



Iraqi Ministry Of Higher Education And Scientific Research  
University Of Mosul – College of Nursing



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## **Knowledge of Mothers Who Are Attending Primary Health Care Centers About Immunization in Mosul city/left coast**

**A Graduation Project submitted by**

Azhar Fouad abd

shaymaa Yousef Mustafa

Bahia hussaien khalef

israa Hussain mohammad

Ola Yousef khurshid

Mohammed Jassim Mohammed

**To**

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**Supervised by**

Hana Abdulkader jameel

Assistant Lecturer

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وانزل الله عليك الكتاب والحكمة وعلمك ما لم تكن تعلم وكان فضل

الله عليك عظيما

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

سورة النساء (113)

## الإهداء و الشكر

الى الذين حملوا اقدس رسالة في الحياة و مهدوا لنا طريق العلم و المعرفة اساتذتنا الافاضل و  
اخص منهم م.م هناء .

إلى من كلله الله بالهيبة والوقار ..

إلى من علمني العطاء بدون انتظار ..

إلى من أحمل أسمه بكل افتخار ..

أرجو من الله أن يمد في عمرك لترى ثماراً قد حان قطافها بعد طول انتظار

وستبقى كلماتك نجوم أهتدي بها اليوم وفي الغد وإلى الأبد ..

والذي العزيز

إلى ملاكي في الحياة .. إلى معنى الحب وإلى معنى الحنان والتفاني .. إلى بسمه الحياة وسر  
الوجود

إلى من كان دعائها سر نجاحي وحنانها بلسم جراحي إلى أعلى الحبايب

أمي الحبيبة

إلى من برفتهم في دروب الحياة الحلوة والحزينة سرت .. إلى من عرفت كيف أجدهم  
وعلموني أن لا أضيعهم

صديقاتي واقربائي و جميع من ساندني و ساعدني و شجعني ولو بكلمة ..

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To the one who delivered the message and fulfilled the trust.. and advised the nation.. to the prophet of mercy and the light of the worlds..

Our master Muhammad, may God bless him and grant him peace.

To those who carried the holiest message in life and paved the way for us with knowledge and knowledge, our distinguished professors, most notably Assistant Lecture Hana.

To whom God has crowned with prestige and dignity..

To those who taught me to give without waiting..

To whom I proudly bear his name.

I ask God to extend your life so that you may see fruits that have come to be harvested after a long wait

Your words will remain the stars that guide me today, tomorrow and forever.

My dear father

To my angel in life.. to the meaning of love, to the meaning of tenderness and devotion.. to the smile of life and the secret of existence

To whom was her supplication the secret of my success and tenderness with a surgical balm to my dearest beloveds

Dear mother

To those who accompanied them in the paths of sweet and sad life, I was pleased.. To those who knew how to find them and taught me not to lose them

My friends, relatives and everyone who supported me, helped me and encouraged me, even with a word..

## Abstract

### **Background and aim:**

maternal knowledge about immunization status among respondents of children and assess mothers' knowledge and practice about insemination in Mosul city. To find out the relationship of the mother's age, educational level, and its impact on her knowledge of immunization

**Methodology:** A descriptive study and quantitative design which was select sample by simple random sampling of 250 mothers who attending antenatal clinical center in Mosul city for immunization of their children's from 15th march 2021 to the 15th June 2021 were online using questionnaire (google form).

**Results:** regarding mother's knowledge about immunization study found that that there is a large group of mothers who do not have sufficient awareness about vaccinations for their children. Most of them believe that the vaccine can be harmful to the child 81.2% and sometimes cause disease. there are statistically significant differences in the relationship of awareness about children's vaccinations and the educational level of mother's high school 79.7% and university 57.1%

**Conclusion:** We conclude that the knowledge of studied mothers about vaccination is not completely adequate and this is reflected on the state of immunization. Child gender; education, residence and job of mothers do not significantly affect the pattern of immunization while negative attitude (mothers afraid of vaccination, cessation of immunization by mild illness) significantly affects the immunization status. This refers to incomplete knowledge and inappropriate practice of the people.

