Results

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The results of the study are presented in tables (1-14), they include the following parts:

Part I: Sociodemographic characteristics of children and mothers (Table 1-3).

Part II: Knowledge of mothers about RF (Table 4).

Part III: Practice of the studied mothers (Table 5-7).

Part IV: Relation between mother's occupation and their total knowledge about rheumatic fever. (Table 8-14).

Part (1) Socio demographic characteristics of child

Table (1): Socio demographic characteristics of children with RF.

Item		
Age	**No (100)**	**%**
6 – >12 years	**54**	**54**
12 – 18 years	**46**	**46**
Age: (Years) (Mean ± SD) : **9.92 ± 2.64**		
Range	**5-15**	
Gender:		
♀ Female	**46**	**46**
♂ Male	**54**	**54**
Residence:		
Urban	**58**	**58**
Rural	**42**	**42**
Rank :		
First	**35**	**35**
Second	**27**	**27**
Third	**15**	**15**
Forth & more	**23**	**23**
Education:		
Primary	**69**	**69**
Preparatory	**22**	**22**
Secondary	**9**	**9**
Number of brothers:		
Non	**5**	**5**
One	**15**	**15**
Two	**26**	**26**
Three & more	**54**	**54**

(Table1) Shows that: children's sociodemographic characteristics, the mean age of the children was ± SD: (9.92 ± 2.64), male was more affected than females (54%), More than half of the studied children (58%) was from urban area, (69%) of the children were in primary education, (35%) were ranked as the first child and (54%) of them had other brothers more than three.

