



“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON PREVENTION OF ASTHMA AMONG PARENTS OF PRESCHOOL CHILDREN (3-6 YEARS) AT KAMMANAHALLI, BANGALORE”

Madhulatha GK^{1*}, Nagaraja B²

¹Assistant Professor, Child Health Nursing, Ocean College of Nursing, RGUHS, Bangalore Karnataka, India.

²Assistant Professor, Community Health Nursing, Ocean College of Nursing, RGUHS, Bangalore Karnataka, India.

Article Info

Received 25/09/2024

Revised 15/10/2024

Accepted 28/11/2024

Key word: structured teaching programme, prevention of asthma, parents, pre school children.

ABSTRACT

Asthma education and awareness are an important aspect of asthma management. Most self-management programs convey several principles to the child and family. Although the principles of self-management and the educational programs designed for children with asthma are fairly generic, specific content and intervention strategies must be personalized to the concerns and agendas of individual children and their families. A descriptive design was utilized to achieve the overall and comprehensive purpose. Samples were collected using Non-probability convenient sampling technique. A brief introduction about self and the study was explained. The data related to the variables were collected. By using structured interview schedule the knowledge of parents regarding prevention of asthma were assessed. Pretest was done after the first day of observation among parents of preschool children regarding knowledge on prevention of asthma. Structured Teaching Programme was given in the day of pretest. Posttest was done from same sample after one week. By using the same tool posttest was done.

INTRODUCTION

Asthma is one of the most prevalent disorders of childhood which has a lasting impact on the growth and development of children. In a developing country like India, it has resulted in a spiraling rise in health care costs for children. The asthma is estimated to affect 300 million people worldwide, a number that could increase by a further 100 million by 2025. Over 50 million people in Central and Southern Asia have asthma. Children with asthma may be able to breathe normally most of the time. When they encounter a substance that can cause problems (a "trigger"), an asthma attack (exacerbation) can occur.

Corresponding Author

Madhulatha GK

Email: lathagkmadhuocean@gmail.com

Airway inflammation is the primary problem in asthma. Common asthma triggers include: pet animals, aspirin and other medications, changes in weather (most often cold weather) chemicals in the air or in food, dust, exercise, pollen, emotional stress, tobacco smoke, viral infections. An initial event in asthma appears to be the release of inflammatory mediators (e.g., histamine, tryptase, leukotrienes and prostaglandins) triggered by exposure to allergens, irritants, cold air or exercise. The mediators are released from bronchial mast cells, alveolar macrophages, T lymphocytes and epithelial cells. Some mediators directly cause acute broncho constriction, termed the "early-phase asthmatic response." The inflammatory mediators also direct the activation of eosinophils and neutrophils, and their migration to the airways, where they cause injury. This so-called "late-phase asthmatic response" results in epithelial damage,



airway edema, mucus hyper secretion and hyper responsiveness of bronchial smooth muscle. Varying airflow obstruction leads to recurrent episodes of wheezing, breathlessness, chest tightness and cough.

STATEMENT OF THE PROBLEM:

A study to assess the effectiveness of structured teaching programme on prevention of asthma among parents of preschool children (3-6 years) at kammanahalli, bangalore.

AIM:

The aim of the study was to assess the effectiveness of structured teaching programme on prevention of asthma among parents of preschool children (3-6 years) at kammanahalli, bangalore.

OBJECTIVES:

1. To describe the socio demographic variables of parents of preschool children.
2. To assess the knowledge among parents of preschool children on prevention of asthma.
3. To assess the effectiveness of structured teaching programme on prevention of asthma among parents of preschool children.
4. To associate the relationship between knowledge of parents with the selected socio demographic variables.

HYPOTHESIS:

H1-There will be a significant difference between pre-test and post-test level of knowledge of parents in selected rural area.

RESULT AND DISCUSSION:

Table-1: Distribution of socio demographic variables of parents having 3- 6 years children.

