ASSESSMENT KNOWLEDGE AND ATTITUDES STUDENTS COLLEGE CONCERNING PRECONCEPTION COUNSELING AND SCREENING

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Abstract

Background: preconception counseling screening is one of the most effective ways to prevent or reduce the social and emotional burden on the family and society. As a result of the low level of knowledge about these tests among people, including university students who are the ideal sample, they are expected to marry. Pre-marital testing has been successful in many parts of the world.

Objectives: To Assess the knowledge and attitudes of students in the nursing college about the importance of preconception counseling and screening.

Methodology: The study consisted of 100 students (45 students for evening study and 55 students for morning study) in the College of Nursing for the third and fourth stages. A questionnaire was used as a data collection tool to achieve the objectives of the study to test the reliability of the questionnaire and the content was validated by eight experts. Statistical and inductive analyzes were used for data analysis

Results . The study showed that the assessment of the knowledge of the students of the College of Nursing regarding the preconception counseling was at an moderate level and that the assessment of Attitude was also at an moderate level. The study showed that the relationship was moderate by assessing the relationship between demographic variables, knowledge and Attitude, $P > 0.05$.

Conclusions: The study on preconception counseling and screening may be considered to be very important for increasing students' knowledge of post-graduate community education.

Conduct continuing education programs for preconception counseling and screening for high school and university students, And to increase cooperation between the Ministries of Higher Education and Scientific Research and the Ministry of Health and the Environment to develop a strategy to increase the knowledge of university students about the importance of pre-marriage examinations and to strengthen the role of clergy in ensuring the conduct of pre-marital tests to reduce genetic and infectious diseases among members of society

Introduction

Pre-conception care is the provision of the biomedical, behavioral and social health interventions to women and couples before conception occurs. It is aimed at improving their health status, reducing behaviors, individual and environmental factors which could contribute to poor maternal and child health outcomes. Preconception care includes the care before the first pregnancy and the care between the subsequent pregnancies.[1] It is therefore patient education, evaluation, and management aimed to prevent unplanned pregnancies and decrease the risk of adverse health effects for the woman, fetus, and neonate by optimizing the woman's health and knowledge before planning and conceiving a pregnancy. [1]

Preconception period is a period of three months before pregnancy occurs. It is the time

where an individual make life changes that can help improve fertility, reduce health problems during pregnancy and aid in recuperation from childbirth. [2]

Since a majority of women and couples of reproductive age are normally unaware of the effects that their own health conditions and health-related behaviors may have on the fetus during pregnancy, preconception care addresses the care before pregnancy occur. Even though antenatal care is part of care in the Maternal, Newborn, and Child Health (MNCH), it begins too late thereby neglecting the most critical time of embryonic development which frequently occurs even before a woman knows she is pregnant. Evidence strongly suggests that earlier care before pregnancy leads to improved women's health and improved pregnancy outcome for both the mother and the newborn. Preconception care therefore is any intervention provided to women and couples of reproductive age, regardless of pregnancy status or desire, before pregnancy, to improve health outcomes for women, newborns and children. [2]

Prior to conception, specific health interventions would address most of the reproductive health risks including the age (age below 16 years and those above 35 years), the parity (primigravida and grand multiparity), Nutritional status (under nutrition, obesity and malnutrition), previous adverse effects (recurrent spontaneous abortions, still births, early neonatal deaths within one week, previous baby with congenital abnormalities), Medical conditions (anaemia, malaria, HIV/AIDS, TB, Diabetes, sickle cell anaemia, asthma, hypertension, STI/RTIs), previous obstetric complications (hemorrhage, Caesarean Section, preterm labour, eclampsia), Gender based violence (Female Genital Mutilation, early marriage, physical and psychological abuse, sexual violence) and low socio-economic status. Most of which appropriate health information and interventions would be given during preconception care visit.[3]