**Key words:** immunization, knowledge, primary health care

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# **CHAPTER ONE**

## **Introduction**

# Introduction

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## 1.1 Introduction

Vaccinations are the safest way to protect people from disease before they come into contact with them. After the vaccination, the body becomes more resistant to infection as the immune system is strengthened, most vaccines are given by an injection, but some are given orally (by mouth) or sprayed into the nose (WHO, 2021).

The World Health Organization (WHO) has defined immunization as the process in which a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. (WHO, 2016).

Immunization has greatly reduced the incidence of communicable diseases, according to large statistics and studies around the world. The mortality rate for children under the age of five has decreased due to these diseases, "Immunization plays a vital role in the lives of children by protecting them against infectious diseases such as (Measles, Polio, Tuberculosis, Hepatitis B, Diphtheria, whooping cough, Tetanus etc")

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Child vaccines are the greatest discoveries in the ages that have gone by and are still developing, advancing the service of the child and the family together that protect children from many diseases and reduce mortality rates as well. Therefore, it is necessary for parents to have comprehensive and broad knowledge about vaccines and their importance in preventing the occurrence of diseases in their children (Mugada, et al.,2017).

Vaccines guarantee life for many children around the world, as it prevents the occurrence of 2 million deaths annually, but in developing countries there are still large death rates due to the lack of adequate vaccines, so the need for more vaccines in these countries (Pathak& Kumar,2020).

Many studies were reported a positive correlation between parental knowledge, practice and vaccination rates of children (Omomila, et.al,2020). Similarly many studies reported positive correlation between mother's knowledge, attitudes and practice and children's immunization, (Uwaibi, et al., 2020).

The main obstacles to vaccinating children are misconceptions about vaccines and their harms and mother's fears that the vaccine is the cause of the disease as well as fear of side effects caused by the vaccination of high temperature and swelling of the injection site .In USA 2009 a survey conducted show a previous belief that vaccines caused autism was the most common parental fear ( Gherardi E,2021).

On the part of mothers 'fear of child vaccinations, the role of health workers in health centers highlights the increase in awareness programs in all its means:

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health teams roaming, television, social media, and all ways that increase mothers' awareness of the importance of child vaccinations in the first years of life for their children (Raharjo, & Corner 2020).

The administration of vaccines requires the same high standard of injection safety as any other injection. A sterile needle and syringe should be used for each injection and both should be disposed of safely.

WHO recommends the exclusive use of single-use (“auto-disable”) syringes and preferably devices with sharps injury protection features whenever possible<sup>4</sup>. Syringes should not be recapped (to avoid needle-stick injuries) and should be disposed of in a way that is safe for the recipient, the provider and the community (Maltezou, et.al,2020).

The most reaction vaccines produce some mild local and/or systemic reactions relatively frequently. These reactions generally occur within a day or two of immunization. The systemic symptoms (mainly fever and/or rash) that are reported in 5–15% of recipients of measles or measles, mumps and rubella vaccine 5–12 days after vaccination are commonly attributable to background events that are normal events during childhood (WHO,2007).

Parental practices like unawareness of adverse effects and contraindications of vaccination, negative perceptions about vaccination in mild illness, negative attitude, for example, mother’s fear of vaccination was considered as one of the major barrier to childhood vaccination (Mugada,et.al 2017)

The belief that vaccines lead to autism was the most prevalent parental concern in a survey conducted in the USA (Smith et al., 2009).

