Journal of Current Medical Research and Opinion
Received 09-05-2025 | Revised 28-05-2025 | Accepted 26-06-2025
CMRO 08 (07) 4305-4313 (2025)
DOI: https://doi.org/10.52845/CMRO/2025/8-7-3
www.cmro.in
CMRO
ISSN (O) 2589-8779
(P) 2589-8760

Original Article

Evaluation of Expectant Mothers' Abortion Knowledge in Liylan Cramp for Immigration in Kirkuk City

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Abstract:

Objective: Evaluation of women's abortion-related knowledge in Liylan cramp for immigration in Kirkuk City.

Methodology: A purposive sample (non-probability) of 42 pregnant women was included in the descriptive study.for the time frame of November 1, 2015, through May 1, 2016.to evaluate women's abortion-related knowledge. in the immigration cramp in Liylan.Get ready A survey. consists of three parts: knowledge about pregnant women, reproductive features, and demographic characteristics. data analysis produced through the use of descriptive statistical analysis.

Result: The study's findings showed that women in the 15–25 age range knew a reasonable amount about abortion (42.8%), but women in the ≥46 age range knew very little (4.7%).Pregnant women with a primary school diploma knew more than those who were alliterated.19% of the group experienced irregular menstruation. Sociodemographic characteristics and reproductive history factors (e.g., age, education level, and regularity of MC) influenced the knowledge evaluation; therefore, the questionnaire can be modified for all members of the community under inquiry.

Conclusion: Because certain factors, such age and educational attainment, had a significant impact on these women's understanding, almost 65% of the study sample had inadequate information about abortion.

Recommendation: Ongoing education and training programs for the medical staff, particularly the nurses employed by the primary care facility. More nursing visits who came to their immigrant cramp to learn more about abortion

Key word: Pregnant Woman, Cramp, Abortion, Knowledge, Immigration.

Introduction:

Pregnancy is seen as a natural physiological process that causes the mother's body to alter normally. It is linked to mechanical and physiological changes that have an impact on every organ system in the body. Pregnancy can occasionally be linked to issues and complications that impact the health of the mother and the pregnancy and raise the rates of maternal and fetal death and morbidity (1).. Expulsion of the fetus or embryo before it is viable is known as abortion. Abortion is any disruption of a human pregnancy before the 28th week. In contrast to intentionally induced abortion, spontaneous abortion, often known as miscarriage, refers to the delivery of a nonviable embryo or fetus because of fetal or maternal causes. An induced abortion carried out to protect the mother's health or life is known as a therapeutic abortion. (2) This Depending on the number of weeks you were pregnant, either medication or surgery is used to end the pregnancy. In Ancient Egypt, Greece, and Rome, as well as most likely earlier, birth control methods included herbal or manipulative abortion. During the Western Middle Ages commonly acknowledged throughout the first month of pregnancy. However, attitudes around abortion evolved in the 19th century. The Roman Catholic Church outlawed abortion in all circumstances in 1869.. Catholic church

prohibited abortion under any circumstance. Catholic church prohibited abortion under any circumstance.(3).

Methodology:

A descriptive study using a quantitative design was carried out on a non-probability (purposive) sample of forty-two pregnant women who lived in the neighborhood in Liylan between November 1, 2015, and May 1, 2016. to evaluate their level of abortion knowledge. Three sections made up the study instrument and tools, which were distributed as follows: the questionnaire structure for the current study was developed through a review of the literature, related studies, and prior experience. Sociodemographic Features in Part One. Age, degree of education, occupation, domicile, family number, socioeconomic status, and consanguinity are among the seven items that make up the study group's sociodemographic characteristics. Section 2: Reproductive Features. There are fifteen items in this section. which concentrate on the study sample's reproductive variable. These include the following: age at marriage, MC regularity, interpregnancy interval, previous delivery types and numbers, gravidity, parity, abortion, recurrent uterine infection, history of twin pregnancies, prior uterine surgery, uterine abnormality, uterine infection and adhesion, attendance for prenatal care, and the number of prenatal care visits during the current pregnancy.. Section 3: This section includes information about women's understanding about abortion. There are four domains included. Additionally, students receive a score of either know (right response, scored 2) or don't know (incorrect approach, scored 1). The questionnaire's validity was assessed by a panel of eight experts in various fields: Data from the current study were analyzed using SPSS version 16, a social science program.

