The Results

THE RESULTS; are shown in **tables** from (1-9)

TABLE 1 SHOWS :The demographic characters of 100 pediatric cancer patients their age ranged from 10 -18 years ,including 60 males and 40 females.

TABLE 2 SHOWS :The diagnosis and related predictors in pediatric cancer patients.

TABLE 3 SHOWS : The psychological parameters in pediatric cancer patients.

TABLE 4 SHOWS : The association of patient demographic characters, diagnosis and disease predictors to Anxiety .

TABLE 5 SHOWS : The association of patient demographic characters, diagnosis and disease predictors to Deprssion.

TABLE 6 SHOWS : The association of patient demographic characters, diagnosis and disease predictors to Aggression .

TABLE 7 SHOWS : The association of patient's demographic characters, diagnosis and disease predictors to behavior disorders.

TABLE 8 SHOWS : The association of patient demographic characters, diagnosis and disease predictors to Coping Process

TABLE 9 SHOWS : The association between the socioeconomic stander of pediatric cancer patients as an

independent outcome and the related psychological parameters & other related diagnosis predictors.

TABLE (10) SHOWS : Percentage of Psychiatric parameter in general population and cancer children in our work

Table (1) demographic data of 100 pediatric patients :

		Count
Age group	**10 to 14.5**	**41**
	14.5 to 18	**59**
Sex	**Male**	**60**
	Female	**40**
Diagnosis	**Leukemia**	**65**
	Lymphoma	**35**
Education	**Obligatory**	**41**
	Secondary	**59**
Residence	**Urban**	**62**
	Rural	**38**
Socioeconomic stander	**Below moderate**	**55**
	moderate	**30**
	High	**15**

Table (2) diagnosis and related predictors in pediatric patents :

		Count
Diagnosis	**Leukemia**	**65**
	Lymphoma	**35**
Duration of the disease	**From 3 to 6 months**	**13**
	From 6 to 30 month	**79**
	> 30 month	**8**
Past history of psychiatric illness	**Positive**	**7**
	Negative	**93**
Family psychiatric history	**Positive**	**9**
	Negative	**91**
Insight to illness	**Yes**	**31**
	No	**69**
Religious believe	**God is W. me in my illness**	**95**
	God is against me in my illness	**2**
	God has no thing to do in my illness	**3**
Social support	**Emotional only**	**43**
	Instrumental only	**25**
	Informational only	**4**
	Emotional and instrumental only	**16**

	Emotional and Informational only	**7**
	Instrumental and Informational only	**3**
	No support	**2**

Table (3): The psychological parameters in pediatric cancer patients.

Psychiatric parameters		**Count**
Anxiety	**No anxiety**	**63**
	Moderate anxiety	**27**
	Sever anxiety	**10**
Depression	**No Depression**	**61**
	Mild Depression	**18**
	Moderate Depression	**12**
	Sever Depression	**9**
Aggression	**No Aggression**	**83**
	Indirect Aggression	**10**
	Aggressive Aggression	**4**
	Direct Aggression	**3**
Behaviour disorders	**Positive**	**19**
	Negative	**81**
Coping process	**Active cognitive**	**34**
	Active behavioral	**18**
	Avoidance	**12**
	A. cognitive & behavioral	**15**
	A. cognitive & Avoidance	**12**
	A. behavioral & Avoidance	**9**

Table (4) Association of patients characteristics, diagnosis and disease predictors to anxiety

anxiety								
		no anxiety		moderat anxiety		severe anxiety		
		Count	Col %	Count	Col %	Count	Col %	p value
age group	10 to 14.5	35	55.6	5	18.5	1	10.0	
	14.5 to 18	28	44.4	22	81.5	9	90.0	0.001 **
sex	male	39	61.9	14	51.9	7	70.0	
	female	24	38.1	13	48.1	3	30.0	0.53(NS)
diagnosis	leukemia	47	74.6	15	55.6	3	30.0	
	lymphoma	16	25.4	12	44.4	7	70.0	0.01 **
eductation	obligatory	35	55.6	5	18.5	1	10.0	
	secondry	28	44.4	22	81.5	9	90.0	0.001 **
residence	urban	41	65.1	16	59.3	5	50.0	
	rural	22	34.9	11	40.7	5	50.0	0.62
duration of the disease	from 3 to 6 monthes	8	12.7	4	14.8	1	10.0	
	from 6 to 30 month	52	82.5	19	70.4	8	80.0	0.57
	>30 month	3	4.8	4	14.8	1	10.0	
past history of psyichatry disease	positive			2	7.4	5	50.0	< 0.001
	negative	63	100.0	25	92.6	5	50.0	
family psychatric history	positive	1	1.6	1	3.7	7	70.0	< 0.001
	negative	62	98.4	26	96.3	3	30.0	
Insight to illness	yes	14	22.2	10	37.0	7	70.0	0.007
	no	49	77.8	17	63.0	3	30.0	
religious beleive	god is w me in my illness	63	100.0	25	92.6	7	70.0	
	god is against me w my illness					2	20.0	< 0.001
	god has no thing to do w my illness			2	7.4	1	10.0	
social support	emotional	30	47.6	11	40.7	2	20.0	
	instrumental	17	27.0	6	22.2	2	20.0	
	informational	1	1.6	3	11.1			
	emotional and	10	15.9	4	14.8	2	20.0	0.006

	instrumental							
	emotional and informational	**3**	**4.8**	**2**	**7.4**	**2**	**20.0**	
	instrumental and informational	**2**	**3.2**	**1**	**3.7**			
	none					**2**	**20.0**	

Anxiety

The table(4) shows the association of characteristic demographic date and disease predictors to anxiety.

Relation of age group to anxiety

The table shows that in patient aged from(10-14.5 Years) there were 35 patients out of 41 patients (85.4%) had no anxiety, 5 patients (12.2%) had moderate anxiety and 1 patient (2.4%) had severe anxiety.

While in patient aged from (14.5-18) there were 28 patient (47.45%) out of 59 patients had no anxiety, 22 patients (37.3%) moderate anxiety and 9 patients (15.2 %) had severe anxiety

Accordingly p value =0,001< 0.05 (highly significant)

i.e. there is a real increase in probability of having anxiety in pediatric cancer patients regarding to age with increase in anxiety in older age group.

Relation of sex to anxiety

The table shows that in male patients there were 39 patients out of 60 patients(65%) had no anxiety, 14 patients (23.3%) had moderate anxiety and 7 patients (11.7%) had severe anxiety

While in female patients there were 24 patients(60%) out of 40 patients (60%) had no anxiety, 13 patient (23.25) had moderate anxiety and 3 patients(7.5%) had severe anxiety

Accordingly p value =0.53>0.05(not significant)

i.e. there is no real increase in probability of having anxiety in pediatric cancer patients regarding to sex.

Relation of diagnosis to anxiety

The table shows that is in patients with leukemia there were 47 patients out of 65 patients(72.3%) had no anxiety, 15 patients(23.1%) had moderate anxiety and 3 patients(4.6%) had severe anxiety.

While in patient with lymphoma there were 16 patients out of 35 patients(45.7%) had no anxiety, 12 patients(34.3%) had moderate anxiety and 7 patients (20%) had severe anxiety.

Accordingly value =0.01<0.05 (significant) .

i.e there is real increase in probability of having anxiety in pediatric cancer patients regarding to diagnosis. with increase in anxiety in lymphoma.

Relation of education to anxiety;

The table shows that in patients in obligatory education there were 35 patients out of 41 patients(85.4%) had no anxiety, 5 patients (12.2%) had moderate anxiety and 1 patient(2.4%) had severe anxiety

While in patients in secondary education there were 28 patient out of 59 patients(47.4%) had no anxiety, 22 patients (37.3%) had moderate anxiety and 9 patient (15.25%) had severe anxiety

***According p value =0.001<0.05 (highly significant*)**

i.e there is real increase in probability of having anxiety in pediatric cancer patients regarding to education with increase in anxiety in secondary education.

