

# A Study to Assess Knowledge Regarding Bronchial Asthma among Adults at Selected Village

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## ABSTRACT

**Background:** The present study was aim to assess the knowledge regarding bronchial asthma among adults at kondancheri village at Thiruvallur district. **Materials and Methods:** the quantitative research approach and Non-experimental research design was adopted for present study. 60 adults were selected by convenient sampling technique. Structured questionnaire was used to collect the demographic variable and observation schedule to assess the level of knowledge among adults. **Results:** the study outcome results identified that among 60 study participants The scores were categorized into three categories, namely poor (0–6), moderate (7–12), and good (13–19) knowledge score. Poor knowledge has been seen in 10.37%. The mean knowledge score of the participants was  $10.24 \pm 3.11$  and ranged from 4 to 17. There was a negative linear correlation between duration of diagnosis and knowledge score ( $r = -0.16, P > 0.05$ ). A slight positive linear correlation was seen in age and knowledge score ( $r = 0.2, P < 0.05$ ), and a negative linear correlation was spotted in educational status and knowledge score ( $r = -0.24, P < 0.05$ ). **Conclusion:** This study clearly infers that there was, the results of the study indicate a mixed effect of the preventive measures adopted to control bronchial asthma. Regular assessment of these behaviour by some validated tool will be useful to develop management advices.

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**KEYWORDS:** Bronchial Asthma, Knowledge level

## INTRODUCTION

The most prevalent chronic respiratory condition across all age groups is asthma. most recently. Significant improvements have been made in the clinical management of asthma. Nevertheless, despite this, asthma prevalence and morbidity are rising globally. The behaviour of the patient and the performance of the doctor both play a significant role in this disparity between the scientific evidence and the persistently detrimental impact of asthma on society. More than 15 million people in India are thought to suffer from asthma altogether. Improvements in patient education and self-management practices have been the focus of international efforts to lower asthma morbidity and mortality.

Inadequate patient education and poor drug adherence are the main causes of poor prognosis. Even

individuals who require admission on a regular basis poor knowledge of asthma.

Many asthma sufferers believe that their condition is simply asthma and that it is not bad enough to require daily medication. But it receives insufficient attention and care. Health care providers play a critical role in equipping patients with the knowledge and abilities they need to manage their asthma, including knowledge of the condition, its treatment, and the efficient use of various medications. Because the patient is not informed of the proper management procedures or how to avoid triggers, the treatment plan for asthma will fail. Similar to the previous example, treatment issues may occur if a patient has the necessary knowledge but lacks the confidence to manage episodes or if the patient has an uncooperative attitude. Patient education is

increasingly important in the delivery of services, including our growing community's population of persons with chronic illnesses and diseases that call for long-term management.

Noncompliance with medication therapy, which is thought to be impacted by attitude toward pharmaceuticals, has a significant impact on how effective it is. The term "attitude" refers to a psychological concept that can be summarized in terms of good-bad, negative-positive, pleasant, likeable, and dis likeable characteristics. 8 In the case of asthma, adherence to treatment plans is low. By increasing asthma awareness and altering behaviour, education has been cited as a crucial part of any asthma management plan.

Patients' understanding, attitudes, and beliefs about bronchial asthma are acknowledged as being important factors in determining their behaviour in terms of health. Currently, most poor nations,

including India, are not very aware about asthma. This ignorance is regrettable given that an increasing number of people are now affected by this illness. Medication adherence and, ultimately, the success of treatment can be affected by patients' understanding about and attitudes regarding their illness.

#### **MATERIALS AND METHODS:**

60 adults who met the inclusion criteria were selected by using convenience sampling technique. After selecting the sample, the investigator explained the purpose of the study and informed consent was obtained. Demographic variables were collected from adults living at selected village was done. knowledge regarding bronchial asthma were collected by asking certain questionnaire about bronchial asthma to the village adults and level of knowledge by poor, moderate and knowledgeable. The data were tabulated and analysed by descriptive and inferential statistics.

