

# Assessment Knowledge of Parents Regarding Health Preventive Measures and Self-Care of Hemophilia Children

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## ABSTRACT

**Background:** Together hemophilia A and B are categorized through spontaneous indoors bleeding and excessive bleeding later on accidents or surgery. The biggest common places for bleeding are into joints and much less commonly in muscle tissues and organs such as the talent or kidneys.

**Objective(s):** The aim of the study is to assess knowledge of parents regarding health preventive measures and self-care of hemophilia children.

**Method:** a descriptive design is carried out through the use of questionnaire format for non –probability (purposive) sample of (40) patients who their children have hemophilia and treat in Blood Disease center in - AL\_ Nasiriya City.

**Results:** the study result showed that the highest rate of parents who participate in the study were father in age 38 years and more, who graduated from institute and their social status was married. The study show that the majority of participants have low information about self-care and health preventive measures for their children with hemophilia.

**Conclusion:** The study participants have a low knowledge level about health preventive measures and self-care and health preventive measures of hemophilia children.

**Recommendations:** Preparing lectures and providing simple manual booklet prepared and presented to health care providers and parents with hemophilia to enhancing their homecare (illness, diet, fluid, medication exercise and treatment) of patients.

**Keywords:** Assessment, Parents, Health Preventive Measures, Self-Care, Hemophilia Children.

## INTRODUCTION

Together hemophilia A and B are categorized through spontaneous indoors bleeding and excessive bleeding later on accidents or surgery. The biggest common places for bleeding are into joints and much less commonly in muscle tissues and organs such as the talent or kidneys. Uncontrolled and recurrent bleeding into joints motives acute pain and results in extreme osteoarthritis and crippling. Untreated bleeding into muscle tissues can end result in nerve harm and permanent loss of characteristic and bleeding into organs such as the brain can be fatal. Without remedy most teenagers with extreme hemophilia will not live to tell the tale past adolescence<sup>1</sup>.

Hemophilia A is inherited as a sex-linked, life-long health problem happening in the main in men which impacts about 1 in 10,000 male births. Totally races and socioeconomic companies are exaggerated the incidence of hemophilia A has been calculated that, global there are approximately 350,000 humans with extreme or moderate hemophilia A<sup>2</sup>.

According to the annual report of World Federation of Hemophilia (WFH) in 2016, the estimated total number of patients with all types of hemophilia in Iraq in 2016 was 1346, making a prevalence of 3.7/100 000. The other study indicated that the prevalence of all types of hemophilia in Iraq was 8.1/100 000 population (15.9/100 000 male) which was higher than the global prevalence of hemophilia in 2016 which was 2.8/100000 populations and higher than the range of hemophilia prevalence among upper middle countries (4.8–13.2/100 000 male population). The estimated prevalence of hemophilia in some neighboring and regional countries per 100 000 populations was Iran 7.1, Turkey 7, Egypt 6, Jordan 4.4, Syria 3.5, and Saudi Arabia 1.4, the highest estimated prevalence for hemophilia A, B, and C, in the world, was in the United Kingdom with 16.7/100000 populations<sup>3</sup>.

Globally, hemophilia impacts about 400,000 humans with an estimated occurrence of 1 in 5000 male stay births for hemophilia A, and 1 in 30,000 stay births for hemophilia B, main to persistent crippling hem arthropathy, when now not treated very early or prophylactically (Stoffman et al., 2018). The incidence of hemophilia in Egypt is about 250,000 cases per yrs. about 30-40 cases in each million people<sup>4</sup>.

## METHODOLOGY

**Design:** Descriptive design is carried out to assess the Parents' knowledge about health preventive measures and self-care of hemophilia children.

**Setting of Study:** the study has been done at Blood Disease center in - AL\_ Nasiriya City.

**Sampling:** A non –probability (purposive) sample of (40) parents who their children have hemophilia and treated in Blood Disease center

**Data collection:** the questionnaire format was used to collect the data which is contain two parts, first part about demographic characteristic (age, gender, social status, level of education, occupation), the second part about knowledge of parent regarding health preventive measures and self-care of hemophilia children (Take folic acid, Take vitamin supplements, Take anti-intestinal worms, Take herbal lotions, Follow a diet that includes drinking, Track a special diet, Avoid stressful activities, Wearing warm clothes, Avoid drinking cold drinks, Avoid drinking cold drinks, Avoid cold baths).

## RESULTS OF THE STUDY

Table 1: Distribution of Parents According to the Demographical Characteristics

Basic Information	Groups	Study participants No. =40	
		F	%
Age groups	18-22 years	7	17.5
	23-27 years	7	17.5
	28-32 years	5	12.5
	33-37 years	6	15.0
	38 years and more	15	37.5
Gender	Father	23	57.5
	Mother	17	42.5
Social status	Married	38	95.0
	Separated	2	5.0
	Divorced	0	0.00
	Widow	0	0.00
Level of education	Not read and write	11	27.5
	Read and write	5	12.5
	Primary graduating	10	25.0
	Secondary graduating	4	10.0
	Institute graduate	3	7.5
	College graduate	5	12.5
Postgraduate	2	5.0	

Occupation	Employee	10	25.0
	unemployed	9	22.5
	Housewife	13	32.5
	Student	7	17.5
	Retired	1	2.5

This table show that the highest rate of parents age in group (38 years and more) about (37.5%) and the lowerest rate in age group (28 – 32 years) were percent about 12.5%, the majority rate of parents' gender is (father) about (57.5%) and mother was the lower in percent 42.5%, concerning to the parents' social status, the greater number is (married) and account about (95.0%) and not found any parent within social status (divorced or widow), regarding to the level of education of Parents , the greater number of them with Not read or write about (27.5%) but institute graduating have the lower rate were 7.5%, and the majority of occupation is (housewife) about (32.5%) and the parents who retired were percent about 2.5%.

