

Assessment of knowledge and practices of Internally Displaced pregnant women attending to antenatal clinic center at Arbat camp in Sulaimani, Kurdistan Region of Iraq

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Abstract - Internally displaced persons are peoples displaced in it is own country but not crossed a border. After (Islamic State of Iraq and Syria attacked in 2014 to Iraq, millions of Iraqi people flee from their own city war zone to safe camps in Kurdistan region north of Iraq, Arbat camp is one of these camps. Iraqi civilian people constitute most new displacement persons around the world as at least 2.2 million were displaced in 2014. An important part of basic maternal health care is antenatal care that must be provided during pregnancy. Aim of this study is to provide demographic data of Internally Displaced Persons pregnant women and the effect on antenatal care knowledge and practices among of Arbat camp that visits to camp health centers on their health. Assessment of knowledge and practices of pregnant women about antennal care. A cross sectional descriptive study been conducted to assess the knowledge and practices of (103) women attended to antenatal care of internally displaced persons) at Arbat camps between 1 January to 30 June 2016. Data collected through the questionnaire form by face-to-face interview. Statistical analyses performed by using SPSS version 16.0, to find descriptive analysis like percentage and frequency and for relative statistical analysis. The results have revealed that most of the pregnant women were in the active reproductive age group 18-25 years old 56(54.4%) pregnant women, housewives 102(99%), illiterate 48(46.6%) pregnant women, were in families that have low income with 48(46.6%) pregnant women with significant relation to the knowledge and practices to antenatal care. In conclusion, most pregnant women have very good knowledge about antenatal care except about performing oral health hygiene during pregnancy. The majority of pregnant women in camps have very good knowledge about all practices that must be do during antenatal except taking medication without physician prescription.

Keywords: Internally displaced persons antenatal care, pregnant women, Arbait camps, Kurdistan region camps, Islamic State of Iraq and Syria attack on Iraq.

1. INTRODUCTION

Internally displaced persons are peoples displaced in it is own country, but not crossed a border to find safety places unlike refugees or people run at home. The government protects IDPs peoples within their own country in safe areas. After ISIS (Islamic State of Iraq and Syria) attack in 2014 in Iraq, millions of people flee from their own city war zone to safe camps in the Iraqi's Kurdistan region; Arbat camp is one of these camps that supervised by Iraq and Kurdistan governments with assistance of international and local non-governmental organizations. At the end of 2014, a record-breaking 38 million people had become displaced because of violence in their within their own countries, Iraqi civilian people consist most new displacement around the world by at least 2.2 million displaced in 2014. The IDMC's (The Internal Displacement Monitoring Centre) global overview of 2015 reported that the majority of new displacement was the result of prolong crises in these countries. the Democratic Republic of the Congo, Nigeria, South Sudan, Iraq and Syria. In total, these five countries constituted about 60% incidence of displacement globally [1]. It became very difficult for the governmental and non-governmental organizations to provide health care to pregnant women like antenatal care, knowledge and health practice that associated with morbidity and mortality of mother and baby. In the developing countries, there is a high maternal mortality, which has become an important public health anxiety [2] .For every woman who dies, 30-50 more women suffer childbirth-related injuries, infections, or diseases [3]. It negatively affects the children, increases risk of dying before the adult period, reduces nutritional status, mental health outcome, and lowers educational attainment [4], [5], [6].

To reduce the risk of maternal morbidity and mortality, an effective health interference care like antenatal care is important in particular when there is poor general health status of women [7]. The death of a woman during pregnancy or delivery is a disaster, which affects not only the families but also the society in general [8]. Pregnancy and delivery death risk

among the developing countries like African women is 175 times higher than the risk in the developed countries [9].

Aim of study to provide demographic data of pregnant women among Internally Displaced Persons (IDPs) of Arbat camp and to identify the antenatal care knowledge and practice of pregnant ladies attending the camp health centers.

