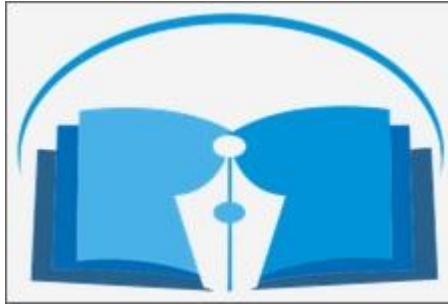




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# مجلة التربوي

## مجلة علمية محكمة تصدر عن كلية التربية بجامعة المرقب

المعقد السادس والعشرون  
يناير 2025م

### هيئة التحرير

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- المجلة ترحب بما يرد عليها من أبحاث وعلى استعداد لنشرها بعد التحكيم .
  - المجلة تحترم كل الاحترام آراء المحكمين وتعمل بمقتضاها .
  - كافة الآراء والأفكار المنشورة تعبر عن آراء أصحابها ولا تتحمل المجلة تبعاتها .
  - يتحمل الباحث مسؤولية الأمانة العلمية وهو المسؤول عما ينشر له .
  - البحوث المقدمة للنشر لا ترد لأصحابها نشرت أو لم تنشر .
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### ضوابط النشر:

- يشترط في البحوث العلمية المقدمة للنشر أن يراعى فيها ما يأتي :
- أصول البحث العلمي وقواعده .
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- تعدل البحوث المقبولة وتصحح وفق ما يراه المحكمون .
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### تنبيهات :

- للمجلة الحق في تعديل البحث أو طلب تعديله أو رفضه .
- يخضع البحث في النشر لأولويات المجلة وسياستها .
- البحوث المنشورة تعبر عن وجهة نظر أصحابها ، ولا تعبر عن وجهة نظر المجلة .

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## Vitamin D deficiency and its effect on human health in the city of Al-Jamil

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Sabratah University – Pharmacy College

### Summary :

Vitamin D deficiency disease is prevalent in all age groups in increasing rates. The purpose of this study was to obtain a baseline assessment and to create awareness among people regarding vitamin D deficiency

We conducted an interpersonal survey by some medical laboratories within the city of El-Gamil and samples were analyzed using the Ichroma Vitamin D Cartridge test strip.

Then we collected data to assess people's level of knowledge regarding where vitamin D comes from, what it does to health, factors that influence its levels, the vast majority of people were not aware that vitamin D deficiency has increased.

Although bone disorders were a well-known complication of vitamin D deficiency, a large number of them were unaware of the systemic consequences of its deficiency (diabetes mellitus, cardiovascular diseases and cancers). Our study highlighted the lack of knowledge about the importance of vitamin D, and the prevalence of vitamin D deficiency, as promoting health awareness of vitamin D deficiency leads to positive health outcomes at the general level.

Through this study, we aim to find out the prevalence of vitamin D deficiency in the city of Al-Jamil, as well as to know the relationship between infection and (sex, age, lifestyle and disease status) .

Where the results obtained in this study showed that the incidence of vitamin D deficiency within the city of Al-Jamil reached %87 among both sexes during the study period extending from March 2022 to August 2022.

### Introduction1-

#### 1-1 Vitamin D :

Vitamin D Is known as calciferol It is one of the fat soluble vitamins (A,E,D,K)that is stored in the body it is also the only vitamin that the the body can manufacture in the skin specifically through exposure to ultraviolet B(uv-B)

It is a compound consisting of colorless compound soluble in fat and organic solvents it is also called sunshine vitamin because the sun is necessary for its synthesis under the skin in its raw state

This vitamin is naturally formed in human and animal skin by activating sterols with ultraviolet rays present in sunlight .

It can be synthetically formed by activating sterols by rays ultraviolet

#### 1-2 Definition of the disease:

vitamin D deficiency is an important problem facing the world today increase proportions many countries suffer from vitamin D deficiency significantly in them

Vitamin D deficiency is also common in Africa and the middle east while north America Japan and southeast are more prevalent causes of vitamin D deficiency .

This disease arises due to not being exposed to sufficient sunlight not eating foods containing it and not fully knowing the importance of this vitamin for the health of the body and the effects of deficiency in the body have an importance role in causing many acute and chronic disease

This deficiency cause a group of diseases that affect the health of the body in general and the continuation of the deficiency without treatment or compensation for the deficiency in the



vitamin D can lead to the emergency of group of diseases that are complications of vitamin D deficiency .

### **1-3 Sources of vitamin D :**

#### **1.3.1 The sun**

The sun is the main source of vitamin D , and the percentage of vitamin D that is obtained varies from person to person through exposure to sunlight . there are many factors that determine the amount of vitamin D .

Vitamin D can be obtained from the sun from :

#### **1.3.2 Geographical location**

Where a person lives determines how much vitamin D they get .

The more the geographical location is in the north . reach the earth , so the skin has less vitamin D .

#### **1.3.3 Season and time of day**

The skin makes more vitamin d during the summer and less during the winter

This is because the sun rays that reach the earth surface are less during the winter , and the best time to get vitamin d from sunlight is from 10am – 3pm

#### **1.3.4 Sunscreen – window glass , Shade , clothing and air pollution**

Sunscreens , window glass , shade and clothing reduce the amount of uv rays that it enters the skin and thus reduces the natural production of vitamin D by the skin , while air pollution reduces the arrival of ultraviolet rays to skin by up to 50% . .

