

A Quasi Experimental Study to Evaluate the Effectiveness of Informational Booklet on Knowledge Regarding Asthma and its Prevention among the B.Sc. Nursing 2nd Year Students in Selected College of Nursing, Lucknow, U.P.

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ABSTRACT

Methods: An evaluative research approach was adopted via the study. The population of the study consisted of all B.Sc. Nursing 2nd year students in selected schools at Lucknow. Purposive sampling techniques were utilized to select 60 B.Sc. Nursing 2nd year students on predetermined criteria. The investigator prepared a self-structured questionnaire containing 24 items to assess the knowledge regarding asthma and its prevention among B.Sc. Nursing 2nd year students in selected at Lucknow. The study was conducted on 60 B.Sc. Nursing 2nd year students attending at selected school at Lucknow. The duration of the study was from based on the objectives and the assumptions the data was analyzed and using descriptive and inferential tests is test. **Results:** After administration at day seven the average (Mean \pm Standard Deviation) score to judge the knowledge (19.53 \pm 2.62 points) among B. Sc nursing 2nd year students found to be significantly greater and improved as compared to average score of knowledge (9.00 \pm 2.30 points) at baseline stage. (9.00 \pm 2.30 points). Moreover, the statistical agreement projected that the B. Sc nursing 2nd year students intervened with reliable information booklet had better and significantly improved knowledge. The above chi square table says that there is significant association between knowledge score and the selected socio demographic Variables as the chi square value is greater than the tabulated value at 0.05 level of significance. Therefore, the H2 hypothesis was rejected.

KEYWORDS: Knowledge; asthma and its prevention, B.Sc. Nursing 2nd year students.

INTRODUCTION

Asthma is a chronic inflammatory disease of the airways that causes airway hyper responsiveness, mucosal edema, and mucus production. This inflammation ultimately leads to recurrent episodes of asthma symptoms: cough, chest tightness, wheezing, and dyspnea. Asthma differs from the other obstructive lung diseases in that it is largely reversible, either spontaneously or with treatment. Patients with asthma may experience symptom-free periods alternating with acute exacerbations, which last from minutes to hours or days. Asthma can occur at any age and is the most common chronic disease of childhood. Despite increased knowledge regarding the pathology of asthma and the development of

better medications and management plans, the death rate from asthma continues to increase. For most patients it is a disruptive disease, affecting school and work attendance, occupational choices, physical activity, and general quality of life.¹

A number of risk factors can be identified for asthma, although many patients develop the disease in the absence of known risk factors. Allergies play a strong role in childhood asthma, although less so in adults. There is a strong genetic component to the disease, although a specific pattern of inheritance has not been identified. Multiple regions on several chromosomes appear to contribute to asthma-related factors such as

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airway hyper-reactivity and high IgE levels. Environmental factors, including air pollution and occupational exposure to industrial compounds, may contribute. Respiratory viruses such as rhinovirus and influenza can precipitate asthma attacks. Other contributory factors include exercise (particularly in cold air) and emotional stress.²

Asthma deaths are more common in lower socioeconomic groups, possibly because of poor access to treatment or less compliance with treatment. With careful monitoring and treatment, however, patients with asthma can manage their symptoms and lead normal lives.³

As Asthma is one of the most common disease encountered in clinical practice. An estimated 300 million people suffer from asthma worldwide and an additional 100 million new cases will be added by the year 2025. The true burden of Asthma in India is not known. According to the World Health Organization (WHO), India has the largest number of asthma deaths in the world, contributing to 22.3% of all global asthma deaths. Despite a better understanding of the pathophysiology of asthma, presence of reliable diagnostic tools, availability of a wide array of effective and affordable inhaled drugs and simplified national and international asthma management guidelines, asthma remains poorly managed in clinical practice across the globe.⁴

One of the responsibilities of a public health nurse is to provide asthma education to local residents. However, there have been no comprehensive education programs for public health nurses on asthma care in the past. Good asthma care is not the responsibility of physician alone; all of the health care providers should have the capability to give patients proper and correct information.⁵

