



Babylon University
Collage of Nursing



**Knowledge and Practices of pregnant Women for Prevention
of Anemia in Al-Hilla City**

Research project

**Provided to Babylon University as Part of The Requirements
for Obtaining a Bachelor's Degree for The Collage of Nursing**

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

"يَخْلُقُكُمْ فِي بُطُونِ أُمَّهَاتِكُمْ خَلْقًا مِّنْ بَعْدِ خَلْقٍ فِي ظُلُمَاتٍ ثَلَاثٍ
ذَلِكُمْ اللّٰهُ رَبُّكُمْ لَهُ الْمُلْكُ لَا إِلَهَ إِلَّا هُوَ فَأَنَّى تُصْرَفُونَ"

صدق الله العظيم

سورة الزمر الآية 6

الإهداء

الى خالق اللوح والقلم وبارئ الذر والنسم وخالق كل شئ من العدم الى القاف والنون وكان خير الرسل وما كادوا ليزلقوه بأبصارهم إلا هو ذكر

للعالمين .. نبي الرحمة

الى تراجمة وحي الله ومهبط سره

الى السادات الاطهار وعروته الوثقى .. اهل بيت النبوه الى مراد قلبي ..

الأقرب لي من نفسي

المغيب عن الأبصار والكامن بعين البصيرة

كلماتي المسطرة ترجمان عنائي للوصول إليك بزادي العلمي.. صاحب

العصر والزمان

لعلي أفي تلك الأبوه حقها ، وإن كان لا يوفى بكيل ولا وزن ، فأعظم مجدي

انك لي أب .. ابي الحبيب

الى وطني الأول ومدرستي الاولى .. الى تلك الحبيبة ذات القلب النقي

والنظرة الدافئة الى من تفتش سعادتها في سعادي .. امي الحبيبه

الى من اشاركهم لحظاتي .. الى من يفرحون لنجاحي وكأنه نجاحهم اخوتي

بكل حب اهديكم هذه الجهد المتواضع

شكر وتقدير

أحمد الله حمداً كثيراً، وأصلي وأسلم على سيدنا وشفيعنا (محمد) وعلى آله الطيبين الطاهرين وأصحابه المنتجبين على إنجاز هذا الجهد المتواضع.

ولا يسعني في هذا المقام إلا أن أتقدم بجزيل شكري وعظيم امتناني إلى الدكتور (وفاء احمد امين) في جامعة بابل كلية التمريض الإشراف على بحثي أولاً، ولما أبداه من رعاية ونصح وتوجيه وتصويب ثانياً، حيث كان لسديد آرائه وقيمة ملاحظاته اليد الطولى والكأس المعلى في إظهار هذا البحث بالصورة التي هي عليه الآن شكلاً وموضوعاً فجزاه الله عنا خير جزاء وأمد في عمره.

كما أتقدم بجزيل شكري وامتناني إلى أساتذة جامعة بابل كلية التمريض لرعايتهم واهتمامهم وحرصهم العالي على إنجاز متطلبات البكالوريوس بنجاح ودقة.

كما أتقدم بشكري وتقديري إلى كل من ساعدني في إنجاز هذا البحث وأمدني بالمصادر وعززني بالمراجع.

واخيراً أتقدم بجزيل الشكر والامتنان لكل الامهات الاتي سعن لمساعدتنا في انجاز بحثنا واكمال مهمتنا.

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Abstract

Background: Pregnant women are at increased risk for Iron deficiency anemia due to increased blood volume during pregnancy resulting from increased support to the fetus and placenta. In general, women in childbearing stage suffer from the loss of large amounts of blood due to childbirth or menstruation, which are factors contributing to the development of iron anemia. **The study aims:** To find out relationship between knowledge, practices with their socio-demographic and obstetric data. **Methodology:** A descriptive and analytic study design is conducted on Non probability (purposive sample) of (100) pregnant women attending Babylon hospital for maternity and children ,Al-Emamm Al-sadiq teaching hospitals in Al-Hilla City. The study carried out from (1st to 28th Feb 2023). Data collected through a questionnaire constructed for the purpose of this study it consists of three parts: socio demographic, obstetric information , knowledge and practices of pregnant women toward anemia ,the questionnaire and content validity has been attested by the (6) experts. A descriptive and inferential statistical analysis have been used to analyze the data. **Results:** The highest percentage (42.0%) were between age (20-25) years old, were diploma or college educational level, Housewife, residency in rural, the overall knowledge and Practices of pregnant toward anemia were fair. **Conclusions:** The study concludes that significant relationship between demographics characteristics with practice and significant relationship between obstetric characteristics and knowledge of pregnant toward Anemia.

