"Assess The Knowledge Regarding Thalassemia Among Parent Of Under 5-Year Child In Selected Area Of Latur"

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Abstract:

Introduction: Parental awareness is the best method to prevent thalassemia in children. Parental knowledge regarding thalassemia helps to improve the quality of life in the children. This study has been undertaken to assess the knowledge regarding thalassemia among parent of under 5-year child in selected hospital Latur.

Aim: 1. To assess the knowledge about thalassemia among parents. 2. To co-relate knowledge of thalassemia of parents with demographic variable.

Methods and Material: Quantitative research approach was used and descriptive research design control group design was chosen for this study. Nonprobability- Purposive sampling technique was used. The samples were 60 parents having 0–5-year child from the selected areas. Self-administered questionnaire was used to check the knowledge regarding thalassemia among parent of under 5-year child.

Results: The study revealed that there was significant association of pretest knowledge with demographic variable that are gender and education qualification and previous knowledge regarding thalassemia. The obtained chi square value that is 9.33 of knowledge with demographic variable that is gender and educational qualification previous knowledge regarding thalassemia were found significant.

Conclusion: This study concludes that was there effective in assessing knowledge of the parents regarding thalassemia.

Keywords: Assess, Knowledge, Thalassemia, Parent, Under 5-year child.

I. INTRODUCTION

Thalassemia is one of the most common inherited gene disorders in India. It is estimated that every year around 8,000–10,000 children are born with thalassemia in India. Further, thalassemia is a serious disease-causing from severe anemia, ineffective erythropoiesis, extramedullary hematopoiesis, and iron overload resulting from transfusion and increased iron absorption. The effective treatment of thalassemia is bone marrow transplantation, which is beyond the reach of many patients in this country.[1]

The best method to reduce the burden of thalassemia is prevention measures. However, the quality of life of children with thalassemia should be improved. There are different strategies to prevent thalassemia, which include parental awareness, population screening, genetic counseling, and prenatal diagnosis[2].

Creating awareness and educating parents proved to be cost-effective in the prevention of the disease condition and improvement of quality of life of patients with thalassemia. In our country, there are studies on population screening and prenatal diagnosis on the thalassemia, but there is paucity of data on thalassemia awareness. Moreover, awareness is found to be low in the parents of under 5 children with thalassemia. Therefore, this study was undertaken to assess the knowledge of parents of under 5 children with thalassemia.[3]

Amit Saxena, et.al (2017) conducted study to assess the knowledge and awareness of parents having a thalassemic child and to ameliorate their experiences in the upbringing of their child . A cross sectional, descriptive study was conducted in Tertiary care Hospital in Navi Mumbai in Pediatric Ward in which parents of 40 beta Thalassemia major children between age group of 6 months to 15 years were enrolled. Parents were interviewed through a questionnaire to assess their knowledge, awareness, the practices they follow in regard to the transfusion, treatment, vaccination and prevention of thalassemia. The study also focuses on the parents who are suffering from emotional problems. The result of this study was that 47.5% of parents were aware of thalassemia being a genetic disorder.62.5% were aware of regular blood transfusion. 23 parents were aware of the regular medications taken by their children and 42.5% parents had adequate knowledge of the optional vaccines to be taken. 90% parents followed a good practice of getting their child for regular blood transfusion. 92.5% gave them regular medicines. Total 31 parents would periodically get their child investigated but 65% of parents lacked in giving optional vaccines to the child.60% agreed to undergo MTP while only 45% knew about the antenatal detection. The study conclude that Majority of parents followed good practice and had a positive attitude, though the knowledge and awareness about the disease was inadequate.[4]