Asthma medication is costly and can place a substantial financial burden on patients and their families. However, uncontrolled asthma puts patients at risk and increases asthma-related hospital admissions and emergency presentations. Understandably, the management and control of asthma greatly affects the quality of life of the person living with asthma.⁶

Since the general population are always cannot able to seek medical advice all the time in due respect to their health condition. It is very important and helpful if the general population has the thorough knowledge about the home care management of bronchial asthma and basic remedies that has to be taken over and also to avoid the triggering factors in the home by their own. With the help of structured teaching programme like this we can able to impart the knowledge

regarding asthma, its risk factors, how to prevent further complications and to manage by their own. This study was undertaken to find out the effectiveness of structured teaching programme regarding knowledge on home management of bronchial asthma.⁷

The nurses are in a position to identify the people knowledge, attitude and management of asthma. This will enable to the nurse to plan with specialized service to help the people to understand about asthma home management. That will make a significant difference in the prevalence of these diseases affecting the health of the people.

NEED FOR STUDY

Asthma is a chronic inflammatory disease of the lungs with complex etiology. Patients' airways become hyper-responsive to certain triggers, including animal fur, tobacco smoke, house dust mites, pollution and pollen. Exposure to a trigger promotes broncho constriction and airway inflammation, leading to ongoing infiltration of inflammatory cells (including eosinophil's, basophils and mast cells), secretion of pro-inflammatory cytokines (including interleukin [IL]-4, IL-5 and IL-13) and accumulation of inflammatory cells in the airways (Chung, 2015). Ongoing airway inflammation results in a thickening of the airway smooth muscle, which increases broncho constriction and gives rise to the characteristic signs and symptoms of asthma. These include excessive mucus formation, breathlessness, wheezing and cough.⁸

The role of the asthma nurse must include addressing issues of compliance as part of a more holistic approach to asthma management. Previous studies have demonstrated that the asthma nurse can play a pivotal role in educating and supporting the patient in self-management strategies and the hospital setting has been shown to be an appropriate setting in which to target those with poor symptom control. Issues of compliance must be addressed within the domains of patients' perception of their asthma, accurate assessment of prior knowledge, education to promote changes in behavior and appropriate self-management strategies, as well as giving consideration to influences such as culture on self-management behavior. The asthma nurse is ideally placed to accurately assess and educate patients with asthma on how to manage their symptoms. However, education must be an ongoing process for both patient and educator. Any interventions offered must be based on up-to-date evidence with proven clinical effectiveness if improved long-term outcomes are to be achieved.⁹

The National Asthma Education Prevention Plan (NAEPP) guidelines advocate that healthcare

providers, including nurses, build a strong relationship with their patients through effective communication, answering questions, and supporting effective disease management. These partnerships place nurses in a key position to recognize poor disease control and to provide enhanced care or specialist referral for high-risk patients. Another major aspect of an effective nurse-patient partnership is the opportunity for nurses to deliver patient education.¹⁰

As Uncontrolled asthma can lead to increased morbidity and mortality, impaired quality of life (QOL), and increased absenteeism from work and school.

Controlled asthma has been shown to reduce morbidity, improve QOL, increase productivity, and improve health outcomes. In addition, data from the 2006 US National Health and Wellness Survey showed that patients with controlled asthma reported decreased medical resource utilization (fewer emergency department visits, hospitalizations, and unscheduled clinic visits) compared with patients who had uncontrolled asthma. The improved health outcomes associated with asthma control indicate that management with therapies that optimize asthma control may reduce direct and indirect costs of treatment.¹¹

A descriptive study was conducted at Bagdad city on the nurse's knowledge regarding asthmatic attacks in children. The study recommended that there is needed for an orientation programme for all new nurse and a need for implementing activities, skill training to all nurses and emphasizing on participating in the control of asthma and enhance their knowledge regarding asthma.¹²

Nurses play a vital role in evaluating, monitoring and educating patients with asthma in primary, secondary and tertiary care. This research will be providing an overview of the role of nurses and nurses students to be specialists in managing severe asthma, ensuring that the patients receive the right treatment at the earliest opportunity. Hence this study will improve the knowledge and gives the better knowledge to the B.Sc. Nursing 2nd year to helps in prevention of asthma and control asthma.