#### **1.3.5 Age**

compared to young person , the skin of an old person contains a small amount of 7 – dihydroxycholesterol , so the skin of an old person usually makes about 25% of vitamin D<sub>3</sub> compared to skin of young person

#### **1.3.6 skin tone**

skin color is due to pigment made by the skin called melanin .

the more melanin in the skin the darker the skin color , and melanin is natural sunscreen and prevent the sun rays from reaching the deeper layers of the skin , so dark is less efficient in the manufacture of vitamin D compared to fair skin .

#### **1.3.7 diet**

the diet is not considered a primary source of vitamin D , some food stuffs contain naturally reasonable amounts of vitamin D include :

oily fish such as : salmon , macron and blue fish.

vegetables, meat and egg yolk.

dairy and its derivatives such as cheese and yogurt .

the process of manufacturing vitamin D in the body .

cholecalciferol is not the active form of vitamin D in tissues 1.25 –dihydroxy cholecalciferol is the metabolically active form of the vitamin that work to stimulate the transport of calcium ions across the intestinal .

#### **1.3.8 membrane**

cholecalciferol undergoes a hydroxyl group at site 25 and this is done in the liver , another hydroxylation process occurs at site 1 in the kidney , and it is believed that the active form of the vitamin work in the formation of mRNA required for the synthesis of proteins in intestinal



mucosa , which binds with calcium and this protein is part of the calcium transport system through intestinal mucosal cells , so vitamin D functions more as hormone than a vitamin .

#### 1-4 research plan :

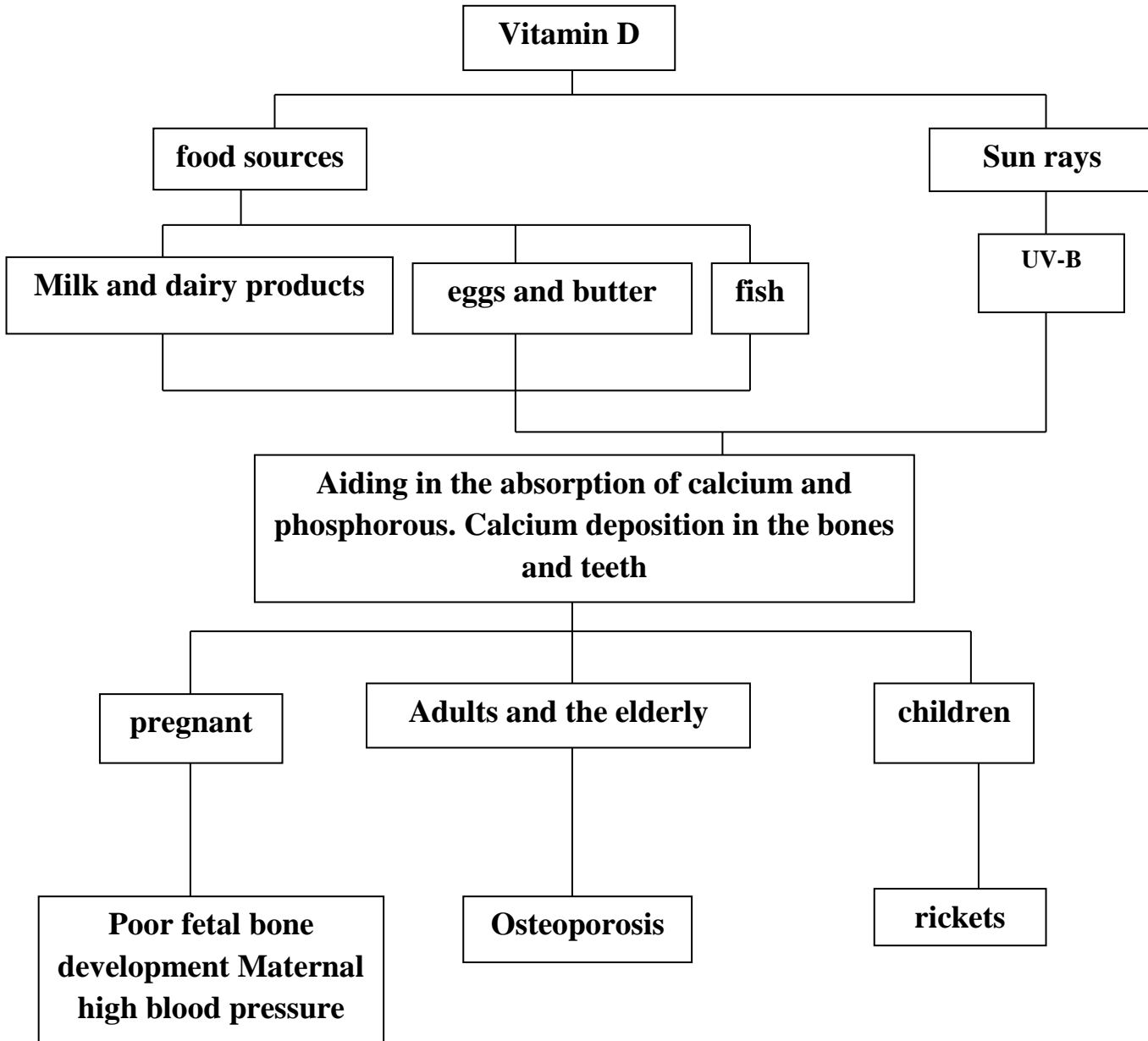


Figure 1-1 Research plan

#### 1-5 Research problem :

Due to the prevalence of cases of vitamin D deficiency in the city of El-Gamil, we decided to conduct this study to find out the causes and factors of vitamin D deficiency