2. METHODS AND MATERIAL

A cross sectional descriptive study, conducted to assess the knowledge and practices of women attended to antenatal care of internally displaced persons at Arbat camp between January 1st to June 30th 2016. Data collected from 103 women attending the Camp's health center via face-to-face interview and filling the questionnaire form prepared by the researchers for that purpose. The questionnaire form was consisted of three parts; the first part was about the mother's demographic attributes. The second part consists of ten choice method questions that relate to pregnancy and antenatal care knowledge like knowing pregnancy symptoms, performing oral health during pregnancy, the importance of sleep and rest during pregnancy, knowing discomforts during pregnancy, visited primary health centers, preferring delivery at the hospital, performing physical activity during pregnancy, preferring breast feeding for infant nutrition and knowing the benefits of Colostrums. The third part consists of seven choice questions about the knowledge of women regarding their health practices during pregnancy like performing a blood test prior pregnancy, taking medication without doctor prescription, performing Ultrasound at 6-12 weeks of gestation, performing antenatal visits, received tetanus toxoid vaccination, taking Folate and Iron during pregnancy and eating usual diet during pregnancy. A panel of experts and pilot study determined validity and reliability of the questionnaire form. Statistical analyses performed by using SPSS (Statistical Package for the Social Sciences) version 16.0, to find descriptive analysis like percentage and frequency and for relative statistical analysis, Bar charts and pie charts were used to demonstrate the data diagrammatically

3. RESULTS

The majority of the pregnant women were in the active reproductive age (18-25 years) as 56 (54.4%) of them were 18-25 years old, 31(30.1%) were 26-30 years old, and 14(13.6%) were 31-35 years old, while only 2(1.9%) of them were more than 36 years old.

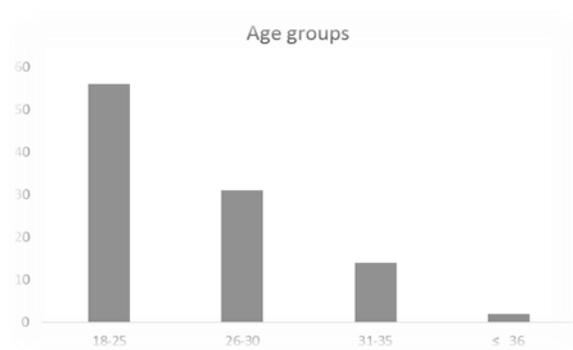


Figure 1 The distribution age group of pregnant women.

About half of pregnant women were illiterate with 48(46.6%), followed by read and write only 28(27.2%), primary school only 27(26.2%) (figure 2).

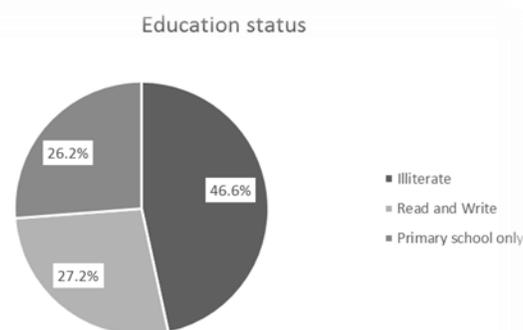


Figure 2 Percentage of education level

Most of pregnant women were in families that have low and moderate income, with 48(46.6%), 51(49.5%) respectively, and only 4 (3.9%) were coming from high income families .

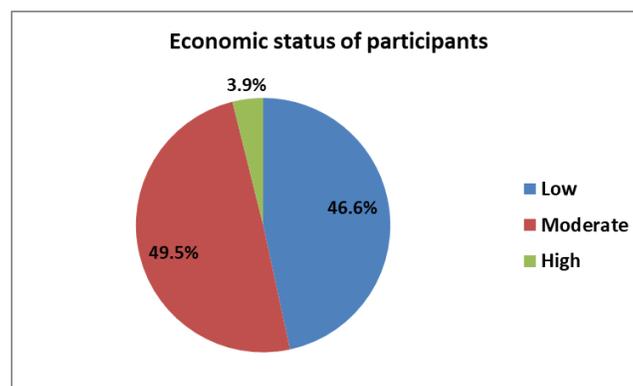


Figure 3 Socio-Economic status of pregnant women

Almost all women were housewives 102(99%), only one was employed. Regarding the family size of women attending the HC About half of them had a less than three children, i.e. their family size were less than 5 members 50 (48.5%), while 53 (51.5%) had a family of 5 or more members.