Important of study

According to world health organization, preconception health care is an essential component of reproductive health which focuses on the conditional and risk factors that could affect a women if she became pregnant, Sexual and reproductive health is fundamental for individuals, couples and families, as of communities and nations. well as for the social and economic development[4]

The concept of educating women before conception is a new strategy that would involve both women and men to foster healthy pregnancies and the delivery of healthy babies. Preconception care aims to reduce the likelihood of adverse health effects among women, fetuses, and newborns, as well as the number of unplanned pregnancies by enhancing a woman's knowledge and optimizing health before conceiving. Women can achieve optimal health by adequately participating in healthcare education activities. [1]

As an increasing proportion of women of reproductive age use medications, and few medications are examined for possible teratogen effects, women should discuss all usage of medications with their health care provider. if planning a pregnancy or becoming pregnant. Obesity (Body Mass Index, BMI, of 30 or above) is associated with increased risks both for infertility, and complications during pregnancy, such as preeclampsia and gestational diabetes, as well as complications during delivery [5].

Nurses need to know how to correct charting errors on a computer. The transition from paper to computer presents challenges for nursing staff, one of challenges of computerized documentation is inclusion of the nursing process [15] .

Objective of the study

1. To Assessment knowledge and attitudes students concerning preconception counseling and screening (in nursing college)

2. To describe socio - Demographic variable: age, gender, level of education of parent student, occupation of parent student, residency, socioeconomic status of parent student, relative relationship between of parent student and history diseases
3. To find out relationship between the describe socio - Demographic and knowledge and attitudes students.

Methodology

Design of the Study

A cross sectional study was carried throughout the present study, on 100 nursing student in order to Assessment knowledge and attitudes students concerning preconception counseling and screening period (15th November /2018 to 25th/ February /2019).

Setting of the study

The study was conducted at nursing student in morning and evening with in forth and third class.

Sample of the Study:

Non –probability sample (purposive –sample) consisted of four hundred (100) student nursing

Tool used for data collection

The instrument was designed and constructed by the investigators after reviewing related literature and previous studies which consisted of the following parts.

Part one: Socio- Demographic Characteristics

Demographic data relative to Socio- demographic data characteristic such as, mother age, mother and education level for study sample and their husband, occupation status for study sample and their socioeconomic status for family, according to: educational level, occupation, number of family, residence own or rent, number family member,

Part II: Knowledge students concerning preconception counseling and screening: Pre-marital tests are defined as the laboratory tests that the young man or the next young woman undergoes, Benefits, the mental health history of the disease RH type, universal precautions, meaning, Vaccination, Cause, Methods and prevention. (62 items)

Part III: Attitude students concerning preconception counseling and screening: perception, Intensity perception, Self – efficacy, Approval of education on prenuptial examinations, Encourage on, Agreement on premarital screening, barrier to taking action about premarital screening, Attitude student among premarital screening, and Agreement on the cause don'ts premarital screening.

Validity of the instrument

The content validity of the constructed questionnaire was determined through the use of a panel of experts to investigate the content of the questionnaire for the clarity and adequacy in order to achieve the objectives of the present study. A preliminary questionnaire was designed and presented to (5) experts for the determination of its validity.

Data Collection

Dates were collected through interviewing, recording and examination technique (15th November /2018 to 25th/ February /2019).

The investigator had introduced her plan to study participant and explained the objective, and the benefit of the study. Verbal consent to participate in the study was obtained from each

woman by explaining then it was voluntary and confidential, and that the information disclosed would be just for research purposes. All study sample was interviewed by the investigator, in some yard, the interviews were knowledge and attitude about concerning preconception counseling and screening:

Statistical data analysis

Using two and five-point Likert scales while questions regarding practices focused on single and current use. Chi-square and Mann-Whitney tests were applied to the knowledge, attitudes, and practices of study

Results

Table 1. Distribution of the study population according to certain socio-demographic characteristics (N=100) and association with knowledge of study sample and attitude.