Relation of residence to anxiety;

The table shows that is in urban patient there were 41 patients out of 62 patients(66.1%) had no anxiety, 16 patient (25.8%) had moderate anxiety and 5 patients(8.5%) had severe anxiety

While in rural patients there were 22 patients out of 38 patients(57.9%) had no anxiety, 11 patients (28.9%) had moderate anxiety and 5 patients (13.15%) had severe anxiety

cording p value =0.62> 0.05 (not significant)

i.e there is no real increase in probability of having anxiety in pediatric cancer patient regarding to residence.

Relation of duration of the disease to anxiety;

The table shows that is in disease with duration from (3 to 6) months there were 8 patients out of 13 patients(61.5%) had no anxiety,4 patient (30.8%) had moderate anxiety and 1 patient(7.7%) had severe anxiety.

While in disease with duration from (6 to 30) months there were 52 patients out of 79 patients (65.8%) had no anxiety ,19 patients(24.05%) had moderate anxiety and 8 patients (10.12%) had severe anxiety .

While in disease with duration >30 months there were 3 patients out of 8 patients (37.5%) had no anxiety ,4 patients(50%) had moderate anxiety and 1 patient (12.5%) had severe anxiety .

According p value =0.75> 0.05(not significant)

i.e there is no real increase in probability of having anxiety in pediatric cancer patient regarding to duration of the disease

Relation of past history of psychiatric disease to anxiety

The table shows that is in patients-with positive history there were 2 patients out of 7 patients(28.6%) had moderate anxiety, 5 patients(71.4%) had severe anxiety.

While in patients with negative history there were 63 patient of 93 patients (67.7%) had no anxiety, 25 patients (26.9%) had moderate anxiety and 5 patients(5.4%) had severe anxiety .

Accordingly p value <0.001 (highly significant)

i.e there is real increase in probability of having anxiety in pediatric cancer patients regarding to past history of psychiatric disease. with increase in anxiety in positive past history of psychiatric disease.

Relation of family psychiatric history to anxiety .

The table shows that is in positive history there were1 patient out of 9 patients(11.1%) had no anxiety, 1 patient(11.1%) had moderate anxiety and 7 patients (77.8%) had severe anxiety .

While in negative history there were 62 patients out of 91 patients (68.13%) had no anxiety, 26 patients(28.6%) had moderate anxiety, and 3 patients(3.3%) had severe anxiety .

Accordingly p value <0.001(highly significant)

i.e there is real increase in probability of having anxiety in pediatric cancer patients regarding to family psychiatric history with increase in anxiety in positive family history of psychiatric disease.

Relation of insight to illness to anxiety;

The table shows that is in presence of insight to illness there were 14 patients out of 31 patients (45.2%) had no anxiety, 10 patients(32.25%) had moderate anxiety and 7 patients (22.6%) had severe anxiety.

While in absence of insight to illness there were 49 patients out of 69 patients (71.01%) had no anxiety, 17 patients(24.6%) had moderate anxiety and 3 patients(4.3%) had severe anxiety .

Accordingly p value =0.007 < 0.05 (significant)

i.e there is real increase in probability of having anxiety in pediatric cancer patient regarding to presence of insight to illness. with increase in anxiety in insighted children .

Relation of religious believe to anxiety;

The table shows that is in patients who said god is with us in our illness there were 63 patients out of 95 patients(66.3%) (7.4%) had severe anxiety

While in patients who said god is against us in my illness there were 2 patients out of 2 patients(100%) had severe anxiety

While in patient who said god has no thing to do in our illness there were 2 patients out of 3 patients (66.7%) had moderate anxiety and 1 patient (33.3%) had severe anxiety

Accordingly p value <0.001(highly significant)

i.e there is real increase in probability of having anxiety in pediatric cancer patients regarding to religious believe. . with increase in anxiety in bad believes.

Relation of social support to anxiety

The table shows that is in patients who received emotional support there were 10 patients out of 43 patients (23.25%) had no anxiety, 11 patients (52.6%) had moderate anxiety and 2 patients (4.6%) had severe anxiety

While in patient who received instrumental support there were 17 patients out of 25 patients(68%) had no anxiety, 6 patients(24%) had moderate anxiety and 2 patients(8%) had severe anxiety

While in patient who received informational support there were 1 patient out of 4 patients (25%) had no anxiety, 3 patients(75%) had moderate anxiety

While in patients who received emotional and instrumental support there were 10 patients out of 16 patients (62.5%) had no anxiety,4 patients (25%) had moderate anxiety and 2 patients(12.5%) had severe anxiety

While in patients who received emotional and informational support there were 3 patients out of 7 patients(42.8%) had no anxiety, 2 patients (28.6%) had moderate anxiety and 2 patients(28.6%) had severe anxiety .

While in patients who received instrumental and informational support there were 2 patients out of 3 patients (6 6.7%) had n o anxiety and 1 patient (33. 3%) had moderate anxiety

While in patients who received no support there were 2 patients out of 2 patients(100%) had severe anxiety.

Accordingly p value =0.006< 0.05 (significant)

i.e there is real increase in probability of having anxiety in pediatric cancer patient regarding to the type of social support received by the patients. . with increase in anxiety in low supported children .

Table (5) Association of patients characteristics, diagnosis and disease pr

		Depression				
		No		Mild		M
		Count	Col %	Count	Col %	Co
age group	10 to 14.5	31	50.8	3	16.7	
	14.5 to 18	30	49.2	15	83.3	
sex	male	37	60.7	8	44.4	
	female	24	39.3	10	55.6	
diagnosis	leukaemia	46	75.4	12	66.7	
	lymphoma	15	24.6	6	33.3	
eductation	obligatory	31	50.8	3	16.7	
	secondry	30	49.2	15	83.3	
residence	urban	39	63.9	12	66.7	
	rural	22	36.1	6	33.3	
duration of the disease	from 3 to 6 monthes	8	13.1	3	16.7	
	from 6 to 30 month	52	85.2	15	83.3	
	>30 month	1	1.6			
past history of psyichatry disease	positive					
	negative	61	100.0	18	100.0	1
family psychatric history	positive	2	3.3			
	negative	59	96.7	18	100.0	1
insight to illness	yes	17	27.9	4	22.2	
	no	44	72.1	14	77.8	
religious beleive	god is w me in my illness	61	100.0	17	94.4	1
	god is against me w my illness					
	god has no thing to do w my illness			1	5.6	
social support	emotional	27	44.3	7	38.9	
	instrumental	17	27.9	4	22.2	
	informational	1	1.6	2	11.1	
	emotinal and instrumental	11	18.0	2	11.1	

	emotinal and informatinal	**4**	**6.6**	**2**	**11.1**	
	instrumental and informatinal	**1**	**1.6**	**1**	**5.6**	
	none					

Depression

The table (5) shows the association of patient characteristic demograph ic date ,diagnosis and disease predictors to depression.

Relation of age group to depression

The table shows that in patients aged from (10-14.5) years there were 31 patients out of 41 patients (75.6%) had no depression , 3 patients (7.3%) had mild depression, 4 patients (9.7%) had moderate depression and 3 patients (7.3%) had severe depression.

while in patients aged from(14.5 -18) years there were 30 patients out of 59 patients (50.8%) had no depression , 15 patients(25.4%) had moderate depression and 14 patients(23.7%) had severe depression.

Accordingly p value =0.06 > 0.05 (not significant)

i.e there no real increase in probability of having depression in pediatric cancer patients regarding to age.