OBJECTIVES

Objectives of the study are

1. To the evaluate Pretest and posttest knowledge score regarding asthma and its prevention among B.Sc. nursing 2nd year students in selected college of nursing district Lucknow, U.P.
2. To develop and implement informational booklet to B.Sc. nursing 2nd year B.Sc. Nursing 2nd year.

3. To evaluate the effectiveness of informational booklet on knowledge regarding asthma and its prevention in selected college of nursing district Lucknow, U.P.
4. To find out an association between pretest knowledge score regarding asthma and its prevention among B.Sc. nursing 2nd year with their selected socio-demographic variables.

HYPOTHESIS

H₀- There will be no significant difference between mean pre test knowledge score and mean posttest knowledge score after administration of informational booklet.

H₁- The mean Post test knowledge score of B.Sc. Nursing 2nd year after administration of informational booklet regarding the asthma will be significantly higher than their mean pretest knowledge and its prevention.

H₂-There will be significant association between the pretest knowledge score regarding asthma and its prevention with their selected socio demographic variables.

ASSUMPTIONS

The study has following assumptions:

1. B.Sc. Nursing 2nd year may have deficit knowledge regarding asthma and its prevention.
2. Structured teaching program will improve the knowledge of B.Sc. Nursing 2nd year regarding asthma and its prevention.

OPERATIONAL DEFINITIONS

1. **Evaluate:** In his study, it refers to findings of the value of informational booklet on knowledge and its prevention regarding Asthma
2. **Effectiveness:** In this study, it refers to the result of informational booklet for improving knowledge and its prevention regarding of asthma.
3. **Informational booklet:** In this study, it refers to a thin book comprises of information about asthma and its prevention
4. **Knowledge:** In this study, It refers to the correct response of B.Sc. Nursing 2nd year regarding asthma through a structured knowledge questionnaire.
5. **Prevention:** In this study, It refers to the action of happening or arising of asthma and cure the asthma after it occur.
6. **Asthma:** In this study, Asthma is a condition in which your airways narrow and swell and may produce extra mucus. This can make breathing

difficult and trigger coughing, a whistling sound (wheezing) when you breathe out and shortness of breath.

7. **B.Sc. nursing 2nd year students:** In this study, it refers to those students who are studying in B.Sc. nursing 2nd year in selected college of nursing.

Research Approach

A research approach tells the researcher, from whom the idea is to be collected, what to collect, how to collect and analyses them. It also suggests possible conclusions and helps the researcher in answering specific research questions in the most accurate and efficient way possible.³⁷ The research approach in this study was adopted for this study was quantitative evaluative approach.

Research Design

The research design is explicit blueprint for research activities to be carried out. Research design helps the researcher to determine what data to collect and how to analyses it. It also suggests possible conclusions to be drawn from the data.³⁷

For the present study, a quasi-experimental one group pre-test and post-test research design was adopted as it is a virtue of a situation that naturally happens.

Setting of the Study

The setting is the location where a study is conducted. The study was conducted in selected nursing college.

Population

The population referred to us is the target population, which represents the entire group or all the elements like individuals or objects that meet certain criteria for inclusion in the study. In this study the population are of B.Sc. Nursing 2nd year selected nursing college at Lucknow UP.

Sampling Criteria

Inclusion criteria

1. The B.Sc. Nursing 2nd year of Selected nursing college, Lucknow.
2. The B.Sc. Nursing 2nd year who are willing to participate in the study.

Exclusion criteria:

1. The B.Sc. Nursing 2nd year who will not present at the time of data collection.
2. The B.Sc. Nursing 2nd year are not willing to participate in study.

Sample Size

Sample refers to subset of the population that is selected to participate in a particular study. In this study, the sample consists of 60 of B.Sc. Nursing 2nd year in selected nursing college at Lucknow UP who fulfilled the inclusion criteria for the study.