Noman Saleem et.al (AUGUST 2021) conducted a study with objective to access the parental knowledge of thalassemia patient and their awareness regarding treatment preventive measure against thalassemia. It is an observational study done in May2019 at Ali Zaib Foundation Thalassemia Center in Sahiwal in Pakistan. One hundred parents were selected in this study. The study was done over a period of 30 days and subjective questionnaire was used to collect data through direct structured survey method. The result of this study was there were parents of 62 (62%) male patients and 38 (38%) female patients, with a median age of 8.5 ± 6.2years. Forty-three (43%) parents were illiterate while eight (8%) parents were highly educated. Sixty-six (66%) patients were born to parents with consanguineous marriages. Eighty-two (82%) parents were aware of thalassemia, 72 (72%) were aware of the risk of thalassemia due to cousin marriages, 76 (76%) parents were aware of the importance of prenatal diagnosis (PND), 88 (88%) believed that a PND was beneficial. Fifty-two (52%) parents knew about thalassemia treatment, 80 (80%) were aware of the importance of blood screening, and 14 (14%) patients were receiving iron chelation therapy. Seventy-eight (78%) parents were aware on prevention of thalassemia. This study concludes that Parental awareness regarding β-thalassemia, its treatment and prevention is fair but far from ideal. Premarital screening, provision of accurate information to the public by professionals, and adequate screening and PND of at-risk families can significantly reduce the rates of thalassemia.[5]

II. Material and Methods

RESEARCH DESIGN

In this study Quantitative research approach was used and descriptive research design was used to assess the to assess the knowledge regarding Thalassemia among parents in selected area of the city.

SETTING

The setting of the study was selected hospital of Latur city.

SAMPLE

The sample selected for present study comprised of the parents of under 5-year child in selected hospital of Latur city.

INSTRUMENT

In this study, the tool consisted of following: -

- **Demographic Variables:** These consist of 08 items on demographic characteristics like parents age, gender, educational status, occupation, source of information, history of genetic disorder, type of marriage.
- **Questionnaire on THALACIMIA**
  It consists of 20 items. Each item had four options with one most appropriate answer. Each correct response carried one-mark; wrong response was zero. Thus for 20 items the maximum, overall score was 20.

  Scoring Key:
  Score 0-6 – Poor
  Score -7-13 Average
  Score 14 -20 Good

Intervention

The samples were selected considering inclusion & exclusion criteria. The researcher introduced herself to the subjects, assurance of confidentiality was given to the subjects and consent was obtained from them. Socio-demographic data was collected from each subject. Test was conducted by using questionnaire for all the participants.

Ethical consideration

The research study was carried out after obtaining permissions of Ethical Committee of Maharashtra Institute of Nursing Sciences Latur.

Data Collection

After obtaining administrative permissions from hospital data was collected from 4/07/2022 to 10/07/2022

III. DATA ANALYSIS

Descriptive and analytical statistics were done by using the SPSS (Statistical Package for the Social Science) Version 17 for window. The socio demographic variables, knowledge score was calculated with frequency and percentage. Mann Whitney test was used to find the significance difference of knowledge score Latur area. ANOVA test and Man Whitney test was used to find significant correlation of knowledge score according to age, parity, occupation, education in Latur area. A probability value of 0.05 was accepted as the level of statistical.

IV. RESULTS

SECTION - 1: DISTRIBUTION OF SUBJECT IN RELATION TO DEMOGRAPHIC VARIABLE
(n=60)

TABLE 1: DEMOGRAPHIC VARIABLE

Sr.no	Demographic variables	Frequency	Percentage
1)	**Parents Age**		
	20 to 25 years	11	18.30%
	26 to 30 years	23	38.30%
	31 to 35 years	17	28.30%
	More than 36	9	15%
2)	**Gender**		
	Male	30	50%
	Female	30	50%
3)	**Educational status**		
	Illiterate	10	16.66%
	primary	18	30%
	Secondary	20	33.33%
	UG	12	20%
4)	**Occupation**		
	Unemployment	4	6.66%
	Daily wedges	14	23.33%
	Farmer	25	41.66%
	Govt.job	17	28.33%
5)	**Sources of Information**		
	T.V.	17	28%
	Family	14	23%
	Relative	13	21%
	Newspaper	16	26%
6)	**History of Genetic Disorder**		
	Yes	22	36.66%
	No	38	63%
7)	**Types of Marriage**		
	Love marriage	6	10%
	Arrange marriage	29	48.33%
	Contagious marriage	19	31.66%
	Non contagious marriage	6	10%
8)	**Age of Child**		
	0 to 1 month	9	15%
	1 month to 1 year	16	26.66%
	1 to 3 years	27	45%
	3 to 5 years	8	13.33%