Relation of sex to depression

The table shows that in male patients there were 37 patients out of 60 patients (61.7%) had no depression, 8 patients (13.3%) had moderate depression and 7patients(11.7%) had severe depression

While in female patients there were 24 patients out of 40 patients (60%) had no depression, 10 patients(25%) had mild depression ,4 patients (10%) had moderate depression and 2 patients(5%) had severe depression

Accordingly p value =0.63>0.05 (not significant)

i.e. there is no real increase in probability of having depression in pediatric cancer patients regarding to sex .

Relation of diagnosis to depression

the table shows that in patients with leukemia there were 46 patients out of 65 (70.8%) had no depression ,12 patients(18.5%) had mild depression and 5 patients(7.7%) had moderate depression and 2 patients (3.1%) had severe depression.

While in patients with lymphoma there were15 patients out of 35 patients (42.3%) had no depression, 6 patients (17.1%) had mild depression, 7 patients (20%) had moderate depression , and 7 patients (20%) had severe depression

Accordingly p value =0.005<0.05(highly significant)

i.e. there is real increase probably of in having depression in pediatric cancer patients regarding to diagnosis with increase in depression with lymphoma .

Relation of Education to depression

The table shows that in patients in obligatory education there were 31 patients out of 41 patients (75.6%) had no depression ,3 patients (7.3%) had mild depression ,4 patients(9.7%) had moderate depression and 3 patients (7.3%) had severe depression .

While in patient in secondary education there were 30 patients out of 59 patients(50.8%) had no depression ,15 patients(25.4%) had mild depression ,8 patients(13.5%) had moderate depression and 6 patients (10.2%) had severe depression

accordingly p value =0.006>0.05(not significant)

i.e. there is real increase in probability of having depression in pediatric cancer patient regarding to Education

Relation of residence to depression

the table shows that in urban patients there were 39 patients out of 62 patients(62.9%) had no depression ,12 patients (19.3%) had mild depression ,4 patients(6.4%) had moderate depression and 7 patients(11.3%) had severe depression .

while in rural patients there were 22 patients out of 38 patients(57.9%) had no depression, 6 patients(15.8%) had mild depression, 8 patients (21.05%) had moderate depression and 2 patients(5.3%) had severe depression

Accordingly p value =0.15>0.05(not significant)

i.e there is no real increase in probability of having depression in Pediatric cancer patient regarding to residence .

Relation of duration of disease to depression

The table shows that in patients with duration of disease from (3 -6) months there were 8 patients out of 13 patients(61.8%) had no depression ,3 patients(23.1%) had mild depression and 2 patients (15.4%) had severe depression

While in patients with duration of Disease from (6-30) months there were 52 patients out of 79 patients (65.8%) had no depression ,15 patients (19%) had mild depression and 2 patients(2.5%) had severe depression .

While in patients with duration of Disease >30 months there were 1 patient out of 8 patients (12.5%) had no depression ,6 patients(75%) had moderate depression and 1patient (12.5%) had severe depression .

Accordingly p value <0.001<0.05(highly significant)

i.e. there is real increase in probability of having depression in pediatric cancer patient regarding to duration of disease with increase in depression with early and late duration of disease ,

Relation of past history of psychiatric disease to depression

The table shows that in patients with positive history there were7 patients out of 7 patients(100%) had severe depression.

While in patients with negative history there were 61patients out of 93 patients (65.6%) had no depression ,18 patients (19.3%) had mild depression ,12 patients (12.9%) moderate depression and 2 patients(2.1%) had severe depression .

Accordingly p value<0.001 (highly significant)

i.e. there is real increase in probability of having depression in pediatric cancer patient regarding to past history of psychiatric disease with increase in depression with positive past history of psychiatric disease .

Relation of family history of psychiatric disease to depression

The table shows that in patients with positive family history of psychiatric disease there were 2 patients out of 9 patients(22.2%) had no depression and 7 patients(77.8%) had severe depression

While in patients with negative family psychiatric history there were 59 patients out of 91 patients (64.8%) had no depression ,18 patients (19.8%) had mild depression, 12 patients(13.2%) had moderate depression and 2 patients (2.2%) had severe depression .

Accordingly p value <0.001(highly significant)

i.e. there is real increase in probability of having depression in pediatric cancer patients regarding to presence of family psychiatric history with increase in depression with positive family psychiatric history .

Relation of insight to illness to depression

The table shows that in patients with insight to their illness there were 17 patients out of 31 patients (54.8%) had no depression , 4 patients (12.9%)

had mild depression ,4 patients (12.9%) had moderate depression and 6 patients(19.3%) had severe depression .

while in patients with no insight to their illness there were 44 patients out of 67 patients (65.7%) had no depression ,14 patients(21%) had mild depression , 8 patients(11.9%) had moderate depression and 3 patients (4.5%) had severe depression .

Accordingly p value =0,1>0.05(not significant)

i.e. there is no real increase in probability of having depression in pediatric cancer patients regarding to insight to illness.

Relation of religious believe to depression

The table shows that in patients who said our god is with us in our illness there were 61 patients out of 95 patients (64.2%) had no depression ,17 patients (18%) had mild depression ,12 patients(12.6%) had moderate depression and 5 patients(5.3%) had severe depression .

While in patients who said our god is against us in our illness there were 2 patients out of 2 patients (100%) had severe depression

While in patients who said our god has no thing to do in our illness there were 1 patients out of 3 patients (33.3%) had mild depression and 2 patients (66.7%) had severe depression.

Accordingly p value <0.001 < 0.05(significant)

i.e. there is real increase in probability of having depression in pediatric cancer patient regarding to religious believe with increase in depression with bad religious believes .

Relation of social support to depression

The table shows hat in patients who had emotional support there were 27patients out of 43 patients (62.8%) had no depression, 7 patients(16.3%) had mild depression, 6 patients (13.9%) had moderate depression and 3 patients (7%) had severe depression.

While in patients who had instrumental support there were 17 patients out of 25 patients (68%) had no depression, 4 patients(16%) had mild depression,2 patients(8%) had moderate depression and 2 patients (8%) had severe depression.

While in patients who had informational support there were 1 patient out of 4patients (25%) had no depression, 2 patients (50%) had mild depression and 1 patient (25%)had severe depression.

While in patients who had emotional and instrumental support there were 11 patients out of 16 patients(68.7%) had no depression, 2 patients (12.5%) had mild depression, 2 patients(12.5%) had moderate depression and 1 patient(6.25%) had severe depression.

While in patients who had emotional and informational support there were 3 patients out of 7 patients (42.8%) had no depression, 2 patients (28.6%) had moderate depression and 2 patients (28.6%) had severe depression.

While in patients who had instrumental and informational support there were 1 patient out of 3patients(33.3%) had no depression, 1 patient(33.3%) had mild and 1 patient(33.3%) had moderate depression

While in patients who had no support there were 2 patients out of 2 patients(100%) had severe depression

Accordingly p value =0.004< 0.05(highly significant)

i.e. there is real increase in probability of having depression in pediatric cancer patients regarding to social support with increase in depression with low supported children