Sampling Technique

The samples are selected based on the judgment of the researcher to achieve objectives of the research at hand.

The probability simple random sampling technique is a strategy in which the researchers' knowledge of the population and its elements are used to select sample which are typical to the population. The non-probability purposive sampling technique, approach was found to be appropriate for the present study.

Description of the Tool

A socio demographic data, knowledge questionnaire on asthma and its prevention were constructed by the investigator which contains items in the following aspects.

Section - A: Socio- demographic data consist of 6 items such as age in years, sex, religion, types of diet, types of family and source of information regarding asthma and its prevention.

The details of socio-demographic schedule are given in annexure.

Section - B: The knowledge questionnaire on asthma and its prevention consists of 24 items which includes meaning and incidence of hypertension, risk factors for hypertension, signs and symptoms of hypertension, and prevention and treatment of hypertension.

Scoring

1. Poor = Scores 0 - 25%
2. Average = Scores 26% to 50%
3. Good = Scores 51% to 75%
4. Excellent = Scores 75%. To 100%

A blueprint of the questionnaire was prepared by the researcher which includes content areas, number of questions, serial number of questions, and weightage in percentage for each content area.

ORGANIZATION AND ANALYSIS OF FINDINGS

Raw data of 40 samples was collected and entered in to the computer data base. The response of frequencies was calculated and analysed by using various statistical tools. The mean and standard deviation of knowledge scores are observed to evaluate significant test score. Paired test for observation was used to compare the mean values of test score.

The data was collected from **40** samples on knowledge regarding Asthma and its prevention among B. Sc nursing 2nd year students in selected college of nursing at Lucknow. The collected information was organized, tabulated, analysed and interpreted using descriptive and inferential statistics.

This analysis is divided as follows:-

Section A: Frequency and percentage distribution of samples according to demographic variables.

Section B: Comparison between the pre-test and post-test knowledge score among the B. Sc nursing 2nd year students.

Section C: Find out the association between the pre-test knowledge score with the selected demographic variable.

Section-A Frequency and percentage distribution of selected samples.

The present section comprises of selected demographic variables with their tabular and graphic representation which involves the interpretation of data in term of frequency and percentage distribution. The present section also concerned with data pertaining to the baseline information such as age, gender, religion, types of family, living area, source of knowledge.

TableNo.4.1. (a) Frequency and percentage distribution of B.Sc. nursing 2nd year students according to age

S. No.	Demographic Variable	No.	Percentage
1.	Age in years		
	a. 18-19	11	27.5
	b. 20-21	20	50.0
	c. >22	9	22.5

This was reported that 11 (27.5%) of the population of B. Sc nursing 2nd year students were more frequently belonged to the age less than 25 years and that followed by the age group of 26-30 years consisted of 20 (50.0%) B. Sc nursing 2nd year students. This was also noticed that the higher age group of more than 30 years consisted of 9 (22.5%) B. Sc nursing 2nd year students of various SC.

Table No. 4.1.(b) Frequency and percentage distribution of B.Sc. nursing 2nd year students according to gender

S. No.	Demographic Variable	No.	Percentage
2.	Gender		
	a. Male	25	32.5
	b. Female	15	37.5

In this study found Major part (25,62.5%) of population of B.Sc. nursing 2nd year students was most commonly male. Rest, 15 (37.5%) B. Sc nursing 2nd year students found to be female had also participated in the present study.

Table No. 4.1.(c) Frequency and percentage distribution of B.Sc. nursing 2nd year students according to religion

S. No.	Demographic Variable	No.	Percentage
3.	Religion		
	Hindu	30	75.0
	Muslim	7	17.5
	Christian	2	5.0
	Others	1	2.5

Most of the B. Sc nursing 2nd year students 30 (75.0%) were Hindu, 7 (17.5%) B. Sc nursing 2nd year students were found Muslim, 2 (5.0 %) B. Sc nursing 2nd year students were found Christian and also 1 (2.5%) B. Sc nursing 2nd year students were found from other religion.

