



KNOWLEDGE REGARDING BRONCHIAL ASTHMA AND ITS MANAGEMENT

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ABSTRACT

Asthma is a common, chronic respiratory problem affecting the airways of the lungs. It is a chronic inflammation of these airways causing them to become narrow or swell up making it difficult to breathe. This inflammation makes the person prone to various problems. Bronchial asthma is a disease characterized by an increased responsiveness of the trachea and bronchi to various stimuli, the aim of study was to assess the knowledge of regarding bronchial asthma and its management among parents of asthmatic children. The first objective was to assess the knowledge regarding bronchial asthma and its management among parents of asthmatic children. The second objective was association between levels of knowledge of parents of asthmatic children regarding management of bronchial asthma with selected demographic variables. The third objective to develop the information booklet regarding bronchial asthma and its management in asthmatic children. The statistical values supported the research hypothesis that the knowledge regarding bronchial asthma and its management among parents of asthmatic children.

Key words: Bronchial asthma, Preventive management of asthma in children.

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INTRODUCTION

Respiratory Tract Infection is a frequent cause of acute problem in infants and children. Many pediatric infections seasonal cough and cold are very common in children. However, there are some children who have frequent or persistent cough, particularly children living in slums or overcrowded areas. The commonest cause of a frequent or possible cough in a healthy baby is asthma.

- Asthma is an inflammatory disease that affects the air way of lungs.
- Asthma affects more than 6 million children, of whom over half suffer from an asthma episode annually.
- Each year more than 10 million children die before they reach their fifth birthday.
- The WHO also states that 300 million people suffer from asthma worldwide nearly 5% of asthmatic live in India.
- According to WHO statistics India has about 15-20 million asthmatics patient are present.
- Air pollution is the fifth largest killer in India.

STATEMENT OF THE PROBLEM- A descriptive study to assess the knowledge regarding bronchial asthma and its management among parents of asthmatic children between age group of 2-12 years in selected hospitals at Jodhpur with view to develop information booklet.”

OBJECTIVES OF THE STUDY

The objective of the study was

1. To assess the knowledge regarding bronchial asthma and its management among parents of asthmatic children.
2. To find out the association between levels of knowledge of parents of asthmatic children regarding management of bronchial asthma with selected demographic variables.
3. To develop the information booklet regarding bronchial asthma and its management in asthmatic children.

HYPOTHESES

H1: There will be significant association between the levels of knowledge regarding bronchial asthma its



management and selected demographical variables of parents of asthmatic children

Operational definition

•**Assess:** It refers to judge the worth on management among parents of asthmatic children of asthmatic children.

•**Knowledge** - Awareness and understanding of parents regarding bronchial asthma and its management as measured by structured interview schedule.

•**Management** - The measures adapted in asthmatic children during asthmatic attacks or exacerbations.

•**Bronchial asthma** - A disease characterized by increased responsiveness of the trachea and bronchi to various stimuli causing widespread narrowing of the airways, which result in paroxysmal dyspnea, wheezing, and coughs.

•**Parents of asthmatic children:** It refers to the Mother of asthmatic children, who are having children between the age group of 2 – 12 years, suffering from bronchial asthma.

Assumptions

The study was based on the following assumptions:

1. The parents may not have adequate knowledge regarding management of bronchial asthma.
2. The information booklet will improve the knowledge of bronchial asthma and its management among parents of asthmatic children

Delimitations

1. The research study is limited to parents of asthmatic children between age group of 2-12 years.
2. Study period is limited to 4-6 week.

MATERIAL AND METHOD

Research design - a descriptive design was adopted as it is a virtue of a situation that naturally happens. In many aspects of nursing there is a need for a clear picture or description of the phenomena before causality can be examined.

Research variable-

Independent variable the independent variable in this study is the information booklet on bronchial asthma and its management.

Dependent variable- in this study dependent variable is knowledge on bronchial asthma and its management.

Population- In this study population is parents of asthmatic children between age group of 2-12 years in outdoor patient in GOVT MDM hospital, Jodhpur.

Sampling size- total sample size for this study is 60 parents of asthmatic children in Govt MDM hospital Jodhpur.

Sampling technique- Non-probability sample were selected based on the judgment of the researcher to achieve objectives of the research.

Reliability of tool- The test was first divided in to two equivalent halves and correlation for the half test was found by using Karl Pearson's correlation coefficient formula and significance of correlation was tested by using probable error ($r \frac{1}{2} = 0.76$). The reliability coefficient of the whole tool was then estimated by Spearman Brown prophecy formula. The tool was found reliable ($r = 0.86$).

Major finding of the study-

Table no. 1 depicts that out of sixty parents participated in the study. The majority of the graduate parents (27, 45%), in private job (35, 58.33), joint family (34, 56.67%), Urban (50, 83.33), family income 5-10 and 10-15 (40%), Hindu (41,68.33), 40-50 years and above 50yrs (26.67), and type of cooking fuel LPG (36, 60%).