Result:

Table (1) shows the study sample's distribution based on sociodemographic traits.

Demographic characteristic	group	frequency	percent
Age (yrs)	15-25	18	42.8
	26-35	15	35.7
	36-45	7	16.6
	≥ 46	2	4.7
$\overline{X \pm S.D}$		0.341.81±	
Education level	illiterate	3	7.1
	Read & write	5	11.9
	Primary	16	30
	Intermediate	5	11.9
	Secondary	5	11.9
	institute, collage & more	8	19
$\overline{X \pm S.D}$		1.63±0.48	
Employment	Employee	8	19
	Howse wife	34	81
$\overline{X \pm S.D}$		2.1±0.53	

Address	Urban	32	76.2
	Rural	10	23.8
$\overline{\overline{X \pm S.D}}$		1.92±0.21	
Socioeconomically status	High	6	14.2
	Moderate	32	76.1
	Low	4	9.5
$\overline{\overline{X \pm S.D}}$		2.29±0.72	
Consanguinity relative	Yes	19	45.3
	No	23	54.7
$\overline{\overline{X \pm S.D}}$		1.40±0.48	

This table's results are: The study sample's age ranged from 15 to 45 years old, with an average age and standard deviation. In terms of education level, the greater percentage (30%) had completed elementary school, the lower percentage (7.1%) had alliterated, and the higher number (42.8%) was in the age group (15–25) years, while the lower percentage (4.7%) was in the age group (≥46). Profession (19%) were working, whereas 81% were staying at home. The majority of the study sample (76.2%) was urban, and 23.8% was rural. Socioeconomic status: The majority of the study sample (54.7%) were not related to their husband, while 45.3% were. Of the study sample, 76.1 percent had a moderate socioeconomic position, 9.5% had a poor socioeconomic status, and 14.2% had a high socioeconomic level.

Table (2) Study sample distribution based on reproductive history (N=42):

Reproductive variable	group	frequency	Percentage
Age at marriage	15-25	35	83.3
	26-30	5	11.9
	≥31	2	4.7
$\bar{\bar{X}} \pm S.D$		1.33 ± 0.44	
Menstrual cycle	regular	34	80.9
	irregular	8	19.1
$\bar{\bar{X}} \pm S.D$		1.30± 0.45	
Inter pregnancy interval	Less than 2 yrs	13	30.9
	More than 2 yrs	11	26.2
	Primygravida	18	42.9
$\bar{\bar{X}} \pm S.D$		1.71±0.81	
Type & number of Previous pregnancy	NVD	13	30.9
	C/S	11	26.2

	1st pregnancy (primygravida)	18	42.9
Gravida	1-4	28	66.6
	5-9	12	28.4
	10 - ≥ 15	2	5
Parity	Non	18	42.8
	1	10	24
	≥ 2	14	33.2
Abortion	1	30	71.4
	2 - ≥ 3	12	28.6
Attending of Prenatal care	Attending	29	69
	Not attending	13	31
$\bar{\bar{X}} \pm S.D$		1.33 ± 0.46	

According to this table, 83.3% of the study sample married between the ages of 15 and 25 (80.9%), and these women had regular M.C.s, whereas only 19.1% had regular MCs. were erratic. While Primegravida is 42.9% gravid of the study group, which ranges from 1 to 15 years, 30.9% of them had interpregnancy intervals of less than two years and 26.2% had intervals of two years or more. Of them, the majority (66.6%) had gravid from 1 to 4, while the smallest percentage (5%) had gravid from 10 to 15 or more. Seventy-one percent of the study sample have at least one Para. have had at least one abortion.