Table No. 4.1.(d) Frequency and percentage distribution of B.Sc. nursing 2nd year students according to type of family

S. No.	Demographic Variable	No.	Percentage
4.	Types of family		
	Nuclear	29	72.5
	Joint	11	27.5

The type of family of major part (29, 72.5%) of population of B. Sc nursing 2nd year students was more frequently nuclear. Further, this was detected that type of family of 11 (27.5%) B. Sc nursing 2nd year students were joint used to live in joint family

Table No. 4.1. (e) Frequency and percentage distribution of B.Sc. nursing 2nd year students according to previous knowledge

S. No.	Demographic Variable	No.	Percentage
6.	Living area		
	Urban	29	72.5
	Rural	11	27.5

Comparison in living area status revealed that major part of population of B.Sc. nursing 2nd year students (29,72.5%) was from rural area. Lastly, this was noted that B.Sc. nursing 2nd year students (11,27.5%) were from rural area.

Table No. 4.1.(f) Frequency and percentage distribution of B. Sc nursing 2nd year students according to sources of previous knowledge regarding Asthma and its prevention

S. No.	Demographic Variable	No.	Percentage
8.	Sources of previous knowledge		
	Newspaper	17	42.5
	Social media	14	35.0
	Workshop	1	2.5
	Others	8	20.0

Analysis indicated that B. Sc nursing 2nd year students 17 (42.5%) were having knowledge from newspaper, 14(35.0%) B. Sc nursing 2nd year students were having knowledge from social media, 1 (2.5%) teacher was having knowledge fromworkshopandalso8 (20.0%) B.Sc. nursing 2nd year students were having knowledge from other sources.

4.2. Section-B Comparison of pre-test and post-test knowledge score among B.Sc. nursing 2nd year students.

For assessing the effectiveness of Information booklet, structured knowledge questionnaire consisting of 28 questions were given to the B. Sc nursing 2nd year students for each correct answer the staff nurses were given 1 mark and for every wrong answer was given 0 mark. Only 1 question was correct for every question. Thus, B. Sc nursing 2nd year students could obtain a minimum of 0 marks and maximum of 28 marks. These marks were score as poor (0-6), average (7-12), good (13-18) and excellent (19-24).

Table No. 4.2.(a) Comparison of the pre-test and post-test knowledge score

S. No.	Knowledge score	Pertest		Post-test	
		No.	%	No.	%
1.	0-6(Poor)	8	20.0	0	0.0
2.	7-12(Average)	32	80.0	0	0.0
3.	13-18(Good)	0	0.0	8	20.0
4.	19-24(Excellent)	0	0.0	32	80.0
	Total	100	100.0	100	100.0

The above table shows the pre-test and post-test knowledge score.

The knowledge questionnaire consisted of 24 questions. For each correct answer 1 mark was given, for each wrong answer 0 mark was given. The score was further graded as poor (0-6), average (7-12), good (13-18) and excellent (19-24).

In the pre-test, 8 (20.0%) B. Sc nursing 2nd year students got poor knowledge score,32(80.0%) B.Sc. nursing 2nd year students got average knowledge Grade, none of them B.Sc. nursing 2nd year students got good knowledge Grade and excellent score.

Then an intervention was given to these B. Sc nursing 2nd year students and the same set of knowledge questionnaire was re-administered.

In the post-test, 8 (20.0%) B. Sc nursing 2nd year students got good knowledge score, 32 (80.0%) B. Sc nursing 2nd year students got excellent knowledge score, none of them B. Sc nursing 2nd year students got poor knowledge score and average score.

Thus, the intervention was helpful in improving the post-test knowledge score of the B. Sc nursing 2nd year students

Table No. 4.2.(b) Measurement of change in the pre-test and post-test knowledge

S. No.	Knowledge Score	Mean \pm SD	'Z' value	p value
1.	Pre-test	9.00 \pm 2.30	-18.56, df=39	0.05
2.	Post-test	19.53 \pm 2.62		

Z-test score applied, p value= 0.000, Significant

The above table shows the measurement of change in the pre-test and post-test knowledge score.