		Aggression				
		no aggression		indirect		agres
		Count	Col %	Count	Col %	Cou
age group	10 to 14.5	35	42.17	3	30	2
	14.5 to 18	48	57.83	7	70	2
sex	male	47	56.63	7	70	3
	female	36	43.37	3	30	1
diagnosis	leukaemia	60	72.29	2	20	2
	lymphoma	23	27.71	8	80	2
eductation	obligatory	35	42.17	3	30	2
	secondry	48	57.83	7	70	2
residence	urban	50	60.24	8	80	1
	rural	33	39.76	2	20	3
socioeconomic stander	below moderat	46	55.42	5	50	3
	moderate	26	31.33	2	20	
	high	11	13.25	3	30	1
duration of the disease	from 3 to 6 monthes	12	14.46	1	10	
	from 6 to 30 month	66	79.52	6	60	4
	>30 month	5	6.02	3	30	
past history of psyichatry disease	positive	6	7.23	1	10	
	negative	77	92.77	9	90	4
family psychatric history	positive	8	9.64			1

	negative	**75**	**90.36**	**10**	**100**	**3**
insight to illness	**yes**	**23**	**27.71**	**5**	**50**	**1**
	no	**60**	**72.29**	**5**	**50**	**3**
religious beleive	**god is w me in my illness**	**78**	**93.98**	**10**	**100**	**4**
	god is against me w my illness	**2**	**2.41**			
	god has no thing to do w my illness	**3**	**3.61**			
social support	**emotional**	**36**	**43.37**	**2**	**20**	**2**
	instrumental	**24**	**28.92**	**1**	**10**	
	informational	**3**	**3.61**	**1**	**10**	
	emotinal and instrumental	**11**	**13.25**	**4**	**40**	**1**
	emotinal and informatinal	**4**	**4.82**	**2**	**20**	**1**
	instrumental and informatinal	**3**	**3.61**			
	none	**2**	**2.41**			

aggression

The table (6) shows the association of aggression to patient characteristic demographic date, diagnosis and disease predictors

Relation of age group to aggression

The table shows that in patient aged from (10-14.5) years there were 35patients out of 41patients (85.4%) had no aggression, 3 patients(7.3%) had indirect aggression, 2 patient(4.9%) had aggressive aggression and 1 patient(2.4%) had direct aggression .

while in patients aged from(14.5 -18) years there were 48 patients out of 59 patients(81.3%) had no aggression, 7 patients (11.9%) had indirect aggression, 2 patients (3.4%) had aggressive aggression and 2 patients (3.4%) had direct aggression .

Accordingly p value =0.68> 0.05(not significant)

i.e there is no real increase in probability of having *aggression* in pediatric cancer patient regarding to age.

Relation of aggression to sex

The table shows hat in male patients there were 47 patients out of 60 (78.3%) had no *aggression,* 7 patients(11.7%) had indirect *aggression,* 3 patients (5%) had aggressive *aggression* and 3 patient(5%) were direct aggression .

While in female patients there were 36 patients out of 40 patients(90%) had no aggression, 3 patients (7.5%) had indirect aggression and 1 patient (2.5%) had aggressive aggression .

Accordingly p value = 0.36>0.05 (not significant)

i.e. there is no real increase in probability of having *aggression in* pediatric cancer patient regarding to sex .

Relation of aggression to diagnosis

the table shows that in patients with leukemia there were 60 patients out of 65 patient (92.3%) had no aggression , 2 patients (3.1%) had indirect aggression, 2 patients (3.1%) had aggressive aggression and 1 patient(1.5%) had direct aggression .

While in patients with lymphoma there were 23 patients out of 35 patients(65.7%) had no aggression, 8 patients(22.8%) had indirect aggression, 2 patients (15.7%) had aggressive aggression and 2 patient (5.7%) had direct aggression .

Accordingly p value =0.006<0.05(significant)

i.e. there is real increase in probability of having *aggression* in pediatric cancer patients regarding to diagnosis with increase in aggression with lymphoma .

Relation of aggression to Education

The table shows that in patients in obligatory education there were 35 patients out of 41 patients(85.4%) had no *aggression,* 3 patients (7.3%) had indirect *aggression,* 2 patient (4.9%) had aggressive *aggression* and 2 patient(4.9%) had direct aggression

While in patient in secondary education there were 48 patients out of 59 patients (81.3%) had no aggression , 7 patients(11.9%) had indirect aggression , 2 patients(3.4%) had aggressive aggression and 2 patients (3.4%) had direct aggression .

Accordingly p value =0.86>0.05(not significant)

i.e. there is no real increase in probability of having *aggression* in pediatric cancer patients regarding to education

Relation of aggression to residence

the table shows that in urban patients there were 50 patients out of 62 patients (80.6%) had no *aggression*, 8 patients (12.9%) had indirect *aggression,* 1 patient(1.6%) had aggressive *aggression* and 3 patients (4.8%) had direct aggression .

while in rural patients there were 33 patients out of 38 patients (86.8%) had no *aggression,* 2 patients (5.3%) had indirect *aggression* and 3 patients (7.9%) had aggressive *aggression*

Accordingly p value =0.18>0.05(not significant)

i.e. there is no real increase in probability of having *aggression* in pediatric cancer patients regarding to residence.

Relation of aggression to socio economic stander

The table shows that in patients with socio economic stander below moderate there were 46 patients out of 55 patients (83.6%) had no aggression, 5 patients(9.1%) had indirect aggression, 3 patients (5.4%) had aggressive aggression and 1 patient (1.8%) had direct aggression .

While in patients with moderate socio economic stander there were 26 patients out of 30 patients (86.7%) had no aggression, 2 patients (6.7%) had indirect aggression, 2 patients (6.7%) had direct aggression .

While in patient with high socio economic stander there were 11 patients out of 15 patients (73.3%) had no aggression, 3 patients (20%) had indirect aggression and 1 patient(6.7%) had direct aggression.

Accordingly p value =0.43>0.05 (not significant)

i.e. there is no real increase in probability of having *aggression* in Pediatric cancer patients regarding to *socio economic stander*.

Relation of aggression to duration of disease

The table shows that in patients with duration of disease from (3 -6) months there were 12 patients out of 13 patients(92.3%) had no *aggression*, 1 patient (7.7%) had indirect aggression,

While in patients with duration of disease from (6-30) months there were 66 patients out of 79 patients (83.5%) had no aggression, 6 patients (7.6%) had indirect aggression, 4 patients(5.1%) had aggressive aggression and 3 patients(3.8%) had direct aggression.

While in patients with duration of disease>30 months there were 5 patients out of 8 patients (62.5%) had no aggression and 3 patients (37.5%) had indirect aggression

Accordingly p value =0.18 > 0.05 (not significant)

***i*.e. there is no real increase in probability of having aggression in Pediatric cancer patients regarding to duration of disease.**

Relation of aggression to past history of psychiatric disease

The table shows that in patients with positive history there were 6 patients out of 7 patients (85.7)%) had no aggression and 1 patient (14.3%) had indirect aggression

While in patients with negative history there were 77 patients out of 93 patients (82.8%) had no aggression, 9 patients(9.7%) had indirect aggression, 4 patients (4.3%) had aggressive *aggression* and 3 patients (3.2%) had direct aggression.

Accordingly p value=0.88>0.05 (not significant)

i.e. there no is real increase in probability of having *aggression* in pediatric cancer patients regarding to presence of past history of psychiatric disease.

Relation of family psychiatric history to aggression.

The table shows that in patients with positive family psychiatric history there were 8 patients out of 9 patients (88.9%) had no aggression and 1 patient (11.1%) had aggressive aggression

While in patients with negative family psychiatric history there were 75 patients out of 91 patients (82.8%) had no aggression, 10 patients(11%) had indirect aggression, 3 patients(3.3%) had aggressive aggression and 3 patient(3.3%) had direct aggression.

Accordingly p value =0.46 >0.05 (not significant)

i.e. there is no real increase in probability of having aggression in pediatric cancer patients regarding to presence of family psychiatric history

Relation of aggression to insight to illness.

The table shows that in patients with insight to their illness there were 23 patients out of 31 patients (74.2%) had no aggression, 5 patients(16.1%) had indirect aggression, 1 patient(3.2%) had aggressive aggression and 2 patients(6.4%) had direct aggression.

while in patients with no insight to their illness there were 60 patients out of 69 patients (86.9%) had no aggression, 5 patients(7.2%) had indirect aggression, 3 patients(4.3%) patient had aggressive aggression and 1 patient (1.4%) had direct aggression

Accordingly p value =0,26>0.05(not significant)

i.e. there is no real increase in probability of having *aggressio*n in pediatric cancer patients regarding to insight to illness .