Table no.1 shows that out of 60 sample 38.3% parents belong 26-30 year of age. 28.30% are belonged to 31to 35-year age. 18.30% belongs to the 20 to 25 years, and 15% of them belongs to the age group of more than 36 year.
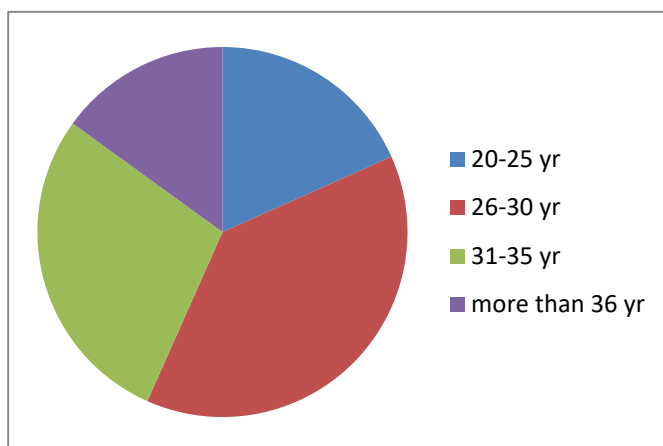

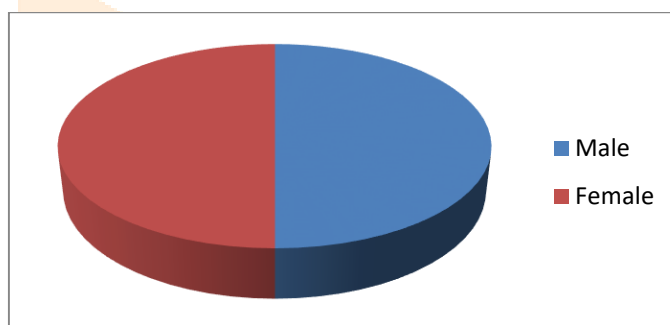**Fig 1: Distribution sample according to Parents age**

Figure 2: Distribution of sample according to Parent gender

Figure no 2 show that destruction of parents according to gender, out of 60 sample 50% parent are male and 50% of them are female.
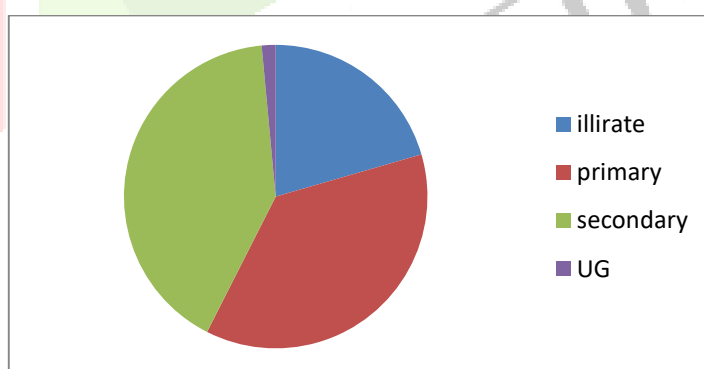

Figure 3. Destruction of sample according to parents educational status.

