

Evaluation of Pregnancy-Related Health Behaviors for Pregnant Women's Attending Abo Ghareeb Primary Health Care Sector, Iraq

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Abstract

Aimed this study to evaluate pregnancy-related health behaviors for pregnant women. The study initiated from (26th of September 2020 up to 20th April 2021), The research design was employed in this study a descriptive design. The study sample was the non-probability convenience sample by 150 pregnant women attending, Abo Ghareeb primary health care sector in Abo Ghareeb, Iraq. The results of data analysis were employed by Statistical Package for Social Science (SPSS version 20) that found levels of healthy behaviors of the study sample 71.3% a fair level of healthy behaviors. However, the study sample exhibit good behaviors at the items taking eight hours of sleep per night, do not use other illegal drugs, do not use unrecommended herbs, douche, avoid excessively hot baths, take recommended vitamins, consuming adequate amounts of calcium, consuming at least five fruits/vegetables a day, consume adequate amounts of fiber, avoid smoking cigarettes and a value has prenatal care been in during pregnancy. The results shows that have fair healthy behaviors in items healthy lifestyle, exercise three times per week, drinking more than 2 caffeinated beverages per day, report concerns to prenatal care provider, ask questions to prenatal care provider, read food labels, discussion medication and supplement use with prenatal care provider, avoid exposure to dangerous substances, gestational age when prenatal care began, missing prenatal care appointments, discussion pregnancy and birth with others, engage in relaxing activities, consuming adequate amounts of water and avoid risks of toxoplasmosis. The items indicated to use a seatbelt, receiving regular dental care and seeking to gain an appropriate amount of weight scored of the items (poor).

Keywords: Evaluation, Health behaviors, Pregnancy.

1. Introduction

Any society's health and progress are heavily reliant on the health of its women. Throughout their lives, women go through many hormonal changes that have a significant effect on their health, including pregnancy and lactation (1).

Pregnancy is usually a tranquil time of unequalled joy and expectation in the life of women's. Particularly, all pregnant women need health education during pregnancy period to promote healthy behaviors and prevent risk factors (2).

Before becoming pregnant, all women who are capable of being pregnant should be aware of healthy habits and practices. From the start of her pregnancy, the mother and her child or unborn baby should be completely informed about the pregnancy risk factors that affect her and her child or unborn baby, such as diet, smoking, exercise, and the use of potentially dangerous medicines to the mother long before conception or planning for pregnancy (3).

According to research on antenatal care in Iraq's Kurdistan region, Just 38% of women reported seeking the service during the first trimester, while 61% started antenatal care visits in the second trimester. There is also a lack of sufficient information, education, and communication during these visits (4).

In general, health necessarily requires more than medical diagnosis. During pregnancy, the health status of the practices is very important; positive health behaviors are described as activities that may influence female health, embryo health, or prenatal period outcomes. This could include eating healthily, quitting from drugs and alcohol, and exercising on a regular schedule (5).

During gestation, it is important for women who are pregnant to eat a healthy and balanced diet rich in vitamins or minerals or nutrients, both to maintain and energize the mother's health and to aid in the growth of the fetus's organs and brain capacity (6). Pregnancy health behaviors may have a major impact on maternal and child health. During pregnancy, many women engage in health-risky behaviors (7).

Finally , In view of point of the researcher, Pregnant women's health behaviors have a significant impact on perinatal outcomes. Also, Iraq face serious maternal and child health conditions and improved reproductive health services are urgently needed.

2. Methodology

2.1 Ethical consideration

Permission has been obtained from the Nursing College/ University of Baghdad and Ethical .Then the permission was sent to Abo Ghareeb primary health care sector to carry out of the study atthe primary health centers.The researcher obtained written informed approval from each pregnant women.

2.2 Design and setting of study

A Descriptive study which related to evaluate pregnancy-related health behaviors for pregnant women. The study initiated from (26th of September 2020 up to 20th April 2021). This study was conducted through a non- probability (convenience) sample by 150 pregnant women attending, Abo Ghareeb Primary Health Care Sector in Abo Ghareeb spend, Iraq. through instrument of Health practice questionnaire - II (HPQ-II) .

2.3 Instrument of study

The researcher uses aninstrument of Health Practice Questionnaire - II (HPQ-II) article scale developed by Kelly Lindgreen ,2005 (8).

2.4 Statistical Analysis

The data of the present study is analyzed through using the Statistical Package of Social Sciences (SPSS) version (20). The following statistical data analysis approaches were used in order to analyze data and assess the results of the study. The researchers used descriptive and inferential data analysis to obtain results.