Relation of aggression to religious believe

The table shows that in patient who said our god is with us in our illness there were 78 out of 95 patients (82.1%) had no aggression, 10 patients (10.5%) had indirect aggression, 4 patients(4.2%) had aggressive aggression and 3 patient (3.1%) were direct aggression.

while in patients who said our god is against us in our illness there were 2 patients out of 2 patients(100%) had no aggression

While in patients who said our god has no thing to do in our illness there were 3 patients out of 3 patients (100%) had no aggression .

Accordingly p value =0.98> 0.05(not significant)

i.e. there is no real increase in probability of having *aggression* in pediatric cancer patients regarding to religious believe .

Relation of aggression to social support

The table shows that in patients who had emotional support there were 36patients out of 43 patients(83.7%) had no aggression, 2 patients(4.6%) had indirect aggression, 2 patients(4.6%) had aggressive aggression, and 3 patients(7%) had direct aggression

While in patients who had instrumental support there were 24 patients out of 25 patients(96%) had no aggression, 1 patient(4%) had indirect aggression

While in patients who had information of support there were3 patients out of 4 patients (75%) had no aggression, and 1 patient(25%) had indirect aggression .

While in patients who had emotional and instrumental support there were 11 patients out of 16 patients(68.75%) had no aggression, 4 patients (25%) had indirect aggression , and 1 patient (6.25%) had aggressive aggression

While in patients who had emotional and informational support there were 4 patients out of 7 patients (57.1%) had no aggression, 2 patients (28.6%) had indirect aggression and 1 patient (14.3%) had aggressive aggression

While in patients who had instrumental and informational support there were 3 patients out of 3 patients (100%) had no aggression .

While in patients who had no support there were2 patients out of 2 patients (100%) had no aggression

Accordingly p value =0.41> 0.05(not significant)

i.e. there is no real increase in probability of having aggression in pediatric cancer patients regarding to social support

Table (7) Association of patients characteristics, diagnosis and disease predict

		behavior disorder	
		POSITIVE	
		Count	Col %
age group	10 to 14.5	6	31.6
	14.5 to 18	13	68.4
sex	male	17	89.5
	female	2	10.5
diagnosis	leukaemia	7	36.8
	lymphoma	12	63.2
eductation	obligatory	6	31.6
	secondry	13	68.4

residence	**urban**	**14**	**73.7**
	rural	**5**	**26.3**
duration of the disease	**from 3 to 6 monthes**	**3**	**15.8**
	from 6 to 30 month	**12**	**63.2**
	>30 month	**4**	**21.1**
past history of psyichatry disease	**positive**	**6**	**31.6**
	negative	**13**	**68.4**
family psychatric history	**positive**	**6**	**31.6**
	negative	**13**	**68.4**
insight to illness	**yes**	**11**	**57.9**
	no	**8**	**42.1**
religious beleive	**god is w me in my illness**	**15**	**78.9**
	god is against me w my illness	**2**	**10.5**
	god has no thing to do w my illness	**2**	**10.5**
social support	**emotional**	**10**	**52.6**
	instrumental	**5**	**26.3**
	informational	**2**	**10.5**
	emotinal and instrumental		
	emotinal and informational		
	instrumental and informational		
	none	**2**	**10.5**

Behavior disorders.

The table (7) shows the association of patient characteristic demographic date and disease predictors to behavior disorders.

Relation of age group to behavior disorders

The table shows that in patient aged from (10 -14.5) years there were 6 patients out of 41 patient(14.9%) had positive behavior disorders, 35 patients (85.4%) had negative behavior disorders.

while in patients aged from(14.5 -18) years there were 13 patients out of 59 patients (22%) had positive behavior disorders,46 patients(78%) had negative behavior disorders.

Accordingly p value =0.35> 0.05 (not significant)

i.e. there no real increase in having probability of having behavior disorders in pediatric cancer patients regarding to age.

Relation of sex to behavior disorders

The table shows hat in the male patients there were 17 patients out of 60 patients (28.3%) had positive behavior disorders, and 43 patients(71.7%) had negative behavior disorders .

While in female patients there were 2 patients out of 40 patients(5%) had positive behavior disorders and 38 patients(95%) had negative behavior disorders .

Accordingly p value =0.004 < 0.05 (significant)

i.e. there real increase in having probability of having behavior disorders in pediatric cancer patients regarding to sex with increase in behavior disorders in male patients .

Relation of diagnosis to behavior disorders

The table shows that in patients with leukemia there were 7 patients out of 65 patients(10.8%) had positive behavior disorders and 58 patients (89.2%) had negative behavior disorders .

While in patients with lymphoma there were 12 patients out of 35 (34.3%) had positive behavior disorders and 23 patients(65.7%) had negative behavior disorders .

Accordingly p value =0.004 <0.05(significant).

i.e. there is real increase in having probability of having behavior disorders in pediatric patient regarding to diagnosis with increase in behavior disorders lymphoma .

Relation of Education to Behavior disorder

The table shows that in patients in obligatory education there were 6 out of 41 patients(14.6%) had positive behavior disorders and 35 patients (85.4%) had negative behavior disorders .

While in patient in secondary education there were 13 patients out of 59 patients(22%) had positive behavior disorders and 46 patients (78%) had negative behavior disorders .

Accordingly p value =0,35 > 0.05(not significant)

i.e. there is no real increase in probability of having behavior disorders in pedirac cancer patients regarding to education .

Relation of residence to behavior disorders

The table shows that is in urban patient there were 14 patients out of 62 patients (22.6%) had positive behavior disorders and 48 patients(77.4%) had negative behavior disorders .

While in rural patients there were 5 patients out of 38 patients(13.2%) had positive behavior disorders and 33 patients (86.4%) had negative behavior disorders .

Accordingly p value =0.24 > 0.05 (not significant)

There is no real increase in probability of having behavior disorders in pediatric cancer patients regarding to residence.

Relation of duration of the disease to behavior disorders

The table shows that in patients with duration of disease from (3 to 6) months there were 3 patients out of 13 patients(23.3%) had positive behavior disorders and 10 patients(76.3%) had negative behavior disorders.

While in patients with duration of disease from (6 to 30) months there were 12 patients out of 79 patients(15.2%) had positive behavior disorders and 67 patients (84.8%) had negative behavior disorders.

While in patients with duration of disease >30 months there were 4 patient out of 8 patient(50%) had positive behavior disorders and 4 patient (50%) had negative behavior disorders.

Accordingly p value =0.05 (not significant)

i.e there is no real increase in probability of having behavior disorders in pediatric cancer patients regarding to duration of the disease with increase in behavior disorders in late duration of disease .

Relation of past history of psychiatric disease to behavior disorders

The table shows that is in patients with positive history there were 6 patients out of 7 patients(85.7%) had positive behavior disorders and 1 patient(14.3%) had negative behavior disorders.

While in patients with negative history there were 13 patients of 93 patient (14%) had positive behavior disorders and 80 patients (86%) had negative behavior disorders.

Accordingly p value <0.001 (highly significant)

i.e there is real increase in probability of having behavior disorders in pediatric cancer patients regarding to past history of psychiatric disease. with increase in behavior disorders in positive past history of psychiatric disease.

Relation of family psychiatric history to behavior disorders

The table shows that is in patients with positive family history there were 6 patients out of 9 patients(66.7%) had positive behavior disorders and 3 patient(33.3%) had negative behavior disorders.

While in patients with negative family history there were 13 patients out of 91 patients(14%) had positive behavior disorders and 78 patients (86%) had negative behavior disorders.

Accordingly p value <0.001(highly significant)

i.e there is real increase in probability of having behavior disorders in pediatric cancer patients regarding to family psychiatric history with increase in behavior disorders in positive family psychiatric history .

Relation of insight to illness to behavior disorders

The table shows that is in presence of insight to illness there were 11 patients out of 31 patients (35.5%) had positive behavior disorders and 20 patients(64.5%) had negative behavior disorders.

