

Description of the Level of Knowledge in Efforts to Prevent Recurrence of Patients with Bronkhial Asma

Lestari Sudaryanti; Nur Latifah
Midwifery Study Programme Faculty of Medicine,
Airlangga University Surabaya, Indonesia,

Abstract:- Introduction: Bronchial asthma is a disorder of the respiratory system that occurs when the bronchi experience inflammation and hyperresponsiveness, causing narrowing of the respiratory tract, causing difficulty breathing. Bronchial asthma is reversible, meaning that the patient's condition can be good again outside the attack. Recurrence in bronchial asthma needs attention because limited knowledge in efforts to prevent recurrence in bronchial asthma causes the higher severity of asthma disease suffered, while in the event of a recurrence will be able to reduce productivity and increase the economic burden. **Methods:** The design used in this study is descriptive research design. The number of samples in this study were 30 respondents, taken from the population of all Bronchial Asthma patients who sought treatment at the Pulmonary Clinic of Ibnu Sina Hospital, Gresik Regency using purposive sampling technique. Data were collected through questionnaire sheets after the data were collected, tabulated and analysed descriptively. **Results:** From the results obtained showed that the level of knowledge in efforts to prevent recurrence of bronchial asthma patients in the Pulmonary Clinic of Ibnu Sina Gresik Hospital in March-June 2013 collected from 30 respondents obtained most of the respondents classified as a good level of knowledge and a small proportion of respondents classified as a level of knowledge less. **Analysis and Discussion:** Based on the results of the study most respondents classified as a good level of knowledge. It is expected that respondents who have this good level of knowledge can understand which can then be applied to prevent asthma recurrence in everyday life. In addition, respondents who have a poor level of knowledge should be more active in asking local midwives or nurses or health workers at the Pulmonary Clinic. And it is also necessary to hold counselling on efforts to prevent recurrence of bronchial asthma once a month at the village hall or at the Pulmonary Poly, so that people with bronchial asthma either visiting the Pulmonary Poly or not can get information that can increase knowledge.

Keywords:- Knowledge, recurrence, bronchial asthma.

I. INTRODUCTION

Bronchial asthma or more commonly known as asma or shortness of breath, is widely recognised in the community. Bronchial asthma affects anyone, without any age or gender restrictions. However, asthma is more common in children under five and adults around the age of thirty. Some asthma experts believe that asthma is a genetic disease. So, parents who have asthma can pass the disease to

their children (Sentot Widiyanto, 2009: 19). Asthma is a disorder of the respiratory system resulting in narrowing of the respiratory tract. This narrowing can be triggered by various stimuli that are allergic in nature (Nurulita Candra Dewi, 2008: 32). Recurrence of bronchial asthma needs attention because when a recurrence occurs it can reduce productivity and increase the economic burden of knowledge in efforts to prevent recurrence of bronchial asthma needs to be known to the general public, so that it can help to minimise the triggering factors for asthma attacks or recurrence for sufferers. Various efforts have also been made by the government to tackle bronchial asthma in the community, but without the participation of the community, optimal results will certainly not be achieved. In dasamva knowledge will continue to increase and vary according to the process of human experience experienced (Wahit Iqbal Mubarak, 2012: 81).

Based on WHO data in 2005, the number of asthma sufferers worldwide reached 300 million people. Of these, as many as 225,000 sufferers died. The incidence of asthma is 80% in developing countries due to poverty, lack of education, knowledge and treatment facilities (Sentot Widiyanto, 2009: 115). Based on data from Ibnu Sina Hospital Gresik Regency from 1 January 2013 to 31 May 2013 there were 713 patients with Bronchial Asthma who visited the Pulmonary Clinic of Ibnu Sina Hospital Gresik Regency. Based on these results there were 318 patients with Bronchial Asthma with new cases consisting of 150 men and 168 women and there were 395 patients with Bronchial Asthma with old cases consisting of 185 men and 210 women.