Recommendations:

It is recommended that educational programs by the Ministry of Education during the adolescence period to provide information on anemia in females because most women before pregnancy have anemia..

Key words:

Knowledge, Practice, Pregnant Women, Anemia.

Chapter One

1.1. Introduction

Iron deficiency anemia (IDA) is one of the most common problems between under-nutrition and public health problems worldwide with the highest prevalence in developing countries (AlAbedi, 2020).

According to the World Health Organization (WHO), anemia in pregnancy is defined as a Hemoglobin (Hb) concentration of less than 11 grams per deciliter (g/dl). Anemia during pregnancy is a major cause of morbidity and mortality of pregnant women in developing countries, and has both maternal and fetal consequences (WHO, 2014).

WHO estimates 40% of pregnant women worldwide are anemic, with iron deficiency anemia being the most common form. Annually, nearly 510,000 maternal deaths occur worldwide, associated with childbirth or early postpartum complications. Approximately 20% of maternal death is caused by anemia; the majority of this taking place in developing countries (Kefiyalew F, 2014).

Pregnant women are at increased risk for Iron deficiency anemia due to increased blood volume during pregnancy resulting from increased support to the fetus and placenta. In general, women in childbearing stage suffer from the loss of large amounts of blood due to childbirth or menstruation, which are factors contributing to the development of iron anemia (Souganidis E S, 2012).

Gestational anemia has a significant global burden, affecting 32.4 million (38.2%) of pregnant women. It is a severe public health problem in South East Asia (48.7%) and Africa (46.3%). Global data show that 56% of pregnant women in low- and middle-income countries have anemia (Osman M, 2020).

Anemia has a number of causes, with the most significant contributor being iron deficiency. Reports state that approximately 50% of anemia cases are considered to be due to iron deficiency, but this varies by population group and

region. Anemia in pregnant women has severe consequences on health, social, and economic development, resulting in increased risk of low physical activity, maternal morbidity, and mortality, especially in those with severe anemia (Gedefaw L, 2015).

Severe anemia (<7 g/L) during pregnancy has been associated with major maternal and fetal complications. It increases the risk of preterm delivery, low birth weight, intrauterine fetal death, neonatal death, maternal mortality, and consequently infant mortality. (Bizuneh Ayano BA, 2017).

During antenatal checkup, comprehensive nutritional knowledge about iron rich diet and Supplements should be made an integral component. Women should be informed effective nutritional practices and benefits of the iron supplements. In antenatal checkup individual should motivate to increase the consumption of such food those are rich in iron, reduce the consumption of tea and coffee that inhibit iron absorption (Rizvi, 2012).

Knowledge towards antenatal visits, importance of a healthy diet, and iron and folic acid intake during pregnancy could have a profound influence on their hemoglobin levels (Margwe, 2015).

Routine antenatal is a key passage point for pregnant women. Pregnant woman get a wide scope of wellbeing advancement and preventive well-being administrations, including information about healthy practices during pregnancy, nourishing help, and iron deficiency anemia prevention. Moreover pregnant women attitude and knowledge about iron deficiency anemia and supplements is an important. It includes as a barrier factor or motivation for iron supplements intake (Gowri, 2017).

The fight against anaemia seems to be a daunting task across the globe especially in developing countries. Anaemia's devastating effects could take a significant toll on national economies. It is estimated that 58% of pregnant

women in developing countries are anaemic; anaemia is the cause of 20% maternal deaths; and further to that, 50% of all maternal deaths are linked to anaemia. It is believed that half of all pregnant women in Africa are anaemic (Bismark, 2013; Rizvi, 2012).

Likewise, Health care professionals in Pakistan commonly observe that practice of pregnant women eat less during pregnancy to prevent difficulty in delivery, and 25% of women take iron supplements that also tea, coffee consumption, low intake of eggs and red meat are associated with anemia(Bismark ,2013).

Iron deficiency anemia (IDA) is one of the mostcommon problems between under-nutrition and public health problems worldwide with the highest prevalence in developing countries (Abd Alhussen, 2020).

The frequency of anemia is particularly high in the developing nations (33–75%). In industrialized nations, around 15% of pregnant women are anemic. Anemia is reported to be prevalent in the UK at a rate of 24.4% prenatally and almost 30% of women are anemic postpartum (Zahraa Al-Sattam 2022).

The World Health Organization (WHO) estimates showed in 2011, 32.4 million (38%) of pregnant women, while 496 million (29%) of those who are not pregnant between the ages of 15-49 years suffer from anemia. Moreover, previous studies on IDA have revealed a prevalence of 73.9% in Guyana, 22.1% in Egypt, 39.7% in Kuwait, 78.0% in Liberia, and 50.0% in Bahrain. (World Health Organization, 2014).

