



EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON KNOWLEDGE REGARDING NEPHROTIC SYNDROME AND ITS MANAGEMENT AMONG PARENTS OF CHILDREN WITH NEPHROTIC SYNDROME AT SELECTED HOSPITALS OF WARDHA DISTRICT.

Paediatrics

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ABSTRACT

Background: Nephrotic Syndrome is a symptom complex manifested by massive edema, hypoalbuminaemia, marked albuminuria and hyperlipidemia. Nephrotic syndrome is not a disease in itself; rather, it is a group of symptoms that indicate kidney damage—particularly damage to the glomeruli, the tiny units within the kidney where blood is filtered, result in the release of too much protein from the body into the urine. When the kidneys are damaged, the protein albumin, normally found in the blood, will leak into the urine. Proteins are large, complex molecules that perform a number of important functions in the body.¹ Parents' knowledge and are important to prevent complications from the disease.

Objectives: 1. To assess the knowledge of parents regarding Nephrotic Syndrome and its management .2. To assess the effectiveness of self instructional module on the knowledge Nephrotic Syndrome and its management 3. To associate the knowledge with the selected demographic variables.

Materials and Methods: - present study conducted in A.V.B.R.H. Hospital, Wardha, Maharashtra, 30 subjects recruited based on inclusion criteria, and utilized the technique of Non probability convenience sampling. Pre experimental one group pre test post test without control group used, the instruments were structured questionnaires and the instructional module was given after the pre test.

Results: The study findings were in pre-test knowledge score was 30% of parents of children with Nephrotic Syndrome were having poor level of knowledge score & 70 % of the parents of children with Nephrotic Syndrome had average level of knowledge score, Mean knowledge score was 5.20±1.97 whereas, in post test 10.00% of the parents of children with Nephrotic Syndrome had average and 80.00% good and 10.00% had excellent level of knowledge score, Mean knowledge score was 10.30±1.87. Hence it is interpreted most of the parents understood about management of Nephrotic Syndrome, its home care & prevention of secondary complication.

KEYWORDS

knowledge, Nephrotic Syndrome, prevention of secondary complication.

INTRODUCTION:-

“It's the children the world almost breaks who grow up to save it.”
Frank Warren

Health and illness underpin our everyday existence. Health allows us to live full lives and to function as social beings. Illness disrupts our lives, sometimes seriously. But health not only affects individuals, it also impacts upon society as a whole.²

The Children of today are the resources of the future. Preservation of their lives will always be a priority. Child health includes the care of the children from infancy to adolescence. Most of the children experience one or more episodes of illness. Many of them may be ill for short time and may not need hospitalization and some of them may need hospitalization and prolong treatment.²

Healthy children become healthy adults, people who create better lives for themselves, their communities and their countries. Improving the health of children is one responsibility among many in the fight against poverty.³

The growth and development and even functional capacity of child are hampered by health problems. Some of the illness may make them disable temporarily or permanently. Infections are responsible for high morbidity and mortality due to severe infections such as pneumonia, primary peritonitis and septicemia leading to multi organ failure. The milder forms of infections like upper ARI, diarrhea and urinary tract infections may be responsible for exacerbation of proteinuria and recurrent relapses of Nephrotic syndrome.⁴

The infection of the genitourinary system commonly seen in children is Nephrotic syndrome. It is one of the several manifestations of glomerulonephritis. Nephrotic syndrome in children differs from that of adults in several aspects like etiology clinical manifestations, prognosis and outcome, hence require a special consideration.⁵

The first recorded description of Nephrotic syndrome dates to the 15th century. Later, Volhard and Fahr¹ popularised the term Nephrosis, using it to describe a major classification of bilateral renal disease. Today, Nephrotic syndrome is recognised as a common chronic illness in childhood. Although Nephrotic syndrome may be associated with many renal diseases, the most common form in childhood is Primary Nephrotic Syndrome, which develops in the absence of features of nephritis or associated primary external disease.⁶

The incidence of idiopathic Nephrotic syndrome in the United States has been reported to be 2.7 new cases per 100,000 children per year, and the cumulative prevalence rate is 16 per 100,000 children. The ratio of males to females is approximately 2:1 during childhood, but the sex difference wanes by adolescence. There is an increased familial incidence, particularly among siblings.⁸

Infection is an important cause of morbidity and mortality in Nephrotic children especially in developing countries. About 5 -8 Children with PNS have increased susceptibility to bacterial infections and various infections may result in relapses or steroid resistance or may trigger the onset of disease. Relapses in steroid sensitive Nephrotic syndrome often follow infections of upper airway or gastrointestinal tract. It is estimated that 52–70% of relapses among children in developing countries chiefly follow the upper respiratory tract infection. Common infections associated with either onset of disease or during the course of disease are acute upper and lower respiratory infections (ARI) including pneumonia with or without empyema, skin infections including impetigo and cellulites, acute gastroenteritis (watery diarrheal) or dysentery, urinary tract infections (UTI) and primary peritonitis. Supportive treatment of idiopathic Nephrotic syndrome consists of fluid and salt restriction, protein intake tailored to the protein losses, prevention of thrombosis and infection, and -mainly in steroid resistant cases--measures to prevent of premature atherosclerosis and deterioration of kidney function.⁹

HYPOTHESIS:-

H1:- There will be a significant difference in knowledge of parents of children with Nephrotic Syndrome .