Figure no 3 describe the parents education, out of 60 sample 33.33% (20) are having secondary education, 30 % (18) having primary education, 16.66% (10) of them are illiterate, and 15% (12) are Under Graduates.
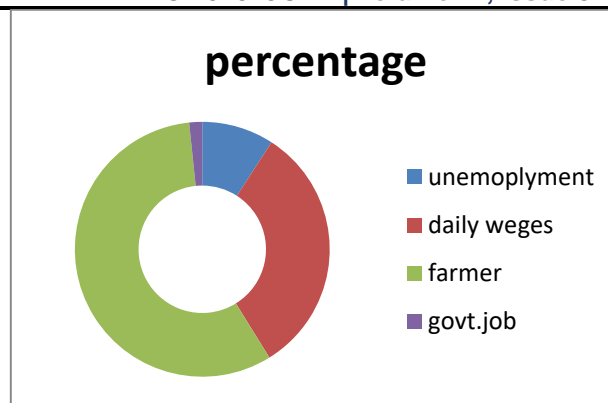
Fig. 4 Distribution of sample according to parents occupation

Figure 4 describe the occupation out of 60 sample 41.66% (25) are farmer, 28.33%(17) are having govt. Job. 23.33 % (14) are daily wedges, 6.66% (4) are unemployed.
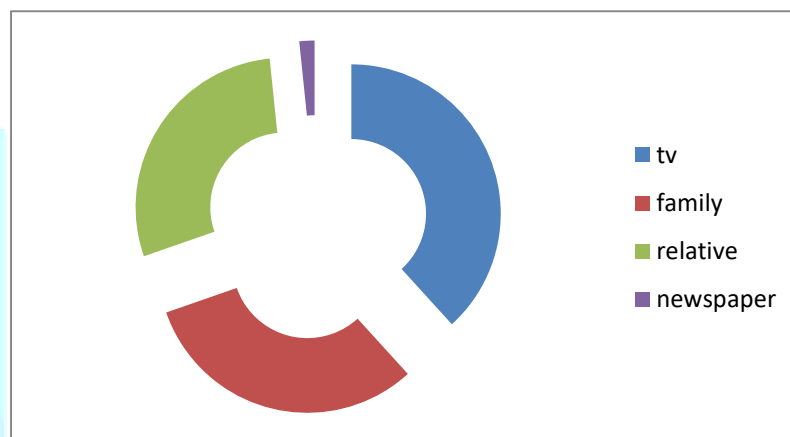

Fig. 5 Distribution of sample according to sources of information

Table 5 show that out of 60 sample 28% (17) of them get information from TV regarding Thalassemia, 26% (16) of them get information from newspaper.23% (14) of them get information from family and 21% of them get information from relatives.
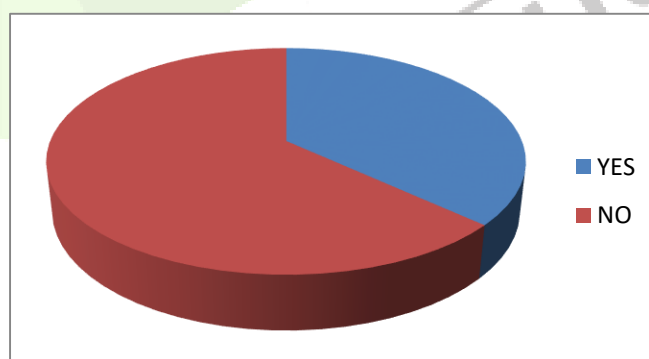
Fig. 6 Distribution of sample according to history of genetic disorder