### **:1-6 research aims**

- 1- A study of a relationship between vitamin D deficiency and gender, age, general health status, diet and lifestyle
- 2- Know the groups most at risk of developing vitamin D deficiency
- 3- Knowing the extent of the body's need of vitamin D to avoid a
- 4- Know the main sources of vitamin D

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- 4- Know the main sources of vitamin D

### **2- Explanation of the scheme :**

Vitamin D deficiency is a disease that affects people in different groups around the world, which is the lack of sufficient amounts of the vitamin inside the body, and the deficiency occurs when not exposed to sunlight for a sufficient period and not eating foods containing it, and vitamin D deficiency leads to a group of diseases The most important of these are rickets in children, osteoporosis in adults, poor fetal bone growth and high maternal blood pressure

### **2-1 Research Hypothesis :**

Is vitamin D deficiency related to age or gender, or is vitamin D deficiency a result of insufficient exposure to sunlight and eating food sources of the vitamin or as a result of the presence of some diseases that cause vitamin D deficiency ?

### **2-2 Research Design :**

Subject (type of samples) Whole blood samples taken from the subjects of the study in a volume of 5 ml .

#### **2.2.1 number of samples**

100 samples taken from the laboratory of the Nabd al-Hayat sanatorium inside the city of Gemayel .

#### **2.2.2 Study time and place**

From March 2022 to August 2022 , the study location is the Nabd Al-Hayat Clinic laboratory inside Al-Jamil .

#### **2.2.3 Used equipments:**

- 1- Activator blood collection tubes
- 2- Plastic syringes for drawing blood samples with a volume of 5 ml .
- 3- gloves .
- 4- Band to show the vein during the withdrawal process .
- 5- Cotton and medical alcohol for disinfection during the drawing process .
- 6- Pipettes in sizes HL,50 L, and 100 .

#### **2.2.4 devices used :**

- Centrifuge manufactured by HAMILTON company with a capacity of 4000 rpm for 10 minutes .



- Ichroma device manufactured by Boditech .

- Ichroma Vitamin D Cartridge test card

2-2-5 How to use the Kit :

Through this test, we can use a blood serum sample, with temperature control (35) before use  
Steps:

- The blood sample was drawn and separated by centrifuge at 4000 rpm for 10 min - to obtain the serum .

- Put ID Chip Vitamin D inside the result reader .

- Take a 50 ml volume of serum using a 50L pipette from the wall of the test tube and place it in the Sample Maxing Tube of the test kit .

- Add 50L of Relesing Buffer to the mixing tube and shake gently for 10 sec .

- Place the tube in the incubation iron holder and incubate it for 5 min at 35 °C

- After incubating add 100 L of Detection Buffer and shake gently for 10 sec, incubate at 35°C for 15 min and shake every min without removing the iron holder .

After 15 min, we take 75 L of the mixture and put it on the test card and incubate it for 8 sec and then put it in the reading device to get the result .

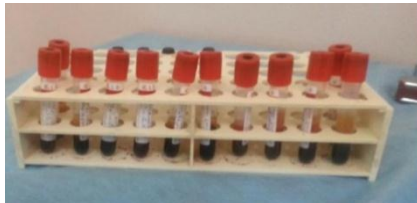
2-2-6 Tools used in the process :