Items	Chi-Square Tests				
	No /F%	Knowledge		Attitude	
		P Value	Sig	P Value	Sig
Age groups	No /F%				
>20	14				
20-25	75	.05	S	.03	S
26-30	9				
31-35	2				
Mean±SD=23.12± 3.108	100				
GENDER	No /F%	P Value	Sig	P Value	sig
Male	37	.05	S	.05	S
Female	63				
STUDY	No /F%	P Value	Sig	P Value	Sig
Moring	55				
Evening	45	.001	HS	.1	NS
	100				
Education mother	No /F%	P Value	Sig	P Value	Sig
Not read & write	7				
Read write &	12				
Primary school	11				
Intermediate school	31	0.4	NS	0.3	NS
Secondary school	24				
Others	15				
	100				
Education father	No /F%	P Value	Sig	P Value	Sig
Not read & write	2				
Read write &	9				
Intermediate school	3				
Primary school	9	0.9	NS	0.5	NS
Secondary school	21				
Others	56				
	100				
Occupation mother	No /F%	P Value	Sig	P Value	Sig
House wife	58				
Employee	37	0.9	NS	0.4	NS
Retuned	2				

Items	Chi-Square Tests				
	No /F%	Knowledge		Attitude	
		P Value	Sig	P Value	Sig
Private job	3				
	100				
Occupation father	No /F%	P Value	Sig	P Value	Sig
Not work	13				
Employee	49				
Retired	16	0.4	NS	0.04	S
Free profession	22				
	100				
Number family	No /F%	P Value	Sig	P Value	Sig
3-4	17				
5-6	36				
7-8	26	0.50	NS	0.1	NS
9-10	17				
11-12	4				
Range among member family	No /F%	P Value	Sig	P Value	Sig
1-2	42				
3-4	44				
5-6	11	0.00	HS	0.4	NS
≤7	3				
	100				
House	No /F%	P Value	Sig	P Value	Sig
Own	85				
Rent	15	0.8	NS	0.9	NS
Monthly income	No /F%	P Value	Sig	P Value	Sig
Enough to some extent	80				
Not enough	20	0.5	NS	0.01	HS
	100				
Residence	No /F%	P Value	Sig	P Value	Sig
Urban	59				
Rural	5				
Village	4	0.0S	S	0.05	S
Area	8				
District	24				
	100				
Relationship between parents	No /F%	P Value	Sig	P Value	Sig
Yes	55				
No	45	0.6	NS	0.5	NS
	100				
Having hereditary disease in the family	No /F%	P Value	Sig	P Value	Sig
Yes	17				
No	83	0.7	NS	0.31	NS
Source information about premarital screening	No /F%	P Value	Sig	P Value	Sig

Items	No /F%	Chi-Square Tests			
		Knowledge		Attitude	
		P Value	Sig	P Value	Sig
Friend and relative	30	0.5	NS	0.4	NS
TV and Radio	9				
Magazine & newspaper	37				
Internet	17				
Lectures	5				
	100				

The majority of study sample in age group (20-25) years old, and majority of sample study was (female(63%)) in Moring about parent of student, The study showed the highest educational rate for parents (mothers(56%)) of them was Intermediate school), while father s (%56 was others level education). For occupation of parents, the highest percentage of mothers was housewives(58%) and fathers (49%) was employee, the higher percentage of number student family with group (5-6). the range student among Brothers was (44%) with group(3-4)(85%) of them own house and monthly income was(80%) was enough live (59%) of them in urban ears (55%) of them no have hereditary disease,(30%) they have source information from them friend and relative.

Table 2. Students' knowledge about premarital screening with mean score.

