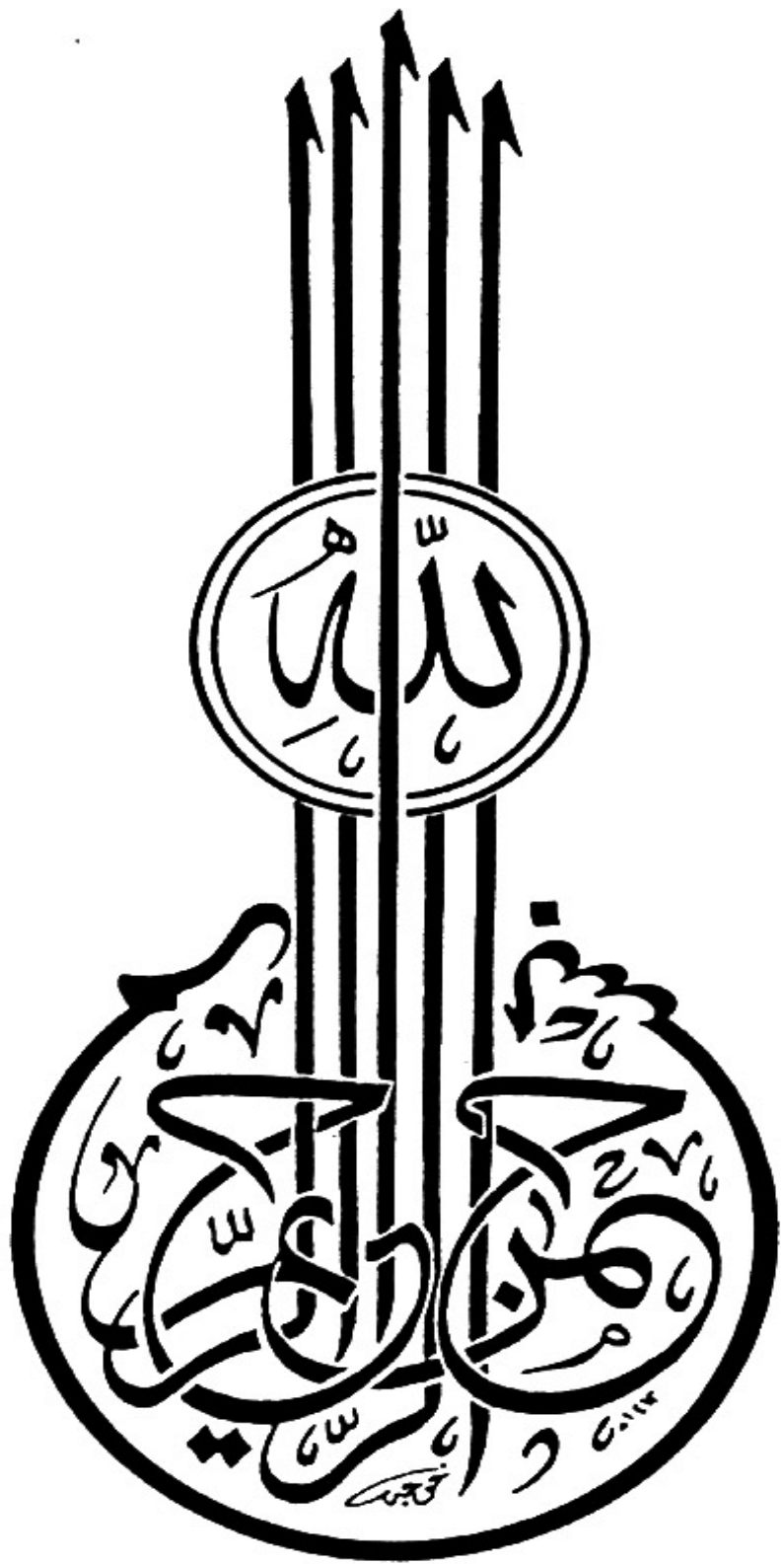


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نوف بنت علي آل سليمان



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VLDL

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Introduction

Introduction :

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.(Rising, 1995)

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AL-Lawati &

Jousilahti, (2004)

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Bener et al., (2004)

AL-Turki, (2000)

(EL-Hazmi

.& Warsy, 2001)

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Research Significance :

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Research Problem :

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Aim of the Work :

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The Research Terminology List :

