Mothers' Knowledge, Practice and Attitude regarding Warts in Children

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Background: Warts are one of the most common, persistent and frustrating cutaneous problems encountered in dermatology clinical practice especially in younger generations. **Aim of study:** Was to assess mothers' knowledge and attitude regarding warts in children. **Research design:** A descriptive research design was utilized to conduct this study. **Setting:** The study was conducted at Dermatology Outpatient Clinics affiliated to Benha University Hospital. **Sample:** All mothers accompanied with their children in the previous mentioned setting during six months were used, it included 150 mothers. **Tools of data collection:** Two tools were used, **I:** A structured interviewing questionnaire consisted of three parts I; a) Demographic characteristics of mothers, b) Demographic characteristics of children, c) Medical history of children. II: Mothers' knowledge regarding their children with warts. III; Mother's practices regarding their children with warts, and **II:** Scale to measure attitude of the mothers about warts. **Results:** 41.3% of studied mothers aged from 20-30 years and 48.0% of them had high education. 23.3% of mothers had average knowledge about warts disease, 61.3% of mothers had unsatisfactory total practices regarding dealing with their children, and46.0%of mothers had negative attitude regarding warts. **Conclusion:** There were a statically significant relation between mothers' knowledge, practices and their demographic characteristics, and there was significant relation between total mothers practice and total knowledge. **Recommendations:** Health education program should be implemented at dermatology outpatient clinics to improve mother's knowledge, practices and attitude regarding their children with warts disease.

Key words: Children, Demographic, Knowledge & Practices and attitude, Warts

Introduction

Warts are superficial viral infections of the skin that are extremely common in children. The infection usually lasts more than 1 year and can be moderately contagious in specific settings; for instance, warts are particularly common and spread more easily in the setting of atopic dermatitis, a chronic, itchy pediatric skin condition caused by barrier and immune defects. Therapies for pediatric warts are characterized according to 6 major categories: destructive; immune stimulating; immune modulating, including normalization of epithelial growth; vascular destructive; irritant; and nitric oxide releasing (**Acar et al., 2021)**.

Viral warts or verruca are common, benign skin growths caused by human papilloma virus (HPV). They are ubiquitous in the general population, but are more prevalent in children, affecting up to one third of school-going children. Approximately two-thirds of lesions can resolve spontaneously within 2 years without treatment. Indications for treatment include pain, discomfort, recurrent bleeding and cosmesis. Early

treatment is also important for epidemiological control and to prevent spread to close contacts. However, there is no consensus on the most efficacious and safest treatment option in children (**Borgia et al., 2020**).

Mothers' child learned this technique during treat warts, Soak the wart in warm water for 10 to 15 minutes. ,Use a pumice stone, foot file or soft, disposable nail file or emery board to file away dead skin on top of the wart. Once the wart is gone, throw the file away. ,Use a wart medicine that contains 17% salicylic acid liquid or gel (such as Compound W, DuoFilm, Wart-off or a generic brand). Apply it to the wart and let it dry. Avoid getting it on the healthy skin. ,Cover the wart with duct tape or the sticky part of a band-aid before child goes to bed. Put on a new piece of tape or band-aid every night before bed (**Friedman et al., 2020)**.

Community health nurses can offer lectures to increase awareness for prevention of warts Wear flip-flops or sandals in locker rooms and shared showers. Do not walk barefoot, Wash your hands after touching your own warts ,Keep the wart covered with a bandage or duct tape ,Clean any grooming tools that have been used near a wart, like nail clippers.Do not pick at or shave a wart ,don't share towels with other people and Have your child get the HPV vaccine if he is old enough. All children can have the HPV vaccine starting between ages 9-11. The HPV vaccine protects your child from spreading or catching warts and other diseases (like genital warts or cervical cancer) caused by HPV **(Lee et al., 2021).**

Significance of the study:

The prevalence of warts was 10.3% among primary school children in Tema, a mixed rural-urban area of Upper Egypt. Common wart was the most common type, and the hand was the most affected site. Significant predictors were big family size and sharing shoes with other family members. Other significant associated factors included living in rural areas, belonging to public **(Taha et al., 2019**)

In Egypt at Sohage governorate the prevelance of warts was 10.3% among, primary school children in Tema amixed rural urban area of upper Egypt hand was the most affected site. The significant factors associated with the development of warts in these children were big family size and sharing shoes. Other significant associated factors included living in rural areas, attending public schools, illiterate parents, fathers with manual work, and swimming in water canals **(Taha et al., 2019)**.