The frequency and severity of asthma attacks or recurrences vary. In some patients, shortness of breath attacks occur for a short time and symptoms are mild The onset of symptoms only occurs occasionally. Patients experience severe attacks after suffering from a viral infection, exercise or after exposure to allergens or irritants. irritants are materials that can cause inflammation. Asthma attacks can occur suddenly, characterised by wheezing, coughing and shortness of breath. The wheezing sound is mainly heard when the patient exhales, otherwise, an asthma attack occurs slowly with symptoms gradually getting worse. The attack may last for a few minutes or may last for a few minutes or may last for several hours, even for several days. During an asthma attack, breathlessness may become more severe, leading to anxiety. As a reaction to anxiety, the patient will also sweat profusely (Nurulita Candra Dewi, 2008:33). Limited knowledge in efforts to prevent recurrence in bronchial asthma causes a higher severity of asthma.

By knowing the efforts to prevent recurrence in bronchial asthma from the beginning, the patient can control it appropriately, and the asthma suffered will get better and controlled so that no recurrence occurs.

II. METHOD AND ANALYSIS

This research design uses descriptive non-experimental with purposive sampling. With a sample of 30 patients with bronchial asthma who seek treatment at the pulmonary

clinic of Ibnu Sina Hospital, Gresik Regency in March-April 2013 with a population of all patients with bronchial asthma who seek treatment at the pulmonary clinic of Ibnu Sina Hospital, Gresik Regency.

Data were collected by using questionnaire sheet at the pulmonary clinic of Ibnu Sina Hospital, Gresik Regency, March-April 2013.

III. RESULTS AND DISCUSSION

A. Results

➤ Characteristics of Respondents by Age

Table 1: Distribution of Respondents Based on Age

No	Age	Total	Percentage (%)
1.	20-30	3	10
2.	31-40	8	26,67
3.	41-50	13	43,33
4.	>51	6	20
Total		30	100%

Table 1 shows that out of 30 respondents, almost half of the respondents were 41-59 years old and a small proportion of respondents aged 20-30 years.

➤ Characteristics of Respondents Based on Gender

Table 2: Distribution of Respondents Based on Gender

No	Gender	Total	Percentage (%)
1.	Male	12	40
2.	Female	18	60
Total		30	100

Table 2 shows that out of 30 respondents, most of the respondents were female and almost half of the respondents were male.

➤ Characteristics of Respondents Based on Education

Table 3: Distribution of Respondents Based on Education

No	Education	Total	Percentage (%)
1.	Not In School	0	0
2.	Primary School	8	26,67
3.	Junior High School	7	23,33
4.	High School	10	33,33
5.	Higher Education	5	16,67
Total		30	100

Table 3 shows that out of 30 respondents, almost half of the respondents had a high school education and none of the respondents did not go to school.

➤ Characteristics of Respondents Based on Occupation

Table 4: Distribution of Respondents Based on Occupation

No	Jobs	Total	Percentage (%)
1.	Not Working	9	30
2.	Farmer	0	0
3.	Self-Employed	6	20
4.	Private	7	23,33
5.	Civil Servant	8	26,67
6.	Military/Police	0	0
Total		30	100

Table 4 shows that out of 30 respondents, almost half of the respondents did not work and there were no respondents who worked as farmers.

➤ *Characteristics of Respondents Based on Family Income in 1 month*

Table 5: Distribution of Respondents Based on Family Income in 1 month

No	Family Income in 1 month	Total	Percentage (%)
1.	< Rp. 500.000	4	13,33
2.	Rp. 500.000-1.400.000	18	60
3.	Rp. 1.500.000-3.400.000	6	20
4.	Rp. 3.500.000-4.900.000	2	6,67
5.	Rp. 5.000.000	0	0
Total		30	100

Table 5 shows that of the 30 respondents, most respondents had a family income in 1 month of Rp. 500,000 - 1,500,000 and there were no respondents who had a family income in 1 month of Rp. 5,000,000.

➤ *Characteristics of Respondents Based on Length of Asthma Suffering at Pulmonary Clinic Ibnu Sina Hospital, Gresik Regency*

Table 6: Distribution of Respondents Based on Length of Asthma Suffering in Pulmonary Poly at Ibnu Sina Hospital, Gresik Regency

No	Duration of Asthma Suffering	Total	Percentage (%)
1.	1-5 years	4	13,33
2.	6-10 years	5	16,67
3.	> 10 years	21	70
Total		30	100

Table 6 shows that of the 30 respondents, most respondents had asthma for >10 years and a small proportion of respondents had asthma for 1-5 years.