Body Mass Index (BMI)

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$$/ =(\text{BMI})$$

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$$/ , - (\text{BMI})$$

$$/ , - (\text{BMI})$$

$$.() / \leq (\text{BMI})$$

Obesity

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Diabetes mellitus

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Hypertension

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Hypercholesterolemia :

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/ (-) /

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Triglycerides :

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High Density Lipoprotein (HDL) :

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Low Density Lipoprotein :

(**(LDL)**)

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(Obesity) : _____ ******

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(-) (-)

(WHO, 1997)

(MMWR, 1997)

Al-Mahroos & Al-Roomi (1999)

(AOA, 1999)

.(WHO, 2000)

.(WHO, 2002)

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BMI

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(Jessica et al., 2001)

() Afolabi et al.,(2004)

(-)

Bowie et al., (2007)

⋮

() Ajlouni et al., (1998)

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.(Mokhtar et al., 2001)

Ahmad et al., (2002) () (-)

Tukan et al., (2002) ()

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(Hajian & Heidari,

.2007)

⋮

.(Al-Isa, 1995)

.(Al-Hamad, 1999)

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Musaiger & Qazaq (2000)

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.(Carter et al., 2004)

(Al-Haddad, () .2005)

(IOTF, .2005)

() $\frac{\vdots}{\text{Khashoggi et al., (1993)}}$

Al-Shammari (1994)

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El-Hazmi & Warsy (1997)

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.(Binhemd et al., 1999)

(Al-Malki et al., 2003)

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AL-Nozha et

al., (2005)

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(David et al., 2002)

Habib & Aslam (2003)

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⋮

MoH (1996)

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(Ajlouni et al.,1998)

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Haddad et al., (2002)

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.(Alwan, 1996)

(MoH,

.2000 a)

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 Al-Awed et al., (1997)

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.(Osman & Al-Nozha, 2000)

AL-Nozha et al., (2004)

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Asfour et al., 1995		
Ajlouni et al., 1998	,	
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MoH 2000a		
Al-Nozha et al., 2004	,	
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Hypertension : _____ **

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.(Macmahon et al., 1990)

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.(MoH, 1996)

NIN (2000) NIS (2002)

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.(MoH, 1992)

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.(Hasab et al., 1999) ()

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(MoH, 2000 a)

(MoH, 2000

.b)

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⋮

(Abalkhail et al.,

Osman & Al-Nozha (2000)

.1998)

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.(Siddiqui et al., 2001)

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AL-Nozha et al., (2007)

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MoH, 1996	()	
Hasab et al., 1999	,	
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MoH, 2000 b		
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Al-Nozha et al., 2007	,	

Hypercholesterolemia :

(Kris-Etherton, et al.,

.1988)

.(Wynder et al., 1989)

.(Deckelbaum, 1990)

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⋮

.(Powell & Blair, 1994)

.(Milner, 2000)

Castelli, (1992)

.HDL

⋮

Batieha et al., (1997)

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Haddad et al., (2002)

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(HDL) (LDL)

(NIS, 2002)

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(Wrong Diagnosis, (, ,))

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Al-Boqai et al., (2006)

HDL

, LDL

.VLDL

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Agrwal et al., (1994)

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.(MoH, 2000 b)

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.(Wrong Diagnosis, 2005) (, ,)

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El-Hazmi & Warsy (1999)

HDL

LDL

HDL

LDL

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.(Abalkhail et al., 2000) ,

Osman & Al-Nozha (2000)

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Ogbeide et al., (2004)

.(Al-Issa et al., 2005)

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.(Wrong Diagnosis, 2005) (, ,)

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Osman & Al-Nozha 2000	() ,	
MoH, 2000 b		
Al-Boqai et al., 2006	()	

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.(WHO,1990)

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.(Ashton et al., 2001)

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.(WHO,2004)

.(Al-Hazzaa, 2004)

.(Pescatello et al., 2004)

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· (NIH, 1998; Treeney, 1998)

·(Ajlouni et al., 1998)

.(BNF,2000)

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(FAO, 2002; Al- ()

.Hazzaa, 2002)

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Subar & Block, (1990)

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Hulshof et al., (1991)

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Paerakul et al., (1998)

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.(Nakura et al., 1998)

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(Sjostrom et

.al., 1999)

Pereira et al., (2005)