In Iraq, the Nutrition Research Institute showed, through a section of research and studies, the prevalence of iron deficiency among pregnant women 38% and nonpregnant 25%, respectively (Nutrition research institute Iraq,2014).

Grand-multiparity, too early pregnancies, too many and too frequent pregnancies, spacing of less than one year, low socioeconomic status, illiteracy,

and late booking of pregnant women at antenatal care units are among the known risk factor for development of anaemia during pregnancy (Hailu Jufar).

Anemia during pregnancy may result into pre-term delivery, prenatal mortality, low birth weight and low mental capacity of children .L ack of knowledge regarding anemia, iron rich foods and the importance of iron supplementation among pregnant women special effects on the health of pregnant women (Balasubramanian 2016).

Anemia is generally preventable and easily treatable if detected in time. Effective management of anemia involves treatment of the underlying reasons, restoration of the hemoglobin concentration to normal levels, and treatment and prevention of complications. Despite this fact, anemia is a common cause of morbidity and death during conception (Ahmed 2019).

Good knowledge and eating iron-rich foods when preparing food at home by women to prevent iron deficiency varies depending on the culture and awareness of women. While lower maternal education is associated with a higher incidence of low-birth weight, neonatal death in infants, and prematurity of women with severe iron deficiency (Tashara I F, 2015).

1.2. Objectives:

1. To assess the demographic and obstetric data of pregnant.
2. To identify knowledge and practices concerning anemia among the participants.
3. To find out relationship between knowledge, practices with their sociodemographic and obstetric data.

Chapter Two

2. Methodology:

A descriptive-analytic study. Non-probability (Purposive sample) of (100) pregnant women attending Babylon hospital for maternity and children ,Al-Emamm Al-sadiq teaching hospitals in Al-Hilla City. The study carried out from (1st to 28th Feb 2023). Data collected through a questionnaire constructed for the purpose of this study, A questionnaire was used as a data-gathering tool, consists of three parts include:

1st part consists of:

- A. Sociodemographic Data include (7) items (age, educational level, occupation, residency, economic level, family number, source of information).
- B. Obstetric information include (3) items (number of pregnancy, para, have miscarriage).

2nd Part: knowledge of pregnant women toward Anemia

This part consists of (7) items. These items are rated according to a three level Likert scale (I know, I am not sure, I do not know), scored (1-2-3).

3rd part: Practices of pregnant women toward Anemia

This part consists of (12) items. These items are rated according to three level Likert scale (always, never, sometime), scored (1-2-3).

Content validity has been carried out through (6) experts. Descriptive statistical and Inferential analyses are used to analyze the data were analyzed using the statistical. Package for social sciences ("SPSS version 20").

Chapter Three

3. Result:

Table 1: Distribution Socio-Demographical characteristics of pregnant women (No.100).

Variables	Groups	Frequency	Percent
Age	20-25	42	42.0
	26-30	29	29.0
	31-35	19	19.0
	36-40	10	10.0
	Total	100	100.0
Educational status	Not read and write	4	4.0
	Reads and writes	9	9.0
	Primary	7	7.0
	Secondary	37	37.0
	Diploma or college	43	43.0
	Total	100	100.0
Occupation	Employee	47	47.0
	Housewife	53	53.0
	Total	100	100.0
Residency	Urban	45	45.0
	Rural	55	55.0
	Total	100	100.0
Economic status	Somewhat sufficient	3	3.0
	Enough	73	73.0
	Not enough	24	24.0
	Total	100	100.0
Family number	1-2	17	17.0
	3-4	45	45.0
	5 or more	38	38.0
	Total	100	100.0
Source of information	Family members and friends	54	54.0
	Colleagues	19	19.0
	T.V and the internet	27	27.0
	Total	100	100.0

Table (1): this table demonstrated, that the highest percentage (42.0%) were between age (20-25) years old. The highest percentage (43.0%,53.0%,55.0%,73.0%,45.0%) were diploma or college educational level , Housewife, residency in rural , enough economic status, their family number were(3-4), respectively. The highest percentage (54%) the source of information were their family members and friends.

Table 2: Distribution Obstetrics information of Sample No (100)

Variables	Groups	Frequency	Percent
Number of pregnancies	1-2	51	51.0
	3-4	41	41.0
	5 or more	8	8.0
	Total	100	100.0
Number of births	1-2	48	48.0
	3-4	52	52.0
	Total	100	100.0
You have a miscarriage.	Yes	51	51.0
	No	49	49.0
	Total	100	100.0

Table (2): This table demonstrated, the highest percentage (51.0%) were (1-2) as number of pregnancies, the highest percentage (52%) were (3-4) number of para, the highest percentage (51.0%) have miscarriage.