No	Items	mean	Assess
1	Pre-marital tests are defined as the laboratory tests that the young man or the next young woman undergoes	1.9	Good
2	of premarital screening		
1-2	Protecting spouses from health and psychological problems	1.9	Good
2-2	Protection of offspring by the birth of healthy children mentally and physically	1.9	Good
3-2	Protecting the community from the birth of disabled children	1.9	Good
4-2	Conduct a routine of gain material for health protection only	1.5	moderate
5-2	Time for prenuptial examination	1.9	Good
6-2	Time of post-marriage examination	1.4	poor
7-2	It is possible to perform the examination at any health center	1.5	moderate
8-2	It is possible to perform the examination in a private hospital	1.4	poor
9-2	Conducting the examination in a public hospital	1.9	Good
	grad mean	1.7	moderate
3	premarital screening include		
1-3	Detecting the health history of the family (mental and physical disabilities and chronic diseases	1.8	moderate
2-3	Examination of the blood type and the RH factor	1.9	Good
3-3	Examination of early detection of genetic diseases	1.8	moderate
4-3	Fertility examination of the couple	1.3	poor
5-3	Other tests such as (toxoplasmosis) (cat disease)	1.7	moderate
6-3	Including the mental health history of the disease		
7-3	Mental disability such as Down syndrome	1.6	moderate
8-3	Chronic diseases (such as diabetes)	1.7	moderate
9-3	Genital dislocation diseases (pelvic dislocation)	1.4	poor
10-3	Blood disease like HEMOPHILIA	1.8	moderate

No	Items	mean	Assess
11-3	Possible diagnosis of sexually transmitted diseases.	1.6	moderate
12-3	The incidence of diseases in increases with relative marriage	1.6	moderate
13-3	Investigation of male mumps in adulthood	1.5	moderate
	<i>grad mean</i>	<i>1.65</i>	<i>moderate</i>
4	RH type is cause health problem		
1-4	Father have positive RH and mother have negative is problem	1.4	poor
2-4	Father have negative RH and mother have positive is problem	1.3	poor
	<i>grad mean</i>	<i>1.35</i>	<i>poor</i>
5	What is the meaning of a person with genetic traits?		
1-5	A person carries the traits for heredity blood disease and has symptoms	1.7	moderate
2-5	A person carries the traits for heredity blood disease and has not shown symptoms	1.5	moderate
	<i>grad mean</i>	<i>1.6</i>	<i>moderate</i>
6	Vaccination for women before marriage		
1-6	rubella	1.7	moderate,
2-6	Tetanus vaccine	1.4	poor
3-6	Malaria vaccine	1.5	moderate,
4-6	Pulmonary tuberculosis	1.6	moderate,
5-6	Flu	1.4	poor
6-6	Typhoid	1.5	moderate,
	<i>grad mean</i>	<i>1.5</i>	<i>moderate,</i>
7	Cause of infectious disease transmission		
1-7	Bacteria	1.7	moderate,
2-7	Viruses	1.8	moderate,
3-7	Parasites	1.7	moderate,
4-7	Insects	1.6	moderate,
5-7	Worms	1.5	moderate,
	<i>grad mean</i>	<i>1.66</i>	<i>moderate,</i>
8	Methods of transmission		
1-8	Transmission of infection to pulmonary tuberculosis	1.8	moderate,
2-8	Through breathing during coughing, sneezing and mucous discharge	1.9	Good
3-8	Through sexual intercourse	1.9	Good
4-8	Over eating and drinking with the infected person	1.8	moderate,
5-8	Cross the blood from mother to child	1.8	moderate,
6-8	Through breastfeeding from infected mother's milk	1.8	moderate,
7-8	Methods of transmission of toxoplasmosis	1.6	moderate,
8-8	Over eating from food not cooked well	1.7	moderate,
9-8	Through sexual intercourse	1.8	moderate,
10-8	Cross the placenta from mother to child	1.8	moderate,
11-8	By transfusion of contaminated blood	1.9	Good
	<i>grad mean</i>	<i>1.8</i>	<i>moderate,</i>
9	For prevention		Good

No	Items	mean	Assess
1-9	Wash hands thoroughly with soap and water before and after food	1.9	Good
2-9	The food is cooked well and specially (meat / eggs / fish)	1.9	Good
3-9	Wash fruits and vegetables well	1.9	Good
4-9	Keep away from the cats and protruding and the soil that you are defecating	1.9	Good
5-9	Dispose of waste well	1.9	Good
	<i>grad mean</i>	<i>1.9</i>	<i>Good</i>

*In this Table present students' knowledge about premarital screening with mean score for all items was 1.7 there moderate knowledge by interval period (mean score was =1.5 then, >1.5-poor; 1.5-1.8=moderate and ≤ 1.9 =good)

Table3. Students' Attitudes about premarital screening with mean score.