Aim of the study:

This study aimed to assess mother's knowledge, practice and attitude regarding warts in children

Research questions

-What is the mothers' knowledge regarding warts in children?

-What is mothers' attitude regarding warts in children?

-Is there a relation between mothers' knowledge and demographic characteristics regarding warts in children?

-Is there a relation between mothers' attitude and demographic characteristics regarding warts in children?

-Is there a relation between mothers' knowledge and attitude regarding warts in children?

Subjects and method:

Research design:

Descriptive research design was used in this study.

Setting:

This study was conducted at Dermatology Outpatient Clinics at Benha

University Hospital. A descriptive research design was used in carrying out this study. The sample of the study was all mothers and their children with warts attended at the previous setting during six months and was included 150 mothers

Sampling:

Convenient sample all mothers and their children with warts attended at the previous setting during six months with the following criteria: Child free from serious dermatologic disease. Child age under six years old.The total sample included 150 mothers with their children

Tools of data collection:

There are two tools are used by interviewing questionnaire, the first tool which is comprised of three parts to assess the following: -

Part (1): It was concerned with socio-demographic characteristics of the studied mothers, this part included three items.

A) Demographic characteristics of the studied mother. It included data about age qualification, occupational status, marital status, residence, number of family member and monthly income

B) Child characteristics, it includes data about (gender, age and child order)

C) Children past and present medical history with warts disease that obtained from mothers include:

Part (II) to assess mother's knowledge regarding warts disease which included 8 closed ended question about meaning of warts disease, causes of infection with warts signs and symptoms of warts, complications, preventive measures of the disease, treatment, mother's procedures with infected child with warts disease and source of information

The total knowledge scores were (14 points) which represent 100% and categorized into three levels as following: -

Good →when the total scores were ≥ 75 % (≥11). Average → when the total scores was 50% to less than 75% (7 to < 11). Poor → when the total scores were less than 50 % (< 7).

Part (III): Mothers' practices regarding their children with warts disease, as skin care practice with infected children, nutrition, treatment, personal hygiene, and rest and sleep.

The scoring system for mother's practices was calculated as follows (1) score for done practicing, while (0) score for not done practicing. The score of the items was summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a present score.

The total practices score (30 points) was considered satisfactory if the score of the total practices ≥ 60% equal (> 18 score) while considered unsatisfactory if it is<60% equal (<18 score)

The second tool: A scale to measure the attitude of the mothers about warts. adopted from **(Wanyama,2013).**

The total attitude score (24 points) was considered positive if the score ≥75 %was (≥18 score), while considered neutral if it equals 50-75% was (12-18score) and considered negative if it is <50% (<12 score).

Tools validity and reliability:

The validity of data collection tools was tested by 3 experts of Faculty Nursing Staff from the Community Health Nursing Specialists who reviewed the tool for clarity, relevance, comprehensiveness, applicability, easiness for implementation and all recommended modifications were carried out. The reliability was done by Cronbach's Alpha coefficient test which revealed that each of the two tools consisted of relatively homogeneous items as indicated by the moderate to high reliability of each tool. The internal consistency of knowledge was 0.787 practice was 0.771 and attitude was 0,762.

Ethical consideration:

All ethical issues were assured; Oral consent has been obtained from each mother before conducting the interview and the mothers were given a brief orientation of the purpose of the study. Mothers were also assured that all information gathered would be treated confidentially and used only for the purpose of the study. Mothers had the right to withdraw from the study at any time without giving any reasons.

Pilot study:

The pilot study was carried out on 10% (15 mothers) of the total sample of studied mothers having children with warts from the dermatologic Outpatient Clinics in Benha University Hospital. The pilot study was made to assess the tools clarity, applicability and time needed to fill each sheet as well as to identify any possible obstacles that may hinder the data collection. No any modification done, so pilot study included in this study sample.