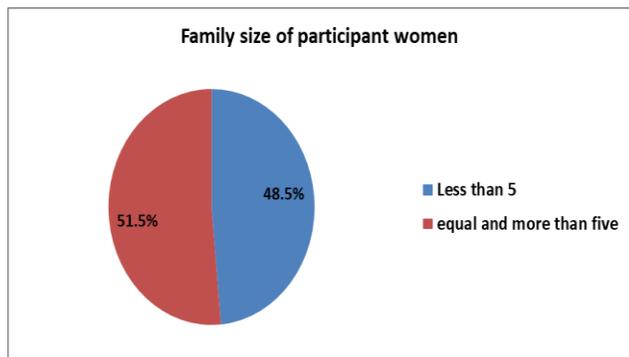


Figure 4 family sizes of pregnant women

Pregnant women were taking information from media 30(29.1%), health centers 26(25.2%) and the physician 12(11.7%) respectively, but most of the women took information from all sources mentioned 35(34%).

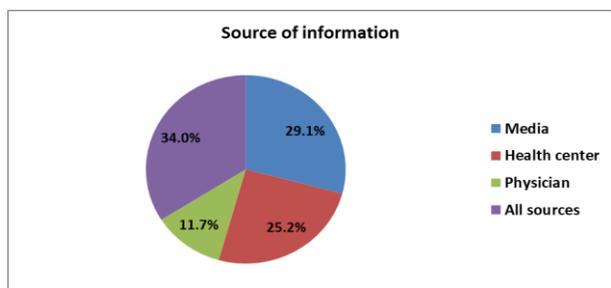


Figure 5 Frequency of source of pregnant women information

The majority of the pregnant women had not received any health education at primary health centers 54(52.4%) and 49(47.6%) pregnant women received health education.

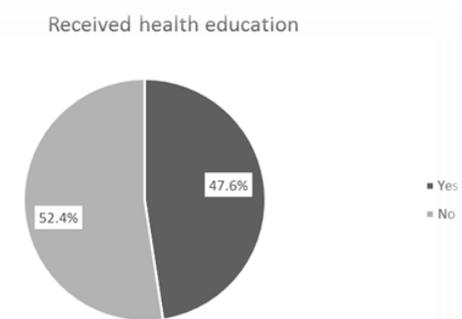


Figure 6 Received health education during the antenatal Period at Primary Health Centers

The majority of the pregnant women had good knowledge about all categories of antenatal health except in performing oral health during pregnancy as shown in table 1.

Table 1: Knowledge of the pregnant women relates to antenatal care

Variable	Correct answer	Incorrect answer
1-Knowledge about antenatal care	55(53.4%)	48(46.6%)
2- knowing pregnancy symptoms (Cessation of menses, Tenderness of the breasts, Frequent urination)	93(90.3%)	11(10.7 %)
3- Performing oral health during Pregnancy	15(14.6%)	88(85.4%)
4- Importance of sleep and rest during Pregnancy	66(64%)	37(35.9%)
5- knowing discomforts during Pregnancy (Nausea, Vomiting, Fatigue, and Backache	92(89.3%)	11(10.7%)
6- Visiting primary health center for child growth and development	88(85.4%)	15(14.6 %)
7- Preferring delivery at hospital	85(82.5%)	18(17.5%)
8- Performing physical activity during pregnancy	92(89.3 %)	11(10.7%)
9- Preferring breast feeding as ideal milk for infant nutrition	60(58.2 %)	43(41.7%)
10- Benefits of Colostrums	65(63.1%)	38(36.9%)

The majority of pregnant women answer all questions correctly that relate to practices during pregnancy except for question (Taking medication without doctor prescription?) were 69(67%) women answers this question incorrectly as shown in table 2.

Table 2 Knowledge of pregnant women regarding health practices during Pregnancy

Variable	Correct answer	Incorrect answer
1- Performing a blood test prior to the pregnancy to identify carriers of hereditary diseases	65 (63.1%)	38 (36.9%)
2-Taking medication without doctor prescription	34(33%)	69(67%)
3- Performing Ultrasound at 6 - 12 weeks of gestation	77(74.8 %)	26(25.2%)
4- Performing antenatal visit	82(79.6%)	21(20.4%)
5- knowledge about the need of receive tetanus toxoid vaccination during pregnancy (between 4th and 8th month of gestation)	64(62.1%)	39(37.9%)
6- Taking Folate and Iron during Pregnancy	75(72.8%)	28(27.2%)
7- Eating usual diet during pregnancy (Fruit, Vegetables and Meat)	85(82.5%)	18(17.5)