3. Results and discussion

Table (1) describe the study sample demographic data. The study results indicate that 30% of the study subjects are 20-24 years old, 88% housewife, 28.7% are primary school graduated, 60.7% are rural residents.

The study's results show that one third of the study subjects were within age group (20-24) years old, with mean and standard deviation (24.45 ± 5.432) . The outcomes of this study are similar to those of a previous study conducted in Baghdad city by Omer, (9) which found that the majority of the research sample was between the ages of (21-25). The present study shows that less than one third of the study sample were Primary school graduated. This result corresponds to a study conducted in Hila city who reported that out of 150 participants the study sample had the highest percentage of pregnant women with only a primary school level (32 %)(10). According to the findings of this study, housewives form the majority of the study sample, and they were accounted for (88%) of the overall sample. This matches with a study conducted by Hassan & Omer, they found that almost pregnant mothers (66%) were housewives (11). The results of the study presented that more than half of pregnant women estimated (60.7%) of the study sample, were living in rural resident. These results of the study corroborate the findings of the study conducted by Edvardsson, which reported that 62% of pregnant women Living in rural areas (12).

Table (2) shows that the show that the majority of the study sample exhibit a good behaviors at the items number (2, 6, 10, 12, 13, 15, 16, 17, 18, 19, and 28) with a RS% equal or more than 73.6, while their behaviors at the items number (1, 3, 5, 7, 8, 9, 11, 14, 20, 21, 23, 24, 26, and 27) is fair with Relative sufficiency % (46.8-73.4), and their behaviors is poor at the remaining items with a RS% (20-46.6).

This result agrees with study in island reported that (86%) of Pregnant women who engaged in a variety of health-promoting behaviors including such regular food consumption, lifestyle routines, and sleep preferences Participants stated that they made conscious choices to avoid drugs known to be dangerous, as well as to change their exercise, work, or everyday responsibilities to accommodate physical improvements during pregnancy (13). Furthermore, the results of the present study mention that a pregnant women have been good behaviors to Consume at least five fruits/vegetables a day, Consume adequate amounts of calcium, and Consume adequate amounts of fiber; from the researcher's point of view, this might be related to prevalence rates for the participants in the present study were residents in rural areas and most women grow these crops. This finding is supported by study done in Saveh University of Medical Sciences was stated that Pregnant women consumed more fruits, milk and milk products, vegetables, milk and milk products, and fewer smoking by (14).

the results of a valuable has your prenatal care been in during pregnancy supported by the study conducted in India was found that overall satisfaction with antenatal services was very high at (98.5%) (15).

The current study results shows that pregnant women health behaviors regarding Healthy Lifestyle, Exercise three times per week, Drink more than 2 caffeinated beverages per day, Report concerns to prenatal care provider, Ask questions to prenatal care provider, Discuss medication/ supplement use with prenatal care provider, Read food labels, Avoid exposure to dangerous substances, Gestational age when prenatal care began, Miss prenatal care appointments, Discuss pregnancy/birth with others, Engage in relaxing activities, Consume adequate amounts of water And Avoid risks of toxoplasmosis presented that the items number

(1, 3, 5, 7, 8, 9, 11, 14, 20, 21, 23, 24, 26, and 27) have fair with relative sufficiency (46.8-73.4). The results of data analysis are supported by so many studies and evidences represents the most pregnant women is limited engage in healthy lifestyle (16).

The items number (7,8,9,20,21) indicated to report concerns to prenatal care provider, asking questions to prenatal care provider, discussion medication/ supplement use with prenatal care provider, gestational age when prenatal care began and missing prenatal care appointments, scored of the items (fair) this result supported by study done in Bangladesh was found that reveals that only 3.1% women received four times antenatal visits which is recommended by (World Health Organization [WHO]) (17).

The remaining items representing use a seatbelt, receive regular dental care, and seek to gain an appropriate amount of weight show that poor health behaviors with a RS% (20-46.6). the result of using a seatbelt behavior disagree with study in United Kingdom entitled (Correct Use of Three-Point Seatbelt by Pregnant women), they reported that the overall seatbelt use during pregnancy is 91.9%, which is reasonably high (18). Furthermore, the current study found that poor receive regular dental care. This results is disagreement with research in Utah was stated that 74.5% of the study sample received such dental care (20).

The result of poor health behavior for seek to gain an appropriate amount of weight supported by the study entitled (Impact of Maternal Knowledge of Recommended Weight Gain in Pregnancy on Gestational Weight Gain), they stated that the study sample has low rates of accurate knowledge of weight gain recommendations in pregnancy (27%) and low rates of appropriate gestational weight gain (30%) (16). Table (2) illustrate that the study results indicate that the 71.3% of the study sample presented with a fair level of healthy behaviors with a statistical mean (3.42). The findings of this research are consistent with study done in Iran which found that the study sample had an average score of health-promoting behaviors that was desirable (21). However, The study result disagree with (Evaluation of the Health Behaviors of Women in Multiple Pregnancies), they presented that the overall rate of health behaviors was high and was on average 93.9 ± 10.8 points (22).