Field work:

Data were collected through six months from the beginning of January 2021to the end of June 2021, the data was collected from mother's compound with their children attending to dermatologic Outpatient Clinic at Benha University Hospital through interview of them in outpatient clinic sitting place after taking their acceptance to participate in the study and explaining the aim of the study. The investigator was attended three days/ week from 9.00 am to 2.00 pm, those days were (Sundays, Mondays and Tuesdays). The average number of interviewed mothers was 9-10 mothers/day, each interviewed mother take about 10 to 15 minutes to complete the sheet depend on their response and understanding, also distributing the questionnaire mothers were assured for privacy of answers and information will confidential and used for research only. In the presence of the investigator the respondents filled the questionnaire to clarify any ambiguities, answer questions and collect the questionnaire.

Statistical analysis:

The collected data was analyzed, tabulated and presented in figures using the number and percentage distribution, mean and standard deviation using Statistical Package for Social Sciences (SPSS) version 20, Data were presented using proper statistical tests that were used to determine whether there significant relation or not and Chi-square (x2) was used for qualitative data. Pearson correlation coefficient (r) was used for correlation analysis and degree of significance was identified. Also P-value was used to determine significance of results as: following: (p-value) highly significant (H S) $P < 0.001$. Significant (S) $P < 0.05$. Not significant (N S) $P > 0.05$.

Results:

Table (1): Reveals that, 54% of studied children aged were 3 > 4 years and 6.0% of them ranking as the third child.

Figure (1): Indicates that 60.7% of studied mothers had average knowledge level about warts while 23.3% of them had poor knowledge level and minority of them 16.0% had good knowledge level about warts disease.

Figure (2): Shows that, 61.3% of the studied mothers had unsatisfactory total practices regarding dealing with their children and 38.7% of them had satisfactory total practices regarding dealing with their children.

Figure (3): Reveals that: 54% of mothers had positive attitude regarding warts and 46 % of them had negative attitude regarding warts.

Table (2): Reveals that there were a highly significantly relation between total knowledge score of mothers and their education, occupation, marital status and monthly income P-value (<0.05), while there was statistically significant relation between mothers 'age, residence and family member

Table (3): Shows that there were a highly significantly relation between total practice score of mothers and their education, monthly income, while there was significant relation between marital status, residence and there was no statistically significant relation between their age, occupation and family income P-value (0.05),

Table (4): Shows that there were a highly statistically significant relation between total attitude score of mothers and current marital status P-value (<0.05), while there was statistically significant relation between total attitude score of mothers and their education level and monthly income. on the other side There were no statistically significant relation between total attitude and their age, occupation and family member.

Table (5): Reveals that; there were positively highly statistically significant correlation between mothers' total knowledge and total practices, while there was some relation between mothers' total knowledge and their total attitude.

Table (1): Frequency distribution of studied children regarding personal characteristics (N=150).

Personal characteristics	No.	%
Child age		
3 < 4 years	81	54.0
4 < 5 years	53	35.3
5 < 6 years	16	10.7
Mean ±SD 4.71±1.32		
Child rank		
The First	104	69.3
The Second	37	24.7
The Third	9	6.0