➤ *Characteristics of Knowledge Level in Efforts to Prevent Recurrence of Bronchial Asthma in the Pulmonary Clinic of Ibnu Sina Hospital, Gresik Regency*

Table 7: Characteristics of Respondents Level of Knowledge in Efforts to Prevent Recurrence of Bronchial Asthma in Pulmonary Clinic Ibnu Sina Hospital Gresik Regency

No	Knowledge Level	Total	Percentage (%)
1.	Good	21	70
2.	Fair	7	23,33
3.	Less	2	6,67
Total		30	100%

Table 7 shows that of the 30 respondents, most of the respondents were classified as good knowledge level criteria and a small proportion of respondents were classified as poor knowledge level criteria.

B. Discussion

After collecting data through a questionnaire of the patient's knowledge level in an effort to prevent recurrence of bronchial asthma in the Pulmonary Clinic of Ibnu Sina Gresik Hospital in March-April 2013 as many as 30 respondents obtained most of the respondents as many as 21 respondents with a percentage of 70% classified as a good level of knowledge and a small proportion of respondents as many as 2 respondents with a percentage of 6.67% classified as a level of knowledge less. In accordance with the theory according to Notoatmodjo (2003: 128) knowledge is the result of knowing and this occurs after people do sensing of a particular object and most of human knowledge is obtained through the eyes and ears which then shape one's actions. This means that the better a person's level of knowledge, the more the relapse rate of bronchial asthma can be minimised. They will be more able to control the

occurrence of bronchial asthma recurrence by making efforts to prevent recurrence and change lifestyles such as quitting smoking for those who smoke, avoiding triggers for asthma recurrence using drugs as prescribed by a doctor and recognising signs and symptoms of worsening asthma. With this knowledge of prevention efforts, it will reduce the likelihood of bronchial asthma patients being taken to the emergency room at the hospital to a minimum and reduce days of missed work or disruption of daily activities during relapses. According to Wahit Iqbal Mubarak (2012: 82) behaviour based on knowledge will be more lasting than behaviour that is not based on knowledge. So that in respondents who have less knowledge, the rate of recurrence of bronchial asthma increases, so that it can aggravate the occurrence of bronchial asthma disease owned. This means that someone who has a lack of knowledge in efforts to prevent recurrence of bronchial asthma will be more indifferent to their disease and not make preventive efforts that can be done so that it will aggravate the occurrence of recurrence of bronchial asthma and increase the frequency of recurrence of bronchial asthma.

According to the results of the research that has been done, knowledge about efforts to prevent recurrence of bronchial asthma can also be supported by the results of general data of respondents. This can be supported by table 3 which shows that of the 30 respondents, almost half of the respondents had a high school education. Where according to Wahit Iqbal Mubarak (2012: 81) one of the factors that can affect knowledge is education. The higher a person's education, the easier it is for them to receive information, and in the end the more knowledge they have. Conversely, if someone has a low level of education, it will hinder the development of that person's attitude towards receiving information. In addition to educational factors, a person's experience can also affect knowledge. Seen in table 6 shows that of the 30 respondents, most of the respondents were 21 respondents with a percentage of 70% who had suffered from asthma for >10 years and a small proportion of respondents had suffered from asthma for 1-5 years.

In accordance with the theory according to Notoatmodjo (2010: 13), one way to obtain knowledge is based on personal experience and experience is a way to obtain the truth of knowledge. This means that the longer a person suffers from bronchial asthma, the more personal experience is known. Armed with this experience, a person will know more and can get to know more about his illness so that he can control it and will tend to try to further improve his health by making efforts to prevent recurrence of bronchial asthma. In addition to being supported by education and length of time suffering from bronchial asthma, the level of knowledge that is good, sufficient and lacking can also be supported as seen from table 1, which shows that of the 30 respondents, almost half of the respondents were aged 41-50 years and a small proportion of respondents aged 20-30 years.