(n=100)

S.NO	CATEGORY	VARIABLES	FREQUENCY	PERCENTAGE
1	Age	20-24 Years	46	46%
		25-29 Years	30	30%
		More than 29 Years	24	24%
2	Gender	Female	70	70%
		Male	30	30%
3	Religion	Hindu	69	69%
		Christian	22	22%
		Muslim	9	9%
4	Family type	Nuclear family	71	71%
		Joint family	29	29%
5	Educational status	Non-literate	47	47%
		Primary school	32	32%
		Secondary school	13	13%
		Graduate	7	7%
		Post graduate	1	1%

H2-There will be a significant association of post-test levels of knowledge of parents with their selected demographic variables.

ASSUMPTIONS:

- Parents have some knowledge regarding prevention of asthma.
- Making awareness about prevention of asthma will help the parents to take care of their children.
- The structured teaching program may have influence on the parents' knowledge regarding prevention of asthma.

LIMITATIONS:

- Limited to the parents of preschool children 3-6 years.
- The study is limited to period of 6 months.
- The study is limited to parents who can understand and speak telugu and english.

DEVELOPMENT OF DATA COLLECTION:

Method of data collection: Structured interview schedule.

Description of the tool:

The tool used for the collection of data was structured interview schedule. The structured interview questionnaire was organized into two parts.

- Section A - Socio demographic data
- Section B - Knowledge of parents regarding prevention of asthma.

SCORE INTERPRETATION:

Formulae used for scoring: $\frac{\text{obtained score}}{100} \times \text{total score}$



6	Occupation	Cooli	58	58%
		Private employee	12	12%
		Government employee	2	2%
		Agriculture	6	14%
		Business	8	6%
		Unemployee	14	8%
7.	Family income per month	Rs.2000-5000/-	54	54%
		Rs.5001-8000/-	36	36%
		Rs .8001-11,000/-	9	9%
		Rs.> 11,000/-	1	1%
8.	Number of children	1	36	36%
		2	60	60%
		3	4	4%
		More than 3	-	-
9	Age of the child	3-4 years	54	54%
		5-6 years	46	46%
10	Source of health information	Family members	23	23%
		Health personnel	15	15%
		Mass media	48	48%
		School/college teachers	14	14%

Figure 1: Distribution of pretest knowledge on prevention of asthma among parents of preschool children (3-6 years) (n=100)

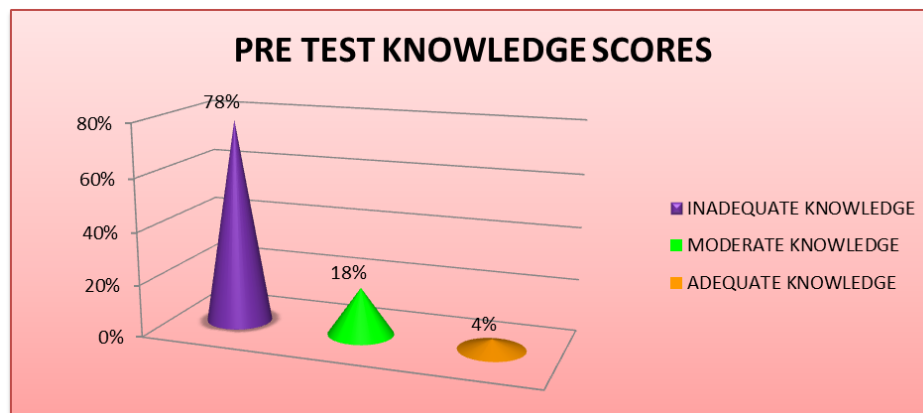


Figure 2: Distribution of posttest knowledge on prevention of asthma among parents of preschool children (3-6 years) (n=100)