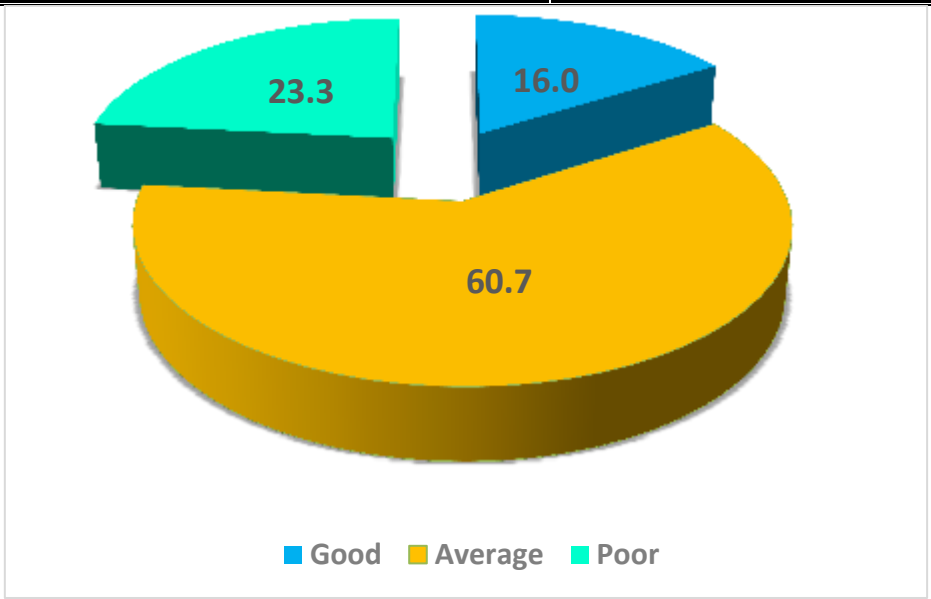

Figure (1): Percentage distribution of studied mothers regarding their total knowledge level about warts disease (n=150).

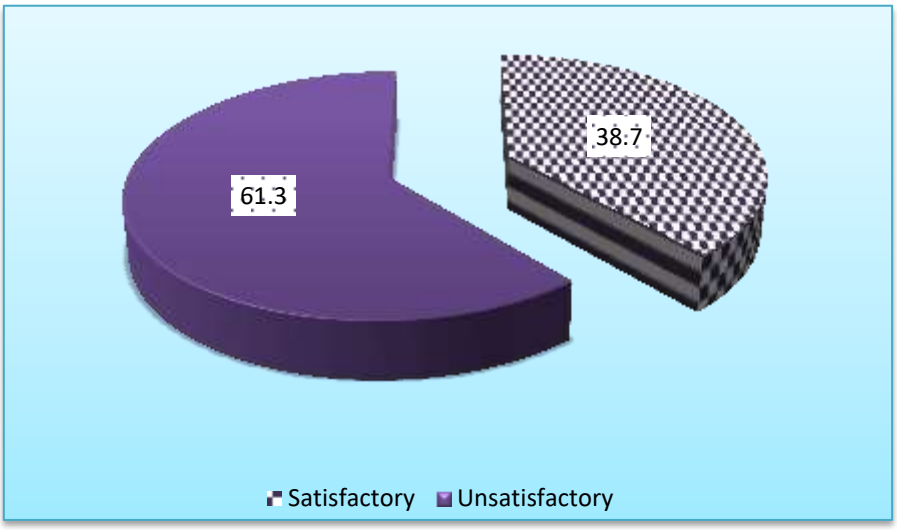

Figure (2): Percentage distribution of studied mothers regarding their total practices level about warts disease during dealing with their children (n=150).

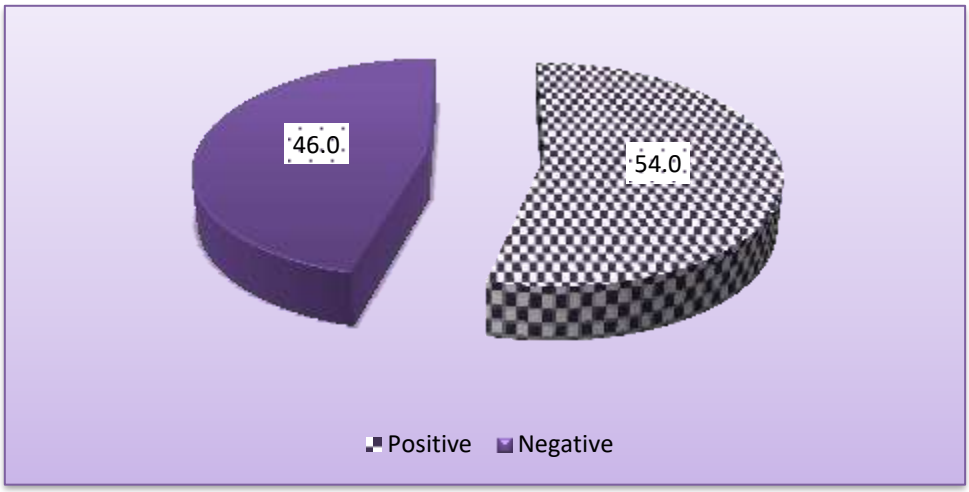

Figure (3): Percentage distribution of studied mothers regarding their total attitude level (n=150).

