

A Study To Assess The Effectiveness of Awareness Programme on Common Childhood Allergies Among Mothers At Selected Areas ,Tirupati.

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Abstract

Background:

Childhood allergies like asthma and allergic rhinitis are most common in children. Mothers need to understand about allergies.

Aim: To evaluate the effectiveness of awareness programme on selected common childhood allergies among mothers.

Method:

A Pre-experimental one group pre-test and post-test was adopted.50 mothers were selected by using convenient sampling technique on the basis of inclusive criteria to assess the knowledge regarding selected common childhood allergies among mothers by using structured questionnaire.

Results: The study findings revealed that among 50 mothers 35(70%) had inadequate knowledge, 12(24%) had moderate knowledge and 3(6%) had adequate knowledge in pre-test. After the administration of awareness programme the findings of the post-test revealed that 33(66%) had adequate knowledge 13(26%) had moderate knowledge 4(8%)had inadequate knowledge on mothers regarding selected common childhood allergies. It evidenced that the awareness programme is significantly effective on improving knowledge regarding selected common childhood allergies among mothers.

Conclusion and recommendation: The present study revealed that mothers have inadequate knowledge regarding selected common childhood allergies before awareness programme and after awareness knowledge about selected common childhood allergies among mothers was improved.To conduct awareness programme on prevention of common childhood allergies.

Key words: Assess, effectiveness, awareness programme, common childhood allergies, mothers.

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I. Introduction

Childhood allergy is an abnormal sensitivity or reaction of the immune system to a substance (allergen) that we eat, inhale or touch. Allergens can affect anyone regardless of age, gender, race or socioeconomic status. Children are most vulnerable to allergies, especially allergic rhinitis ,and asthma these are the most common allergic conditions. However, a first time occurrence can happen at any age or recur after many years of remission .¹ Asthma has been recognized to be a syndrome since it likely comprehends different conditions. Efforts have been going for a long time to classify asthma according to causes and clinical features (phenotypes) or patho physiological mechanisms.² Asthma is a chronic illness that affects the lungs ‘airway’³, it is the most common chronic pediatric disease.⁴

Asthma and rhinitis have increased since past decades, and posing a heavy burden on health care systems.⁵ Asthma is a major cause of chronic morbidity and mortality throughout the world that is characterized by paroxysmal spasmodic narrowing of the bronchial airway due to inflammation of the bronchial tree and contraction of the bronchial smooth muscle.⁶

The word Asthma is derived from the greek aazien, meaning sharp breath or difficulty in breathing. Asthma is defined as disease characterized by an increased responsiveness of the trachea and bronchi to various stimuli, and is manifested by wide spread narrowing of the air way passage. In recent decade there has been an increase in the burden of the disease among both children and adults. This is mainly attributed to increasing atmospheric pollution, changing lifestyles, increasing industrialization and urbanization.⁷

Asthma is a chronic illness, it creates serious health problem. It affects the quality of life and creates economic problems for patients , families and society. However, it can be controlled with effective treatment and management. People with Asthma have more frequent symptoms if they are exposed to Environmental ‘triggers’ such as certain air pollutants, out door allergens, tobacco smoke, cockroaches, dust mites, furry pets,

mold and viral respiratory infections .They will also have more symptoms if they do not take appropriate or adequate medications. Frequent Asthma symptoms can be a sign of inadequate medical control and persistent exposure to environment triggers which cause greater severity of the disease.⁸

The common causes for asthma are hereditary with family history of asthma(parental Asthma),genetics, age is first five years of life ,boys are more affected more than girls. Respiratory infections, Emotional factors and low economic status,8-10%of children in urban area and 5-8% in rural area, children of young mother age 20,poor day care and Nursing facilities and lack of access to medical care.⁹

Triggering factors for Asthma are Pollen, molds, house dust, cold air, passive smoking, cockroach debris, cologne spray, mosquito coil smoke were found t in 6.3 percent of patients. Pets are present 4% of houses in India, Predominant among them being dogs. It is felt that the saliva , dander, sebaceous secretions and urine of cat are allergic factors. Exercise induced Asthma is observed in over 55% of children and more often in male children. Temperature changes like cold, excess humidity are generally poorly tolerated by Asthmatics. Air pollution like oxides of nitrogen, sulphur dioxide, particularly matters are known to produce airway inflammation and are also associated with increased mortality.¹⁰