Table 3: knowledge of pregnant toward Anemia

Items	Groups	Fre .	Perc.	Mean	St deviation	Assess.
You know the meaning of anemia	I Know	38	38.0	1.97	.858	Fair
	I'm not sure	27	27.0			
	I don't know	35	35.0			
	Total	100	100.0			
Anemia is more prevalent in pregnant women	I Know	32	32.0	2.06	.839	Fair
	I'm not sure	30	30.0			
	I don't know	38	38.0			
	Total	100	100.0			
There are many symptoms of anemia(fatigue, headache, pale and other)	Know	23	23.0	2.01	.689	Fair
	I'm not sure	53	53.0			
	I don't know	24	24.0			
	Total	100	100.0			
Do you know there are many cause of anemia (iron deficiency ,folic acid,B12	Know	37	37.0	1.85	.757	Fair
	I'm not sure	41	41.0			
	I don't know	22	22.0			
	Total	100	100.0			
	Know	24	24.0	2.07	.742	Fair

Anemia risky and effect on fetus (miscarriage, still birth)	I'm not sure	45	45.0			
	I don't know	31	31.0			
	Total	10	100.0			
Anemia have complication hemorrhage, infection(post-partum)	Know	31	31.0	1.95	.757	Fair
	I'm not sure	43	43.0			
	I don't know	26	26.0			
	Total	10	100.0			
Food contain iron and folate prevent anemia	Know	38	38.0	1.83	.753	Fair
	I'm not sure	41	41.0			
	I don't know	21	21.0			
	Total	10	100.0			
during pregnancy ,labor and postpartum	Know	38	38.0	1.99	.870	Fair
	I'm not sure	25	25.0			
	I don't know	37	37.0			
	Total	10	100.0			
Overall				1.76	0.783	Fair

MS (Poor =1-1.6, Fair = 1.7-2.3, Good = 2.4-3)

frq=frequency, perc=percent

Table (3) demonstrated the overall knowledge of pregnant toward anemia were fair.

Table 4: Distribution Practices of pregnant toward Anemia.

Variables	Groups	Fre.	Perc.	Mean	St deviation	Assess.
Regular antenatal checkup, blood tests during pregnancy	Never	33	33.0	2.02	.829	Fair
	Sometimes	32	32.0			
	Always	35	35.0			
	Total	100	100.0			
My food must include green vegetables (Spinach, parsley)	Never	41	41.0	1.84	.801	Fair
	Sometimes	34	34.0			
	Always	25	25.0			
	Total	100	100.0			
Taking special diet during pregnancy rich in iron	Never	19	19.0	1.87	.485	Fair
	Sometimes	75	75.0			
	Always	6	6.0			
	Total	100	100.0			
Eating red meat daily	Never	30	30.0	1.73	.510	Fair
	Sometimes	67	67.0			
	Always	3	3.0			
	Total	100	100.0			
Eating chicken or fish continuously	Never	42	42.0	1.67	.637	Poor
	Sometimes	49	49.0			
	Always	9	9.0			
	Total	100	100.0			
Consume Iron tablets in spite of healthy diet	Never	48	48.0	1.63	.677	Poor
	Sometimes	41	41.0			
	Always	11	11.0			
	Total	100	100.0			
Taking iron tablet with vit C	Never	44	44.0	1.65	.642	Poor
	Sometimes	47	47.0			
	Always	9	9.0			
	Total	100	100.0			
Avoid drinking tea or coffee with meal Drinking tea after on hours after eating	Never	36	36.0	1.75	.642	Fair
	Sometimes	53	53.0			
	Always	11	11.0			
	Total	100	100.0			
Don't Drink milk or yogurt derivatives (cheeses and other) During meals	Never	34	34.0	1.72	.570	Fair
	Sometimes	60	60.0			
	Always	6	6.0			
	Total	100	100.0			

-Eating grain legumes (brown bread),rich in iron	Never	30	30.0	1.81	.615	Fair
	Sometimes	59	59.0			
	Always	11	11.0			
	Total	100	100.0			
-taking folic acid according to instruction	Never	49	49.0	1.68	.750	Poor
	Sometimes	34	34.0			
	Always	17	17.0			
	Total	100	100.0			
Eat dried fruits such as raisins, apricots and dates	Never	38	38.0	1.79	.715	Fair
	Sometimes	45	45.0			
	Always	17	17.0			
	Total	100	100.0			
Eating breakfast regularly	Never	47	47.0	1.64	.674	Poor
	Sometimes	42	42.0			
	Always	11	11.0			
	Total	100	100.0			
Avoiding soft drink Coca-Cola	Never	41	41.0	1.66	.607	Poor
	Sometimes	52	52.0			
	Always	7	7.0			
	Total	100	100.0			
Traditional herbs prevent anemia (dandelion, nettle)	Never	41	41.0	1.66	.607	Poor
	Sometimes	52	52.0			
	Always	7	7.0			
	Total	100	100.0			
Overall				1.741	0.650	Fair

MS (Poor =1-1.6, Fair = 1.7-2.3, Good = 2.4-3).