Table (3): Statistically relation between total knowledge level and studied mother's demographic characteristics

Demographic characteristics	Total Mothers' Knowledge						X^2	p-value
	Poor (n=35)		Average (n=91)		Good (n=24)			
	No.	%	No.	%	No.	%		
Age/Years								
20 > 30	10	28.6	43	47.3	9	37.5	11.666	.020*
30 > 40	21	60.0	26	28.6	8	33.3		
≥ 40	4	11.4	22	24.2	7	29.2		
Education								
Basic education	17	48.6	0	0.0	0	0.0	125.468	.000**
Intermediate education	7	20.0	30	33.0	0	0.0		
High education	11	31.4	54	59.3	7	29.2		
Post graduate	0	0.0	7	7.7	17	70.8		
Occupation								
Employee	0	0.0	50	54.9	8	33.3	32.521	.000**
House wife	35	100.0	41	45.1	16	66.7		
Marital status								
Married	24	68.6	67	73.6	24	100.0	21.179	.000**
Divorced	11	31.4	11	12.1	0	0.0		
Widowed	0	0.0	13	14.3	0	0.0		
Residence								
Rural	31	88.6	57	62.6	16	66.7	8.092	.017*
Urban	4	11.4	34	37.4	8	33.3		
Family member								
3 – 4 members	24	68.6	64	70.3	9	37.5	9.263	.010*
5 – 6 members	11	31.4	27	29.7	15	62.5		
Monthly income								
Enough	20	57.1	26	28.6	16	66.7	42.649	.000**
Not enough	15	42.9	58	63.7	0	0.0		
Enough and saves	0	0.0	7	7.7	8	33.3		

****Highly significant P ≤ 0.001** *** significant P < 0.05**

Table (4): Statistically relation between total practices level and studied mother's characteristics n=150

	Unsatisfactory (n=92)		Satisfactory (n=58)		X^2	p-value
	No.	%	No.	%		
Age						
20 > 30	38	41.3	24	41.4	0.013	0.994
30 > 40	34	37.0	21	36.2		
≥ 40	20	21.7	13	22.4		
Education						
Basic education	0	0.0	17	29.3	42.895	.000**
Intermediate education	21	22.8	16	27.6		
High education	47	51.1	25	43.1		
Post graduate	24	26.1	0	0.0		
Occupation						
Employee	40	43.5	18	31.0	2.323	0.127
House wife	52	56.5	40	69.0		
Marital status						
Married	73	79.3	42	72.4	5.779	0.056
Divorced	15	16.3	7	12.1		
Widowed	4	4.3	9	15.5		
residence						
Rural	55	59.8	49	84.5	10.207	.001**
Urban	37	40.2	9	15.5		
Family member						
3 – 4 members	55	59.8	42	72.4	2.484	0.115
5 – 6 members	37	40.2	16	27.6		
Monthly income						
Enough	42	45.7	20	34.5	16.048	.000**
Not enough	35	38.0	38	65.5		
Enough and saves	15	16.3	0	0.0		

****Highly significant P ≤ 0.001** *** significant P < 0.05**

Table (5): Statistically relation between total attitude level and studied mother's demographic characteristics

Demographic characteristics	Negative (n=69)		Positive (n=81)		X^2	p-value
	No.	%	No.	%		
Age						
20 > 30	29	42.0	33	40.7	0.026	0.987
30 > 40	25	36.2	30	37.0		
≥ 40	15	21.7	18	22.2		
Education						
Basic education	6	8.7	11	13.6	7.438	0.059
Intermediate education	15	21.7	22	27.2		
High education	41	59.4	31	38.3		
Post graduate	7	10.1	17	21.0		
Occupation						
Employee	30	43.5	28	34.6	1.247	0.264
House wife	39	56.5	53	65.4		
Marital status						
Married	42	60.9	73	90.1	22.175	.000**
Divorced	14	20.3	8	9.9		
Widowed	13	18.8	0	0.0		
Residence						
Rural	46	66.7	58	71.6	0.427	0.513
Urban	23	33.3	23	28.4		
Family member						
3 – 4 members	49	71.0	48	59.3	2.253	0.133
5 – 6 members	20	29.0	33	40.7		
Monthly income						
Enough	20	29.0	42	51.9	8.626	0.013
Not enough	42	60.9	31	38.3		
Enough and saves	7	10.1	8	9.9		