The pre-test knowledge score was 9.00 \pm 2.30, while the post-test knowledge score was 19.53 \pm 2.62. The difference was found to be statistically significant (Z value = - 18.56, df=39, p value= 0.05, Significant), showing a higher post-test knowledge score.

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4.3. Section-C Association between pre-test knowledge score with selected demographic variables.

Table No. 4.3.(a) Association of pre-test knowledge score with age

S. No.	Age	Pre-test Knowledge score				χ^2	P value
		Poor (0-6)	Average (7-12)	Good (13-18)	Excellent (19-24)		
1.	Age						
	18-19	3	8	0	0	0.80, df=2	>0.05, NS
	20-21	4	16	0	0		
	c.>22	1	8	0	0		
	Total	8	32	0	0		100

$\chi^2=0.80$, df=2, p value>0.05, Not Significant

The above table shows the association between pre-test knowledge score and age.

There is a statistically no significant association seen between pre-test knowledge grade and the age of B. Sc nursing 2nd year students ($\chi^2= 2.80$, df=2, p value >0.05, Not Significant), showing that pre-test knowledge score is independent of the age of the B. Sc nursing 2nd year students.

Table No. 4.3 (a) Association of pre-test knowledge score with Gender

S. No.	Gender	Pre-test Knowledge score				χ^2	P value
		Poor (0-6)	Average (7-12)	Good (13-18)	Excellent (19-24)		
2.	Gender						
	Male	6	19	0	0	0.66, df=1	>0.05, NS
	Female	2	13	0	0		
	Total	8	32	0	0		100

$\chi^2=0.66$, df=1, P value>0.05, Not Significant

The above table shows the association between pre-test knowledge score and gender.

There is a statistically no significant association seen between pre-test knowledge grade and the gender of B.Sc. nursing 2nd year students ($\chi^2=0.66$, df=1, P value>0.05, Not Significant), showing that pre-test knowledge score is independent of the gender of the B. Sc nursing 2nd year students.

Table No. 4.3.(c) Association of pre-test knowledge score with Religion

S. No.	Religion	Pre-test Knowledge score				χ^2	P value
		Poor (0-6)	Average (7-12)	Good (13-18)	Excellent (19-24)		
3.	Religion					1.07, df=3	>0.05, NS
	Hindu	6	24	0	0		
	Muslim	2	5	0	0		
	Sikh	0	2	0	0		
	Christian	0	1	0	0		
	Total	8	32	0	0		60

$\chi^2=1.07, df=3, P\text{ value}=0.05, \text{ Not Significant}$

The above table shows the association between pre-test knowledge score and religion of B. Sc nursing 2nd year students.

There is a statistically no significant association seen between pre-test knowledge score and religion of B. Sc nursing 2nd year students ($\chi^2=1.07, df=3, p\text{ value} >0.05, \text{ Not Significant}$), showing that pre-test knowledge score is independent of religion of B.Sc. nursing 2nd year students.

Table No. 4.3.(d) Association of pre-test knowledge score with Types of family

S. No.	Types of family	pre-test Knowledge score				χ^2	P value
		Poor (0-6)	Average (7-12)	Good (13-18)	Excellent (19-24)		
4.	Types of family					0.03, df=1	>0.05, NS
	Nuclear	6	23	0	0		
	Joint	2	9	0	0		
	Extended	0	0	0	0		
	Total	11	89	0	0		100

$\chi^2=0.33, df=1, P\text{ value} >0.05, \text{ Insignificant}$

The above table shows the association between pre-test knowledge score and types of family.

There is a statistically insignificant association seen between pre-test knowledge score and types of family ($\chi^2=0.03, df=1, P\text{ value} >0.05, \text{ insignificant}$), showing that pre-test knowledge grade is independent of types of family.

Table No. 4.3 (e) Association of pre-test knowledge score with previous knowledge

S. No.	Living area	pre-test Knowledge score				χ^2	P value
		Poor 0-6)	Average (7-12)	Good (13-18)	Excellent (19-24)		
5.	Living area					0.15, df=1	>0.05, NS
	Yes	3	8	0	0		
	No	5	24	0	0		
	Total	11	89	0	0		100

$\chi^2=0.15, df=1, P\text{ value} >0.05, \text{ Not Significant}$

The above table shows the association between pre-test knowledge score and living area.