## Vaccination schedule route of admission and dose

Vaccine	When to give	Dose	Route	Site
<b>For pregnant women</b>				
TT-1	Early in pregnancy	0.5ml	Intramuscular	Upper arm
TT-2	4 weeks after TT-1 <sup>*</sup>	0.5ml	Intramuscular	Upper arm
TT- booster	If received 2 TT doses in a pregnancy within last 3 years <sup>*</sup>	0.5ml	Intramuscular	Upper arm
<b>For infants</b>				
BCG	At birth or as early as possible till one year of age	0.1ml (0.05ml till 1 moth age)	Intra dermal	Left upper arm
Hepatitis	At birth or as early as possible within 24 hours	0.5ml	Intra muscular	Antero lateral side of mid-thigh
OPV-0	At birth or as early as possible within 15 days	2 drops	Oral	Oral
OPV-1, 2 & 3	At 6weeks,10weeks &14weeks	2 drops	Oral	Oral
DPT 1, 2 & 3	At 6weeks,10weeks &14weeks	0.5ml	Intramuscular	Antero lateral side of mid-thigh
Hep B 1, 2 & 3	At 6weeks,10weeks&14weeks	0.5ml	Intramuscular	Antero lateral side of mid-thigh
Measles	9 completed months -12 months	0.5ml	Subcutaneous	Right upper arm
Vitamin – A (1 <sup>st</sup> dose )	At 9 months with measles	1ml (1 lakh IU)	Oral	Oral
<b>For children</b>				
DPT booster	16-24 month	0.5 ml	Intra muscular	Antero-lateral side of mid thigh
Measles 2 <sup>nd</sup> dose	16-24 month	0.5ml	Subcutaneous	Right upper arm
OPV booster	16-24month	2 drops	Oral	Oral
Japanese encephalitis **	16-24 month	0.5ml	Subcutaneous	Left upper arm
<b>Vitamin – A ***</b>				
(2 <sup>nd</sup> to 9 <sup>th</sup> dose)	16 months then one dose every 6 month upto age of 5 years	2 ml (2 lakh IU)	Oral	Oral
DPT booster	5-6 years	0.5 ml	Intra muscular	Upper arm
TT	10 years & 16 years	0.5 ml	Intra muscular	Upper arm

\*source: WHO 2019

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## **1.2 Importance of the study**

The importance of this study is to evaluate mothers' knowledge, attitude and behavior towards child immunization.

This will enable us to identify the reasons for incomplete immunization and other factors affecting low rates of vaccination. The findings of this research will be useful for planning interventions aimed at expanding vaccine coverage and timing.

## **1.3 Objectives**

1. To determine maternal characteristics and the determinants of full immunization status among respondents of children.
2. To assess mothers' knowledge and practice and about insemination in Mosul city.
3. To find out the relationship of the mother's age, educational level, and its impact on her knowledge of immunization.

# **CHAPTER TWO**

## **Patient and Method**

## Patient and Method

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### **Patient and Method:**

This chapter includes the presenting of administrative arrangements, user design in this study, study preparing, study topics, tools used for measurement in the study, measurement procedures, data collection, data analysis, and study limitations.

In order to achieve objectives of this study the investigator use questionnaire from the first part information related to socio-demographic data of the sample, and information related to mother negative and positive knowledge about immunization, so causes of incomplete vaccinations in children and the role of society with regard to vaccines for children in Mosul (*Appendix A*).

**2.1. Study Design:** A descriptive study and quantitative design which was select sample by simple random sampling of 250 mothers who attending antenatal clinical center in Mosul city for immunization of their children's from 15th march 2021 to the 15th June 2021 were online using questionnaire (google form).

**2.2. Study Sample:** A total of 250 mothers of children aged from 1 month to 5 years who lived in left side region of Mosul, Iraq were invited to participate in filling the online questionnaire.



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### **2.3. Inclusion Criteria**

- 1) Mothers.
- 2) Lived in left side of Mosul
- 3) Had an infants or preschool children, aged from 1 month to 5 years.

### **2.4. Exclusion Criteria**

- 1) Fathers.
- 2) Lived in other region, Not in left side.
- 3) Did not have an infant or preschool children, aged from 1 month to 5 years.

