

Conclusion

In the light of the study's findings, it was concluded that, there were an improvement in the study subjects' knowledge and practice immediately after receiving the program and there was a slight decline after 3 months compares with before the program. Also, their quality of life has improved after 3 months of program implementation compared with pre program. Moreover, there were highly statistically significance correlation between total knowledge and total practice, total quality of life and total knowledge and total practice, total quality of life and glycemic control before and 3 months after the program.

Recommendations

In the light of the current study's findings, the following recommendations are suggested:

- 1- Conducting educational programs for medical, nursing staff, socialists, pharmacist, parents, school teachers, school doctor and school health nurses about various aspects of type 1 diabetes in children and adolescents, their care, and importance of enhancing their QOL and emphasizing developmentally-age progress to obtain appropriate self-care and integrating this into the child's diabetes management.
 - 2- Regular training programs at the out patient clinics on insulin self injection, checking blood glucose and urine analysis at home, personal hygiene and care of foot for enhancing their self care behaviors and for gradual independence.
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- 3- Improve nurse's knowledge and performance toward concept and dimensions of quality of life and their integration in care of diabetic children and adolescents for improving their quality of life.
- 4- Encourage a fair health insurance system for provision of the children and adolescents with type 1 diabetes with sufficient insulin doses and sensor strips to do self blood glucose monitoring at home regularly to reach the strict control of diabetes and to be away from the dangerous acute and chronic complications
- 5- Making a big program about how to deal with diabetes to be applied through the whole types of media.
- 6- Diabetes education must not be given once to the diabetic children and their families, but must be regular follow up programs to be applied in fixed times monthly.

Further studies:

- 1- Conducting more prospective researches to emphasize the factors affecting quality of life of diabetic children and adolescents and how to deal with it for developing and refining interventions to ensure their QOL.
 - 2- Conducting further prospective follow-up studies to refine care interventions to improve quality of life of diabetic children and adolescents.
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