Table (3) Distribution of the study sample according to the previous reproductive health problem :

Reproductive health problem	group	frequency	Percentage
Twin pregnancy	Yes	4	9.5
	No	38	90.5
$\bar{\bar{X}} \pm S.D$		1,87±0.38	
Uterine surgery	Yes	1	2.3
	No	41	97.7
$\bar{\bar{X}} \pm S.D$		1.93±0.49	
Uterine malformation	Yes	4	9.5
	No	38	90.5

$\bar{\bar{X}} \pm S.D$		1.93 ±0.21	
Recurrent uterine infection	Yes	23	54.7
	No	19	45.3
$\bar{\bar{X}} \pm S.D$		1.81 ± 0.44	

According to Table (3), 9.5% of them had a history of twin pregnancies. A uterine infection occurred in 45.3% of them during their current pregnancy, 9.5% had a congenital uterine anomaly, and 2.3% had undergone prior uterine surgery.

Table (4) According to the cutoff point of the examined questionnaire items, compares the significant item responses for the pregnant women's knowledge about abortion and assessment.

Items	Questionnaire items	response	F.	%	M.S	C.S
1-general information about abortion						
1	Projection is the death of the fetus and termination of pregnancy before 24 weeks gestation.	Yes	15	35.7	1.3	L.S
		No	27	64.3		
2	Projection occurs a high proportion of women in the age that do not a exceed 18 years.	Yes	16	38	1.4	S
		No	26	62		
3	Projection occurs in a high proportion of pregnant women after age of 35 years.	Yes	17	40.4	1.4	S
		No	25	59.6		
4	Projection occurs in a high rate of debt in pregnant women are overweight.	Yes	15	35.7	1.3	L.S
		No	27	64.3		
5	Projection occurs a high proportion of women smokers.	Yes	26	62	1.4	S
		No	16	38		

Table (4) shows the mean of score was significant in second, third and fifth items, but low significant in first and fourth items.

Table (5) Frequencies, Percent & Mean of Score for (questioner) Items About Types of Abortion with Their Significant Differences:

items	Questionnaire items	Resp.	Freq.	percent	M.S	C.S
2- information about type of abortion						
1	Pretend abortion:niberhood in which the fetus will remain but his life in danger.	Yes	30	71	1.7	H.S
		No	12	29		
2	Missed abortion: which the fetus eief and stay seays in one uterus without pain.	Yes	14	33.3	1.3	L.S
		No	28	66.7		

3	Complet abortion: it is out of the uterus of componts of the employ and the placenta umbilical cord out of the uterus from the vagina.	Yes	29	69	1.6	H.S
		No	13	31		
4	Incomplete abortion: which part of the placenta or child remains inside the uterus	Yes	20	47.6	1.4	L.S
		No	22	52.4		
5	Induced abortion: a pregnant women go to the infinitely non, authorized user toxied to abort	Yes	29	69	1.6	H.S
		No	13	31		
6	Frequent abortion: it is frequent occurs of three abortion.	Yes	24	57.1	1.5	L.S
		No	18	42.9		
7	Inevitable abortion: a fetal death was often for reason to the validity of the mother.	Yes	17	40.4	1.4	L.S
		No	25	59.6		

According to Table (5), the mean score was low significant for the second item alone, but highly significant for the first, third, and fifth items, and considerably for the fourth, sixth, and seventh items.