While in absence of insight to illness there were 8 patient out of 69 patients(11.6%) had positive behavior disorders and 61 patients (88.4%) had negative behavior disorders.

Accordingly p value =0.005 < 0.05 (significant)

i.e. there is real increase in probability of having behavior disorders in pediatric cancer patients regarding to presence of insight to illness with increase in behavior disorders in insighted children.

Relation of religious believe to behavior disorders

The table shows that is in patient who said god is with us in our illness there were 15 patients out of 95 patients (15.8%) had positive behavior disorders and 80 patients(84.2%) had negative behavior disorders.

While in patients who said god is against us in our illness there were 2 patients out of 2 patients (100%) had positive behavior disorders

While in patient who said god has no thing to do in our illness there were 2 patients and of 3 patients (66.7%) had positive behavior disorders and 1 patient (33.3%) had negative behavior disorders.

Accordingly p value <0.001 (highly significant)

i.e. there is real increase in probability of having behavior disorders in pediatric cancer patients regarding to religious believe with increase in behavior disorders in bad religious believes.

Relation of social support to behavior disorders

The table shows that in patients who received emotional support there were 10 patients out of 43 patients(23.2%) had positive behavior disorders and 33 patients(76.7%) had negative behavior disorders.

While in patient who received instrumental support there were 5 patients out of 25 patients(20%) had positive behavior disorders and 20 patients (80%) had negative behavior disorders.

While in patient who received informational support there were 2patients out of 4 patients (50%) had positive behavior disorders and 2 patients (50%) had negative behavior disorders.

While in patients who received emotional and instrumental support there were 16 patients out of 16 patients(100%) had negative behavior disorders .

While in patients who received emotional and informational support there were 7 patients out of 7 patients(100%) had negative behavior disorders.

While in patients who received instrumental and informational support there were 3patients out of 3 patients(100%) had negative behavior disorders.

While in patients who had no support there were 2 patients out of 2 patients(100%) had positive behavior disorders .

Accordingly p value =0.007 < 0.05 (significant)

i.e there is real increase in probability of having behavior disorders in pediatric cancer patients regarding to the types of social support received by the patients . with increase in behavior disorders in low supported children.

		coping process								
		active	cognitive	active	behavioural	avoidance		active cognitive	& behvioural	active cognitive
		Count	Col %	Count	Col %	Count	Col %	Count	Col %	Count
age group	10 to 14.5	19	55.9	7	38.9	4	33.3	5	33.3	3
	14.5 to 18	15	44.1	11	61.1	8	66.7	10	66.7	9

sex	**male**	**20**	**58.8**	**10**	**55.6**	**8**	**66.7**	**13**	**86.7**	**5**
	female	**14**	**41.2**	**8**	**44.4**	**4**	**33.3**	**2**	**13.3**	**7**
diagnosis	**leukaemia**	**28**	**82.4**	**9**	**50.0**	**10**	**83.3**	**6**	**40.0**	**7**
	lymphoma	**6**	**17.6**	**9**	**50.0**	**2**	**16.7**	**9**	**60.0**	**5**
eductation	**obligatory**	**19**	**55.9**	**7**	**38.9**	**4**	**33.3**	**5**	**33.3**	**3**
	secondry	**15**	**44.1**	**11**	**61.1**	**8**	**66.7**	**10**	**66.7**	**9**
residence	**urban**	**25**	**73.5**	**14**	**77.8**	**7**	**58.3**	**6**	**40.0**	**6**
	rural	**9**	**26.5**	**4**	**22.2**	**5**	**41.7**	**9**	**60.0**	**6**
duration of the disease	**from 3 to 6 monthes**	**5**	**14.7**	**2**	**11.1**	**2**	**16.7**	**1**	**6.7**	**2**
	from 6 to 30 month	**27**	**79.4**	**14**	**77.8**	**9**	**75.0**	**12**	**80.0**	**10**
	>30 month	**2**	**5.9**	**2**	**11.1**	**1**	**8.3**	**2**	**13.3**	
past history of psyichatry disease	**positive**	**1**	**2.9**	**1**	**5.6**	**1**	**8.3**	**3**	**20.0**	
	negative	**33**	**97.1**	**17**	**94.4**	**11**	**91.7**	**12**	**80.0**	**12**
family psychatric history	**positive**	**1**	**2.9**			**3**	**25.0**	**4**	**26.7**	
	negative	**33**	**97.1**	**18**	**100.0**	**9**	**75.0**	**11**	**73.3**	**12**
insight to illness	**yes**	**10**	**29.4**	**7**	**38.9**	**2**	**16.7**	**6**	**40.0**	**2**
	no	**24**	**70.6**	**11**	**61.1**	**10**	**83.3**	**9**	**60.0**	**10**
religious beleive	**god is w me in my illness**	**33**	**97.1**	**18**	**100.0**	**11**	**91.7**	**13**	**86.7**	**12**
	god is against me w my illness							**1**	**6.7**	
	god has no thing to do w my illness	**1**	**2.9**			**1**	**8.3**	**1**	**6.7**	

Coping process

The table (8) shows the association of coping process to patients characteristic demographic date and disease predictor

Relation of coping process to age group:

The table shows that in patients aged from (10-14.5) years there were 19 patients out of 41 patients (46.3%) used active cognitive coping, 7 patients (17%) used active behavioral coping, 4 patients (9.7%) used avoidance, 5 patients (12.2%) used active cognitive and active behavioral, 3 patients (7.3%) used active cognitive and avoidance, and 3 patients (7.3%) used active behavioral and avoidance .

while in patients aged from (14.5-18) years there were 15 patients (out of 59 patients (25.4%) used active cognitive coping, 11 patients (18.6%) used active behavioral coping, 8 patients (13.5%) used avoidance, 10 patients (16.9%) used active cognitive and active behavioral, 9 patients (15.2%) used active cognitive and avoidance, and 6 patients(10.2%) used active behavioral and avoidance.

Accordingly p value = 0.38 > 0.05 (not significant)

i.e. there is no real correlation between the coping and the age group.

Relation of coping process to sex

The table show that in male patients there were 20 patients out of 60 patients (33.3%) used active cognitive coping, 10 patients (16.7%) used active behavioral coping, 8 patients(13.3%) used avoidance, 13 patients (21.7%) used active cognitive and active behavioral, 5 patients (8.3%) used active cognitive and avoidance and 4 patients(6.7%) used active behavioral and avoidance.

while in female patients there were 14 patients out of 40 patients(35%) used active cognitive coping, 10 patients(25%) used active behavioral coping, 8 patients (20%) used avoidance, 13 patients(32.5%) used active cognitive and active behavioral, 5 patients(12.5%) used active cognitive and avoidance and 4 patients (10%) used active behavioral and avoidance.

Accordingly p value = 0.19 > 0.05 (not significant)

i.e. there is no real correlation between the coping and the sex of the patients .

Relation of diagnosis to coping process :

The table show that in patients with leukemia there were 28 patients out of 65 patients (43.1%) used active cognitive coping, 9 patients(13.2%) used active behavioral coping, 10 patients (15.4%) used avoidance, 6 patients (9.2%) used active cognitive and active behavioral, 7 patients (10.8%) used active cognitive and avoidance, 5 patients (7.7%) used active behavioral and avoidance.

while in patients with lymphoma there were 6 patients out of 35 patients (17.1%) used active cognitive coping, 9 patients (25.7%) used active behavioral coping, 2 patients (5.7%) used avoidance, 9 patients (25.7%) used active cognitive and active behavioral, 5 patients(14.3%) used active cognitive and avoidance and 4 patients (11.4%) used active behavioral and avoidance .

Accordingly p value =0.03< 0.05 (significant)

i.e. there is real correlation between the coping and the type of malignancies with increase in usage of coping methods with leukemia.