Table (4): this table demonstrated the overall assessment Practices of pregnant toward of anemia, were fair.

Table 5: The Relationship between Socio-Demographics Characteristics and knowledge of pregnant toward Anemia.

No	Relationship between demographics characteristics and knowledge of pregnant toward Anemia	χ^2 -test	DF	P-value
1	Age	60.861 ^a	42	.030 S
2	Educational level	51.753 ^a	56	.036 S
3	Occupation	19.433 ^a	14	.149 NS
4	Residency	14.966 ^a	14	.380 NS
5	Economic status	31.630 ^a	28	.290 NS
6	Family number	45.756 ^a	28	.018 S
7	Source of information	49.989 ^a	28	.006 HS

Table (5.): shows that there is significant relationship between all demographics characteristics and knowledge of pregnant toward anemia $P \leq 0.05$, except (occupation, residency, and economic status).

Table 6: The relationship between obstetric characteristics and knowledge of pregnant toward Anemia.

No	Relationship between obstetric characteristics and knowledge of pregnant toward Anemia	χ^2 -test	DF	P-value
1	Number of pregnancies	32.139 ^a	28	.269 NS
2	Number of birth	24.333 ^a	14	.042 S
3	Miscarriage	44.173 ^a	28	.027 S

Table (6.): shows that there is significant relationship between all obstetric characteristics with knowledge of pregnant toward Anemia at $P \leq 0.05$, except in number of pregnancies.

Table 7: The relationship between demographics characteristics and Practices of pregnant toward Anemia.

No	Parameters	Chi square value	DF	Significance
1	Age	75.732 ^a	63	.130 NS
2	Educational status	111.596 ^a	84	.024 S
3	Occupation	25.586 ^a	21	.223 NS
4	Residency	48.539^a	21	.001 HS
5	Economic status	46.447 ^a	42	.294 NS
6	Family number	69.133 ^a	42	.005 HS
7	A source of information	90.153 ^a	42	.000 HS

Table (7.): shows that there is significant relationship between all demographics characteristics and practice of pregnant toward anemia in $P \leq 0.05$, except (age, occupation, and economic status).

Table 8: The Relationship between Obstetric Characteristics and Knowledge of Pregnant toward Anemia.

No	Parameters	Chi square value	DF	Significance
1	Number of pregnancies	64.922 ^a	42	.013 HS
2	Number of birth	23.955 ^a	21	.295 NS
3	Number of children	61.162 ^a	42	.028 S

Table (8.): shows there is significant relationship between all obstetric characteristics and practices of pregnant toward Anemia in $P \leq 0.05$, except (number of birth).

Chapter Four

4. Discussion

The result of present study reported that table (1); the highest percentages (42%) of pregnant women were within age groups (20-25) years. This result disagrees with a study conducted by (Keneni 2018) found that the majority of the respondents (38.4%) were between 31-35 years of age. This may be due to size of the sample.

Regarding economic status, the highest percentage of participants with sufficient of economic status .This finding in agreement with (Samia Abdel alhakeem, 2019) who reported that economic status of sample was sufficient.

The highest percentage of of study sample were live in rural this result not in the same line with (Keneni, 2018) found that most of sample live in urban. The highest percentage of of study sample were (3-4) number of family number this result is dis agreement with (Serbesa, 2019).

This table 2; demonstrated, the present study has reported that the highest percentage (51%) of the study sample were number of pregnancy (gravida) ranging (1 - 2) this finding is in agreement with study done by (Serbesa, 2019).

According to knowledge of pregnant the result of the study shows that table 3; the highest percentage do not know Anemia is more prevalent in pregnant women this result is agreement with (Habib, 2018) found that the most sample do not know anemia is more prevalent in pregnant women.

The study sample of study were not sure about anemia and complication on fetus and women during pregnancy and postpartum .This result is not in the same line with (Habib, 2018) study found that the most sample werehave knowledge on complication of anemia.

The results of present study shows that the level of knowledge and practices of the participants were fair .This results in the same line with (Abd Alhussen, 2020) study reveals that the majority of women have a moderate level of knowledge and practices related to iron.