Figures
Part (1) Socio demographic characteristics of children

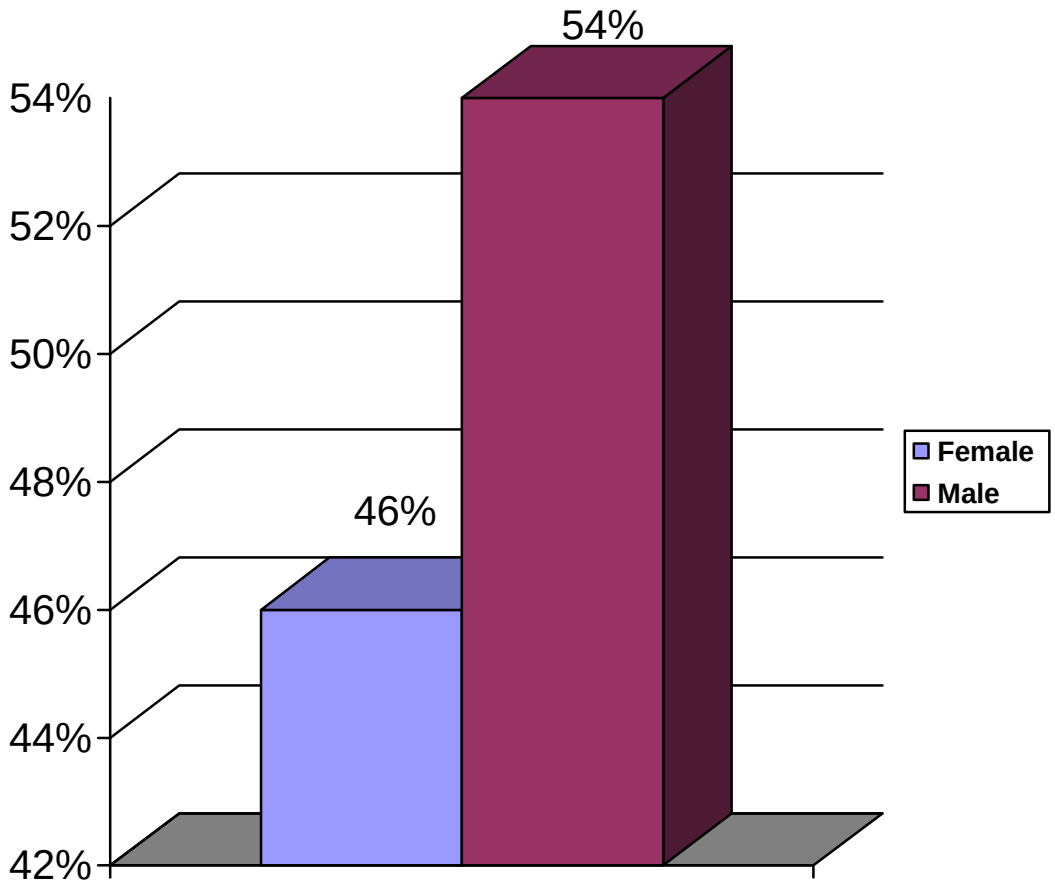

Fig (1) Socio demographic characteristics of children according to their gender.

Table (2): Number & percentage distribution of mothers according to their socio demographic characteristics.

Items		
Age	**No (100)**	**%**
26 – 30	**23**	**23**
31 – 35	**31**	**31**
36 – 40	**34**	**34**
41 – 45	**9**	**9**
46 – 50	**3**	**3**
Age: (Years) (Mean ± SD) : **35.47 ± 5.29**		
Range	**27-50**	
Mother's education:		
None educated	**63**	**63**
Primary	**7**	**7**
Secondary	**25**	**25**
University and above	**5**	**5**
Occupation:		
Working	**10**	**10**
House wife	**90**	**90**

This table shows that the mean age of the studied mothers were (± SD 35.47 ± 5.29) also 63% of them were none educated and 90% were house wife.

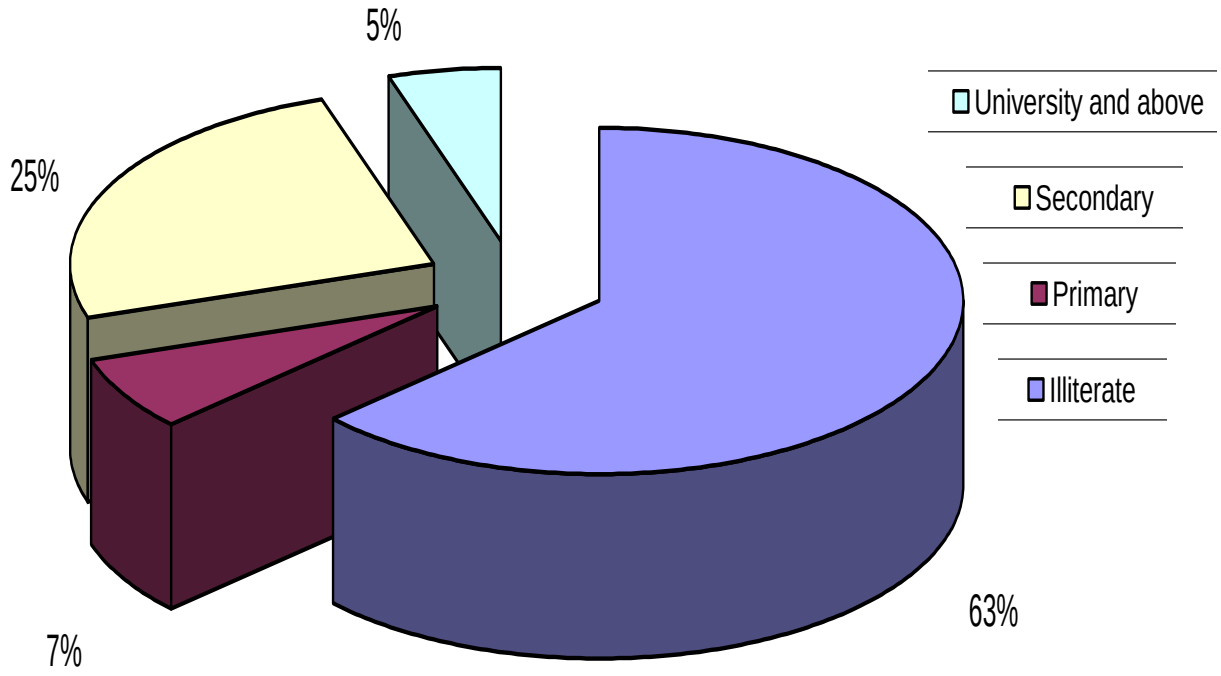

Fig. (2) Distribution of the mothers according to their level of education.