Table (6): correlation between total knowledge, practices, and attitude among studied mothers

Items	Total knowledge	
	r.	P-value
Total practices	0.885	0.000**
Total attitude	0.663	0.036*

****Highly significant P ≤ 0.001** *** significant P < 0.05**

Discussion:

Regarding demographic characteristics of the studied mothers, the present study revealed that more than two fifths of the studied mothers aged between 20 to less than 30 years old with mean and standard deviation 28.41±4.51. This finding agreed with **Nofal, & Alakad, (2020)**, who studied "Intralesional immunotherapy for the treatment of anogenital warts in pediatric population. Journal of Dermatological Treatment, Faculty of Medicine, Zagazig University, Zagazig, Egypt" and found that more than two fifths (43%) of the studied mothers aged between 20 to less than 30 years old.

According to the educational level, Mothers job and Family members of the studied mothers, the present study showed that less than half of the studied mothers had high education, more than three fifths of them didn't work, and less than two thirds of them had 3- 4 members. These findings dis agreed with **Borgia et al., (2020)**, who studied "Efficacy and safety of conventional versus daylight photodynamic therapy in children affected by multiple facial flat warts. Photodiagnosis and Photodynamic Therapy, University of Messina, Italy" and found that more than two thirds (67%) of the studied mothers had high education, more than three quarters (76.5%)of them had work, and less than one ninths of them had 3- 4 members. This might be due to increase of income and abundance of jobs.

Regarding personal characteristics of the children, the present study revealed that more than one half of the studied mothers told that their children aged 3> 4 years old with mean and standard deviation 4.12 ± 0.82 years old and few of them ranking as the third child(table2). These findings in contrast with **Essa et al., (2019),** who studied "Prevalence and factors associated with warts in primary school children in Tema District, Sohag Governorate, Egypt. Journal of the Egyptian Public Health Association, Assuit University, Asyut, Egypt" and found that all studied children aged from 7>11 years old.

Regarding to the studied mothers' total knowledge level about warts disease in children, the current study cleared that more than three fifths of the studied mothers had average total knowledge level about warts, less than one quarters of them had poor total knowledge and one sixth of them had good knowledge level about warts disease in children. This finding in the same line with **Boroujeni et al., (2020)**, who studied "CO2 laser treatment for plantar warts in children: A case series. Dermatologic therapy, Shiraz University of Medical Sciences, Shiraz, Iran" and found that more than three fifths(62%) of the studied mothers had average total knowledge level about warts, less than one quarters(23%) of them had poor total knowledge and one sixth(17%) of them had good knowledge level about warts disease in children. This might be lack of educational programs on dermatology.

Regarding mothers total reported practices level about warts disease during dealing with their children, the present study showed that more than three fifths of the studied mothers had unsatisfactory total reported practices level regarding warts disease and less than two fifths of them had a satisfactory total reported practices level. This finding in contrast with **Miyata et al., (2019)**, who studied "Successful treatment with topical diphenylcyclopropenone for three cases of anogenital warts in children. Case reports in dermatology, Medical University Yachiyo,

Medical Center, Japan" and found that less than one thirds of the studied mothers had unsatisfactory total reported practices level regarding warts disease and more than three quarters of them had a satisfactory total reported practices level. This might be good knowledge led to good practices.

According to mothers' total attitudes level about warts disease for children, the present study revealed that more than half studied mothers had positive total attitudes regarding warts disease and less than half of them had negative attitude regarding warts. This finding agree with **Mahajan et al., (2020)**, who studied "Homoeopathic treatment of viral warts with Calcarea phosphorica. Indian Journal of Research in Homoeopathy, Central Research Institute of Homoeopathy, Jaipur, Rajasthan, India" and found that more than half (53%) studied mothers had positive total attitudes regarding warts disease and less than half (47%) of them had negative attitude regarding warts.

As regards the relation between mothers' socio-demographic characteristics and their total knowledge score, the present study showed that there were a highly significantly relation between total knowledge score of studied mothers and their education, occupation, marital status and monthly income. These findings agreed with **Dave & Abdelmaksoud, (2019)**. Low dose isotretinoin as an adjuvant therapy for treatment of different clinical variants of warts: a case series. Dermatologic therapy, Mansoura Dermatology, Venerology and Leprology Hospital, Mansoura, Egypt" and found that there were a highly significantly relation between total knowledge score of studied sample and their education, occupation, marital status and monthly income. This might be due to level of education, occupation had impact on knowledge.