Relation of coping process to education

The table show that in patients in obligatory education there were 19 patients out of 41 patients (36.3%) used active cognitive coping, 7 patients (17.1%) used active behavioral coping, 2 patients (4.9%) used avoidance, 9 patients (21.9%) used active cognitive and active behavioral, 5 patients (12.2%) used active cognitive and avoidance and 4 patients(9.7%) used active behavioral and avoidance.

while in patients in secondary education there were 15 patients out of 59 patients (25.4%) used active cognitive coping, 11 patients (18.6%) used active behavioral coping, 8 patients(13.5%) used avoidance, 10 patients (16.9%) used active cognitive and active behavioral, 9 patients(15.2%) used active cognitive and avoidance and 6 patients (10.2%) used active behavioral and avoidance

Accordingly p value =0.38> 0.05 (not significant).
i.e. there is no real correlation between the coping and the education.

Relation of coping process to residence

The table show that in urban patients there were 25 patients out of 62 patients (40.3%) used active cognitive coping, 14 patients (22.6%) used active behavioral coping, 7 patients (11.3%) used avoidance, 6 patients (9.7%) used active cognitive and active behavioral, 5 patients (8.1%) used active cognitive and avoidance and 4 patients (6.4%) used active behavioral and avoidance.

while in rural patients there were 9 patients out of 38 patients (23.7%) used active cognitive coping, 4 patients(10.5%) used active behavioral coping,5 patients(13.15%) used avoidance, 9 patients (23.7%) used active cognitive and active behavioral, 6 patients (15.8%) used active cognitive and avoidance and 5 patients(13.15%) used active behavioral and avoidance

Accordingly p value =0.11> 0.05 (not significant)

i.e. there is no real correlation between the coping and the residence.

Relation of coping process to duration of the disease

The table show that in patients with duration of the disease from (3-6) months there were 5 patients out of 13 patients (38.5%) used active cognitive coping, 2 patients (15.4%) used active behavioral coping, 2 patients (15.4%) used avoidance, 1 patient(7.7%) used active cognitive and active behavioral, 2 patients(15.4%) used active cognitive and avoidance and 1 patient (7.7%) used active behavioral and avoidance.

while in patients with duration of the disease from (6-30) months there were 27 patients out of 79 patients (34.2%) used active cognitive coping, 14 patients (17.7%) used active behavioral coping, 9 patients (11.4%) used avoidance , 12 patients (15.2%) used active cognitive and active behavioral, 10 patients (12.6%) used active cognitive and avoidance and 7 patients (8.9%) used active behavioral and avoidance

while in patients with duration of the disease >30 months there were 2 patients out of 8 patients (25%) used active cognitive coping, 2 patients (25%) used active behavioral coping, 1 patient(12.5%) used avoidance, 2 patients (25%) used active cognitive and active behavioral and 1 patients (12.5%) used active behavioral and avoidance.

Accordingly p value =0.98 > 0.05 (not significant)

i.e. there is no real correlation between the coping and the duration of the disease .

Relation of coping process to past history of psychiatric disease

The table shows that in patients with positive history of psychiatric disease there were 1patient out of 7 patients (14.3%) used active cognitive coping, 1 patient (14.3%) used active behavioral coping, 1patient(14.3%) used avoidance, 3 patients (42.8%) used active cognitive and active behavioral and 1 patient (14.3%) used active behavioral and avoidance .

while in patients with negative history of psychiatric disease there were 33 patients out of 93 patients (35.5%) used active cognitive coping, 18 patients(19.3%) used active behavioral coping, 9 patients (9.7%) used avoidance, 11 patients (11.8%) used active cognitive and active behavioral, 12patients (12.9%) used active cognitive and avoidance and 8 patients (8.6%) used active behavioral and avoidance .

Accordingly p value = 0.31 > 0.05 (not significant)

i.e. there is no real correlation between the coping and the past history of psychiatric disease .

Relation of coping process to family psychiatric history

The table show that in patients with positive family history of psychiatric disease there were 1 patient out of 9 patients (11.1%) used active cognitive coping, 3 patients (33.3%) used avoidance, 4 patients (44.4%) used active cognitive and active behavioral, 1 patient(11.1%) used active cognitive and 1 patient (11.1%) used active behavioral and avoidance .

while in patients with negative family history of psychiatric disease there were 33 patients out of 91 patients (36.3%) used active cognitive coping, 18 patients (19.8%) used active behavioral coping, 9 patients(9.9%) used avoidance, 11 patients(12.1%) used active cognitive and active behavioral, 12 patients (13.2%) used active cognitive and avoidance and 8 patients (8.8%) used active behavioral and avoidance .

Accordingly p value =0.02 < 0.05 (significant)

i.e. there is real correlation between the coping and the family psychiatric history . with increase in usage of coping methods in negative family psychiatric history.

Relation of coping process to religious believes.

The table show that in patients who said our god is with us in our illness there were 33 patients out of 95 patients (34.7%) used active cognitive coping, 18 patients (18.9%) used active behavioral coping, 11patients (11.6%) used avoidance, 13 patients (13.7%) used active cognitive and active behavioral, 12 patients(12.6%) used active cognitive and avoidance, 8 patients(8.4%) used active behavioral and avoidance.

while in patients who said our god is against us in our illness there were 1patient out of 2 patients (50%) used avoidance and 1 patients (50%) used active behavioral and avoidance .

while in patient who said our god has no thing to do in our illness there were 1 patient(50%) used active cognitive coping, and 1 patient (50%) used active behavioral coping.

Accordingly p value =0.43 > 0.05 (not significant)

i.e. there is no real correlation between the coping and the religious believes .

Relation of coping process to insight to illness :

The table show that in patients who had insight to their illness there were 10 patients out of 31 patients (32.25%) used active cognitive coping, 7 patients(22.6%) used active behavioral coping, 2patients (6.4%) used avoidance, 6patients (19.3%) used active cognitive and active behavioral, 2 patients (6.4%) used active cognitive and avoidance and 4 patients (12.9%) used active behavioral and avoidance .

while in patients who had no insight to their illness there were 24patients out of 69 patients (34.8%) used active cognitive coping, 11 patients(15.9%)

used active behavioral coping, 10patients(14.5%) used avoidance, 9patients (13%) used active behavioral and active cognitive , 10 patients(14.5%) used active cognitive and avoidance and 5 patients(7.25%) used active behavioral and avoidance.

Accordingly p value =0.52 > 0.05(not significant)

i.e. there is no real correlation between the coping and the insight to illness .

		socioeconomic stander		
		below moderat		moderate
		Count	Col %	Count
insight to illness	yes	13	23.6	13
	no	42	76.4	17
religious beleive	god is w me in my illness	53	96.4	27
	god is against me w my illness	1	1.8	1
	god has no thing to do w my illness	1	1.8	2
social support	emotional	23	41.8	16
	instrumental	14	25.5	6
	informational	2	3.6	1
	emotinal and instrumental	8	14.5	5
	emotinal and informatinal	6	10.9	1
	instrumental and informatinal	1	1.8	
	none	1	1.8	1
anxiety	no anxiety	32	58.2	21
	moderat anxiety	18	32.7	4
	sever anxiety	5	9.1	5
depression	no depression	30	54.5	21
	mild depression	13	23.6	3
	moderate depression	8	14.5	2
	sever depression	4	7.3	4
aggressivness	no aggressoin	46	83.6	26
	indirect	5	9.1	2
	agressive	3	5.5	
	direct aggressive	1	1.8	2
behaviour disordsr	POSITIVE	10	18.2	7
	NEGATIVE	45	81.8	23
coping process	active cognitive	13	23.6	12
	active behavioural	8	14.5	6
	avoidance	6	10.9	4
	active cognitive and behvioural	9	16.4	6
	active cognitive and avoidance	12	21.8	
	active behavioural and avoidance	7	12.7	2

socioeconomic stander

The table(9) shows the association of psychological parameters to socioeconomic stander

Relation of insight to illness to socioeconomic stander:

The table shows that in patients with socioeconomic stander below moderate there were 13 patient out of 55 patients(23.6%) had insight to their illness and 42 patients(76.4%) had no insight to their illness .

while in patients with moderate socioeconomic stander there were 13 patients out of 30 patients (43.3%) had insight to their illness and 17 patients(56.7%) had no insight to their illness .

while in patients with high socioeconomic stander there were 5 patient out of 15 patients(33.3%) had insight to their illness and 10 patients (66.7%) had no insight to their illness .