### **2.5. Data Collection**

The study was conducted on mothers of infants and pre-school children in the left side of Mosul, Iraq. It was a survey using an online questionnaire filled out by randomly selected mothers from the community from different areas on the left side of the city of Mosul, and the questionnaire included 28 closed questions. The questionnaire was directed to 10 experts within the specialty for evaluation, and some questions were excluded and amended after that, and it was approved for research purposes in general, the questions covered four areas: Demographic data of the participating mothers, including age, profession, level of education, marital status, place of residence, economy, and number of children. The level of knowledge about vaccination includes 7 questions (yes or no) the negative and positive behavior of vaccines that includes 7 questions and causes of incomplete vaccines 12 questions last, sources of knowledge for vaccines 5 questions.

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## **2.6. Ethical Considerations**

Obtaining ethical approval for the study from the University of Mosul, College of Nursing, and the Department's Research Committee. (Appendix C)

## **2.7. Data Analysis**

Descriptive statistics were used, frequencies, percentages, chi-square test, to measure differences, p-value 0.05.

## **2.8. Limitation of the study**

1. The length of the quarantine period and the curfew days in the city of Mosul.
2. Weak internet, which made it difficult to communicate with the supervising professor and to complete data collection electronically.

# **CHAPTER THREE**

## **Result**

## Result

### Result

**Table 1: Socio demographic characteristics of the sample (n=250).**

N .	Paragraph	Frequency	Percentage
1.	Age of mother(years)		
	15-20years	109	43.6%
	21-30 years	67	26.8%
	31 above	74	29.6%
2.	Mother occupation		
	Working	97	38.8%
	Housewife	153	61.2%
3.	Childe gender		
	Male	113	45.2%
	Female	137	54.8%
4.	Education status of mother		
	Nil	27	10.8%
	Primary	55	22%
	Secondary	69	27.6%
	High school	74	29.2%
	University	28	11.2%
	degree		
5.	Area of residence		
	Rural	76	30.4%
	Urban	174	69.6%
6	Birth order of children		
	1 <sup>st</sup>	93	37.2%
	2 <sup>nd</sup>	62	24.8%
	3 <sup>rd</sup>	64	25.6%
	More	31	12.2%

In this table noted the average age of the majority of mothers in the sample was between 18-31 years. Most of the mothers are unemployed (61.2%). Most of them completed high school graduation (27.6%) followed by middle school education (29.2%). About 174 (79.6%) of urban areas.

**Table 2: Assessment mothers' knowledge and behavior (negative, positive) about vaccines (n=250).**

s.	Knowledge assessment questions	Yes %	No %	Don't know %
1.	Did you have knowledge about vaccinations at an early age?	55.14%	17.84%	27.2%
2.	Does the vaccine prevent diseases?	67.3%	13.7%	19%
3.	Should the vaccine be given at birth?	73%	9%	18%
4.	Is the vaccine dangerous for children's health?	81.2%	7.7%	11.1%
5.	If a child has the flu, does he get vaccinated?	33%	51%	16%
6.	If the child has a high temperature, will he get vaccinated?	17%	68%	15%
7.	Can a child get vaccinated if he has diarrhea?	66%	13%	21%

The above table 2 shows that there is a large group of mothers who do not have sufficient awareness about vaccinations for their children. Most of them believe that the vaccine can be harmful to the child **81.2%** and sometimes cause disease.

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**Table 3: Causes and reason of incomplete vaccinations in children**

<b>s.</b>	<b>Questions</b>	<b>Total</b>	<b>Percentage</b>
<b>1.</b>	The mother was very busy	18	7.2%
<b>2.</b>	The vaccine was delayed due to family problems	21	8.4%
<b>3.</b>	The vaccine is not available at the time	36	<b>14.4%</b>
<b>4.</b>	The vaccination was not timed right	17	6.8%
<b>5.</b>	The child was ill, so it was not vaccinated	38	<b>15.2%</b>
<b>6.</b>	He was not taken to the health center due to illness	42	<b>16.8%</b>
<b>7.</b>	There was no need for a second and third dose of the vaccine	13	5.2%
<b>8.</b>	I did not know the need for this vaccine	19	7.6%
<b>9.</b>	The mother was afraid of the side effects of the vaccine	26	<b>10.4%</b>
<b>10.</b>	There was a long queue	3	1.2%
<b>11.</b>	I was aware that vaccinations are optional	17	6.8%
<b>12.</b>	Asking the mother to buy vaccines?	0	0%