As regarding the relation between mothers' socio-demographic characteristics and their total practices score, the present study revealed that there were a highly significantly relation between total practice score of mothers and their education and monthly income. These findings agreed with **Riaz et al., (2020)**, who studied "Comparison of efficacy of cryotherapy versus oral Zinc sulphate in the treatment of cutaneous warts. PAFMJ, National University of Medical Sciences (NUMS) Pakistan" and found that there were a highly significantly relation between total practice score of mothers and their education and monthly income. This might be due the level of higher education leads to sound health practices.

On the other hand, the current study showed that there were statistically significant relation between total attitude score of mothers and their education level and monthly income and there were no statistically significant relation between total attitudes of studied mothers regarding warts disease and their age, occupation and family member. These findings agree with **El-Hamd, & Aboeldahab, (2017)**, who studied "Possible role of sexual abuse in boys with perianal warts. Journal of Integrative Nephrology and Andrology, Sohag University, Egypt" and found that there were statistically significant relation between total attitude score of studied sample and their education level and monthly income and there were no statistically significant relation between total attitudes of studied sampleand their age, occupation and family member. Also The current study disagree with **Minh et al., (2020)**, who studied "Effectiveness of a health talk education program on human

papillomavirus (HPV) knowledge, attitudes, and intentions to vaccinate children among mothers of secondary school boys in Thua Thien Hue Province, Vietnam. Risk Management and Healthcare Policy, Chulalongkorn University, Bangkok, Thailand" and found that there were statistically significant relation between total attitudes of studied sample and their age, occupation and family member.

Concerning relation between studied mothers total knowledge level and their attitude regarding warts disease in children, the current study showed that there was positively statistically significant relation between studied mothers total knowledge level and their attitude regarding warts disease in children. This finding agree with **Breznik et al., (2020),** who studied "Determination of causative human papillomavirus type in tissue specimens of common warts based on estimated viral loads. Frontiers in cellular and infection microbiology, University Medical Centre Maribor, Maribor, Slovenia" and found that there was positively statistically significant relation between studied sample total knowledge level and their attitude regarding warts disease.

Conclusion

There was statistically significant relation between mother's knowledge and demographic characteristics regarding educational level, occupation, marital status, and monthly income and there was statistically significant relation between practices and mother's demographic characteristics regarding, educational level and monthly income. There was statically significant relation between mothers' attitude and demographic characteristics regarding educational level, and monthly income.

Recommendations:

1-Health education about the simple preventive measures should be conducted.

2-personal hygiene is important to decrease the prevalence of infectious skin diseases such as wats among children who can easily approached in schools through curricula and activities.

References

Acar, M., Uyar, B., Elmas, F., Ozyurt, K., Atasoy, M., Türsen, U., & Lotti, T. (2021). Therapeutic efficacy and safety of three different modalities in paediatric patients with plantar warts. Dermatologic Therapy, e1507.

Borgia, F., Giuffrida, R., Coppola, M., Princiotta, R., Vaccaro, M., Guarneri, F., & Cannavò, P. (2020). Efficacy and safety of conventional versus daylight photodynamic therapy in children affected by multiple facial flat warts. Photodiagnosis and Photodynamic Therapy, 31, 101819.

Boroujeni, H., Handjani, F., & Saki, N. (2020). CO2 laser treatment for plantar warts in children: A case series. Dermatologic therapy, 33(3), e13414.

Breznik, V., Fujs Komloš, K., Hošnjak, L., Luzar, B., Kavalar, R., Miljković, J., & Poljak, M. (2020). Determination of causative human papillomavirus type in tissue specimens of common warts based on estimated viral loads. Frontiers in cellular and infection microbiology, 10:P 4.

Dave, D., & Abdelmaksoud, A. (2019). Low dose isotretinoin as an adjuvant therapy for treatment of different clinical variants of warts: a case series. Dermatologic therapy, 32(2), e12836.