Table (6) Frequencies, Percent, & Mean of Score For (Q) Items About The Main Causes Of Abortion With Their Significant Differences:

Item	Q item	resp	F	%	M.C	C.S
3- Information about causes of abortion						
1	Congenital malformation in the fetus	Yes	19	45.2	1.4	**S**
		No	23	54.8		
2	Congenital birth defect in the uterus	Yes	24	57.1	1.5	**S**
		No	18	42.9		
3	Smoking and drinking alcoholic beverages	Yes	35	83.3	1.8	**H.S**
		No	7	16.7		
4	Especially accidents that affect the abdominal	Yes	32	76.1	1.7	**H.S**
		No	10	23.9		
5	Stress, for example up on the death of a relative and family	Yes	37	88.1	1.8	**H.S**
		No	5	11.9		
6	Chromosomal disorders	Yes	11	26.1	1.3	**L.S**
		No	31	73.9		
7	Problems in the placenta, for example made of the placenta or placenta adhesion	Yes	12	28.5	1.4	**L.S**
		No	30	71.5		
8	Some disease, for example diabetic	Yes	31	73.9	1.7	**H.S**
		No	11	26.1		
9	High fever	Yes	20	52.3	1.5	**L.S**
		No	22	47.7		
10	Lack of iron or anemia	Yes	30	71.5	1.7	**H.S**
		No	12	28.5		
11	Acute urinary tract infection	Yes	22	52.3	1.5	**L.S**

		No	20	47.7		
12	Looseness cervix	Yes	28	66.6	1.6	**S**
		No	14	33.4		

The mean score was found to be highly significant in items 3, 4, 5, 8, and 10, and significant in items 1, 2, 7, 9, 11, and 12. However, the mean score was low in item six only, meaning that all of the questions about the causes of abortion fall at the lower bound of the cat off point, with the exception of item.

Table (7) Frequencies, Percent, & Mean of Score for questionnaire Item About Self Care During Abortion with Their Significant Differences:

Item	Questioner item	Resp	F	%	M.C	C.S
4- information about self care						
1	Take enough rest day.	Yes	40	95.2	1.9	H.S
		No	2	4.8		
2	Review of the health center on an going basis.	Yes	32	76.1	1.7	H.S
		No	10	23.9		
3	Eating healthy food.	Yes	41	97.6	1.9	H.S
		No	1	2.4		
4	Fluid intake in a abundance.	Yes	33	78.5	1.7	H.S
		No	9	21.5		
5	Not to practice any physical activity for two weeks.	Yes	21	50	1.5	S
		No	21	50		
6	Do not use vaginal suppositories or lotion.	Yes	20	47.6	1.4	S
		No	22	52.4		
7	Monitor vital sign.	Yes	25	59.5	1.6	S
		No	17	40.5		

This table indicates that the mean score for items 1, 2, 3, and 4 was highly significant, while the mean score for items 5, 6, and 7 was substantially significant. This means that all of the (Q) items pertaining to self-care during abortion lie at the upper bound of the cat off point.

Discussion:

Age and sociodemographic of the study sample: 42.8% of the study sample was in the 15–25 age range, which is highly dependable and advised for the sample under study (4). It also revealed that mothers between the ages of 15 and 25 years old were more likely to have had an abortion.

Education level: is seen as an essential and pressing aspect of prenatal self-care. The majority of women in the study (30%) had only completed primary school, which is consistent with (5), which showed that 39.4% of participants had very little knowledge and that the education status of complicated pregnant women was nearly poor. Mothers with low educational levels frequently experience the following negative outcomes: social isolation, bad habits, and low educational level.

Consanguinity:

According to the results, over half of the study group (45.3%) had a spouse. discuss the frequency of consanguineous marriages in Indian rural areas and how they affect the outcome of pregnancies in his research. Comparing the consanguineous and non-consanguineous groups, it was found that the fetal loss was significantly equivalent (6).

Inter-pregnancy intervals: Of the study sample, 30.9% had an interpregnancy gap of less than two years, whereas 26% had an interpregnancy period of more than two years. and the primegravida (42.9%) had a non-significant difference between the various inter-pregnancy intervals. This result is consistent with a (7) study that documented knowledge and attitudes toward abortion; in this study, it was established that the primegravida (44.3%) pregnancy interval might be smaller than two years.