Separate the samples using a centrifuge



blood sample collection equipment



Serum samples after separation



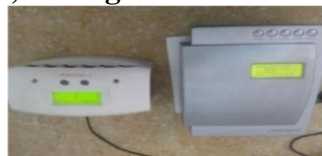
Ichroma device



Iron holder, buffer solutions, mixing tube



Ichroma Vitamin D Cartridg

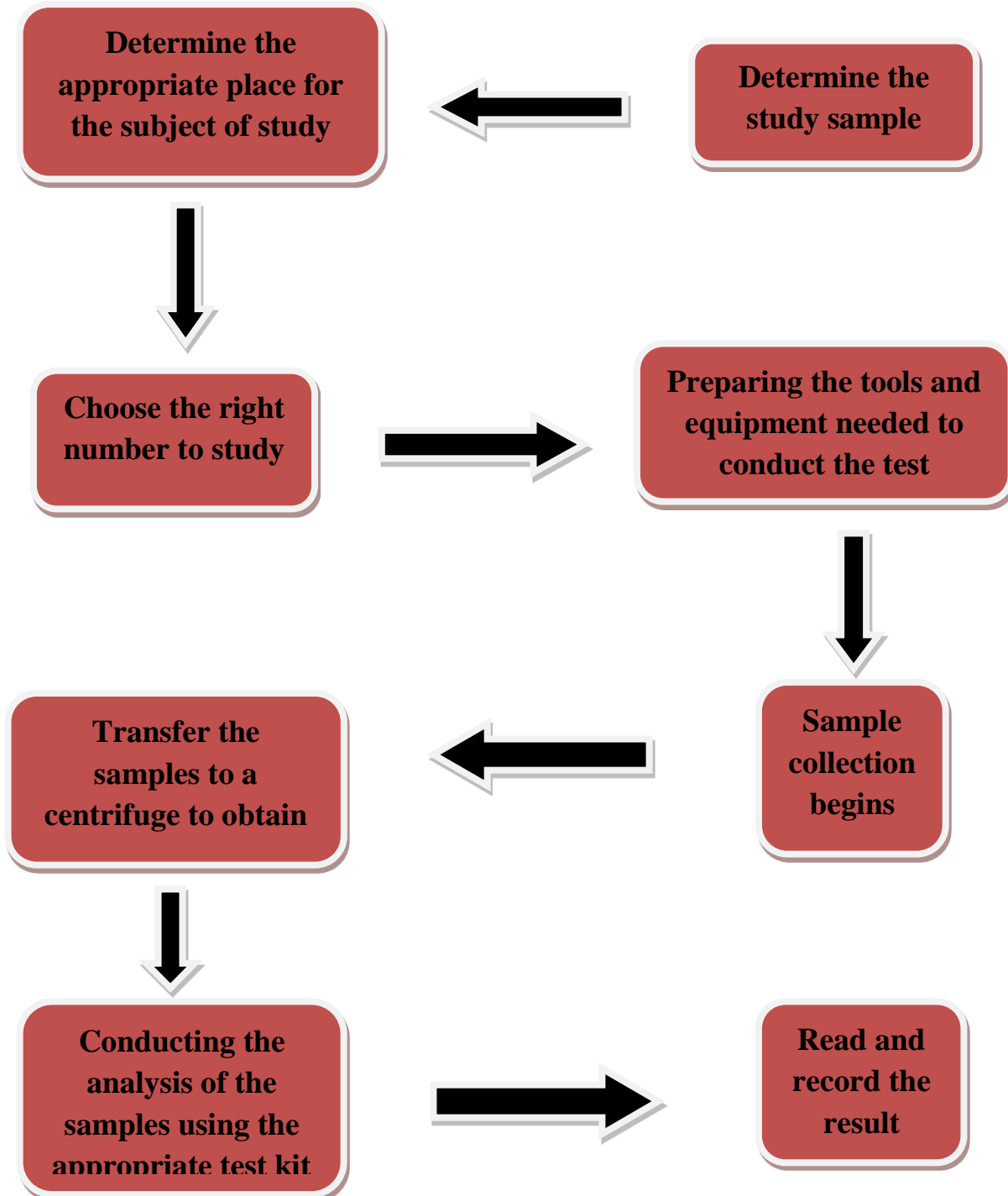


Nursery and result reader

Figure 2-1 Shows pictures of tools and devices used in the operation .



**2-4 Operation Diagram:**



**Figure 2 -2 Operature : ion Diagram**





## 2.5 Statistical analysis :

This study relied on descriptive statistics in data analysis, where the data was unloaded and prepared for statistical analysis using the Statistical Package for Social Sciences (SPSS, version20), which is a large set of tests that fall from simple descriptive statistics such as: recurring percentages, average Arithmetic and standard deviation to reach the most advanced statistics such as: hypothesis tests and analysis of variance. The following statistical methods were used: Descriptive statistics, which included frequency tables, ratios and graphs, as well as inferential statistics, which included the chi-square test

## 3- Results:

In this chapter, the results obtained through the study we conducted according to for the data collected .

### Distribution of sample members by gender and age less than :14

It was found that the proportion of males was 50% and females 50%

Vitamin D (ng/ml)	Age	Sex
23	10	Female
18.23	2	Female
20	5	Female
15.44	7	Female
29.05	13	Female
12.04	9	Female
9	5	Female
22.43	1	Female
25	13	Female
8	2	Female