4. DISCUSSION

Antenatal care is the clinical assessment of mother and fetus during pregnancy. The finding of the study indicated that most of pregnant women were in 18-25 years old, which are the best years to be pregnant and have birth according to Royal College of Obstetrics and Gynecology [10]. The majority of pregnant women were having a low educational certificate and 46.6% of pregnant women were illiterate, according to Joseph study the mothers of low education level are less likely to attend for antenatal care visits to health centers [11], so they are more vulnerable to get reproductive health problems during pregnancy and problems during child delivery as mentioned in TO bah study [12]. Husbands of 43.7% pregnant women's were smokers. An exposure of pregnant women to smoke environment will result in certain Per-natal health problems like miscarriage, Low birth weight, preterm birth, learning and behavioral deficiencies in the child as mentioned by. Habek [13]. Most pregnant women (86.4%) have other living children and 35.9% pregnant women had more than five living children. Having more than one child will make pregnant women to be less careful to attend and visit primary care health centers to take care to knowledge and practices of pregnancy, as they prefer a health provider to visit them at home as mentioned by. Oladapo [14].

Prenatal care given to pregnant women is essential to have a safe pregnancy and healthy baby [15]. More than a half of pregnant women of the participants had good information about health services; this result is similar to the study of the utilization of maternal health care services in Kenya [16] and China [17]. The majority of pregnant women, 82.5% prefer to give birth at hospital because it is the safest childbirth environment for mother and baby [18]. Most of pregnant women answered to breast-feeding and colostrums question correctly, but still 41.7% of pregnant women not prefer breast-feeding as ideal milk for children and 36.9% of pregnant women not know the benefits of colostrums to baby the result which is similar to study conducted in Europe by A Cattaneo et al. [19] about preferring breast feeding as exclusive milk for 6 months, and as recommended by WHO and reported (WHO 2007 report) that in developing countries most important potential advantage of exclusive breastfeeding for 6 months versus exclusive breastfeeding for 4 months, followed by partial breastfeeding to 6 months relates to infectious disease morbidity and mortality especially that due to gastrointestinal infection [20]. Most of pregnant women, 89.3 % have good knowledge about performing Physical activity, this is important based on [20]. Study (2004) who found that women who engage in regular and moderate exercise during their pregnancy tend to have shorter and less complicated labors [21]. The majority of pregnant women, 85.4% not have any information about oral hygiene and dental care during pregnancy, this result is similar to Karen (2004) who reported 70% of pregnant women have no any information regarding their personal hygiene and dental care [22], Poor oral hygiene and increase level of hormone during pregnancy make

pregnancy at risk of gum diseases. Regard to comfort and sleep most of pregnant women, 64% have good knowledge, rest and good sleep during pregnancy are necessary for all mothers to feed, growth of their children and the energy they need to delivery process [23].

More than a half, 62.1% of pregnant women were aware about TT vaccine during pregnancy, with the correct number of doses for the prevention of infectious diseases from transmission to the fetus and could be life threatening for both mother and baby. The majority of pregnant women, 63.1% performing a blood test prior to the pregnancy to identify carriers of hereditary diseases. These results are similar to the study of the utilization of maternal health care services in Kenya [24] and China [25]. Most of pregnant women, 82.5% in our study had knowledge about eating usual diet during pregnancy (Fruit, Vegetables and Meat), while 72.8% were taking Folate and Iron during Pregnancy, this is similar to Alam AY [26] reports on KAP study. Less than a half, 33% of pregnant women have information about the safety of medical treatment for every pregnant women if it is taken with caution and if their doctors prescribed it [27] this goes with done by A.F. Sawalha in Palestine in which only 21% pregnant women of them haven't used medication during their pregnancy, many of them do utilize different medications and herbs during their pregnancy, without being aware that some of them might have harmful effects [28].

5. CONCLUSION

The results of this study conclude that pregnant internally displaced persons (IDPs) women's, who visits, health camps centers are women in reproductive ages, illiterates and take information from a variety of sources but not from camp health centers. Most pregnant women have very good knowledge about healthy habits for pregnant women as taking a good rest, healthy foods during pregnancy, and the antenatal care except about performing oral health hygiene during pregnancy. The majority of pregnant women in camps have very good knowledge about all practices that must be done during antenatal except taking medication without physician prescription.

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