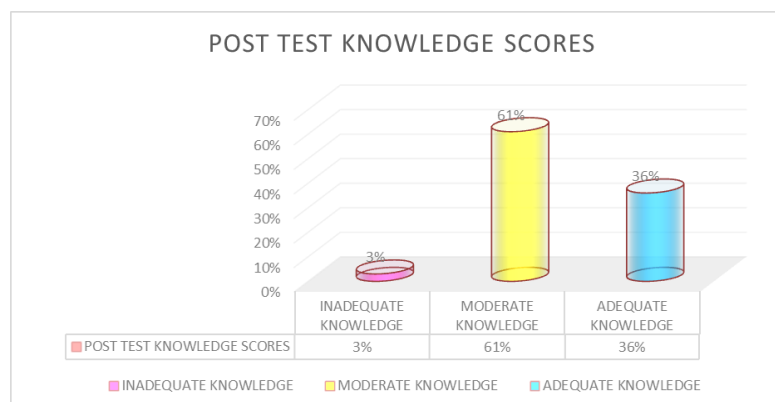
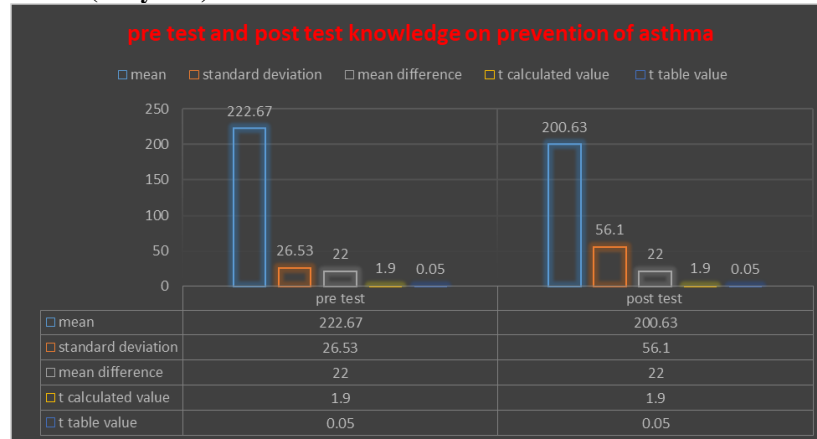


Figure 3: Representing difference between pre test and post test knowledge on prevention of asthma among parents of preschool children (3-6 years) (n=100)



** Significant at 0.05 level.

CONCLUSION

The focus of the study to conducted Pretest was done after the first day of observation among parents of preschool children regarding knowledge on prevention of asthma. Structured teaching programme was given in the day of pretest. Post test was done from same sample after one week. The data were analyzed by using the

descriptive and inferential statistics. Descriptive statistics includes frequency, percentage, mean, standard deviation were used to assess the knowledge of parents regarding prevention of asthma. Inferential statistics includes Paired' test; ANOVA was used to compare the pre and post test knowledge of parents regarding prevention of asthma

REFERENCES

1. Wong, L. D. (2003). *Wong's nursing care of infants and children* (7th ed., pp. 1385-1404). Mosby, an affiliate of Elsevier Science Publications.
2. Marlow, R. D. (2001). *Textbook of pediatric nursing* (pp. 947-956). Philadelphia: W.B. Saunders Publications.
3. Basavanthappa, B. T. (1998). *Textbook of community health nursing* (6th ed., pp. 246-253). New Delhi: Jaypee Brothers Medical Publishers.
4. Meharban, S. (n.d.). *Medical emergencies in children* (4th ed., pp. 223-230). New Delhi: Sagar Publications.
5. Santhosh Kumar. (n.d.). *Handbook of pediatrics* (21st ed., pp. 56-58). All India Publishers.
6. Parthasarathy, A. (2006). *IAP textbook of pediatrics* (pp. 462-473). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.
7. Datta. (n.d.). *Textbook of pediatric nursing* (pp. 56-67). New Delhi: Jaypee Publications.
8. Nelson. (n.d.). *Textbook of pediatrics* (18th ed., pp. 221-243). Saunders Publications.
9. Singh, D., & Solti, P. C. (2008). Prevalence, age distribution, and epidemiological factors associated with asthma in rural children. *American Journal of Respiratory and Critical Care Medicine*, 364(25), 132-145.
10. Brook, U., & Shemesh, A. (2008). Parental attitude and role perception in families of asthmatic children. *Journal of Pediatric Psychology*, 11, 341-343.
11. Ranganadhan, P. (2009). Family influences on pediatric asthma. *Journal of Pediatric Psychology*, 29(7), 475-491.
12. <http://www.pubmed.com>
13. <http://www.tbindia.org>
14. <http://www.findarticle.com>
15. <http://www.who/asthma/control>.com>
16. <http://www.scribd.com>research>science>
17. <http://www.nhlbi.nih.gov/guidelines/asthma>
18. <http://www.emedicinehealth.com>