No	Items	mean	Assess
1	Perception		
1-1	I think that prenatal screening reduce the risk of heredity diseases for future generations	4.7	Good
2-1	it is agreed that prenatal screening reduce the risk of sexually transmitted diseases between spouses	3	moderate
3-1	I think that prenuptial screening reduce the risk of infectious diseases such as tuberculosis	2.1	poor
4-1	I do not care about this matter, it is up to my family	2.3	poor
	<i>grad mean</i>	<i>3</i>	<i>moderate</i>
2	Intensity perception (approval of prenuptial examinations		
1-2	detected heredity diseases that cause disabilities or deformity of embryos	4	moderate
2-2	detected Sexually transmitted diseases that cause death or deformity of the fetus	4.2	Good
3-2	detected Infectious diseases such as tuberculosis	3.8	moderate
4-2	Reduces health problems that may lead to a deviation in pregnancy health	4.1	Good
5-2	Reduce anxiety and psychological disorders between spouses	4	moderate
6-2	Infertility cases are detected in women	3.2	moderate
7-2	Infertility is detected in men	3	moderate
8-2	Different types of blood and Rh	4.4	Good
9-2	The lack of vaccine is important for women	3.7	moderate
	<i>grad mean</i>	<i>3.8</i>	<i>moderate</i>
3	Self – efficacy		
1-3	Refusal to marry relatives because they increase the proportion of genetic diseases such as (thalassemia)	3	moderate
2-3	Urge my partner to take the correct examination before marriage and not to evade it	4	moderate
3-3	Change the decision of marriage when the result of negative results	2.2	poor
4-3	The role of religious leader in society is very important in urging pre-marital examinations	4.5	Good
	<i>grad mean</i>	<i>3.45</i>	<i>moderate</i>
4	Approval of education on prenuptial examinations		

No	Items	mean	Assess
1-4	I agree to inform my partner that there is infectious disease or chronic disease	3.4	moderate
2-4	Perform any medical examination or blood test before marriage	4	moderate
3-4	I do not do may parental rejection tests	3.6	moderate
4-4	I do not know anything about genetic diseases in my family	3.9	moderate
	<i>grad mean</i>	<i>3.72</i>	<i>moderate</i>
5	Encourage on		
1-5	Take lectures about premarital screening in university study is necessary to raise awareness.	3.8	moderate
2-5	To give lectures on premarital screening at health centre.	3.9	moderate
3-5	premarital screening even it cause cancel marriage because the disease effect on future generations	4	moderate
4-5	Conduct premarital screening because it does not violate our religious beliefs	3.3	moderate
5-5	Introduce the subject of premarital screening in the curriculum of secondary school	4	moderate
6-5	Religious leader should adopt the ideas premarital screening in their discussion	4	moderate
	<i>grad mean</i>	<i>3.83</i>	<i>moderate</i>
6	Agreement on premarital screening		
1-6	Contribute to reduction of prevalence of heredity diseases in community.	4	moderate
2-6	Contribute to the early detection of any defect in fertility or reproductive capacity for women	3.9	moderate
3-6	Contribute detection low immunity against rubella among women	3.7	moderate
4-6	Contribute to reducing the spread of sexually transmitted diseases in society	4.1	Good
5-6	Ensure the future partner health	4.3	Good
6-6	Is a preventive measure	4.1	Good
7-6	Prevent future transmission of diseases to my children	4.2	Good
8-6	Reduce the cost to the individual and family because of the disease to generation.	4.5	Good
9-6	Useful to community reduces the birth of dead and children with disabilities	4.5	Good
10-6	Ensure health marriage	4.1	Good
11-6	Give an opportunity for these who get married to get pre-marital treatment through early detection of disease	4	moderate
	<i>grad mean</i>	<i>4</i>	<i>moderate</i>
7	barrier to taking action about premarital screening		
1-7	Waste of time	2.6	poor
2-7	Against Islamic roles	2.6	poor
3-7	Breaks personal privacy of health status	2.4	poor
4-7	I'm ashamed of the tests	2.5	poor
	<i>grad mean</i>	<i>2.52</i>	<i>poor</i>
8	Attitude student among premarital screening		
1-8	Break the personal privacy of the health situation	3.3	moderate
2-8	Misuse of the reputation of an individual with an inherited or sexually transmitted disease, which affects the possibility of marriage	3.	moderate

