

INTRODUCTION

Children represent an important highly vulnerable group of the population. Health promotion during childhood is vitally important because it is critical period of the life span that the learning of health related behaviors, attitudes, values and perception take place behaviors learning during these early years provide the basis for health related behaviors during adulthood (*Pender, et al., 2005*).

Pre school children are the future makers of the countries, where they constitute a major age group population. pre School age children from 3 to 6 years are considered as one of the most vulnerable groups to intestinal parasitic infections due to over-crowding, lack of environmental sanitation, and malnutrition. (*London, et al., 2007*) In Egypt the children from birth up to five years constitute 14- 15% of total population (*Arab council for children and development , 2001*).

Intestinal parasitic diseases continue to be a major medical health problem in Egypt, where they predispose to malnourishment and impairment of physical and mental fitness specially among preschool age children (*El-Sahly, et al., 2000*).

Intestinal parasites are quite prevalent among children in Egypt particularly with poor hygienic conditions (*El-Mougi, 2002*). Children are more commonly infected with intestinal parasitic infections than adults, primarily as a result of frequent hand – to – mouth activity and the likelihood of fecal contamination. Transmission also may occur via oral – faecal ingestion, ingestion of contaminated tissue from another host, skin penetration, or the bite of blood sucking insect (*Ashwill & Droske 2003*).

All parasites are transmitted either by direct contact, soil, arthropods, food or water (*Richard, 2004*). So it is important to find out infected children and to treat them for their own health as well as for reason of public health (*Youssef, et al, 2000*).

Human behavior is very important aspect is of considerable importance in the transmission of intestinal parasitic, human behavior or health habits may be can promote health or contribute to ill health so good personal hygiene, the habitual use of foot wear reduce the transmission and risk of infection (*W.H.O., 2006*).

In many countries, mal absorption, diarrhea, blood loss, impaired work capacity and reduced growth rate due to intestinal parasitic infection constitute important health and social problems (*W.H.O., 2005*). Parasitic infection has an important adverse effect on the nutritional status of the host through direct and indirect influences on food intake, absorption and utilization of nutrients (*Bakr & El-Gazer, 2001*).

Approximately 30 percent of Egypt's population lives in rural satellite villages, most of which are remote. In these agricultural communities development work need to be culturally sensitive and highly participatory (*Chai, 2009*).

The general climate of Egypt is favorable for existence of parasites. Where in rural areas, presence of domestic reservoir hosts, suitable intermediate hosts, low hygienic environmental, and social conditions help intestinal parasitic infection to spread (*Abd El-Salam, et al., 2004*). It is still highly prevalent. Parasitic disease infection from 30:50% of rural population in Egypt (*Abd EL-Fattah, 2002*).

In developing countries, parasitic infection is prevalent specially among farmers and laborers in rural areas due to the existence of many environmental factors and social conditions that predispose to these infections (*Assefa, et al., 2009*).

Parasitic infections can be prevented by washing hands with soap and water after defecation, after contact with faces and before handling food (*Wong & Wilson, 2004*). Mothers in their social environment are the single most important agent influencing their child care and health (*Fernea, 2003*). Mothers are an important part of health care team, but since the mother is not generally prepared for this role it is the responsibility of the nurse to educate the mothers, how they can restore the child to good health (*W.H.O., 2003*).

Community health nurse and other health care workers can make a correct diagnosis and provide appropriate treatment and patient education in an effort to prevent and control parasitic infections (*Stanhope & Lancaster, 2001*). Nursing responsibilities related to intestinal parasitic infection involve assisting with identification of the parasite, treatment of the infection and prevention of initial infection or re infection (*Wong & Wilson, 2004*).

Justification of the problem:

The World Health Organization (WHO) estimates that 3.5 billion people worldwide are infested with some type of intestinal parasite, and as many as 450 million of them are sick as a result. Children are most frequently infected with these parasites (*W.H.O., 2008*). More than billion are believed to be infection with *Ascaris*, 500 milion with *Tricharis*, 900 million with hook worms and in excess of 200 million with

Schistosomes and the prevalence of these infection peaks in childhood (*Cooper et al., 2008*).

The prevalence of parasitic disease in developing countries may be viewed a trouble. So it provides opportunities and challenges in research, practical and altruistic action . In fact the high incidence rates of parasitic and multiple infections reflect the low socioeconomic status of the community studied . Egypt is considered as an endemic area for parasitic infections particularly in the younger age group (*Bradley, 2009*).

From the clinical experience of the researcher it was observed that mothers were lacking knowledge and practice regarding the intestinal parasitic infection which result in recurrent attacks of infestation which consequently might leads to significant morbidity and mortality rates so it was important to conduct this study to shed light on pitfalls of mothers and their infected children.