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(Bowie et al., 2007)

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Ahmad et al., (2002)

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Tukan et al., (2002)

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Hajian & Heidari,

.(Aghaeishahsavari et al., 2006)

(2007)

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(Musaiger & AL-Radwan, 1995;

.Al-Mannai, et al., 1996; Amine & samy, 1996)

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Al-Hazzaa et al., (1993)

HDL

LDL

Shah et al., (1993)

() Al-Shagrawi et al., (1994)

Abalkhail et al., (1998)

.(Al-Malki et al., 2003)

⋮

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.(Franz et al., 1994)

.(NIH, 1998)

.(Paul, 2002)

⋮

Simin et al., (2000)

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Hu et al., (2001)

(Jessica, et al., 2001)

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.(Tuomilehto et al., 2001)

() DPPRG (2002)
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Pereira et al., (2005)

.(McVeigh & Gloria, 2004)

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.(Schulze et al., 2005)

Wolfenstetter, (2006)

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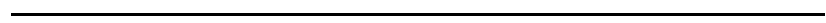
.(Schulze et al., 2007)

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.(Rana et al., 2007)

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.(Hassan & Al-Mousa, 1993)

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Mahroos & AL-Roomi (2007)

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El-Hazmi & Warsy (1999)

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.(El-Zubier, 2000)

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.(Al-Saeedi et al., 2002)

AL-Nozha et al., (2004)

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.(Dressler, 1996; Krieger & Sidney, 1997; Wilson et al., 2000;)

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Atkinson & Hubbard (1994)

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.(Brunner et al., 1997)

Bottoni et

al., (1997)

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.(Burke et al., 2007)

Rhoades et al., (2007)

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(Aghaeishahsavari et al., 2006)

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El-Mugamer et al., (1995)

El-Badawy et al., (2005)

(Hasab et al., 1999)

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(AL-Tuwijri & AL-Rukban, 2006)

Al-Nozha et al., (2007)

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(AL-Rukban et al., 2007)

⋮

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(Taylor & Williams, 1998)

(WHO, 2003)

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Bottoni et al., (1997)

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.(Wamala et al., 1998)

Michelle et al., (2003)

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.(Colgan et al., 2004)

(Clifton et

.al., 2004)

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Al-Mannai et al., (2001)

HDL

HDL

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(Inam et al., 1991)

.(Abalkhail et al., 2000)

Abdel-Gayoum,

(2004)

Al-Ajlan & Mehdi, (2005)

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The Research Limitations :

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:Laboratory Analysis -

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(Dry Chemistry)

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Boehringer

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.DM (F)

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(HLL+LDL+VLDL)

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VLDL

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AL-Nozha et al.,(2004)

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EL-Zubier (2000)

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Musaiger (1999)

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Bowie et al.,

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(2007)

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Bowie et al., (2007)

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Al-Malki et

Musaiger et al., (2002)

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. Hajian & Heidari (2007)

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.(Musaiger et al, 2002)

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Brown et al., (2003)

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AL-Mahroos

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& AL-Roomi (2007)

Rana et al., (2007)

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NIS,

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NIN,

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AL-Nozha et al.,(2007)

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.(Rhoades et al., 2007)

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AL-Nozha et al.,(2007)

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.AL-Nozha et al.,(2007)

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AL- . (,)

, Tuwijri & AL-Rukban (2006)

Rose et al.,

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(1999)

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Wamala et al., (1998) .

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Wolfenstetter (2006)

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EL-Zubier, (2000)

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AL-Mahroos

. & AL-Roomi,(2007)

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Siraj et al.,

. (AL-Mahroos & AL-Roomi, 2007)

(2006)

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Siraj et al., (2006)

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· AL-Mahroos & AL-Roomi,(2007)
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Rana ()
· et al., (2007)

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AL-Nozha et al.,(2007)

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(Al-Rukban et

.al., 2007)

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Aghaeishahsavari et al., (2006)

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AL-Nozha et al., (2007)

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Abdel-Gayoum, (2004)

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Hajian & Heidari, (2007)

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AL-Mahroos & AL-Roomi, (2007)

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Kingdom of Saudi Arabia
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In Jeddah
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Nutritional and Health Factors Associated with Chronic Diseases among Saudi female in Jeddah City

A thesis submitted to Nutrition & Food Sciences department for
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1428H – 2007G.