#### **RESULTS AND DISCUSSION:**

##### **SECTION A: DESCRIPTION OF THE DEMOGRAPHIC VARIABLES OF THE RESPONDENTS.**

**Table 1: Frequency and percentage distribution of demographic variables of respondents.**

**N= 60**

<b>DEMOGRAPHIC VARIABLES</b>		
<b>GENDER</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
MALE	53	53
FEMALE	47	47
3RD GENDER	0	0
<b>OCCUPATION</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
UNEMPLOYED	26	26
HOMEMEAKER	10	10
LABOURERS	64	64
<b>MARITAL STATUS</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
SINGLE	62	62
MARRIED	39	39
<b>INCOME</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
<1000	17	17
1001 – 3000	6	6
3001 – 5000	14	14
>5001	63	63
<b>FAMILY</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
NUCLEAR	39	39
JOINT	62	62

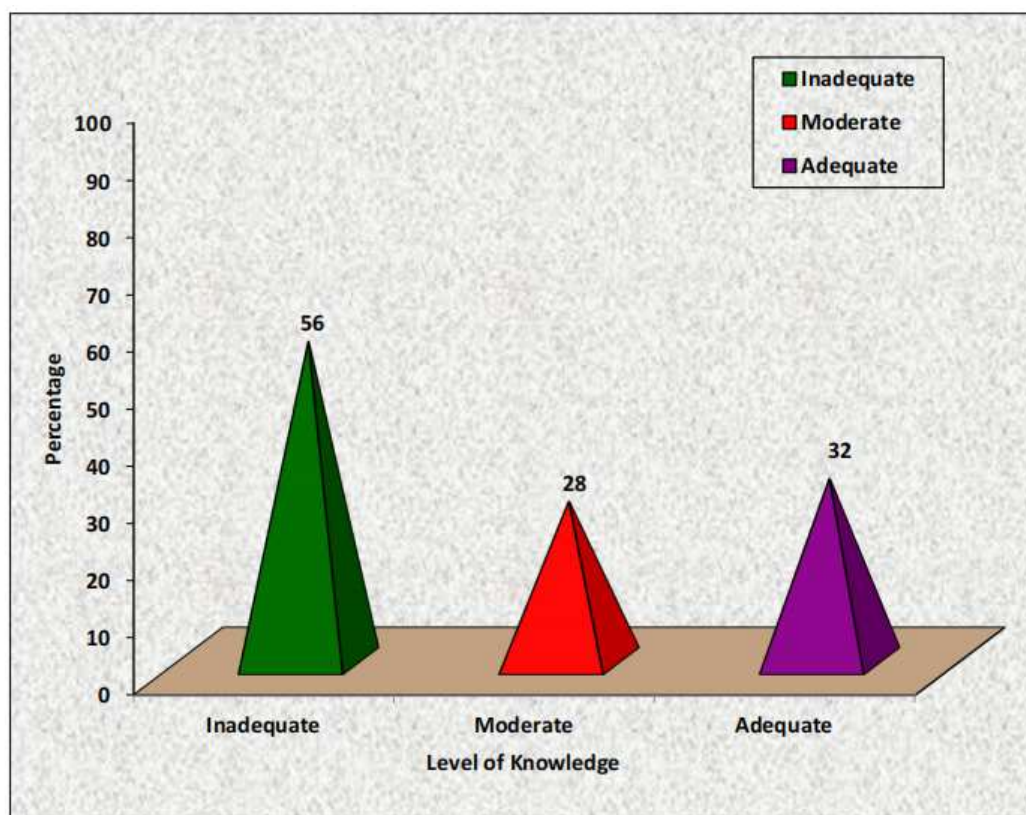
**SECTION B: TO ASSESS THE LEVEL OF KNOWLEDGE ON BRONCHIAL ASTHMA AMONG PEOPLE IN SELECTED VILLAGE.**

**Table 2: Frequency and percentage distribution of level of knowledge on bronchial asthma among people**

Level of Knowledge	No.	%
Inadequate (0 - 10)	56	56.0
Moderate (11 – 15)	28	28.0
Adequate (16 – 25)	16	16.0

**N=60**

The above table 2 shows that 56(56%) had inadequate knowledge, 28(28%) had moderate knowledge and 16(16%) had adequate knowledge on bronchial asthma.