Table 3-1 : Female under 14 years

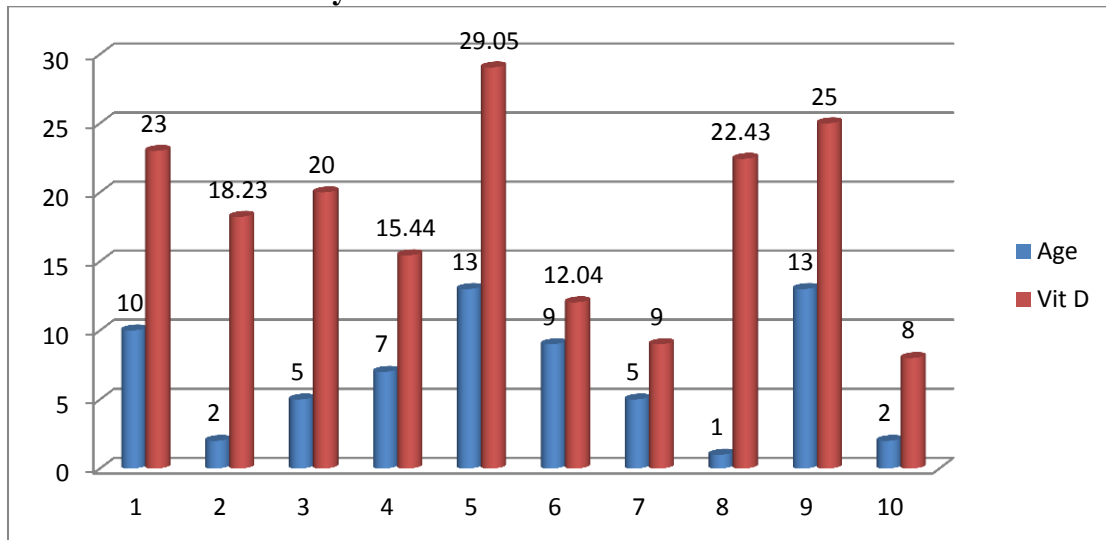


Figure 3 -1 Female under 14 years



Vitamin D (ng/ml)	Age	Sex
25.42	4	Male
13	6	Male
20.13	10	Male
15	3	Male
5.4	13	Male
4.94	9	Male
25.03	11	Male
16.33	14	Male
3.32	5	Male
19.13	11	Male

Table 3-2 Male under 14 years

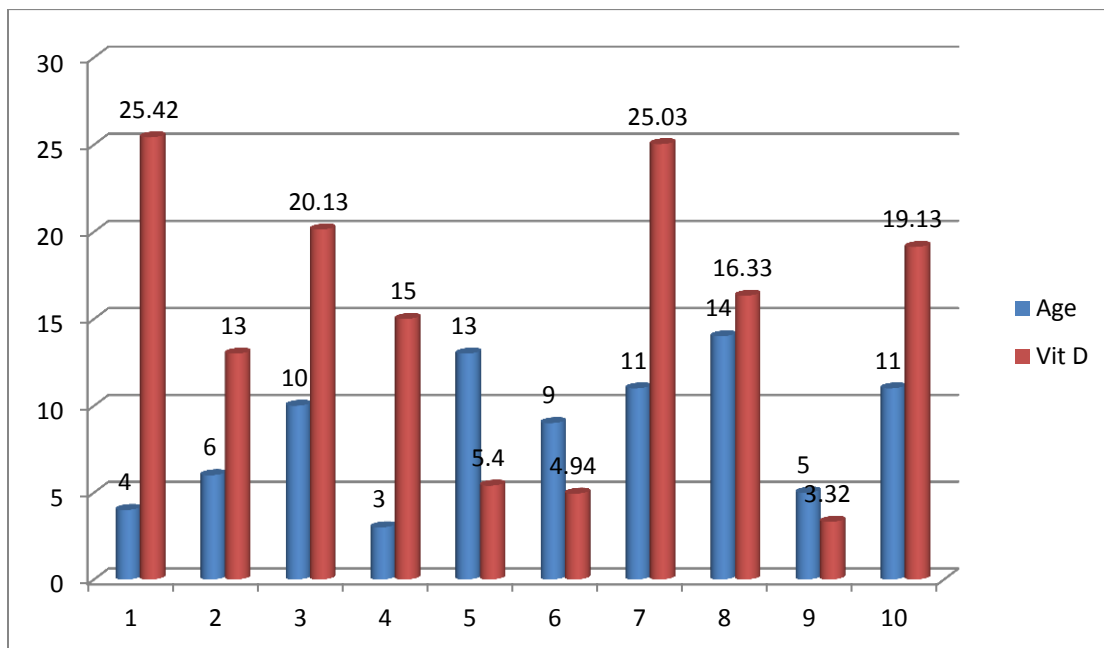


Figure 3 -2 Male under 14 years

Distribution of the sample members according to gender and age, from to

It was found that the percentage of males was 45.5% and females 55.5%

Vitamin D (ng/ml)	Age	Sex
9.01	15	Female
13.05	25	Female
21.52	21	Female
12.94	34	Female
17.46	28	Female
10.6	41	Female



12.09	25	Female
15.98	20	Female
3	24	Female
13.07	23	Female
3	24	Female
17.7	50	Female
20	48	Female
43.05	31	Female
10.30	48	Female
39.77	32	Female
12.22	26	Female
7.32	27	Female
13.17	24	Female