This table shows that the majority of the reasons for incomplete vaccinations for children is the failure to take the child to the health center because of the disease by 22%, as well as the mothers' fear of the side effects of vaccines such as severe fever and diarrhea

**Table 4: Distribution the children immunized according to the level of education of mothers**

Mother education	Immunization status				Total	$\chi^2$	P
	Complete		Partial				
	N .	%	N .	%			
<b>Nile</b>	11	40.8%	16	59.2%	27	<b>0.443</b>	<b>&lt;0.05</b>
<b>Primary</b>	34	61.8%	21	38.2%	55		
<b>secondary</b>	51	73.9%	18	26.1%	69		
<b>High school</b>	59	79.7%	15	19.3%	74		
<b>University</b>	16	57.1%	8	42.9%	28		

In this table, there are statistically significant differences in the relationship of awareness about children's vaccinations and the educational level of mothers. We note that the higher the educational level of the mother, the higher the number of fully vaccinated children: high school 79.7% and university 57.1%.

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Figure 1: The most frequent causes of an incomplete vaccine

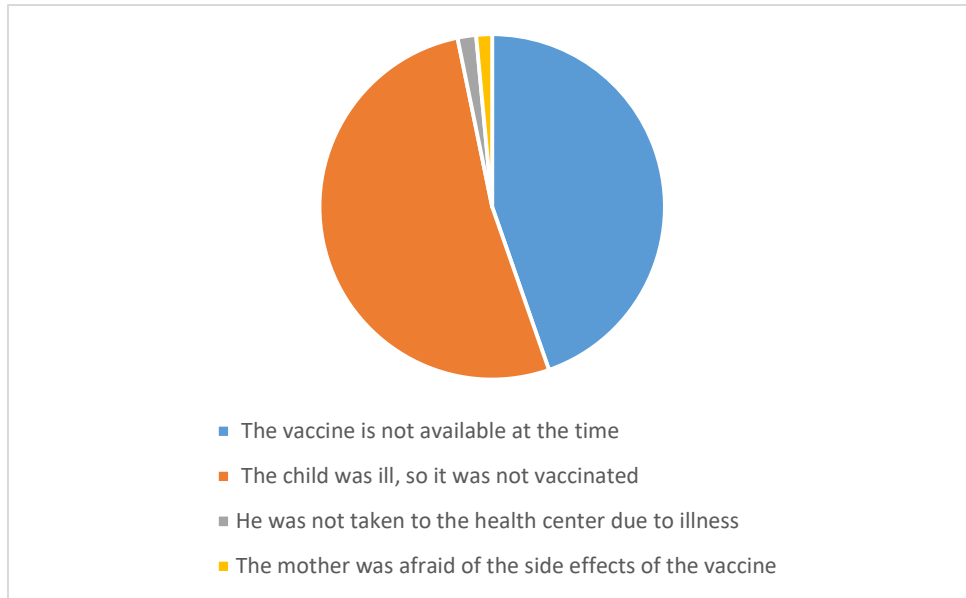
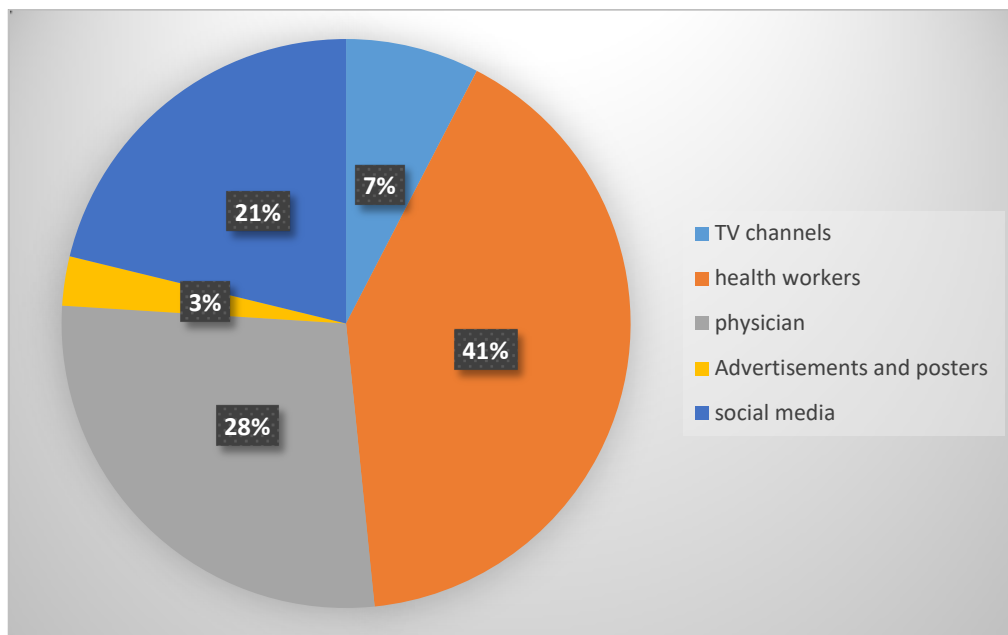