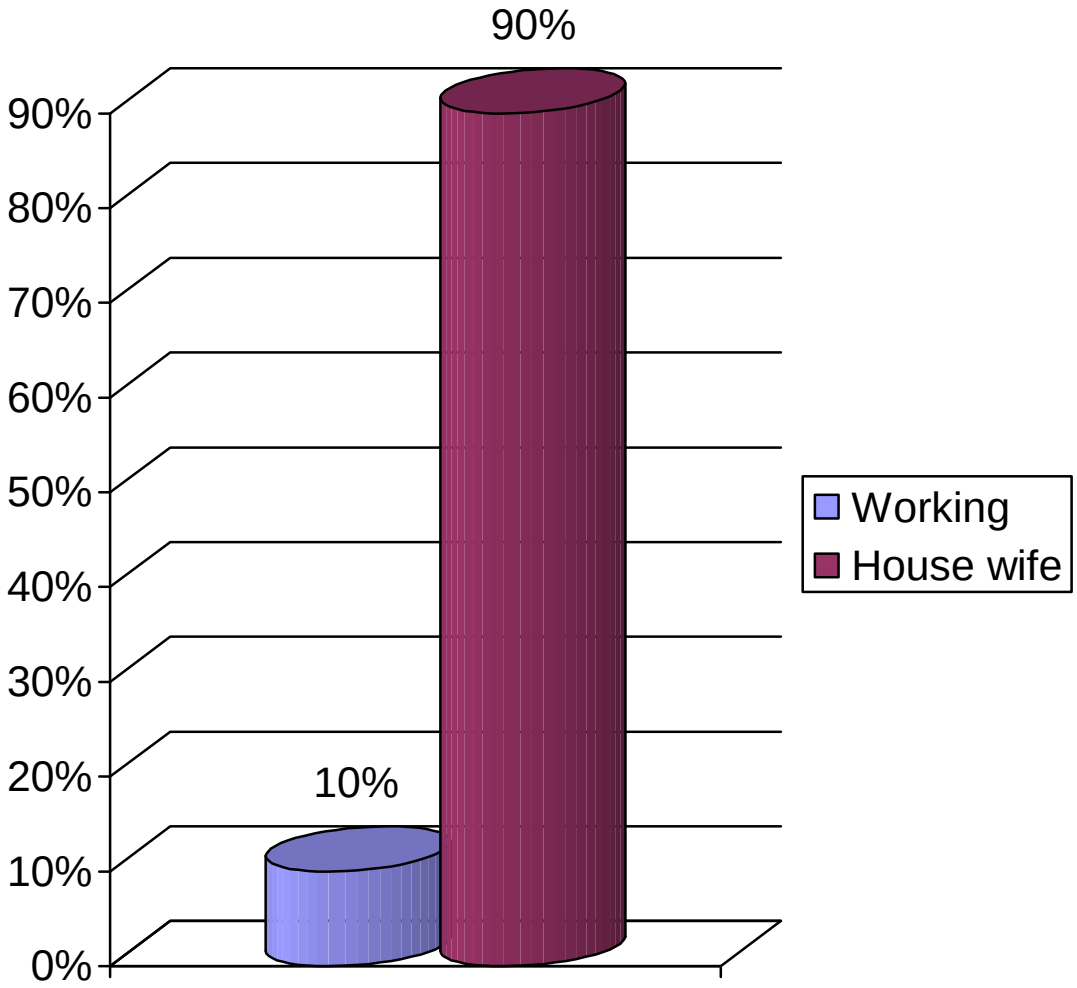

Fig (3) Distribution of the studied mothers according to their occupation

Table (3): Number & percentage distribution of children according to environmental circumstances:

Items	No (100)	%
Ventilation:		
Good Ventilation	**95**	**95**
Poor Ventilation	**5**	**5**
Sun entrance:		
Present	**22**	**22**
Not present	**78**	**78**
Sanitary water		
Present	**80**	**80**
Not present	**20**	**20**
Sanitary sewage		
Present	**30**	**30**
Not present	**70**	**70**

From the table it was observed that 95% of children live in good ventilation house, 78% of them their houses lack sun entrance, 80% of them their house with sanitary water and 70 % without sanitary sewage.