Table 3-3 Female above 14 from years of 15 to 50

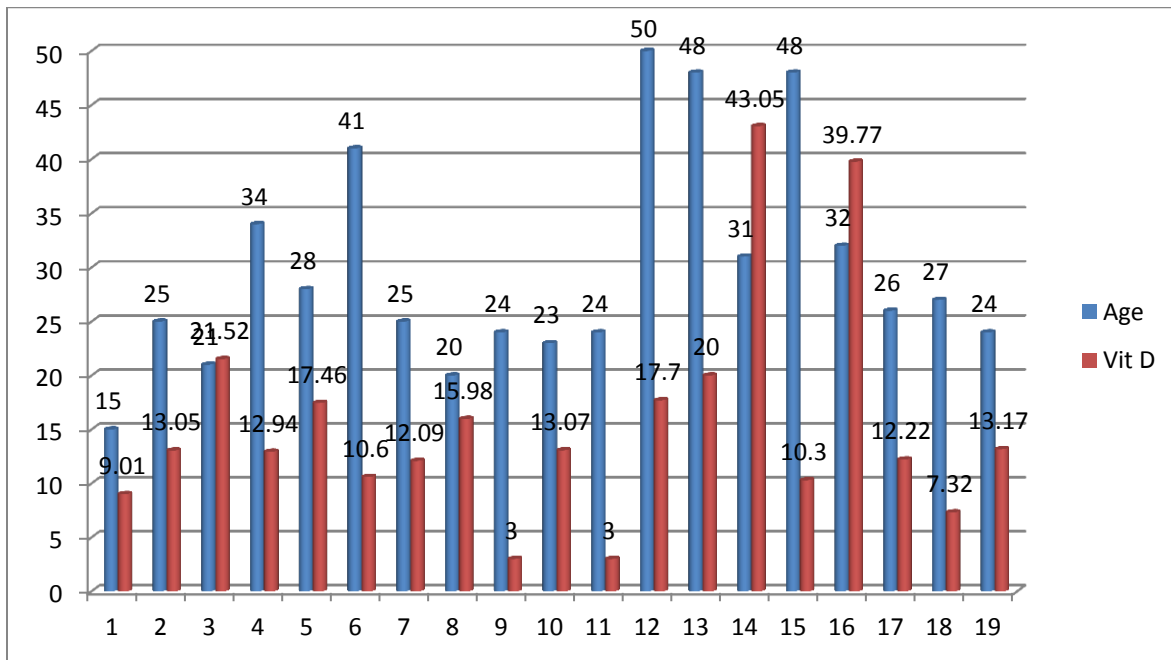


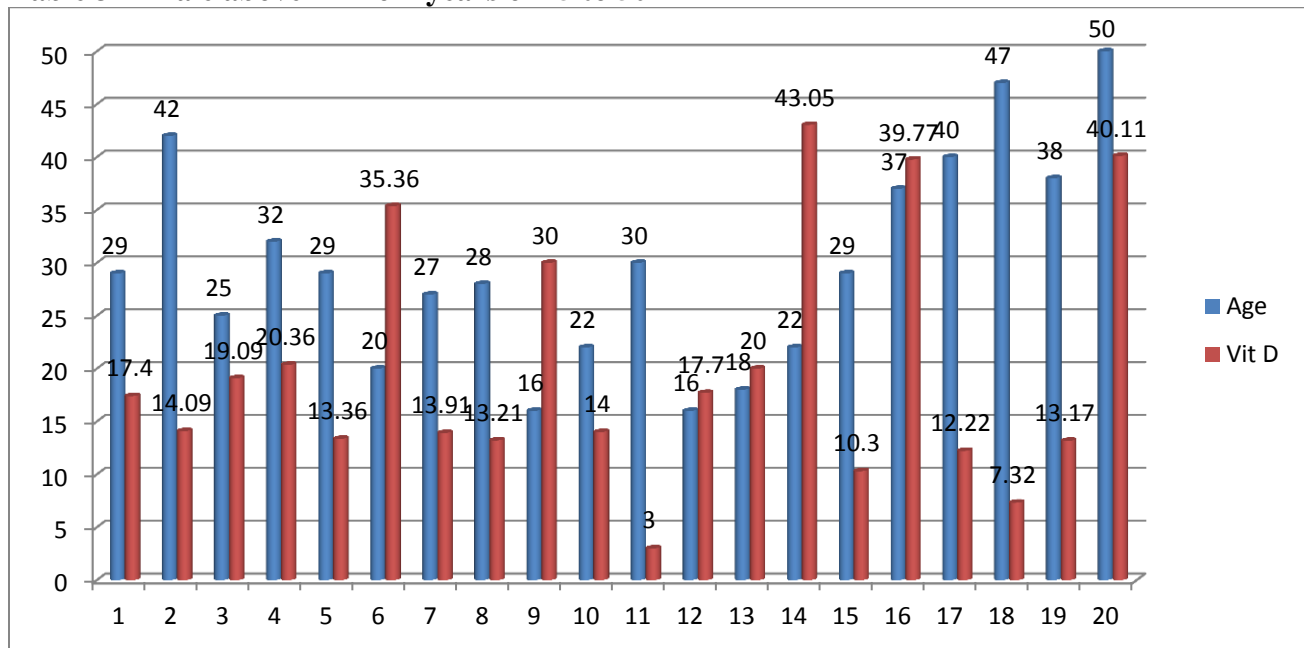
Figure 3 -3 Female above 14 from years of 15 to 50

Vitamin D (ng/ml)	Age	Sex
17.40	29	Male
14.09	42	Male
19.09	25	Male
20.36	32	Male
13.36	29	Male
35.36	20	Male
13.91	27	Male



13.21	28	Male
30	16	Male
14	22	Male
3	30	Male
17.7	16	Male
20	18	Male
43.05	22	Male
10.30	29	Male
39.77	37	Male
12.22	40	Male
7.32	47	Male
13.17	38	Male
40.11	50	Male

**Table 3-4 Male above 14 from years of 15 to 50**



**Figure 3 -4 Male above 14 from years of 15 to 50**

**Distribution of sample members by gender and age over 50**

It was found that the percentage of males was 51% and females 41%.