Table no. 2 depicts that the majority 56.67 of the Parents of asthmatic children had above average knowledge followed by 43.33% had below average knowledge regarding bronchial asthma and its management.

Table no. 3 shows that the knowledge level of parents of asthmatic children according to the aspect of bronchial asthma and its management was highest 62.41%, regarding bronchial asthma with that mean 10.61 and SD of ± 3.24 , followed by 61.08% regarding the management of bronchial asthma with the Mean14.5 and SD ± 4.28 . The overall mean knowledge show was 24.63 (61.57%) with the SD of ± 7.08 .

The table no. 4 shows that the calculated value of chi square χ^2 for the parents of asthmatic children education of parents (5.30), family type of parents (0.007), family income of parents (0.75), religion of parents (3.67), age group of parents (1.04), and types of cooking fuel of parents (1.79), respectively at the $p \leq 0.05$. The results show that the majority of the demographic variables indicate no significant relation except occupation of parents 11.36% and area of residence of parents 4.22.



Table 1. Demographic characteristics of sample subjects

(N=60)

Socio demographical variable		(n)	(%)
Education of parents	Primary education	6	10.0 %
	Secondary education	17	28.33%
	Graduate	27	45.0%
	Illiterate	10	16.67%
Occupation of parents	Private Job	35	58.33%
	Government service	12	20.0%
	Business	8	13.33%
	House Hold work	5	8.33%
Family type	Joint family	34	56.67%
	Nuclear family	26	43.33%
	Extended family	0	0%
	Single	0	0%
Area of residence	Rural	8	13.33%
	Urban	50	83.33%
	Sub urban	2	3.33%
	Sub rural	0	0.0%
Family income (Rs. /month)	Less than 5000	0	0.0%
	Between 5000-10000	24	40%
	Between 10001-15000	24	40%
	More than 15000	12	20%
Religion	Hindu	41	68.33%
	Muslim	17	28.33%
	Christian	2	3.33%
	Other	0	0.0%
Age group of parents (years)	Below 30 years	10	16.67%
	30-40 yrs	18	30.0%
	40-50yrs	16	26.67%
	Above 50 yrs	16	26.67%
Types of cooking fuel	Bio-fuel	24	40%
	LPG	36	60%

Table 2. Frequency and Percentage Distribution of the level of knowledge among the parents of asthmatic children

(N=60)

Level of knowledge	Frequency (n)	Percentage (%)
Below Average	26	43.33%
Above Average	34	56.67%
Total	60	100%

Table 3. Mean, Mean percentage and Standard Deviation for the knowledge score of parents of asthmatic children regarding the aspects of bronchial asthma and its management

(N=60)

S. No.	Aspects	No. of items	Max Score	Mean	Mean%	SD
1	Bronchial asthma	17	17	10.61	62.41%	3.24
2	Management of bronchial asthma	23	23	14.05	61.08%	4.28
Overall knowledge		40	40	24.63	61.57	7.08

Table 4. Association of level of knowledge of Parents with selected demographic variables

(N=60)

S.No	Demographic Variables	Level of knowledge		Df	Chi square χ^2	Table value	Inference (p<0.05)
		Below Average	Above Average				
1	Education of Parents						
	Primary education	2	4	3	5.301	7.81	NS
	Secondary education	8	9				



	Graduate	8	19				
	Illiterate	7	3				
2	Occupation of Parents						
	Private Service	10	25	3	11.361	7.81	S
	Government service	5	7				
	Business	5	3				
	House Hold work	5	0				
3	Family Type						
	Joint family	14	20	1	0.007		NS
	Nuclear family	11	15				
	Extended family	0	0				
	Single	0	0				
4	Area of Residence						
	Rural	6	2	1	4.220	3.84	S
	Urban	19	33				
5	Family Income (Monthly In Rupees)						
	Below 5000	0	0	3	0.754	7.81	NS
	5000-10000	11	13				
	10000-15000	8	16				
	15000 or more	5	7				
6	Religion						
	Hindu	15	26	2	3.678	5.99	NS
	Muslim	7	10				
	Christian	2	0				
	Other	0	0				
7	Age group of parents						
	Below 30 yrs	3	7	3	1.0437	7.81	NS
	30-40 yrs	8	10				
	40-50 yrs	7	9				
	Above 50 yrs	5	11				
8	Types of cooking fuel						
	a) Bio fuel	11	13	1	1.792	3.84	NS
	b) LPG	13	23				

CONCLUSION

These findings showed that parents have above knowledge level regarding bronchial asthma and its management. The overall Mean±SD of knowledge score was 24.63±7.08 and mean percentage is 61.57. Significant association was found between knowledge of parents

regarding bronchial asthma and its management with selected demographic variables education, occupation, family types, area of residence, family income, religion, age group of parents, and type of cooking fuel. Hence the hypothesis H1 was accepted.

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