Abstract

The aim of the study is to determine some factors associated with chronic disease among Saudi woman at Jeddah City. Weights, high, and blood pressures measurements have taken for (604) of Saudi women, aged ranged between (25-55years). The Sample has been selected From the primary health center existing in Jeddah city, and also taken the sample of blood for (502) ladies had been taken when they were faster within (10-14hours) , in order to set up the following necessary tests (diabetes , level of cholesterol , and low condensed fat protein LDL, (low destiny lipoprotein , High Density lipoprotein and very low density Lipoprotein in the blood , as well as triglyceride). Questions have been addressed to the individual subject with information related to their social, health, nutritional status and their life style and consuming some of their foods.

The results of the study reveals that rate of overweight and obesity were together 70.5%, diabetes was 22.5%. as for self-reported of diabetes were 15.5% only. But the rate of none- recognized of self-reported were 7% before doing the test .Cholesterol findings show that 9.8% of the sample has high Cholesterol, blood pressures measurements result indicate that 16.6% have high blood pressure, and age, marital status , education and employment status association high statistical sign with obesity, diabetes , high blood pressure and cholesterol , the result shows also that number of children has relation with obesity high blood pressure and cholesterol at confidence degree 99% . there is a link that ha significant value between frequency of having fast food weekly and obesity, diabetes and high blood pressure. Also a correlation between frequency of eating food out of home and obesity and high blood pressure. The performance of the sport practice women of big effect in hypercholesterolemia.

It has been observed that obese individuals are more inclined to consume food rather than non obese female. As for the female who are affected with diabetes. High blood pressure, high of cholesterol, that their rate of consuming food was less than those who are non affected with these illness.

The study has recommended investigating the factors that associated with chronic diseases for preparing precaution planning modifying with the reality of Saudi Community.

Key Words:

Chronic disease, Obesity, diabetes, high blood pressure, high cholesterol in blood, food habits, food consumption.

Summary

﴿ English summary ﴾

The customs and nutrition habits played a crucial role to form the family and individual health condition, then left its effects whether it positive or negative in the community.

The Arabia societies were passed through many stages, during its the social and economic life have fast developed being made, it cased as a result of foods abundant and variety with big quantities, and it not followed by health awareness which go along with it these changes, to select the optical choice for the kind of food and regulated it accordingly to the physically & health needs for each community person, then there is a wrong nutrition habits raised, it's the main seasons of chronic disease, which case as a result of with not abide the health & nutrition awareness.

Hence these reasons, there is a search has been made for shed a light on the important factors that related of nutrition and health links factors related to chronic disease in Saudi society ladies, and that through many aims it include the Saudi woman's nutrition pattern and its links to chronic disease, and also knowing of some social and health factors related to chronic diseases and study the life method.

And to achieved these goals and to get the information related to the research there is a form has been made, it includes the basic sides in the research of social and health cases of the individual, and study of some nutrition habits and life pattern, and the habit of different foods eating and knowing some body measurements and measurement the blood pressure and take a blood sample for the following diagnosis.

The Faster diabetes, Cholesterol, low condensed fat proteins LDL and high condensed HDL and very low condensed VLDL in Blood and triplicate Gllistrates and the sample has been taken by the bluster select method and the size of sample is a total of 604 Saudi ladies, and takes the blood sample of 502 ladies, and after get the data this has been loaded in the research form and prepared it in inter in computer and there are many resulted showed we can summarized the important results in the followings.

Firstly: the personal and demographic information and ladies health condition:

The ages of ladies were ranged between 25-55 years and about 58% of married ladies samples and 27% unmarried, the divorcee was 8% and widow were 7%.

And about 41% of whom with a high education and 33% of middle education, and 26% of lower education ladies.

The results is showed the body chunk indicator that is 70.5% their body showed higher that 24.9 kg/m^2 . That is meaning they were suffer of overweight or obesity and fatness, and the research showing that 36.8% of obesity ladies were subject to nutrition diet to lose their overweight.

And mentioned that 15.5% of sample were diabetes, while the sugar analysis for faster samples showed 22.5% are ill or about 7% are not know that there infected by diabetes.

And the analysts of fatness blood samples showed of about 9.8% of obesity were suffered of high Cholesterol in blood and 12% of trip city glistrates were highest and 8.8% the proteins condensed were high , but 23.3% has hyper in lowest protein condensed , while 3.8% the results showed they were suffer of the protein lowest condensed in blood and about 16.6% were suffered of the blood hypertension and 11.1% complain of the blood pressure low.