4. Conclusion

The results of this study showed that the overall evaluation of the healthy behaviors during pregnancy period responses are (fair) level of healthy behaviors.

5. Recommendations

The researcher recommended that the Iraqi Ministry of Health should print and distribute booklets containing all the health behaviors of pregnant women and development of health promotion services by health care providers to enhance the mother's right healthy behaviors and include information on other unhealthy ones such as caffeine use and the use of un-recommended medications.

Table (1) Socio-demographic characteristics of the study sample.

Demographic Data	Rating and Intervals	Frequency	Percent
Age / years	15-19	32	21.3
	20 – 24	45	30.0
	25 – 29	43	28.7
	30 – 34	23	15.3
	35 – 39	5	3.3

	40 – 44	2	1.3
Mean (Standard Deviation) = 24.45		(5.432)	
Occupation	Employee	12	8.0
	Housewife	132	88.0
	Student	3	2.0
	Free worker	3	2.0
Levels of Education	Doesn't read and write	12	8.0
	read and write	32	21.3
	Primary school graduated	43	28.7
	Intermediate school graduated	19	12.7
	Secondary school graduated	19	12.7
	Institute	8	5.3
Residence	Urban	59	39.3
	Rural	91	60.7
Total		150	100.0

Table (2) Summary Descriptive Statistics of the Study Sample Healthy Behaviors (Items-Based Analysis)

Items	Mean	Std. Deviation	Relative sufficiency %	Evaluation
1. Healthy Lifestyle	3.31	.934	66.13	Fair
2. Eight hours of sleep per night	4.45	.848	88.93	Good
3. Exercise 3 times per week	3.15	1.418	63.07	Fair
4. Use a seatbelt	1.97	1.404	39.47	Poor
5. Drink more than 2 caffeinated beverages per day	3.62	1.505	72.40	Fair
6. Use other illegal drugs	3.89	1.106	77.87	Good
7. Report concerns to prenatal care provider	2.77	1.249	55.47	Fair
8. Ask questions to prenatal care provider	2.95	1.134	58.93	Fair
9. Discuss medication/ supplement use with prenatal care provider	3.09	1.204	61.73	Fair
10. Use un recommended herbs	3.73	1.374	74.67	Good
11. Read food labels	3.21	1.522	64.27	Fair
12. Douche	4.34	.664	86.80	Good
13. Avoid excessively hot baths	3.95	.929	79.07	Good
14. Avoid exposure to dangerous substances	3.40	1.470	68.00	Fair
15. Take recommended vitamins	4.34	1.178	86.71	Good
16. Consume adequate amounts of calcium	3.73	1.433	74.53	Good
17. Consume at least five fruits/vegetables a day	3.93	1.165	78.53	Good

18. Consume adequate amounts of fiber	3.87	1.109	77.33	Good
19. Smoke cigarettes	4.68	.797	93.60	Good
20. Gestational age when prenatal care began	3.61	1.122	72.27	Fair
21. Miss prenatal care appointments	3.27	1.224	65.33	Fair
22. Receive regular dental care	2.07	1.202	41.33	Poor
23. Discuss pregnancy/birth with others	2.95	1.247	58.93	Fair
24. Engage in relaxing activities	2.79	1.359	55.73	Fair
25. Seek to gain an appropriate amount of weight	2.01	1.318	40.13	Poor
26. Consume adequate amounts of water	3.50	.961	70.00	Fair
27. Avoid risks of toxoplasmosis	3.61	1.061	72.13	Fair
28. valuable has your prenatal care been in during your pregnancy	3.69	.794	73.87	Good

Mean (3), Good Behaviors (Mean 3.68 And More), Fair Behaviors (Mean 2.34-3.67), Poor Behaviors (1-2.33), cutt off point (1.33).

Table (3):Overall Evaluation of the Study Sample Healthy Behaviors.

Main studied domain	Levels	Frequency	Percent	Mean	Overall Evaluation
Overall Evaluation of Healthy Behaviors	Fair	107	71.3	3.42	Fair
	Good	42	28.0		
	Poor	1	.7		
	Total	150	100.0		

Mean (3), Good Behaviors (Mean 3.68 and more), Fair Behaviors (Mean 2.34-3.67), Poor Behaviors (1-2.33), Cutt off Point (1.33).

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