Part II: Mother's knowledge about RF.

Table (4): Mother's knowledge regarding rheumatic fever.

Items	Correct answer	
	No (100)	%
Definition	**39**	**39**
Causes	**50**	**50**
Sign & symptoms	**49**	**49**
Complications	**45**	**45**
Onset of the disease.		
Since one year	**76**	**76**
More than one year	**24**	**24**
Age of discovery for the disease.		
6 - > 12 years	**75**	**75**
12 – 18 years	**25**	**25**

This table showed that more than one third 39% of studied mother's reported correct answers regarding the definition of rheumatic fever, and half of them (50%) reported correct answers regarding causes of rheumatic fever, however 49% of them reported correct answer regarding sign & symptoms while 45% of them reported correct answers regarding complications of rheumatic fever, 76% of the mothers stated that onset was from one year, and 75% of the mothers discover the disease at 5->10 years of age.

Part III: Mother's Practice.

Table (5): Number & percentage distribution of Mother's practice regarding care of their children with rheumatic fever.

Items of care	No. (100)	%
Care of arthralgia pain		
Don't know and go to doctor	**94**	**94**
Make cold compresses	**2**	**2**
Give analgesic	**1**	**1**
Bed rest	**3**	**3**
Care of fever		
Make cold compresses	**21**	**21**
Give anti pyretic	**70**	**70**
Go to a hospital	**9**	**9**
Care giver		
Mothers	**95**	**95**
Another person	**5**	**5**

This table revealed that 94% of the mothers don't know how ton deal with arthralgia and go to doctor, 70% of them gave antipyretic during fever. The majority of the care giver 95% was the mothers of the children.

Table (6): Number & percentage distribution of mothers practice toward treatment of their children with RF.

Items	No.	%
Gave long acting penicillin		
Yes	**100**	**100**
No	**0**	**0**
Frequency of penicillin.		
Every two weeks	**72**	**72**
Every month	**22**	**22**
Others	**6**	**6**
Penicillin sensitivity test.		
Done regularly	**43**	**43**
Sometimes irregularly	**30**	**30**
Not done	**27**	**27**
Stop Penicillin due to health problems		
Yes	**41**	**41**
No	**53**	**53**
Sometimes	**6**	**6**
Give random treatment without consultation		
Yes	**50**	**50**
No	**41**	**41**
Sometimes	**9**	**9**
Give Penicillin		
Regular	**63**	**63**
Irregular	**26**	**26**
Sometimes	**11**	**11**
Keep the child bed rest		
Yes	**16**	**16**
No	**79**	**79**
Sometime	**5**	**5**

As observed from this table that all mothers 100 % stated that they gave penicillin to them children. And more than one third of the mothers 43% do the sensitivity test of penicillin for their children. As observed from Table (8) 53 % of mothers didn't stop the treatment due to any health problems, and half of mothers (50%) give random treatment without consultation. while 79% of the mothers didn't keep the child in bed rest.

Table (7): Mother's practice regarding their children follow up.

Items	No.	%
Follow up		
Regular	**90**	**90**
Irregular	**10**	**10**
The importance of follow up		
Know	**33**	**33**
Don't know	**67**	**67**
Follow instructions of the doctor		
Yes	**45**	**45**
Sometimes	**11**	**11**
No	**44**	**44**
Tonsillectomy operation		
Done	**22**	**22**
No	**78**	**78**
Keep physical activities		
Yes	**38**	**38**
No	**62**	**62**

Table (9) showed that 90 % of mothers did follow up for their children regularly, and 67 % of them don't know the importance of follow up. Regarding the Dr. Instruction of the doctor about half of them follow the instruction also 62% of them didn't keep physical activities.

