged one to three years (27.0%). The lowest rate was observed among children aged 11 to 13 years (9.0%). This difference was statistically significant ($\chi^2 = 11.9$, P = 0.018). A similar difference was observed in the incidence of *G. lamblia*, with the highest rate recorded in the 1–3 year age group (26.0%) and the lowest rate in the 11–13 year age group (6.0%). The difference between the two age groups was statistically significant ($\chi^2 = 15.2$, P = 0.004). These results are consistent with previous studies [21,22] that found higher incidence rates in younger age groups and attributed this to their age and daily activities. Young children may not pay attention to personal hygiene and may be more likely to touch contaminated surfaces or objects. This study did not collect information on hygiene habits, water sources, or dietary practices, so we cannot confirm these factors as causes of infection. The results also showed a difference in incidence rates based on sex. The incidence of *E. histolytica* was significantly higher among males (26.1%) than females (16.6%) ($\chi^2 = 5.54$, P = 0.019). A

similar pattern was observed for *G. lamblia*, with incidence rates of 21.0% among males and 13.2% among females ($\chi^2 = 4.45$, $P = 0.035$) [23,24,25]. The higher incidence among males may be attributed to differences in exposure or activity, and the reason for the higher rate among males cannot be determined from the current results alone. There was co-infection with both parasites, with eleven samples testing positive for both *E. histolytica* and *G. lamblia*, representing 2.6% of the total samples tested. Results from 74 samples showed the presence of *Entamoeba histolytica* only, while 57 samples showed the presence of *Giardia lamblia* only. The remaining 280 samples tested negative for both parasites. Statistical analysis showed no statistically significant correlation between *Entamoeba histolytica* and *Giardia lamblia* infection ($\chi^2 = 0.793$, $P = 0.373$). The presence of either parasite was not statistically associated with the presence of the other among the children participating in this study. Infection rates varied significantly, according to age and sex, while no statistically significant correlation was observed between the two parasites. These results underscore the importance of continuing to focus on personal hygiene, food hygiene, access to clean water, and health education as essential measures to reduce intestinal parasitic infections among children.

CONCLUSION

The study revealed the presence of primary intestinal parasite infections among children in Maysan Governorate, with *Entamoeba histolytica* being more prevalent than *Giardia lamblia*. Infection rates varied among younger children, with higher rates between males and females for both parasites, and statistically significant differences were found. *Entamoeba histolytica* and *Giardia lamblia* infections were detected in 11 facilities (2.6%). No statistically significant correlation was found between the presence of the two parasites, indicating that their presence is not necessarily linked to one another. The study confirmed the presence of primary intestinal parasite infections among children in Maysan Governorate. Personal hygiene, access to safe drinking water and food, and health awareness improved among infected children. Further research involving environmental and socio-behavioral factors is needed for a deeper understanding of the issue.

Conflict of Interest

The author declare that they have no personal, financial, professional, or institutional conflict of interest that could influence the design, analysis, or writing of this study. They also confirm that they have no conflict of interest regarding the publication of this manuscript.

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دراسة وبائية حول معدل انتشار طفيليات *Entamoeba histolytica* و *Giardia lamblia* بين الأطفال في محافظة ميسان، العراق: دراسة مقطعية

المخلص

الخلفية: لا تزال حالات العدوى بالطفيليات المعوية تشكل مشكلة صحية هامة بين الأطفال، لا سيما في البيئات التي قد تسهل فيها الظروف البيئية والصحية انتقال العدوى. وتعد كل من *Entamoeba histolytica* (المتحولة الحالة للنسيج) و (*الجيارديا اللامبية*) من الطفيليات الأولية المعوية ذات الأهمية السريرية والوبائية. **الهدف:** هدفت هذه الدراسة إلى تحديد معدل انتشار كل من *Entamoeba histolytica* و *Giardia lamblia* بين الأطفال في محافظة ميسان بالعراق، وتقييم توزيع العدوى وفقاً للعمر والجنس، بالإضافة إلى دراسة حدوث عدوى مشتركة (إصابة مزدوجة) بكلا الطفيليين. **الطريقة:** أجريت دراسة مقطعية في محافظة ميسان خلال الفترة من 2 نوفمبر 2025 إلى 20 مارس 2026. تم جمع ما مجموعه 422 عينة براز من أطفال تتراوح أعمارهم بين أقل من سنة واحدة و 13 عاماً. خضعت العينات للفحص للكشف عن العدوى بالطفيليات المعوية، وجرى تحليل البيانات التي تم الحصول عليها باستخدام التكرارات والنسب المئوية واختبار مربع كاي χ^2 test، حيث اعتبرت القيمة الاحتمالية (P-value) أقل من 0.05 دالة إحصائياً. **النتائج:** من بين العينات الـ 422 التي تم فحصها، تم الكشف عن *E. histolytica* في 85 عينة (20.1%)، بينما تم الكشف عن *G. lamblia* في 68 عينة (16.1%). وقد تفاوت معدل انتشار *E. histolytica* بشكل ملحوظ بين الفئات العمرية ($\chi^2 = 11.9$)، درجة الحرية = 4، ($P = 0.018$)، وكذلك الحال بالنسبة لمعدل انتشار *G. lamblia* ($\chi^2 = 15.2$)، درجة الحرية = 4، ($P = 0.004$). وكانت نسبة الإصابة بـ *E. histolytica* أعلى بين الذكور (26.1%) مقارنة بالإناث (16.6%)، مع وجود ارتباط ذي دلالة إحصائية ($\chi^2 = 5.54$)، درجة الحرية = 1، ($P = 0.019$). وبالمثل، كانت معدلات الإصابة بطفيلي *G. lamblia* أعلى بين الذكور (21.0%) مقارنة بالإناث (13.2%)، وكانت هذه العلاقة ذات دلالة إحصائية ($\chi^2 = 4.45$)، $df = 1$ ، ($P = 0.035$). كما تم رصد حالات إصابة مشتركة بكلا الطفيليين في 11 عينة (2.6%)؛ ومع ذلك، لم يُعثر على علاقة ذات دلالة إحصائية بين الإصابة بـ *E. histolytica* والإصابة بـ *G. lamblia* ($\chi^2 = 0.793$ ، $df = 1$ ، $P = 0.373$). **الخلاصة:** تشير النتائج إلى وجود طفيليات *E. histolytica* و *G. lamblia* بين الأطفال في محافظة ميسان، مع وجود فروق معنوية في معدلات الإصابة تبعاً للعمر والجنس. ورغم أن حالات الإصابة المشتركة كانت محدودة نسبياً، إلا أن رصدها يشير إلى انتشار كلا الطفيليين بين الفئة السكانية المشمولة بالدراسة. وقد يساهم تعزيز النظافة الشخصية، وضمان سلامة مياه الشرب والغذاء، وتحسين التنظيف الصحي في الحد من انتقال عدوى الأوليات المعوية بين الأطفال.

الكلمات المفتاحية: عدوى الطفيليات المعوية؛ *Entamoeba histolytica*؛ *Giardia lamblia*؛ أطفال؛ معدل الانتشار.