Secondly: the Chronic disease links with social live level:

The results showed that where as the percent of disease exposed high in each one of chronic diseases, the percent of ladies suffered of fatness is increased in ages ranged between 45-55 years 92.4%, while in the ladies between 25-34 years be 47.9% and whom were suffer of diabetes 45-55years is reached to 47% of age 25-34 years is only 7% , and who were suffered of the high of cholesterol of the two above stages were 18.7% and 3% frequently . And they found the percentage of married women were high than unmarried, as the fatness is spread among married women in percent of 81.2% , while is reached of single women to 43.9% , and the percentage of married women by diabetes 23.9% compared of unmarried women 7.5% , while the high blood pressure for married women reach to 16.7% and 9.1% for unmarried women and the analysts results showed that 13.2% of married women has blood pressure and high cholesterol , and about 2.1% only is the percentage of unmarried.

And the education level has role in affected by these diseases, where as the education level is low among the ladies the percent of these chronic disease were increased, and the job title has a rule in chronic diseases, it showed that the percent of these chronic disease were high in house ladies, and these results has a high moral value and it has an static's indicate.

And the results showed that, where as the number of children was increased the percent of affecting of one of these following disease were increases: fatness, blood hypertension, and cholesterol.

Thirdly: the relation of chronic disease of the health condition:

The researching results showed that there is relation between the frequency pregnancy times and effects with chronic disease, and the repetition of the times of miscarriage has links and related to the fatness and the hypertension of Cholesterol.

The chronic diseases has morality connection with each other in static data. the who are effected by diabetes were 85.8% and about 94.5% who were effect by the blood hypertension who were have Cholesterol suffer of fatness. And there about 27.7% of fatty and 36.4% of affected by blood pressure and 1% who were have high cholesterol were have diabetes, and they found that 21.1% of fat women and 28.3% of sugar, and 38.8 of have

high cholesterol with high blood pressure, and there is percentage of 12.9% of fat women and 22.1% of who have a diabetes disease of diabetes and 21.6% with high blood pressure have a high cholesterol percentage.

And they were notices that the high of triple Glisstrates and fat protein with low condensed in blood has relation of chronic disease such as (fat, diabetes, high pressure of blood and cholesterol).

While the high of lowest fat protein, it has a moral relation with diabetes disease and the blood and cholesterol pressure.

Fourthly: the relation of chronic disease with nutrition habits:

The study is not emphasized the relation of eat the breakfast or leave among the fat women, and also there is not relation showed that watching TV. During eating the breakfast.

Where as there is found a relation of the numbers of eating the fast foods, it show that have the food out the house have relation between fatness and blood hypertension in a percentage of 99%.

And there is no relation of remove the chicken skins before it cooking or has the salad as daily and affected with chronic diseases.

Fifthly: the relation of chronic disease with the life pattern:

The results showed that the sport habit has a big effect to reduce of chronic disease, there were found 17.1% who practice regular sport have a diabetes while 27.3% who were not held sport practice by diabetes, and there were 11.6% of ladies percentage have a high blood pressure. And who are practice the sport regularly.

When the percentage of illness to not practice the sport 21.5% and who are high Cholesterol of who practice regularly of this disease were 2.9% , while whom were sportive the predict of Cholesterol was 10.7%.

And the researcher found that about 63.1% of fat women with diabetes and 17.4% have diabetes and 9.2% of high pressure and 6.5% of diabetes ladies suffer of high cholesterol pressure of who was smoke.

The homes works there were 17.8% of fat effected and 20.7% of diabetes and 15.7% of who have high pressure, and there were 7.3% suffer of high of cholesterol, are doing their works.

And the woman who cocking the food, that the percentage of blood pressure and cholesterol were high, when the daughter is cooker, while the percentage of fat were high when the cooking complete by the home maid.

And we haven't found a moral links and indicates what showing relation with longtime TV. Watching with chronic disease.

Sixthly: the relations of chronic disease with the food consumption:

The researcher found that the fat women were more intendance to eating the food more than slim one , but those who suffer of diabetes and also the who suffer of hypertension and high cholesterol their food consumption were more little than those who affect by these diseases.