Domain 1:General Women Knowledge about Abortion :- According to the results of my study, which was based on a survey of 319 pregnant women to ascertain their knowledge, attitudes, and experiences regarding abortion, women in item (1.4) had a low level of knowledge regarding general women's information about abortion, while those in item (2.3.5) had a moderate level of knowledge. It was discovered that 63% of women lacked sufficient knowledge (8)

Domain 2: Information About Type of abortion :- Regarding this domain, the majority of the study sample had an acceptable level of knowledge about the type of abortion in items (1.3.5), with only item (2) showing significant information, and item (4.6.7) showing a poor level of information. Our study agrees with a study that was conducted to find out what the knowledge and attitudes of female youths were regarding induced abortions. (9) It was shown that women's understanding was significantly low (54%).

Domain 3: Information about causes of abortion :- Low level information about abortion causes was found in items 6, 7, 9, and 11, whereas good level information was found in items 1, 2, and 12, and high significant level information was found in items 3, 5, 8, and 10. This study supports a study by (10) that found that 66% of women knew very little about the reasons behind abortions. on 450 expectant mothers to gather data regarding abortion

Domain 4:- information about self care : Regarding awareness of self-care following an abortion Items 1, 2, 3, and 4 include a great degree of information, while items 5, 6, and 7 show notable discrepancies. This study indicated that 72% of 200 pregnant women had an excellent degree of self-care knowledge, based on findings from 11.

Conclusions:

1-The vast majority of the study sample were reported within low category of Social-Economic Status, which might be interpreted the effectiveness of the malnutrition as a one source of pregnancy complication

2- The vast majority of the study sample were reported within first consanguinity degree , which might be interpreted the effectiveness of the genetic reason.

3- Most of the study samples have low level of knowledge about abortion.

4- The majority of women knowledge on abortion is due for previous history

Recommendation

1. ongoing education and training programs for the medical staff, particularly to enhance their expertise and fulfill their responsibilities of instructing and advising expectant mothers regarding abortion.
2. More information for mothers and a focus on going to the main health care center (PHCC) for prenatal care in order to detect and treat pregnancy issues early
3. Limited movement, P/V examination , and intercourse.

References:

1. Mosby. dictionary of complementary and alternative medicine 8ed.edition by sounder, an imprint of Elsevier (2005) ,access at 2011.is available from http./medical –dictionary. The free dictionary.com/assessment.
2. Kerner man English Multilingual Dictionary.2nd edition, edited by Harper collines-European,(2003) Acess at zoll. availablefrom/http;//the free dictionary.com/pregnant.
3. Hamsson ,Sven Ove; Edward N.Zalta,editor(Spring 2014).''Risk''.The Stamford Encyclopedia of philosophy.Retrieved 9May2014
4. Moray-Levine, Noga (2007).''Imported problem definitions ,Legal culture and the local dynamics of Israeli abortion politics'' Israel Affairs 5
5. Doi. A (maternal and child health nearsing by tenteachers)1080/135371299087/9520.Retrieved 24 November 2013.
6. Daniel Grossman, Darida Becker, Maricianah Onono,…etl, Knowledge, attitudes and experience about abortion in Nyanza;Ed-2011, p.p;35
7. Filip syden , Knowledge AND attitudes about abortion-in lndian , Ed 2011, p.p;56
8. Harald Hovik and lindak .Hestivik , Knowledge and attitude to word. abortion and among Medical students, Ed 2012,p.p;36
9. Mary J.Ball, Abortion Attitudes of counselor, social worker,and Nursing Trainess, Ed.2011,p.p;104-105
10. MAYA-SHRESTHA,Impact of Abortion attitudes Among College student in Nepal ,Ed. 2013,p.p;22
11. Justin lussy Paluku , som kallsoke , Julius Wandabwa, CH. Knowledge and attitudes about induced abortions among female youths attending Naguru ,2011 p.p; 181