The onset of an Asthmatic Symptoms is usually sudden and often occurs at night, is preceded by so called asthmatics aura in the form of tightness in the chest, restlessness, poly uria or itching. A typical attack consists of marked dyspnea, bouts of cough and chiefly “expiratory wheezing” . cyanosis, pallor, sweating, exhaustion and restlessness are often present. Pulse is invariably rapid .The fulminate attack may subside in an hour or two , sometimes with vomiting or “coughing up” of viscid secretions. Generally, recurrent Asthmatic attacks last over 2 to 7 or 10 days. Then there is an interval of freedom which may vary from a few days to few months.¹¹

The diagnosis of asthma is primarily clinical and depends on eliciting a history of the typical symptoms of recurrent wheeze, cough and breathlessness .in the preschool child, the main symptoms may be a trouble some nocturnal cough skin tests are usually positive ,indicative atrophy, and may help to identify a specific allergen in infants, a chest x –ray is helpful to exclude congenital abnormalities. most children over the age of 5 years can use a peak flow meter their peak expiratory flow rate (PEFR) should be compared with that predicted for their height and their best performance.¹²

Effective management of Asthma comprises four major components such as controlling exposure to factors that trigger Asthma episodes, adequately managing Asthma with medicine, monitoring the disease by using objective measures of lung functions, and educating Asthma patients to become partners in their own care. Such prevention efforts are essential to interrupt the progression from disease to functional limitation and disability and to improve the quality of life for persons.¹²

Allergic rhinitis is an inflammatory condition of the nasal mucosa characterized by the symptoms of pruritus, sneeze, discharge and stuffiness induced by an IgE - mediated response. Aeroallergen with an origin from plants, animals, molds and mites are the most common allergens involved in allergic rhinitis. Allergic disorders are diagnosed by a proper history, physical examination and some para clinical findings Serum total IgE, eosinophylic count, specific IgE, skin prick test, RAST test and respiratory function test. Asthma and rhinitis are common comorbidities, suggesting the concept of one airway, one disease.¹³ The three basic principles of allergy management are avoidance of the allergens, symptomatic pharmacologic therapy, and specific allergen immunotherapy.¹⁴

OBJECTIVES OF THE STUDY:

1. To assess the level of knowledge on selected common childhood allergies among mothers by pre test.
2. To evaluate the effectiveness of awareness programme on selected common childhood allergies among mothers by post test.
3. To find the association between knowledge scores on selected common childhood allergies among mothers with their selected socio demographic variables.

Hypothesis

H₀₁: There will be no significant difference between pre-test and post- test knowledge scores on selected common childhood allergies among mothers .

H₀₂: There will be no significant association between knowledge scores of mothers on selected common childhood allergies with their selected socio demographic variables.

II. Material and methods

A Pre-experimental one group pre-test and post-test was adopted.50 mothers were selected by using convenient sampling technique on the basis of inclusive criteria to assess the knowledge regarding selected common childhood allergies among mothers by using structured questionnaire.

Pre-test

knowledge regarding selected common childhood allergies among mothers.	Frequency	percentage	mean	SD
Inadequate	35	70.00	12.30	3.04
Moderate	12	24.00		
Adequate	3	6.00		
Total	50	100.00		

Post-test

knowledge regarding selected common childhood allergies among mothers.	Frequency	percentage	mean	SD
Inadequate	4	8.00	20.06	2.81
Moderate	13	26.00		
Adequate	33	66.00		
Total	50	100.00		

III. Results

The study findings revealed that among 50 mothers 35(70%) had inadequate knowledge, 12(24%) had moderate knowledge and 3(6%) had adequate knowledge in pre-test. After the administration of awareness programme the findings of the post-test revealed that 33(66%) had adequate knowledge 13(26%) had moderate knowledge 4(8%) had inadequate knowledge on mothers regarding selected common childhood allergies. Hence H_{01} rejected. In pre-test mean value was 12.30, post-test mean value was 20.06 and the standard deviation value was 20.06 in pre-test, 2.81 in post-test and the p value was <0.01 and hence the assumed H_{01} rejected. It evidenced that the awareness programme is significantly effective on improving knowledge regarding selected common childhood allergies among mothers. Hence H_{01} rejected. The researcher revealed that there was a significant association between the pre-test knowledge regarding selected common childhood allergies among mothers only with the age of mother, education of mother, income, past history of allergies was significant at $p < 0.01$ level. Hence H_{02} is rejected. The association of post-test knowledge score of subjects with demographic variables such as mothers with type of family, income, past history of any allergies are significant at $p < 0.05$ level and age of mother, education of mother, education of father, residence are significant at $p < 0.01$ level. Hence H_{02} rejected.