Above table no 6 shows that out of 60 sample 63% (38) parents not having family history of genetic disorder 36.66% (22) parents having family history of genetic disorder.
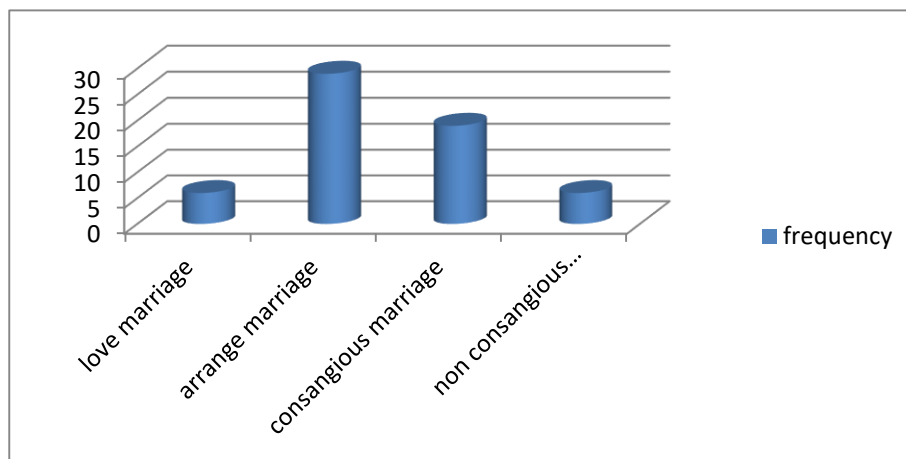
Fig. 7 Distribution sample according to types of marriage

Above table no 7 show that out of 60 sample 48.33% (29) undergone arrange marriage, 31.66% (19) undergone contagious marriage, 10% (6) undergone love marriage and non-contagious marriage.
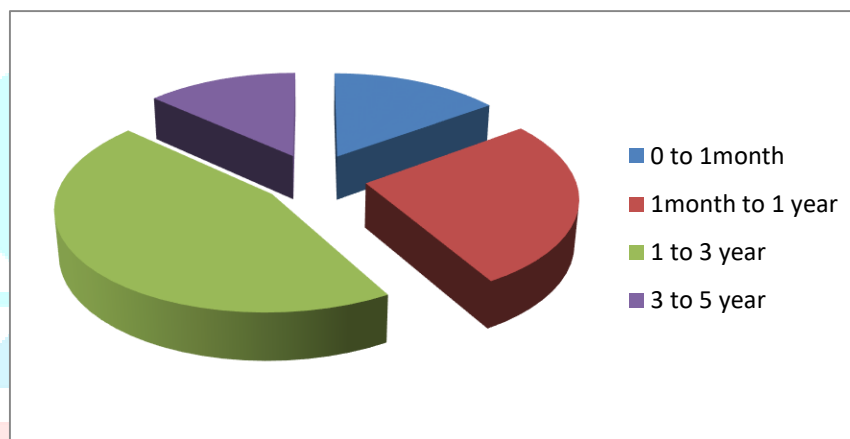

Fig. 8 Distribution of sample according to age of children

Above table no 8 show that out of 60 parents 45% (27) are having 1 to 3 year child, 26.66% (16) having 0 to 1 month year child, 15%) (9) are having 0 to 1month child and 13.33%(8) are having 3 to 5 year child.

SECTION II: ASSESSMENT OF KNOWLEDGE REGARDING THALASSEMIA

TABLE NO 2 ASSESSMENT OF LEVEL OF KNOWLEDGE REGARDING THALASSEMIA

Sr.no	Level of knowledge		Frequency	Percentage
1	Poor knowledge	(0-6)	10	16%
2	Average knowledge	(7-13)	48	80%
3	Good knowledge	(14-20)	2	3.33%

Table no 2. shows that out of 60 samples 80% (48) of them had average knowledge .16% (10) had poor knowledge and 3.33% (2) of had good knowledge.