The highest percentage of study sample were not sure that (iron deficiency, folic acid, B12), cause anemia .This result is in agreement with (Abd Alhussen, 2020) found that the most sample has low level of knowledge on cause of anemia.

The highest percentage of study samples were not know that anemia is more common in pregnant women. This result is in agreement with (Abd Alhussen, 2018) found that most of the sample not know that anemia occurs during pregnant women.

The study sample of study were they know food contain iron and folate prevent anemia .This result is in the same line with (Abd Alhussen, 2020)) study found that the most sample know the contain of food that prevent anemia.

According to practices Table (4):

of pregnant the result of the study shows that the highest percentage always were they know the benefits of regular antenatal checkup blood tests during pregnancy this result is disagreement with(Habib,2018) found that the most sample never know the benefits of regular antenatal checkup blood tests during pregnancy.

The result of present study reported that the highest percentage of pregnant women never consume iron tablets in spite of healthy diet. The result dis agrees with a study conducted by (Ameen, 2019) found that of pregnant women sometimes consume iron tablets in spite of healthy diet.

The study result found that the highest percentage of study sample were they eating real meat daily during the pregnancy this result is the same line with the (Amani Waleed ,2007).

The study result found that the highest percentage of study sample were they eating chicken or fish continuously this result is the same line with (Matida Tefera 2019).

The result of present study reported that the highest percentage of pregnant women never avoid drinking tea or coffee with meal. This result is disagree with a study conducted by (Amani waleed; 2007) found that, pregnant women never avoid drinking tea or coffee with meal.

The result of present study reported that the highest percentage of pregnant women never drinking milk or yogurt derivatives this result is dis agree with study conducted by (Ameen , 2019). Found that of pregnant women sometimes don't drinking milk or yogurt derivatives.

The study result found that the highest percentage of study sample were they sometimes Eating grain legumes (brown bread),rich in iron this result

disagree with a (Ameen, 2019) found that the most sample always Eating grain legumes (brown bread),rich in iron.

The study result found that the highest percentage of study sample Eating breakfast regularly is (47 % never) This result disagree with a study (Ghazwan AlAbedi 2020) .

According to practices of pregnant the study result found that the highest percentage of study sample were they never taking folic acid This result disagree with a study conducted by (Ameen , 2019) found that the most sample always taking folic acid.

Chapter Five

5.1. Conclusions:

1. The highest percentage of the sample at age ranged from (20-25) years and they are accounted for (42%), were diploma or college, Housewife and represented in rural areas.
2. The highest percentage of the sample were Gravida (3-4), Para (3-4), and they have miscarriage.
3. The overall assessment knowledge and Practices of pregnant toward anemia were fair.
4. There is significant relationship between all demographics characteristics and knowledge of pregnant toward anemia $P \leq 0.05$, except (occupation, residency, and economic status).
5. Significant relationship between all obstetric characteristics with knowledge of pregnant toward Anemia at $P \leq 0.05$, except in number of pregnancies.

5.2. Recommendation:

1. Educational programs by the Ministry of Education during the adolescence period to provide information on anemia to them.
2. Health education through the Ministry of Health for all women about anemia and its prevention through healthy nutrition and health practices.
3. Ministry of Health focus through encouragement of women through Media/ TV, Radio, Posters, etc. For safety measurement toward anemia.
4. Preconception care for all women planning for pregnancy.
5. Primary health care centers play a role in early screening for anemia and provide a supplement of iron and folic acid.
6. Further studies are needed to cover various aspects of anemia.

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Appendix

Ministry Of Health Babylon Health Directorat Email : babiltraining@gmail.com لاجل عراق الحضر مستدام .. مستعمل معا للترشيد استهلاك الطاقة الكهربائية والمحافظة على البيئة من التلوث		وزارة الصحة دائرة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية وحدة إدارة البحوث العدد: ٧٦ التاريخ: ٢٠٢٣/ ١ / ١
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بسم الله الرحمن الرحيم
رقم الترخيص: ٩٩٩
١٤/٥

إلى / مستشفى الأمام الصادق (ع)
ومستشفى بابل التعليمي للنسائية والأطفال
قسم الصحة العامة

م / تسهيل مهمة

تحية طيبة ...
أشارة إلى كتاب جامعهه بابل /كلية التمريض / شعبة الشؤون العلمية ذي العدد ٩٧ في
٢٠٢٣/١/٩ ...
تسهيل مهمة الطلبة المدرجة أسمائهم أدناه من الجامعة آنفا لإجراء بحث التخرج الموسوم
و:الخاص بالتخرج بعنوان :-
(معارف وممارسات النساء الحوامل فيما يتعلق بفقر الدم)
للتفضل بالاطلاع وتسهيل مهمة العوما إليهم وحسب الضوابط والإمكانيات على أن لا تتحمل
مؤسساتكم أية تبعات مادية وقانونية....