IV. Conclusion

The present study revealed that mothers have inadequate knowledge regarding selected common childhood allergies and after awareness programme knowledge had improved among mothers.

Nursing implication

- As a community health nurse ,he/ she can educate and conduct teaching programs on selected common child hood allergies among mothers and its importance.
- The community health nurse should be knowledgeable with updated information regarding prevention of common childhood allergies among mothers.

Nursing education

- The nursing curriculum can be strengthened by adding new and updated information about common childhood allergies among mothers.
- The nurse educator can encourage students to participate and conduct common childhood allergies training classes.

Nursing administration

- Nurse administrators should help in providing the adequate resources for conducting training programmes in the health centers regarding common childhood allergies.
- Nurse administrators can organize various training and in-service education programmes to improve the knowledge of mothers.

Nursing research

- There is need of nursing research to be conducted on various aspects of common childhood allergies among mothers.
- There should be adequate funds to encourage upcoming nurse researches towards childhood allergies.
- The findings of the study can be practiced in their professional life, as to be a part of preventing complications by common childhood allergies.

Delimitations

The study is delimited to:

1. Mothers who are having children less than 12 years of age.
2. Mothers who are present at the time of data collection.

V. Recommendations

On the basis of findings the following recommendations have been made for further study.

- ❖ The following study can be replicated on larger samples, there by the findings can be generalized for larger group.
- ❖ Follow-up study can be conducted to evaluate the effectiveness of awareness programme.
- ❖ Similar study could be conducted to develop a health education pamphlet on prevention of common childhood allergies.

References

- [1]. Paediatric allergies. [online]. Available from:http://www.healthsystem.Virginia.edu/UVAhealth/adult_pediatric.
- [2]. Carlo Caffarelli , Kostas Priftis , Carla Mastroilli and Luis Garcia-Marcos. Editorial: The Parallel March of Asthma and Allergy in Childhood,2018;6:135.
- [3]. BinSaeed AA. Caregiver knowledge and its relationship to asthma control among children in Saudi Arabia, Journal of Asthma;2014: 51:8, 870-875
- [4]. Al-Tameemi HMA. Knowledge regarding asthma among parents of asthmatic children in al-najaf al-ashraf city. GSJ;2017;5(12):193-201.
- [5]. Howarth PH, von Mutius E, Martinez FD. Allergic and non allergic rhinitis. Natural history, development and prevention of allergic disease in childhood. In: Middleton's allergy principles and practice. USA: Mosbey, 2003: 1391-407.
- [6]. Morris MJ. Asthma. <http://www.emedicine.com/med/topic177.htm>. June 2005.
- [7]. Marketos SG, Ballas CN.,Bronchial asthma in the medical literature of Greek antiquity; (1982),19(4):263-9.
- [8]. Richard Brown J.V.,Avery E.,Moberly C.,Boccuti L., and Golbatch T.,Asthma management by preschool children and their families: a developmental frame work, Journal of Asthma(1996):33(5);299-311.
- [9]. Mary Rudolf,Tim Lee,Malcolm Levence,"Pediatrics and Child Health",3rd edition,wiley black well publications,USA,(2011),141-148.
- [10]. A.Padmaja, "Text book of Child Health Nursing", first edition,Jaypee Publications,New Delhi,(2013),249-252.
- [11]. Robert C.Becker man,Robert T.Bouillette,Carl E.Hunt,"Respiratory control Disorders in Infants and Children",first Edition,Williams and wilkins publications.USA.(1992).311-312.
- [12]. Basil J.Zitelli,Holly W. Davis,"Atlas of Pediatrics and Child Health",3rd Edition,Mosby wolfe Publishers,Missouri (1997),81-89.
- [13]. Abolhassan Farhoudi1, Alireza Razavi, Zahra Chavoshzadeh, Marzieh Heidarzadeh. Descriptive Study of 226 Patients with Allergic Rhinitis and Asthma, 2005;4(2):73-78.
- [14]. Asar A. How to ease your allergies: quick relief for allergy and asthma sufferers.[online].Availablefrom:[http://articles.smashits.com/articles/health medical](http://articles.smashits.com/articles/health%20medical).

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