Figure 2: distribution of mother's knowledge about immunization according to Source of educating





# **CHAPTER FOUR**

## **CONCLUSION AND RECOMMENDATION**

## **CONCLUSION**

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### **4.1 CONCLUSION**

We conclude that the knowledge of studied mothers about vaccination is not completely adequate and this is reflected on the state of immunization. Child gender; education, residence and job of mothers do not significantly affect the pattern of immunization while negative attitude (mothers afraid of vaccination, cessation of immunization by mild illness) significantly affects the immunization status. This refers to incomplete knowledge and inappropriate practice of the people. This would require appropriate information dissemination, campaigning and family involvement as crucial to the success of the program.

### **4.2 RECOMMENDATION**

It is dire need to arrange for health education program session for mothers, with main emphasis on important of vaccination and vaccine preventable disease. Media (television) was the most important source which can be used for spreading health education message.

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WHO,2021

"معارف وسلوك الأمهات المراجعات لمراكز الصحية الأولية اتجاه لقاحات الأطفال في مدينة الموصل،  
العراق 2021"

أولاً: المعلومات الديموغرافية للعينة (150)

1. عمر الام : 20-15 سنة  -30 سنة  31 سنة فأكثر
2. جنس الطفل: ذكر  انثى
3. مهنة الام : موظفة  ربة بيت
4. المستوى التعليمي للام:  
امية  تقرا وتكتب  ابتدائية  اعدادية  اكثر
5. الإقامة: قرية  مدينة
6. تسلسل الطفل في العائلة: الأول  الثاني  الثالث  اكثر

ثانياً: تقييم معارف والسلوك (السلبي, الإيجابي) للأمهات حول اللقاحات

1. هل كان لديك معرفة عن اللقاحات في سن مبكرة؟ نعم  لا  لا اعرف
2. هل اللقاح يمنع حدوث الامراض؟ نعم  لا  لا اعرف
3. هل يجب إعطاء اللقاح عند الولادة؟ نعم  لا  لا اعرف
4. هل اللقاح خطر على صحة الأطفال؟ نعم  لا  لا اعرف