No	Items	mean	Assess
3-8	Its cost is expensive	2.9	poor
4-8	A dispute they are engaged (termination marriage)	2.9	poor
	<i>grad mean</i>	3.	moderate
9	Agreement on the cause don'ts premarital screening		
1-9	Information who to get married very few test	4.2	Good
2-9	The Weak role of health centers in community awareness	3.7	moderate
3-9	Weak role of the clergy in awareness of the community	3.4	moderate
4-9	Weak role of educational intuitions and educational awareness of the test	3.4	moderate
5-9	Opposes the will of God	2.9	poor
6-9	My family will refuse to marry	2.9	poor
7-9	Cause insulting me	2.4	poor
8-9	I am afraid of the test result	2.9	poor
	<i>grad mean</i>	3.22	<i>moderate</i>
	<i>Total grad mean</i>	3.99	<i>moderate</i>

In this Table present 'attitude about premarital screening with mean score for all items was 3.99 there moderate attitude by interval period (mean score was =3 then, >3-poor, 3-4=moderate and ≤ 4.1 =good

Discussion

The majority of study sample in age group (20-25) years old ,and majority of sample study was (female(63%) in Moring about parent of student , The study showed the highest educational rate for parents (mothers(56%)of them was Intermediate school) , while father s (%56 was others level education). For occupation of parents, the highest percentage of mothers was housewives(58%) and fathers (49%) was employee ,the higher percentage of number student family with group (5-6).the range student among Brothers was (44%) with group(3-4)(85%)of them own house and monthly income was(80%)was enough live (59%) of them in urban ears (55%) of them no have hereditary disease ,(30%) they have source information from them friend and relative. And relationship with knowledge and attitude with Chi-Square Tests the knowledge present significant with age group , gender, number family, residence place live, and monthly income ,while higher significant with types study student only .

No significant found with education level mother and father ,occupation Mather and father ,types house ,relationship between student parent family , they have hereditary disease in the family and source information about premarital screening.

Attitude with Chi-Square Tests the present significant with age group, gender , occupation father, and residence .while No significant found with type of study student ,education level mother and father ,occupation Mather, number family member ,range among member family ,type house ,relationship between student parent family , they have hereditary disease in the family and source information about premarital screening.

While Ayalew when his study *Women's knowledge and associated factors in preconception care* he is found ,The median age of the participants was 25 years with an inter quartile range of 11 years.. Hundred and forty nine (35.3%) of respondents had a monthly household income of less than or equal to 70 Dollar and 131(31%) were literate. More than half of participants 251 (59.5%) were married and 113(26.8%) of women were housewives. One hundred and twelve (25.4%) and 114(19.8%) of the participant's husband were market trade vendor and primary school respectively (Ayalew et al.2017) ,. while We found Jordan study by Al-Akour 2015,they found in total, 763 participants (537 women and 226 men) were