... مع الاحترام .

الأسماء :-

- ١- علي حسين عيسى
- ٢- علي حسين عبد علي
- ٣- علي حسين عبد علي عيسى
- ٤- علي رسول عباس

وزارة الصحة
دائرة صحة بابل
مركز التدريب والتنمية البشرية

الدكتور

محمد عبد الله عجرش

مدير مركز التدريب والتنمية البشرية

٢٠٢٣ / ١

رئيسة الطبخ المتفرج
مباركة الخاتبة
الإدارة
١٤/٥

نسخة منه إلى:

❖ مركز التدريب والتنمية البشرية / وحدة إدارة البحوث مع الأولويات .

سوزان ٧/١٠

Assessment Knowledge of Pregnant Women and practices for prevention concerning anemia.

1st part A: Socio-Demographical data

Age: years

Educational level: Don't Read and Write Read and Write
Primary Secondary Institute or College

Occupation: Employed House wife

Residency: Urban Rural

Economic level: Enough To Some Extent Enough Not Enough

Family number : 1-2 3-4 5 or more

source of information:-

1-family members and friends:

2-colleagues :

3-TV and net:

4-private physicians or nurses

5-others:

B. Obstetric information

Number of pregnancy (Gravida): 1-2 3-4 5 or more

Para: 1-2 3-4 5or more

Do you have miscarriage Yes No

2nd part: knowledge of pregnant women toward Anemia

No	Items	I know	I'm not sure	Don't know
1	You know meaning of anemia			
2	anemia is more prevalent in pregnant women			
3	There are many symptoms of anemia.			
4	Do you know there are many cause of anemia			
5	Anemia risky and effect on fetus			
6	Anemia have complication during pregnancy ,labor and postpartum			
7	Food contain iron prevent anemia			

3rd part: Practices of pregnant women toward Anemia

No	Items	Always	Sometimes	Never
1	Regular antenatal checkup, blood tests during pregnancy			
2	My food must include green vegetables			
3	Taking special diet during pregnancy rich in iron			
4	Eating red meat daily			
5	Eating chicken or fish continuously			
6	Consume Iron tablets in spite of healthy diet			
7	Taking iron tablet with vit C			
8	Avoid drinking tea or coffee after meal			
9	Don't Drink milk or yogurt derivatives (cheeses and other) During meals			
10	Eating grain legumes (brown bread),rich in iron			
11	Taking folic acid according to instruction			
12	Eat dried fruits such as raisins, apricots and dates			



بسم الله الرحمن الرحيم



حضرةالمحترم

نظرا للمكانة العلمية المرموقة لديكم يرجى التفضل
بالمساهمة في تقييم الاستبيان المستخدم في البحث
الموسوم ((معارف وممارسات النساء الحوامل للوقاية من فقر الدم في مدينة
الحلة.))

((Knowledge and Practices of pregnant Women for
Prevention of Anemia in Al-Hilla City))

ولكم فائق الشكر والاحترام.....

- الاسم:

- الشهادة:

- سنوات الخبرة:

- مكان العمل:

- التاريخ:

- التوقيع:

معارف وممارسات النساء الحوامل للوقاية من فقر الدم في مدينة الحلة.
أهداف:

1. لتقييم المعلومات الاجتماعية والديموغرافية والتوليدية للنساء الحوامل.
2. لتقييم معرفة وممارسات المشاركين تجاه فقر الدم.
3. لمعرفة العلاقة بين المعلومات الاجتماعية والديموغرافية والتوليدية للنساء الحوامل مع المعرفة والممارسة تجاه فقر الدم

الجزء الاول أ: البيانات الديموغرافية

العمر: سنة

المستوى التعليمي: لا تقرأ وتكتب تقرأ وتكتب الابتدائية الثانوي
الكلية او معهد

المهنة: موظفة ربة منزل

مكان السكن : المدينة الريف

المستوى المادي : ضعيف متوسط جيد

عدد افراد الاسرة : 2-1 4-3 5 او اكثر

ب : معلومات الحامل

عدد مرات الحمل : 2-1 4-3 5 او اكثر

عدد الولادات : 2-1 4-3 5 او اكثر

هل لديك اجهاز : نعم لا

ج : مصدر المعلومات

- 1- افراد الاسرة و الاصدقاء
 2- الزملاء
 3- التلفاز و الانترنت
 4- الطبيب او الممرض
 5- اخرين