El-Hamd, A., & Aboeldahab, S. (2017). Possible role of sexual abuse in boys with perianal warts. Journal of Integrative Nephrology and Andrology, 4(2): P51.

Essa, N., Saleh, A., Mostafa, M., Taha, A., & Ismail, A. (2019). Prevalence and factors associated with warts in primary school children in Tema District, Sohag Governorate, Egypt. Journal of the Egyptian Public Health Association, 94(1): P1-6.

Friedman, C., Fridman, G., & Fridman, A. (2020). Using cold plasma to treat warts in children: A case series. Pediatric dermatology, 37(4): P706-709.

Lee, Y., Kim, K., Jeon, H., Shim, B., Ahn, I., & Kim, N. (2021). A Combination of Herbal Medicine and Moxibustion Treatment is Effective for a Recalcitrant Cutaneous Warts in a Pediatric Patient: A Case Report. Journal of Acupuncture Research, 38(3): P233-235.

Mahajan, N., Mahajan, A., Bhinda, A., & Salodiya, S. (2020). Homoeopathic treatment of viral warts with Calcarea phosphorica. Indian Journal of Research in Homoeopathy, 14(4): P 279.

Minh, D. N., Taneepanichskul, N., & Hajek, R. (2020). Effectiveness of a health talk education program on human Papillomavirus (HPV) knowledge, attitudes, and intentions to vaccinate children among mothers of secondary school boys in Thua Thien Hue Province, Vietnam. Risk Management and Healthcare Policy, 13, 1207.

Miyata, K., Go, U., Fujita, M., & Mitsuishi, T. (2019). Successful treatment with topical diphenylcyclopropenone for three cases of anogenital warts in children. Case reports in dermatology, 11(2): p 123-129.

Nofal, A., & Alakad, R. (2020). Intralesional immunotherapy for the treatment of anogenital warts in pediatric population. Journal of Dermatological Treatment, P1-5.

Riaz, A., Riaz, J., Ahmed, W., Mushtaq, R., Riaz, O., & Mushtaq, K. (2020). Comparison of efficacy of cryotherapy versus oral Zinc sulphate in the treatment of cutaneous warts. PAFMJ, 70(2): P519-23.

Taha ,E., Essa, N., Salah, M., Mostafa, R.,&Ismail, T(2019). Prevalence and factors associated with warts in primary school children in Tema District, Sohag Governorate, Egypt,The Journal of the Egyptian Public Health Association, Vol 94(1) ,DOI :10.1186/s42506-018-0007-0

Wanyama, S. (2013). Knowledge, attitude and practice of eye disease in children among pediatricians in kenya, department of ophthalmology master degree in medicine, faculty of Medicine, Nairobi University, Pp.60-61

معلومات وسلوك الامهات عن مرض الثاليل عند الاطفال

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الثآليل هى عبارة مرض جلدى ناتج عن عدوى جلدية أو مخاطية بفيروس الورم الحليمي البشري (HPVs) ، تم تحديد أكثر من مائة نوع من فيروس الورم الحليمي البشري ؛ أكثر الأنواع المنتشرة في الأطفال هي الثآليل الشائعة. لذلك هدفت هذه الدراسة الي تقييم معلومات وسلوك الامهات عن مرض الثاليل عند الاطفال. وقد أجريت الدراسة في عيادات الجلدية التابعة لمستشفى بنها الجامعى على ١٥٠ ام وطفلها. حيث أظهرت النتائج بان ٠٪ من الأمهات الخاضعات للدراسة لم يغسلن أيديهن قبل التعامل مع أطفالهن ٧٤.٧٪ من الأمهات المدروسات يعطين جرعة مضاعفة من العلاج عند نسيانه لأطفالهن، ٧٨.٠٪ من الأمهات الخاضعات للدراسة لم يوفرن لأطفالهن الراحة الكافية بعد اللعب والحركة و ٧٨.٧٪ من الأمهات اتفقن على أن عدم الاهتمام بالتغذية السليمة يسبب الثآليل ضروري. كما اوصت الدراسة باستمرارية تقديم التثقيف الصحي حول الإجراءات الوقائية البسيطة والنظافة الشخصية أمرًا مهمًا لتقليل انتشار الأمراض الجلدية المعدية مثل الثاليل بين الأطفال.