There is a statistically no significant association seen between pre-test knowledge score and living area of B. Sc nursing 2nd year students ($\chi^2=0.15, df=1, P\text{ value} >0.05$), showing that pre-test knowledge score is independent of the living area of B. Sc nursing 2nd year students.

Table No. 4.3 (f) Association of pre-test knowledge score with Sources of previous knowledge

S. No.	Sources of previous knowledge	Pre-test Knowledge score				χ^2	P value
		Poor (0-6)	Average (7-12)	Good (13-18)	Excellent (19-24)		
6.	Sources of previous knowledge.					7.22, df=3	>0.05, NS
	Newspaper	5	12	0	0		
	social media	2	12	0	0		
	Workshop	1	0	0	0		
	conference	0	8	0	0		
	Total	11	89	0	0		100

$\chi^2=7.22, df=3, P\text{ value} >0.05, \text{ Not Significant}$

The above table shows the association between pre-test knowledge score and Sources of previous knowledge.

There is a statistically no significant association seen between pre-test knowledge score and the Sources of previous knowledge ($\chi^2=7.22$, $df=3$, p value = >0.05 , Not Significant), showing that pre-test knowledge grade is independent of the Sources of previous knowledge.

NURSING IMPLICATIONS

The findings of the present study have implications in the field nursing practice, nursing religion, Nursing research and nursing administration.

NURSING PRACTICE

The present study has revealed that health religion can be an effective method to improve the knowledge of B. Sc nursing 2nd year students. B. Sc nursing 2nd year students should be taught about the Asthma and its prevention. The nurse can also conduct Information booklet. The study findings simplify that there is need for educational programme to be carried out by nurse or nursing student to create awareness among the B. Sc nursing 2nd year students regarding Asthma and its prevention.

NURSING EDUCATION

The present study emphasizes on enhancement regarding knowledge towards Asthma and its prevention. In order to achieve this the nurse as an educator should focus on Asthma and its prevention methods. The student nurses and all health personals should be given the responsibility to teach the community and teaching should be repeated until they have gain knowledge.

NURSING ADMINISTRATION

Nurse as an administrator plays an important role in educating the professionals in the community. The special implication of nursing administration in community is that they should pay attention to all B. Sc nursing 2nd year students and to see whether they are provided with enough education about Asthma and its prevention being a nurse administrator, one can arrange in- service education and special training programmes regarding Asthma and its prevention.

NURSING RESEARCH

The essence of research is to build a body of knowledge in nursing. The findings of the present study serve as the basis for the professionals and the students to conduct further studies. The generalization of the study results can be made by replication of the study. Nursing research is the means by which nursing profession is growing.

RECOMMENDATIONS

On the basis of the similar study may be replicated on large sample thereby findings can be generalized for a large population.

A similar study may be repeated with experimental and control group for more generalization of findings in community setting.

Studies may be conducted to evaluate the effectiveness of structured teaching program.

CONCLUSION

The present study attempted to find out the effectiveness of Information booklet on knowledge regarding Asthma and its prevention among B. Sc nursing 2nd year students selected college of nursing of Lucknow. On the basis of findings, the following conclusion was drawn it was found out that in pre-test 20.0% B. Sc nursing 2nd year students have poor knowledge score regarding Asthma and its prevention among B. Sc nursing 2nd year students while 80.0% were found average in knowledge score. In post-test 20.0% were found good in knowledge score, while 80.0% were found excellent in knowledge score.

Hence, the intervention, -Information booklet is effective and improving the knowledge score of B. Sc nursing 2nd year students.

The finding in the study proved that the information booklet is effective in improving knowledge of B. Sc nursing 2nd year students. The entire subject had improved in knowledge compared to their pre-test score.

In this study H₁: There will be significant difference between pretest and post-test knowledge regarding Asthma and its prevention method among B. Sc nursing 2nd year students is accepted and null hypothesis H₀ is rejected.

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