الجزء الثاني : معلومات الحوامل حول فقر الدم

التسلسل	الفقرة	اعلم	غير متأكد	لا اعلم
1	هل تعلم عن فقر الدم الناتج عن نقص الحديد؟			
2	فقر الدم اكثر انتشارا لدى النساء الحوامل			
3	هنالك العديد من اعراض فقر الدم			
4	هل تعلم هنالك العديد من اسباب فقر الدم؟			
5	هل تعلم ان فقر الدم خطر و يؤثر على الجنين؟			
6	فقر الدم له مضاعفات اثناء الحمل و المخاض و ما بعد الولادة			
7	الطعام الذي يحتوي على الحديد يمنع فقر الدم			

الجزء الثالث : وقاية الحامل اتجاه فقر الدم

التسلسل	الفقرة	دائما	بعض الاحيان	ابدا
1	فحص منتظم قبل الولادة / اختبارات الدم اثناء الحمل			
2	يجب ان يتضمن طعامي على الخضروات الخضراء			
3	اتباع نظام غذائي خاص اثناء الحمل غني بالحديد			
4	تناول اللحوم الحمراء يوميا			
5	تناول الدجاج او السمك باستمرار			
6	اخذ اقراص مكملات الحديد على الرغم من اتباع نظام غذائي صحي			
7	اخذ اقراص مكملات الحديد مع فيتامين C			
8	تجنب شرب الشاي او القهوة بعد الوجبة			
9	لا تشرب الحليب او مشتقات الالبان و غيرها اثناء الوجبات			
10	تناول البقوليات الغنية بالحديد			
11	تناول حمض الفوليك وفقا للتعليمات			
12	تناول الزبيب المجفف و التمر			

الملخص:

خلفية: تتعرض النساء الحوامل لخطر متزايد للإصابة بفقر الدم الناجم عن نقص الحديد بسبب زيادة حجم الدم أثناء الحمل الناتج عن زيادة الدعم للجنين والمشيمة. بشكل عام، تعاني النساء في مرحلة الإنجاب من فقدان كميات كبيرة من الدم بسبب الولادة أو الحيض، وهي عوامل تساهم في تطور فقر الدم الحديدي .
تهدف الدراسة إلى: معرفة العلاقة بين المعرفة والممارسات مع بياناتها الاجتماعية والديموغرافية والتوليد .

المنهجية: تم تصميم دراسة وصفية وتحليلية على (عينة هادفة) غير احتمالية لـ (100) امرأة حامل في مستشفى بابل للولادة والأطفال بمستشفيات الإمام الصادق التعليمية بمدينة الحلة. أجريت الدراسة في الفترة من (1 إلى 28 فبراير 2023). البيانات التي تم جمعها من خلال استبيان تم إنشاؤه لغرض هذه الدراسة يتكون من ثلاثة أجزاء: الاجتماعية الديموغرافية، والمعلومات التوليدية، ومعرفة وممارسات النساء الحوامل تجاه فقر الدم، وقد تم إثبات صحة الاستبيان والمحتوى من قبل (6) خبراء. تم استخدام تحليل إحصائي وصفي واستنتاجي لتحليل البيانات.

النتائج: كانت أعلى نسبة (42.0%) بين سن (20-25) سنة، كانت دبلوم أو مستوى تعليمي جامعي، ربة منزل، إقامة في الريف ، كانت المعرفة والممارسات الشاملة للحامل نحو فقر الدم عادلة.

الاستنتاجات: خلصت الدراسة إلى أن العلاقة الهامة بين الخصائص الديموغرافية مع الممارسة والعلاقة الهامة بين الخصائص التوليدية ومعرفة الحوامل نحو فقر الدم .

التوصيات: يوصى بأن تقوم وزارة التربية والتعليم ببرامج تثقيفية خلال فترة المراهقة لتوفير معلومات عن فقر الدم لدى الإناث لأن معظم النساء قبل الحمل مصابات بفقر الدم.

الكلمات المفتاحية: المعرفة والممارسة، والنساء الحوامل، وفقر الدم.



وزارة التعليم العالي
والبحث العلمي
جامعة بابل
كلية التمريض



((معارف وممارسات النساء الحوامل للوقاية من فقر الدم في
مدينة الحلة))

مشروع تخرج مقدم لكلية التمريض جامعة بابل ضمن متطلبات الحصول على درجة
البكالوريوس في التمريض

اعداد

علي حسين غني
علي حسين عبدعلي عيسى
علي حسين عبدعلي صغبان
علي رسول عباس

اشراف

د. وفاء احمد امين

شوال 1444

نيسان 2023