Vitamin D (ng/ml)	Age	Sex
5.88	58	Female
15.33	62	Female
4	71	Female
32.22	90	Female
8.68	65	Female



13	68	Female
28.33	53	Female
12	66	Female
6	75	Female
3	53	Female
17.3	65	Female
18.9	66	Female
20.5	50	Female
10.11	89	Female
3.99	90	Female
15.5	85	Female
10.99	53	Female
29.25	56	Female
23	58	Female
25.5	60	Female

Table 3-5 Female over 50 years

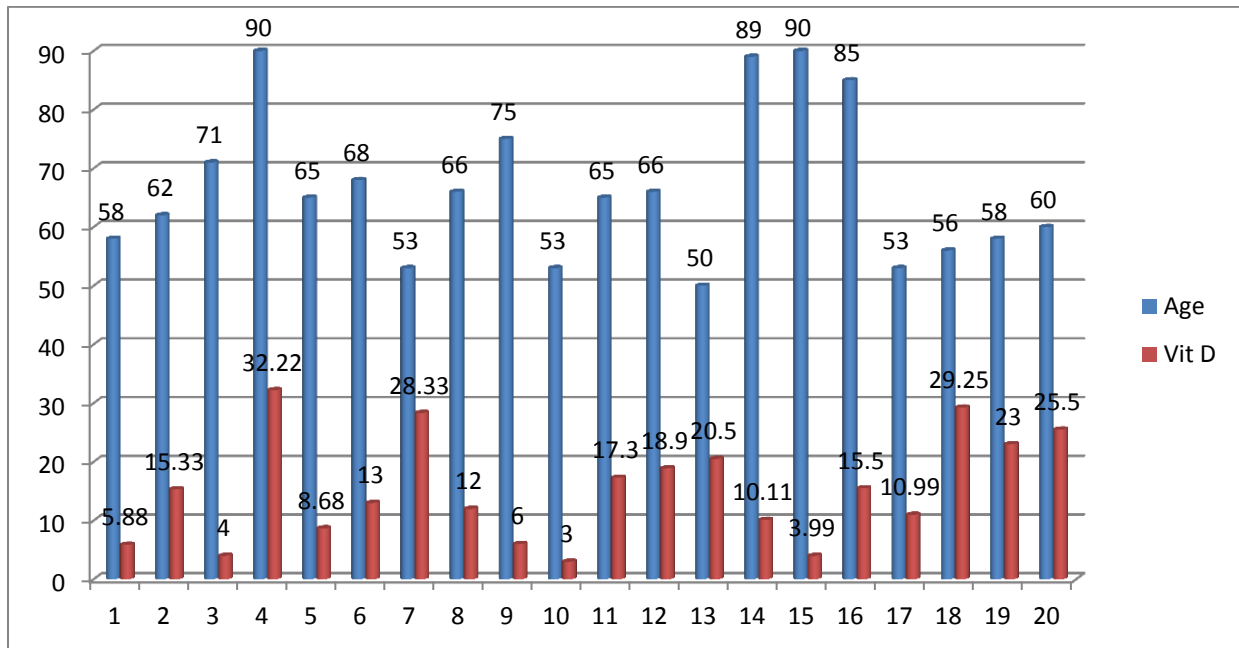


Figure 3 -5 Female over 50 years

Ratio (ng/ml)	Age	Sex
11.38	89	Male
9.75	63	Male
17.70	54	Male
20.20	77	Male
13.35	55	Male



3	76	Male
6.34	90	Male
26.22	65	Male
14.33	60	Male
18.1	55	Male
30.54	47	Male
11.58	58	Male
12	56	Male
26.2	79	Male
5.5	90	Male
28.6	69	Male
2	66	Male
8	73	Male
11.33	53	Male