included in the current study. A total of 273 (50.8 %) women and 33 (14.6%) men were 20– 30 years of age. The mean age of women and men was 29.62 years (SD ± 5.43) and 35.59 years (SD ± 6.13), respectively. A total of 303 (56.4%) women and 101 (44.7%) men had up to high school education and 322 (60.0%) women and 89 (39.4%) men reported their income per month was less than US \$ 550. The results also revealed that 153 (28.5%) women and 58 (25.7%) men had consanguineous marriages. Of those who had consanguineous marriages, 67 (43.8%) women and 26 (45.8%) men were first cousin relatives. A total of 259 (48.2%) women and 67 (30%) men had a family history of hereditary diseases and 25 (4.7%) women and 7 (3.1%) men had children with birth defects. As to the obstetric history of the participants, the results found that 341 (63.5%) women reported currently using one birth control method; 260 (48.4%) women and 97 (42.9%) men reported that their wives' last pregnancy was unplanned. Of the women, 53 (10%) had a history of infertility; 61 (11.4%) had premature babies; 85 (10.8%) had a history of intrauterine fetal death and 16 (3%) had a newborn with birth defects (Al-Akou, et al 2015). *(We did not find a similar study on the students of the college and especially students of the Faculty of Nursing this is the first study applied to the students of the college, the importance of the subject and to guide the Iraqi Ministry of Health on the importance of study on the health of society and the new generation)*

Students' knowledge about premarital screening with mean score in table (1) present in items (Pre-marital tests are defined as the laboratory tests that the young man or the next young woman undergoes) present good mean that mean most student agree with important premarital screening .but in total item found In this Table present students' knowledge about premarital screening with mean score for all items was 1.7 there moderate knowledge . (Andargachew Kass. 2018) To determine the knowledge level of healthcare providers of effective knowledge of preconception care, they found There is poor knowledge among most of the healthcare providers. The proportion of healthcare providers who exhibited an acceptable level or higher knowledge was 31%. About one fourth (26%) of the s were found with medium or fair level of knowledge. The remaining 43% had low or poor knowledge. The odds of having good knowledge was high among HCPs working in Hospitals using their smart phone to access clinical resources, among those)(Andargachew ,etal .2018).

Students' Attitudes about premarital screening with mean score the study present in total items of attitudes premarital screening with mean score for all items was 3.99 there moderate attitude .the same found study in previous study ,with Another barrier to nursing staff attitude is poor attitude and knowledge among both health care providers and consumers of health services. Therefore, increasing knowledge and improving attitudes about the potential for to reduce poor obstetrical outcomes is necessary in both professional and patient groups. Studies have shown that women may not perceive themselves to be at risk for a poor obstetrical outcome and, therefore, would not seek consultation before becoming pregnant. Women who were younger, had less education, and perceived themselves to be less healthy were more likely to believe that they had little influence on the outcome of their pregnancy (Weisman et al., 2008)

Conclusions

The study on preconception counseling and screening .may be considered to be very important for increasing students' knowledge of post-graduate community education.

- The majority of study sample in age group (20-25) years old ,and majority of sample study was (female(63%) in Moring about parent of student , The study showed the highest educational rate for parents (mothers(56%)of them was Intermediate school) , while fathers (%56 was others level education). For occupation of parents, the highest percentage of mothers was housewives(58%) and fathers (49%) was employee ,the higher percentage of

number student family with group (5-6).the range student among Brothers was (44%) with group(3-4)(85%)of them own house and monthly income was(80%)was enough live (59%) of them in urban ears (55%) of them no have hereditary disease ,(30%) they have source information from them friend and relative.

- In this Table present students' knowledge about premarital screening with mean score for all items was 1.7 there moderate knowledge .

- In this Table present 'attitude about premarital screening with mean score for all items was 3.99 there moderate attitude .

Recommendations

Conduct continuing education programs for preconception counseling and screening for high school and university students , And to increase cooperation between the Ministries of Higher Education and Scientific Research and the Ministry of Health and the Environment to develop a strategy to increase the knowledge of university students about the importance of pre-marriage examinations and to strengthen the role of clergy in ensuring the conduct of premarital tests to reduce genetic and infectious diseases among members of society

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