Accordingly p value = 0.17 > 0.05 (not significant)

i.e. there is no real correlation between insight to illness and the socioeconomic stander.

Relation of religious believes to socioeconomic stander

The table shows that in patients with socioeconomic stander below moderate there were 53 patient out of 55 patients(96.4%) who said our god is with us in our illness, 1 patient(1.8%) who said my god is against me in my illness and 1 patient(1.8%) who said our god has no thing to do with me in my illness .

While in patients with moderate socioeconomic stander there were 27 patients out of 30 patients(90%) who said our god is with us in our illness, 1 patient(3.3%) who said my god is against my in my illness and 2 patients (6.7%) who said our god has no thing to do in our illness .

While in patients with high socioeconomic stander there were 15 patients out of 15 patients (100%) who said our god is with us in our illness.

accordingly p value =0.6> 0.05(not significant)

i.e. there is no real correlation between religious believe and socioeconomic stander.

Relation of social support to socioeconomic stander:

The table shows that in patients with socioeconomic stander below moderate there were 23 patients out of 55 patients(41.8%) had emotional support ,14 patients(25.4%) had instrumental support, 2 patients(3.6%) had informational support, 8 patients (14.5%) had and instrumental support and 6 patients (10.9%) had emotional and informational support ,1 patient(1.8%) who had instrumental and informational support and 1 patient (1.8%) had no support.

While in patients with moderate socioeconomic stander there were 16 patients out of 30 patients (53.3%) who had emotional support ,6 patients (20%) had instrumental support, 1 patient (3.3%) had informational support, 5 patients (16.7%) had emotional and instrumental support, 1 patient(3.3%) had emotional and informational support, and 1 patient (3.3%) had no support.

While in patients with high socioeconomic stander there were 4 patients out of 15 patients (26.7%) had emotional support ,5 patients(33.3%) had patients instrumental support , 1 patient (6.7%) had informational support, 3 patients (20%) had emotional and instrumental support and 2 patients (13.3%) had instrumental and informational support.

Accordingly p value =0. 38> 0.05(not significant)

i.e. there is no real correlation between social support regarding to socioeconomic stander in pediatric cancer patients.

Relation of anxiety to socioeconomic stander

The table shows that in patients with socioeconomic stander below moderate there were 32 patients out of 55 patients (58.6%) had no anxiety, 18 patients(32.3%) had moderate anxiety and 5 patients (9.1%) had severe anxiety

while in patients with moderate socioeconomic stander there were 21 patients out of 30 patients(70%) had no anxiety ,4 patients(13.3%) had moderate anxiety and 5 patients(16.7%) had severe anxiety .

while in patients with high socioeconomic stander there were 10 patients out of 15 patients (66.7%) had no anxiety and 5 patients(33.3%) had moderate anxiety.

Accordingly p value =0. 18 > 0.05(not significant)

i.e. there is no real correlation between anxiety regarding to socioeconomic stander in pediatric cancer patients.

Relation of depression to socioeconomic stander

the table shows that in patients with socioeconomic stander below moderate there were 30 patients out of 55 patients(54.5%) had no depression, 13 patients (23.6%) had mild depression , 8 patients(14.5%) had moderate depression and 4 patients(7.3%) had severe depression .

while in patients with moderate socioeconomic stander there were 21 patients out of 30 patients (70%) had no depression, 3 patients(10%) had mild depression, 2 patients(6.7%) had moderate depression and 4 patients (13.3%) had severe depression

while in patients with high socioeconomic stander there were 10 patients out of 15 patients(66.7%) had no depression, 2 patients (13.3%) had mild depression, 2 patients(13.3%) had moderate depression and 1 patient (6.7%) had sever depression.

Accordingly p value =0. 54 > 0.05(not significant)

i.e. there is no real increase in probability of having depression regarding to socioeconomic stander in pedantic cancer patients

Relation of aggression to socioeconomic stander

The table shows that in patients with socioeconomic stander below moderate their were 46 patients out of 55 patients (83.6%) had no aggression, 5 patients(9.1%) had indirect aggression, 3 patients (5.4%) were aggressive and 1 patient (1.8%) had direct aggression

While in patients with moderate socioeconomic stander there were 26 patients out of 30 patients(86.7%) had no aggression, 2 patients(6.7%) had indirect aggression and 2 patients(6.7%) had direct aggression

While in patients with high socioeconomic stander there were 11 patients out of 15 patients(73.3%) had no aggression , 3 patients(20%) had indirect aggression and 1 patient(6.7%) had aggressive aggression

Accordingly p value =0. 43 > 0.05(not significant)

i.e. there is no real increase in probability of having aggression in pedantic cancer patients regarding to socioeconomic stander.

Relation of behavior disorders to socioeconomic stander

The table shows that in patients with socioeconomic stander below moderate there were 10 patients out of 55 patients (18.2%) had positive behavior disorders and 45 patients (81.8%) had negative behavior disorders.

While in patients with moderate socioeconomic stander there were 7 patients out of 30 patients(23.3%) had positive behavior disorders and 23 patients(76.7%) had negative behavior disorders.

while in patients with high socioeconomic stander there were 2 patients out of 15 patients (13.3%) had positive behavior disorders ,13 patients (86.7%) had negative behavior disorders.

Accordingly p value =0. 7> 0.05(not significant)

i.e there is no real increase in probability of having behavior disorders in pediatric cancer patients regarding to socioeconomic stander .

Relation of coping process to socioeconomic stander

the table shows that in patients with socioeconomic stander below moderate there were 13 patients out of 55 patients (23.6%) used active cognitive, 8 patients(14.5%) used active behavioral, 6 patients(10.9%) used avoidance ,9 patients (16.4%) used active cognitive and active behavioral,12patients(21.8%) used active cognitive and avoidance and 7 patients (12.7%) used active behavioral and avoidance,

while in patients with moderate socioeconomic stander there were 12 patients out of 30 patients (40%) used active cognitive, 6 patients(20%) used active behavioral , 4 patients (13.3%) used avoidance 6 patients (20%) used active cognitive and active behavioral and 2 patients (6.7%) used active behavioral and avoidance.

while in patients with high socioeconomic stander there were 9 patients out of 15 patients(60%) used active cognitive, 4 patients(26.7%) used active behavioral and , 2 patient (13.3%) used avoidance

Accordingly p value =0. 02< 0.05(significant)

i.e there is real association of coping process in pediatric cancer patient regarding to socioeconomic stander. with increase in usage of coping methods with low socioeconomic stander .

Table (10) Percentage of Psychiatric parameter in general population and cancer children in our work

Psychiatric parameter	Percentage in general population	Percentage in cancer children
Behaviour disorders	2.6%[(1)]	19%
Anxiety	3.1 % [(2)]	37%
Depression	4.1%[(3)]	39%
Aggression	1.2%[(4)]	17%

1. Head Start Mental Health Resources, 866-763-6481, http://www.hskids-tmsc.org/
2. Anxiety Disorders Association of America, 240-485-1001, www.adaa.org
3. National Association of School Psychologists, 301-657-0270, http://www.nasponline.org/
4. American Academy of Child and Adolescent Psychiatry, http://www.aacap.org/