Table 3-6 Male over 50 years

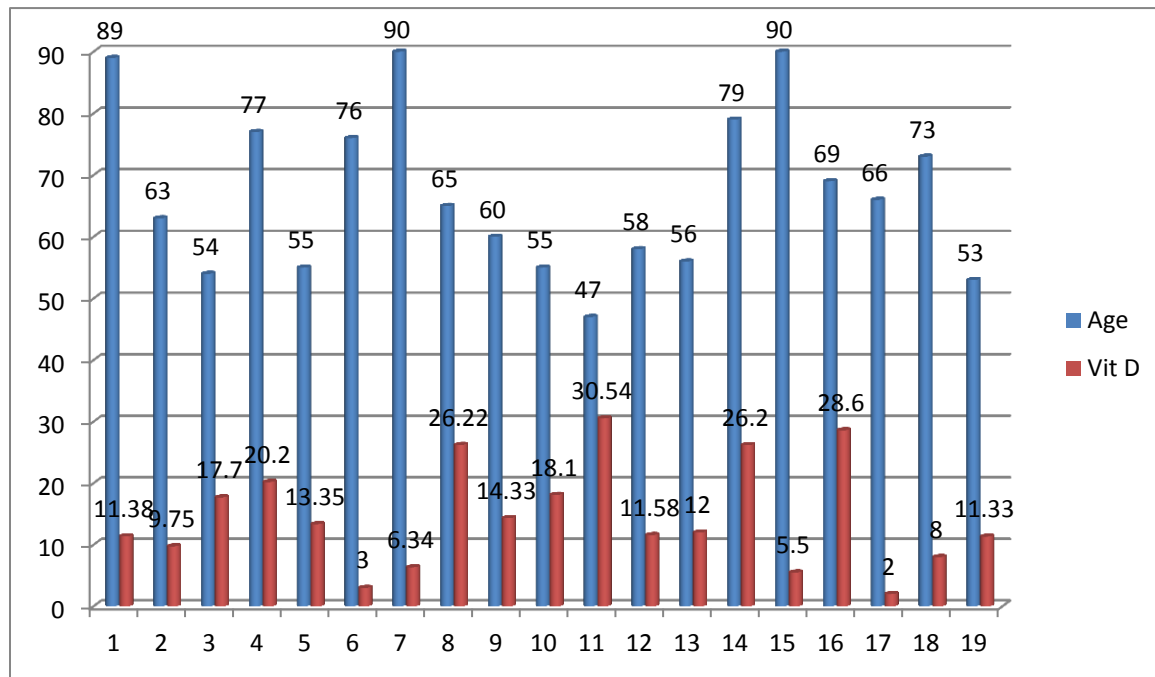


Figure 3 -6 Male over 50 year

Rate ( ng/ml)	The status
Less than (10)	Acute shortage
19-10	Light shortage to the average
50-20	Normal Rate



80-51	High risk of urine calcium
More than 80	Very high , with the possibility of poisoning

**Table 3-7 : normal level of vitamin D for human health**

#### 4- Discuss the results :

This study focused on the prevalence of vitamin D deficiency in the city of Al-Jamil, and through the results obtained, the relationship between vitamin D deficiency and gender, age, lifestyle and disease status can be proven or denied.

The obtained results showed that the number of samples infected with vitamin D deficiency was 87 out of 100 samples, meaning that the percentage of infection with deficiency reached %87, and this percentage includes deficiency in males and females, where the percentage of infection in females was %45 and the infection rate in males was %42.

According to the results obtained from the relationship between vitamin D deficiency and sex, we can say that there is a relationship between vitamin D deficiency and sex, as the results obtained in this study were 45 females with vitamin D deficiency and this result is consistent with a similar study that was carried out by (2018, Sheriff and Amnese) which states that there is a relationship between vitamin D deficiency and sex.

According to the results obtained from the relationship between vitamin D deficiency and age, we can say that the rate of vitamin D deficiency in the age group 50 years and over was %37, and this percentage was higher than the study conducted by (Khalife, et al. 2017, where the rate of deficiency was Vitamin D they have in the lower age groups.

According to the results obtained from the relationship between vitamin D deficiency and lifestyle, we can say that there is a relationship to a deficiency of vitamin D due to not exposing many areas of the body to sunlight for religious and cultural reasons and for fear of skin tanning and the use of cosmetics and sunscreen ointments, as the percentage of 79.3% of the study sample had a barrier from direct exposure to sunlight, and this agrees with the study conducted by (Omar. et al. 2018, where the rate of vitamin D deficiency among people with different barriers from sunlight was high).

According to the results obtained from the relationship between vitamin D deficiency and the disease state, we can say that the rate of vitamin D deficiency in people with kidney disease represents %1.1 of the study sample, and this percentage was lower than the percentage obtained in a similar study conducted by (Nouh, 2019). et al), where the proportion of study sample individuals suffering from vitamin D deficiency represented %80.6 of the total sample members in that study.

#### 5- Conclusions:

Through this study the following was concluded :

1- There is a relationship between vitamin D deficiency and gender, where the highest percentage of deficiency was in females within different age groups .

2- Through the results of the study, it was found that vitamin D deficiency disease can also occur in sunny geographical locations, and this is because lack of exposure to sunlight is what causes vitamin D deficiency .

3- There is a relationship between the lifestyle followed by people and the possibility of exposure to vitamin D deficiency. The evidence for this is that the presence of a barrier between



the skin and sunlight in adolescents who expose themselves to sunlight causes them to lack vitamin D and places them among the groups at risk of developing vitamin D deficiency .

4- There are some chronic conditions (liver disease, kidney disease and intestinal infections that, when the body is infected with them, cause a deficiency in vitamin D due to the role that these affected organs play in the process of manufacturing vitamin D .

#### **6- Recommendations :**

Through this research and to prevent vitamin D deficiency, we recommend the following :

Being in the sun for 30-51- minutes a day without sun protection two or three times a week (the preferred time to go out in the sun is from 10am to 3pm)

2- Eating a lot of natural foods rich in vitamin D, and taking nutritional supplements rich in vitamin D, following up with a doctor

3- Spreading health awareness and introducing the importance of vitamin D and the risks of its deficiency in universities, schools and on social media

4- Giving awareness lectures to medical staff and patients in hospitals and health centers for the important role that vitamin D plays in the body and distributing brochures containing the most important information about vitamin D.

5- Supporting people who suffer from frequent vitamin deficiency with nutritional supplements for free in government health centers, especially in the winter season, and determining the appropriate dose for each person

6- The doctor must request a vitamin D analysis in health centers as a routine procedure to ensure the correctness of the symptoms and the clinical diagnosis of the patient

7- Conducting extensive studies on different communities, groups and ages in Libya to find out the real causes and factors of vitamin D deficiency in those communities

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## الفهرس

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