نعم  لا  لا اعرف

5. هل إذا كان الطفل لديه أنفلونزا يتم تلقيحه؟

نعم  لا  لا اعرف

6. هل إذا كانت حرارة الطفل مرتفعة يلقح؟

نعم  لا  لا اعرف

7. هل يتم تلقيح الطفل إذا كان لديه اسهال؟

### ثالثاً: مسببات عدم اكتمال اللقاحات لدى الأطفال

نعم  لا

1. كانت الام مشغولة للغاية

نعم  لا

2. تأخر اللقاح بسبب مشاكل عائلية

نعم  لا

3. اللقاح غير متوفر آنذاك

نعم  لا

4. لم يكن وقت اللقاح مناسب

نعم  لا

5. كان الطفل مريضاً لذلك لم يتم تلقيحه

نعم  لا

6. لم يتم اخذه للمركز الصحي بسبب المرض

نعم  لا

7. لم يكن هناك حاجة لجرعة ثانية وثالثة للقاح

نعم  لا

8. لم يكن لدي علم بضرورة هذا اللقاح

نعم  لا

9. كانت الام تخاف من الآثار الجانبية للقاح

نعم  لا

10. كان هناك طابور انتظار طويل

نعم  لا

11. كان لدي إدراك ان اللقاحات اختيارية

نعم  لا

12. طلب من الام شراء لقاحات؟

رابعاً: التثقيف الصحي للمجتمع حول اللقاحات

من الذي ارشدكم للقاح أطفالكم (مصدر الارشاد)

1. القنوات التلفزيونية

2. العاملين الصحيين (ممرض، فرق صحة المجتمع)

3. الطبيب المختص

4. الاعلانات والبوبو سترات

5. مواقع التواصل الاجتماعي

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

الاستاذ الفاضل .....المحترم

تحية طيبة ..

تقديرا و اعتزازا لخبرتكم العلمية و العملية و التي ستكون دعما لموضوع بحث التخرج الموسوم ب

## Knowledge of Mothers Who Are Attending Primary Health Care Centers About Immunization in Mosul city/left coast

معرفة الأمهات اللاتي يترددن على مراكز الرعاية الصحية الأولية حول التطعيم في مدينة الموصل / الساحل الأيسر

يرجى التفضل بابداء رايكم و ملاحظاتكم حول فقرات الاستمارة الاستبائية و بيان التعديلات اللازمة لكل فقرة ان امكن و لكم الشكر و التقدير

الاسم الثلاثي :

اللقب العلمي :

سنوات الخبرة :

مكان العمل :

التوقيع :

هناء عبد القادر جميل

الطلبة المشاركون في البحث

شيماء يوسف مصطفى

محمد جاسم محمد

ازهار فؤاد عبد

علا يوسف خورشيد

اسراء حسين محمد

بهية حسين خلف



قائمة باسمااء الخبراء

ت	اسم الخبير	اللقب العلمي	مكان العمل	الاختصاص الدقيق
1	سعد حسين مراد	م.د	جامعة الموصل / كلية التمريض	تمريض بالغين
2	تحسين محسن حسين	م.د	جامعة الموصل / كلية التمريض	تمريض بالغين
3	منذر نذير	م	جامعة الموصل / كلية التمريض	تمريض بالغين
4	رامي رمضان علو	أ.م	جامعة الموصل / كلية التمريض	اسس تمريض
5	تميم تامر معيوف	م	جامعة الموصل / كلية التمريض	اسس تمريض
6	محمد طه	م.د	جامعة الموصل / كلية التمريض	احياء مجهرية
7	نصر موفق	أ.م	جامعة الموصل / كلية التمريض	تمريض صحة مجتمع
8	محمود احمد	م	جامعة الموصل / كلية التمريض	تمريض صحة مجتمع
9	احمد علي حسين	م	جامعة الموصل / كلية التمريض	تمريض صحة مجتمع
10	اسماعيل ابراهيم داؤد	أ.م.د	جامعة الموصل / كلية التمريض	احياء مجهرية