According to Huclok, quoted by Nursalam and Siti Pariani, the more age. the level of maturity and strength of an individual will be more mature in thinking and working. This is a result of experience and mental maturity. From this theory it can be concluded that a person's age can shape a person's mindset in responding to his situation and will try to strive for a better life by knowing more about very effective preventive efforts that can help to control relapses of bronchial asthma and can live normally like a healthy person. In addition to the above factors, work can also affect most respondents who have good knowledge, which can be seen from table 4, which shows that out of 30 respondents, almost half of the respondents did not work.

According to Thomas quoted by Nursalam and Siti Pariani (2001: 133) work is something that must be done primarily to support his life and family life is not a source of pleasure, but more a way of earning a living that has many challenges and work is generally a time-consuming activity. In accordance with this theory, the more respondents who do not work can show the better the level of knowledge of a person where most of the respondents who do not work are women who are only housewives because the actual responsibility for earning a living is the husband. So that they have a lot of free time to be able to gain knowledge which can be obtained by reading books or by getting

information about bronchial asthma from health workers, either doctors or nurses at the Pulmonary Clinic at RSUD Ibnu Sina Gresik because they will not rush after being examined to go home immediately and continue their work routine.

In addition, it can also reduce the risk of recurrence of bronchial asthma in accordance with the theory put forward by Elisabeth Ekarini (2002: 3) that one of the precipitating factors for asthma recurrence is by doing heavy or excessive physical activity which can occur if the patient is working. In addition to what has been explained above, according to Wahit Iqbal Mubarak (2012: 81) interest also affects a person's knowledge where if someone already has an interest or desire to prevent the occurrence of asthma recurrence, that person will definitely look for and explore efforts to prevent recurrence that can be done. In addition, it can also be influenced by environmental habits and information obtained.

From the above results it can be concluded that knowledge about efforts to prevent recurrence of bronchial asthma is very important to know. Although the results showed that of the 30 respondents, most were classified as good knowledge level criteria and a small proportion were classified as sufficient and insufficient knowledge level criteria. However, this must still be considered and pursued so that respondents who still have sufficient knowledge and lack of knowledge can also have good knowledge. With this knowledge, it will then raise awareness and will ultimately cause them to behave in accordance with their knowledge. So that it can minimise the level of asthma fear possessed by sufferers. The results or behaviour change with good knowledge will take a long time, but behaviour change in this way will be lasting because it is based on their own awareness not because of coercion.

IV. CONCLUSIONS

A. Conclusion

Based on the results of research and discussion, it can be concluded that based on the results of data analysis research conducted, it can be concluded that of the 30 respondents description of the level of knowledge in efforts to prevent recurrence of bronchial asthma in Pulmonary Clinic Ibnu Sina Hospital Gresik Regency in March-April 2013 obtained most of the respondents classified as criteria for good knowledge level and a small portion of respondents classified as criteria for less knowledge level.

B. Suggestion

➤ For Patients with Bronchial Asthma

It is expected that the knowledge of respondents is further enhanced in prevention efforts that must be done in order to avoid recurrence of bronchial asthma. This can be done by being more active in seeking information both directly and indirectly. For example, when seeking treatment at the Pulmonary Clinic, patients with bronchial asthma can ask directly to health workers, either nurses or doctors. But in addition to information that can be obtained when seeking treatment at the pulmonary clinic, information can also be

obtained when free treatment is usually held at the village hall. Patients can ask directly to the local midwife or nurse. In addition, counselling is also usually held by local midwives and nurses. Patients should be more active to follow it so that they know more about things that must be done and things that are prohibited so that patients can improve and maintain their health optimally.

➤ *For Health Officers*

Health workers can be more concerned about completing facilities and infrastructure that can support the patient's level of knowledge of their health, especially about bronchial asthma which can recur at any time. For example, counselling is held once a month, distribution of leaflets, or installation of communicative pamphlets so that they can attract hospital visitors to see and read them. It is also necessary to provide information that can be obtained without the need to read, namely by viewing which can be placed in the waiting room as a boredom reliever as well as an increase in knowledge that can improve health.

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