Table 2: Knowledge of Parents Regarding Health Prevention and Self-care of children with hemophilia.

No.	Items Related to Parents knowledge*	Answer	F	%
1	Take folic acid	Never	22	55.0
		Sometimes	15	37.5
		Always	3	7.5
2	Take vitamin supplements	Never	23	57.5
		Sometimes	14	35.0
		Always	3	7.5
3	Take anti-intestinal worms	Never	20	50.0
		Sometimes	18	45.0
		Always	2	5.0
4	Take herbal lotions	Never	17	42.5
		Sometimes	16	40.0
		Always	7	17.5
5	Follow a diet that includes drinking	Never	7	17.5
		Sometimes	22	55.0
		Always	11	27.5
6	Track a special diet	Never	17	42.5
		Sometimes	17	42.5
		Always	6	15.0
7	Avoid stressful activities	Never	20	50.0
		Sometimes	14	35.0
		Always	6	15.0
8	Wearing warm clothes	Never	13	32.5
		Sometimes	18	45.0
		Always	9	22.5
9	Avoid drinking cold drinks	Never	17	42.5
		Sometimes	13	32.5
		Always	10	25.0
10	Avoid cold baths	Never	13	32.5
		Sometimes	13	32.5
		Always	14	35.0

This table show that the highest percentage of study sample had low knowledge regarding item (take folic acid) (55%), Take vitamin supplements (57.5%), Take anti-intestinal worms (95%), Take herbal lotions (82.5%), Track a special diet (86%), Avoid stressful activities (85%) and Avoid cold drinking (74%).

Table 3: the Knowledge of Parents Regarding Self-Monitoring of the Study Sample

No.	Items Related to Parents knowledge*	Answer	Study participant No=40	
			F	%
1	Do you have a private call to the doctor in case of emergency first aid	I Don't Know	2	5.0
		I Know	9	22.5
		Not sure	29	72.5
2	Performs first aid (first aid box) at home when an injury occurs	I Don't Know	3	7.5
		I Know	9	22.5
		Not sure	28	70.0
3	Putting his tags on things and choosing his own	I Don't Know	5	12.5
		I Know	9	22.5

4	games with smooth ends Communicate with the school to clarify the sick condition of a child and the special care of the child at school	Not sure	26	65.0
		I Don't Know	3	7.5
		I Know	18	45.0
5	Examination for special analyzes of the diseased	Not sure	19	47.5
		I Don't Know	5	12.5
		I Know	20	50.0
6	Support and encourage the child by all means and provide comfortable transportation for the child to go to school and wear a helmet for the head and knee	Not sure	15	37.5
		I Don't Know	6	15.0
		I Know	15	37.5
7	Regarding clothes, stay away from tight clothes and shoes as well	Not sure	19	47.5
		I Don't Know	10	25.0
		I Know	13	32.5
8	Keep notes or self-monitoring records for the patient	Not sure	17	42.5
		I Don't Know	9	22.5
		I Know	17	42.5
9	There is a thermometer and check the temperature of your child	Not sure	14	35.0
		I Don't Know	8	20.0
		I Know	8	20.0
10	Check the color of urine and also are you looking for signs of diarrhea and vomiting in the patient	Not sure	24	60.0
		I Don't Know	7	17.5
		I Know	6	15.0

This table showed that the highest percentages of all items were answered with (sometimes), except for the item 5 & 8 (Keep notes or self-monitoring records for the patient, Examination for special analyzes of the diseased) was answered with (do). That mean the parents have adequate information or knowledge about self monitoring for their children with hemophilia.

## DISCUSSION

This study showed that the parents have poor information regarding self care for children with hemophilia. Mohammed <sup>5</sup> that found (74.5%) of sample never put identify child care when out home. Also Sebaq & Deraz, (2021) showed that that 86% of the studied sample had unsatisfactory knowledge level about hemophilia implementation. These findings agree with study done by Bérubé et al. <sup>6</sup>, their study has found that typically, little information is usually given to parents to help them adequately address illness-related issues with their children, such as how to decrease the burden of injections or how to discuss risky sports involvements.

This study showed that the parents never have information towards health prevention and self-care for children with hemophilia. This finding was similar with Mohammed and hattab, (2013) who showed that 72.7% of sample had fair level of knowledge about hemophilia in the assessment phase. Also Timmer et al. <sup>7</sup> caregivers information when treat children show (74.5%) don't know that suppository to treat high temperature should be prevented, (69.1%) don't know muscle injection should be prevention, (70.9%) don't know aspirin should be prevented. Continue immunization by injection in subcutaneous not in muscle show (60.0%) don't know but statistically significant.

This study showed that the parents have moderate knowledge level about self-monitoring for their children who have hemophilia. These results agree with study done by Mohammed <sup>7</sup> that found mothers practice with hemophilia children the result show (72.7%) of mothers some-time practice done not all time in all items. (23.6%) of mothers never done practice toward hemophilic.

We find that suitable and good for inclusion in the study because they are 38 years old, illiterate and do not have knowledge of the domains of hemophilia and need someone to give them knowledge about home caring, health prevention and self-monitoring for their children (Researcher).

## CONCLUSION

The study participants have a low knowledge level about home care for children with hemophilia.

**Recommendations:** Preparing lectures and providing simple manual booklet prepared and presented to health care providers and parents with hemophilia to enhancing their home-care (illness, diet, fluid, medication exercise and treatment) of patients.

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