## الخلاصة

**خلفية البحث والهدف:** معرفة الأمهات حول لقاحات الأطفال وتقييم معرفة الأمهات والممارسة حول التلقيح في مدينة الموصل. لاستخراج العلاقة بين عمر الأم، المستوى التعليمي، وأثرها على معرفتها من التحصين

**المنهجية:** دراسة وصفية وكمية حيث تم اختيار عينات عشوائية بسيطة من 250 من الأمهات الذين يحضرون المركز السريري للأنايب في مدينة الموصل للتحصين من أطفالهم من 15 مارس 2021 إلى 15 يونيو 2021 كانت على الانترنت باستخدام الاستبيان (شكل غوغل).

**النتائج:** فيما يتعلق بمعرفة الأم بشأن حفظ التحصين وجدت أن هناك مجموعة كبيرة من الأمهات الذين ليس لديهم وعي كافيا بشأن التطعيمات لأطفالهم. الكثير من الامهات يعتقدن ان يكون ضارا للطفل 81.2% وأحيانا يسبب المرض. هناك اختلافات ذات دلالة إحصائية في علاقة التوعية حول لقاحات الأطفال والمستوى التعليمي من المدرسة الثانوية 79.7% والجامعة 57.1%

**الاستنتاج:** نحن نستنتج أن معرفة الأمهات المتعلمات بشأن التطعيم ليست كافية تماما وهذا ينعكس على حالة التحصين. جنس الأطفال؛ المستوى التعليمي و مكان الإقامة و عمل الام لا تؤثر بشكل كبير على نمط التحصين في حين أن الموقف السلبي (خوف الامهات من التطعيم و وقف التحصين عند حدوث مرض خفيف) يؤثر بشكل كبير على وضع التحصين. ويشير هذا إلى عدم المعرفة وغير الممارسة غير الملائمة للمواطنين.

**الكلمات الرئيسية:** التحصين، والمعرفة، والرعاية الصحية الأولى



وزارة التعليم العالي و البحث العلمي العراقية  
جامعة الموصل – كلية التمريض



معارف وسلوك الأمهات المراجعات لمراكز الصحية الأولية اتجاه لقاحات الأطفال في مدينة  
الموصل، العراق 2021

مشروع تخرج تقدم به :

شيماء يوسف مصطفى  
اسراء حسين محمد  
علا يوسف خورشيد  
ازهار فؤاد عبد  
بهية حسين خليف  
محمد جاسم محمد

الى :

مجلس فرع العلوم التمريضية السريرية / كلية التمريض / جامعة الموصل  
كجزء من متطلبات نيل شهادة البكالوريوس العلوم في التمريض

بإشراف

هناء عبد القادر جميل

مدرس مساعد

## Abstract

### **Background and aim:**

maternal knowledge about immunization status among respondents of children and assess mothers' knowledge and practice about insemination in Mosul city. To find out the relationship of the mother's age, educational level, and its impact on her knowledge of immunization

**Methodology:** A descriptive study and quantitative design which was select sample by simple random sampling of 250 mothers who attending antenatal clinical center in Mosul city for immunization of their children's from 15th march 2021 to the 15th June 2021 were online using questionnaire (google form).

**Results:** regarding mother's knowledge about immunization study found that that there is a large group of mothers who do not have sufficient awareness about vaccinations for their children. Most of them believe that the vaccine can be harmful to the child 81.2% and sometimes cause disease. there are statistically significant differences in the relationship of awareness about children's vaccinations and the educational level of mother's high school 79.7% and university 57.1%

**Conclusion:** We conclude that the knowledge of studied mothers about vaccination is not completely adequate and this is reflected on the state of immunization. Child gender; education, residence and job of mothers do not significantly affect the pattern of immunization while negative attitude (mothers afraid of vaccination, cessation of immunization by mild illness) significantly affects the immunization status. This refers to incomplete knowledge and inappropriate practice of the people.

**Key words:** immunization, knowledge, primary health care