Part IV: Relation

Table (8): Relation between mother's knowledge and age.

Mother's age	Satisfactory knowledge (n=35)		Unsatisfactory knowledge (n=65)		t.test	P-value
	No.	%	No.	%		
Mother's age (Mean ± SD)	35.26 ± 5.19		35.58 ± 5.37		0.29*	> 0.05

It's clear from this table that there was no statistical significance difference between mother's ages and their knowledge about rheumatic fever.

Table (9): Relation between mother's knowledge and their level of education.

Mother's education	Satisfactory knowledge (n=35)		Unsatisfactory knowledge (n=65)		X^2	P-value
	No.	%	No.	%		
Illiterate	21	60	42	64.6		
Basic	3	8.6	4	6.2	1.74	> 0.05
Secondary	8	22.9	17	26.2		
University & above	3	8.6	2	3.1		
Total	35	100	65	100		

This table showed that no statistical significance difference between mother's level of education and their knowledge about rheumatic fever.

Table (10): Relation between mother's occupation and their total knowledge about rheumatic fever.

Mother's occupation	Satisfactory knowledge (n=35)		Unsatisfactory knowledge (n=65)		X^2	P-value
	No.	%	No.	%		
Worked	7	20	3	4.6		
Not worked	28	80	62	95.4	5.98	< 0.05
Total	35	100	65	100		

It was clear from this table that was statistical significance difference between mother's occupation and their and knowledge about rheumatic fever.