TABLE 3: TABLE SHOWS THAT PRE-TEST KNOWLEDGE ABOUT THALASSEMIA

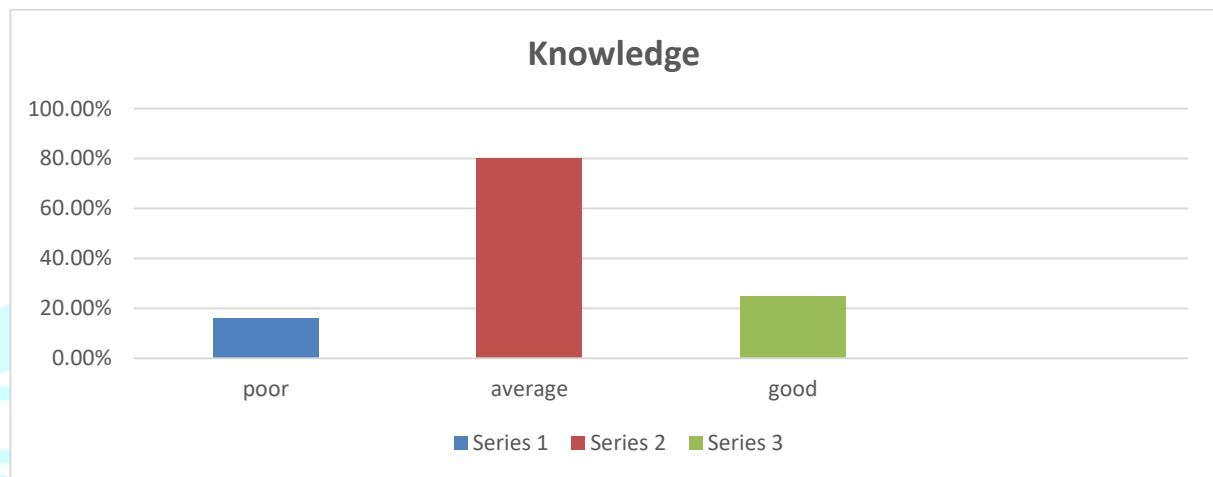| LEVEL OF KNOWLEDGE	PRE-TEST F	Percentage %	MEAN	STANDARD DEVITATION
Poor	10	16%	8.5	= 2.36
average	48	80%		
good	16	3.33%		

Fig. 9: Stacked Column Diagram Showing Comparison of Frequency and Distribution of Present Knowledge Level Regarding Thalassemia.

SECTION III: Association of Level of Knowledge Regarding Thalassemia Among Parents of 0 To 5 Year Child in Relation To Demographic Variable.

(n= 60)

Sr No.	Demographic Variable	Calculated Value (chi-square)	Degree of Freedom (df)	TABLE VALUE	SIGNIFICANCE
1	Parent Age	4.32	6	12.59	Non-Significant
2	Gender	9.33	2	5.99	**Significant**
3	Education	2.2	6	12.59	Non-Significant
4	Occupation	4.9	6	12.59	Non-Significant
5	Age Of Child	8.74	6	12.59	Non-Significant
6	Sources	8.5	6	12.59	Non-Significant
7	History	0.28	2	5.99	Non-Significant
8	Types Of Marriage	4.72	6	12.59	Non-Significant

TABLE 4: Association of Level of Knowledge Regarding Thalassemia with demographic variable.

Table 4 shows the association of knowledge score regarding thalassemia. with demographic characteristics of parents.

IV. CONCLUSION

The present study assessed the parents level of knowledge regarding thalassemia and it is found that the 16% of parents had poor knowledge & 80% of parents had average knowledge and 3.33% of parents had good knowledge regarding thalassemia. This descriptive study concludes that was there effective in assessing knowledge of the parents regarding thalassemia. There was significant association of knowledge with demographic variable that is gender and education qualification as a chi square value, that is 9.33 respectively were higher than table value at 5% level of significance which was statically accepted.

V. RECOMMENDATIONS

The study has the following recommendations.

- Similar study can be under-taken on a large sample for making a more valid generalization
- A comparative study can be conducted regarding level of knowledge and practices regarding thalassemia and care with thalassemia child.
- Similar study can be conducted on different population in different setting
- A Quasi-experimental study can be conducted on knowledge and attitude.

VI. ACKNOWLEDGEMENT

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