**Percentage distribution on level of knowledge on bronchial asthma.**

**Table 3: Assessment of knowledge scores on level of knowledge on bronchial asthma among adults**

Knowledge	Mean
Minimum Score	5.0
Maximum Score	18.0
Mean	20.73
Standard Deviation	120.68

The minimum score is 5.0, maximum score is 18.0, mean is 20.73 and standard deviation is 120.68 are knowledge scores on bronchial asthma among adults.

**SECTION C: TO ASSOCIATE SELECTED DEMOGRAPHIC VARIABLES WITH LEVEL OF KNOWLEDGE ON BRONCHIAL ASTHMA AMONG PEOPLE IN SELECTED VILLAGE****Table 4: Association between the selected demographic variable with the level of knowledge on bronchial asthma among people in selected village**

Demographic Variables	Inadequate		Moderate		Adequate		Chi-Square Test
	No.	%	No.	%	No.	%	
<b>GENDER</b>							$\chi^2=1.672$
MALE	32	32.0	13	13.0	9	9.0	d.f=4
FEMALE	15	15.0	11	11.0	4	4.0	p = 0.7956
3RD GENDER	9	9.0	4	4.0	3	3.0	N.S
<b>OCCUPATION</b>							$\chi^2=4.28106$
UNEMPLOYED	12	12.0	8	8.0	2	2.0	d.f=4
HOMEMEAKER	21	21.0	6	6.0	4	4.0	p = 0.3693
LABOURERS	23	23.0	14	14.0	10	10.0	S*
<b>MARITAL STATUS</b>							$\chi^2=1.8370$

Demographic Variables	Inadequate		Moderate		Adequate		Chi-Square Test
	No.	%	No.	%	No.	%	
SINGLE	32	32.0	17	17.0	12	12.0	2
MARRIED	24	24.0	9	9.0	4	4.0	d.f=2 p = 0.3991 N.S
<b>INCOME</b>							$\chi^2=12.465$
<1000	13	13.0	11	11.0	9	9.0	d.f=6
1001 – 3000	14	14.0	2	2.0	3	3.0	p = 0.05236
3001 – 5000	10	10.0	8	8.0	2	2.0	N.S
>5001	19	19.0	5	5.0	2	2.0	
<b>FAMILY</b>							$\chi^2=0.5513$
NUCLEAR	43	43.0	20	20.0	11	11.0	d.f=2
JOINT	13	13.0	8	8.0	5	5.0	p = 0.7591 N.S

\*p&lt;0.05, S – Significant, N.S – Not Significant

The demographic variable such as occupation shows significant association with level of knowledge on bronchial asthma. This study findings supported by **Desalew Tilahun et al, (2022)**, was conducted a retrospective cross-sectional study of asthma severity in adult patients at Jimma Medical Center, Ethiopia.

Data were collected between 25 July, 2021 to 25 August, 2021 by two Bachelor of Science degree holders in nursing (BSC) nurses after providing proper training. More than one third of the patients were age range of 20–39 years. Only more than half of the patients were women. Almost 46% of the

patients had moderate asthma. Being male, merchant and government employees had lower odds of asthma than their counterparts whereas being daily labourers and smoking contributed to increased odds of moderate asthma.

**The results also supported by Sheetu Singh et al, (2022),** was conducted a cross-sectional study on the objective of this sub-analysis of data from centres across urban areas in India of the Global Asthma Network (GAN) was to study 1) the prevalence of symptoms of asthma in children and adults, 2) the change in prevalence of asthma and its trigger factors since the International Study of Asthma and Allergies in Childhood (ISAAC), and 3) current asthma treatment practice. The prevalence of current wheeze and its causal factors showed a significant reduction compared to previous ISAAC studies. Among subjects with current wheeze and symptoms of severe asthma, the problem of under-diagnosis and under-treatment was widespread.

### CONCLUSION:

While analysing the level of knowledge regarding bronchial asthma among adults by using demographic and questionnaire, we can able to determine the level of knowledge by answers given by the village adults. By using frequency and percentage able to detect the level of knowledge on bronchial asthma present among adults and the knowledge was poor among the adults. In which we can be able to provide preventive measures among village people to prevent further infection.

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