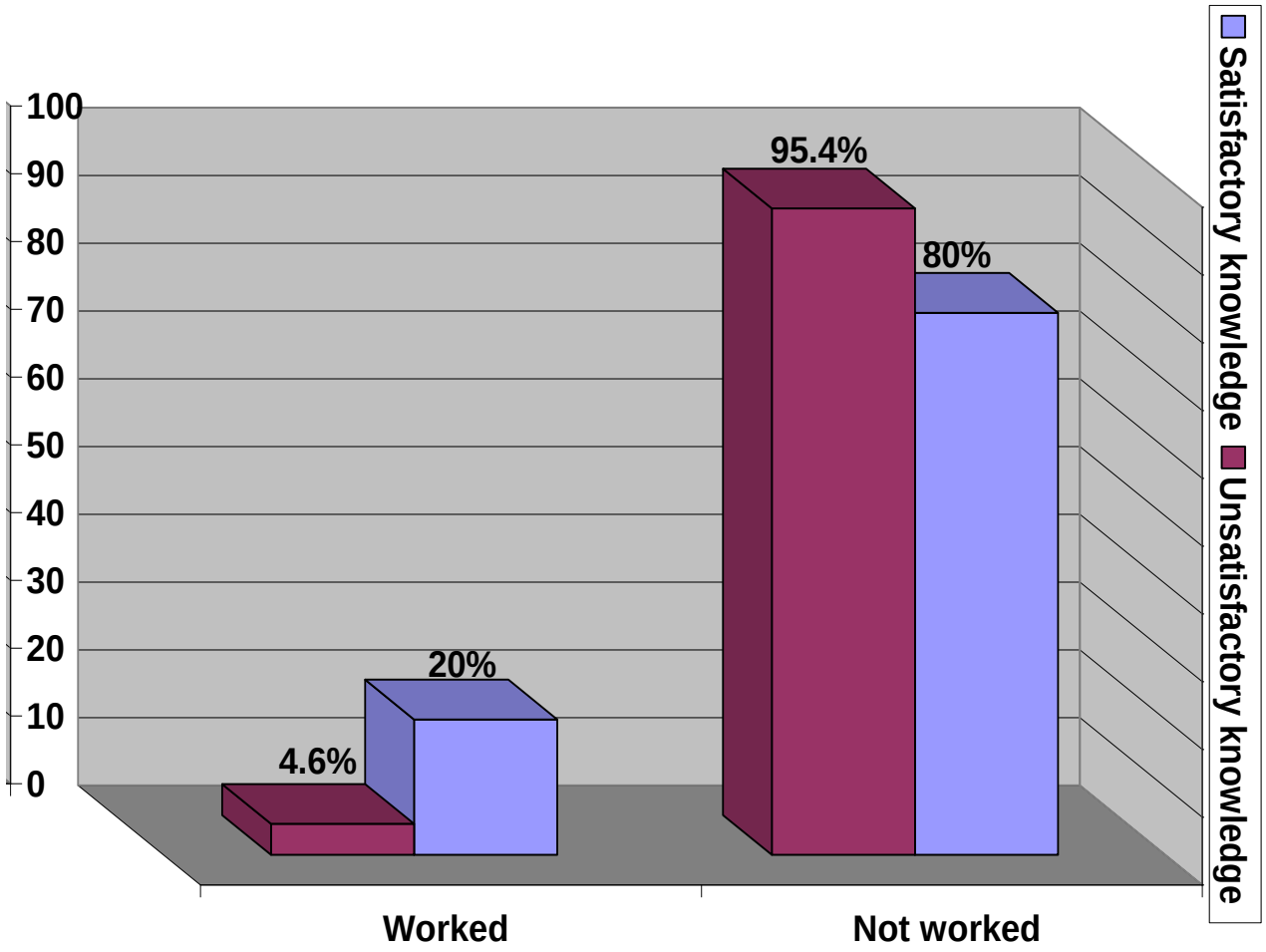

Fig (4) Correlation between mother's occupation and their total knowledge about rheumatic fever

Table (11): Relation between mothers practice and their age.

Mothers age	Correct practice (n=24)		Incorrect practice (n=76)		t.test	P-value
	No.	%	No.	%		
Mother's age ($\overline{X}$ ± SD)	35.13 ± 4.74		35.58 ± 5.47		0.37*	> 0.05

It was clear from this table that was no statistical significance differences between mother's age and their practice.

Table (12): Relation between mothers practice and level of education.

Level of education	Correct practice (n=24)		Incorrect practice (n=76)		X^2	P-value
	No.	%	No.	%		
Illiterate	9	37.5	24	71.1		
Basic	2	8.3	5	6.6	11.28	< 0.05
Secondary	12	50	13	17.1		
University & above	1	4.2	4	5.3		

It was clear from the table that there was a statistical significance difference between mother's practice and their level of education.

Table (13): Relation between mothers practice & their housing condition.

Housing	Correct practice (n=24)		Incorrect practice (n=76)		X^2	P-value
	No.	%	No.	%		
Types :						
Independent	4	16.7	27	35.5	3.03	> 0.05
Shared	20	83.3	49	64.5		
Numper of bedrooms :						
One	4	16.7	13	17.1		
Two	10	41.7	38	50	0.67	> 0.05
Three & more	10	41.7	25	32.9		

It was clear from the table the there was no statistical significance difference between mothers practice & their housing condition about care for their children sufferings from rheumatic fever.

Table (14): Comparison between mothers practice and environmental circumstances.

Environmental circumstances	Correct practice (n=24)		Incorrect practice (n=76)		X^2	P-value
	No.	%	No.	%		
Ventilation :						
Ventilated	22	91.7	73	96.1	0.74	> 0.05
Non Ventilated	2	8.3	3	3.9		
Sun :						
Sunny	23	95.8	55	72.4	5.85	< 0.05
Non sunny home	1	4.2	21	27.6		
Sanitary water :						
Sanitary	20	83.3	60	78.9	0.22	> 0.05
Non Sanitary	4	16.7	16	21.1		
Sanitary sewage :						
Found	20	83.3	50	65.8	2.67	> 0.05
Not found	4	16.7	26	34.2		

It was clear from that table that there was a statistical significance differences between environmental circumstances and mothers practice. Regarding sun entrance ($p<0.05$). While ventilation, sanitary water and sanitary sewage no a statistically differences ($p>0.05$)