H2 :- There will be a significant relationship between the knowledge & selected demographic variables.

Material and methods:

Evaluatory approach used and Pre experimental one group pretest and posttest design without control group used. Inclusion Criteria were all parents of children with Nephrotic Syndrome who are willing to participate in the study. Those who were available at the time of data collection. Exclusion Criteria was those who were not available at the time of data collection. . 30 samples participated in the study according to above criteria

RESULTS:-

Distribution of parents of children with Nephrotic Syndrome according to their age in years reveals that 30.0% of them were

belonging to the age group of 25-30 years, 50.0% in the age of 31-35 years, 10.0% in the age group of 36-40 years and remaining 10% in the age group of more than 40 years respectively.

Distribution of parents of children with Nephrotic Syndrome according to their educational status shows that 40% of them were educated upto primary, 10% upto higher secondary, 40% upto graduate and only 10% of them were educated upto post graduation and above.

Distribution of parents of children with Nephrotic Syndrome according to their type of the family shows that 30% of them were belonging to nuclear family and 70% were belonging to joint families respectively.

Distribution of parents of children with Nephrotic Syndrome according to their monthly family income in Rs shows that 40% had a income of 5000-10000 Rs, 40% in the range of 10000-15000 Rs, and 20% of them had monthly income of more than 20000 Rs & above per month.

Distribution of parents of children with Nephrotic Syndrome according to their occupational status reveals that 20% of them were govt. employee, 50% each were private employees and other profession and 30% were private employees.

Pre test findings result revealed that 30% of parents of children with Nephrotic Syndrome were having poor level of knowledge score, 70% of them had average level of knowledge score, and none of them had good and excellent level of knowledge score. The minimum score was 1 & the maximum score was 8. The men score was 5.20 ± 1.97 with a mean percentage score of 32.50 ± 12.32

Post test findings result shows that 10% of parents of children with Nephrotic Syndrome were having average level of knowledge score, 80% of them had good level of knowledge score, and 10% of excellent level of knowledge score. The minimum score was 7 & the maximum score was 13. The men score was 10.30 ± 1.87 with a mean percentage score of 64.37 ± 11.73 after assessing pre test and post test it shows that self instructional module there was increase in post test.

Hence it is statistically interpreted that self instructional module on knowledge regarding Nephrotic Syndrome among parents was effective. Thus the H_1 accepted. There was significant association between demographic variables in age, education, income of parents of Nephrotic children. Other demographic variables not found significant such as occupation, type of family.

DISCUSSION

Present study conducted in rural hospital of Wardha and subject was selected through non-probability convenient sampling technique. The tool for data collection was structural knowledge questionnaire. The pre test was conducted on the first day followed by self instructional module and post test was conducted on seventh day.

This descriptive study was conducted the study was based on a designed questionnaire that 66 parents of children with Nephrotic syndrome were randomly selected. The result shows that only 18.2 % had good knowledge about their child's recurrence of symptoms. Furthermore there was a significant relationship between literacy of caring fathers and their education level ($p = 0.01$). The study reveals that the quantity of parental information concerning symptoms of Nephrotic syndrome disease recurrence is insufficient so upgrading parental awareness and knowledge through educational courses and providing comprehensive and necessary information concerning disease, signs and symptoms, and its complications can greatly improve the quality of the cares levels.¹⁰

CONCLUSION

The pre-experimental study has brought out an important relationship between the studies variables. The study population was parents of Nephrotic Syndrome Children selected from AVBRH wardha district. The findings have proved that the instructional module regarding management of Nephrotic Syndrome has improved the knowledge. There is statistically significant association between post test knowledge scores and demographic variables. A convenient sample of 30 subjects was drawn from the study population, who were selected from rural hospital Wardha district. The data obtained to describe the sample characteristics including age of the parents, educational

qualification, type of family, family income per month, occupation of parents. That there is significant difference in knowledge score at pre & post test of the parents of children with Nephrotic Syndrome. Hence it is statistically interpreted that the instructional module regarding Nephrotic Syndrome & its management was effective.

The study findings were in pre-test knowledge score was 30% of parents of children with Nephrotic Syndrome were having poor level of knowledge score & 70 % of the parents of children with Nephrotic Syndrome had average level of knowledge score, Mean knowledge score was 5.20 ± 1.97 whereas, in post test 10.00% of the parents of children with Nephrotic Syndrome had average and 80.00% good and 10.00% had excellent level of knowledge score, Mean knowledge score was 10.30 ± 1.87 . Hence it is interpreted most of the parents understood about management of Nephrotic Syndrome, its home care & prevention of secondary complication.

References:

1. National Kidney Foundation Children with Chronic Kidney Disease: Tips for Parents www.kidney.org
2. Available in : <http://www.preservearticles.com/201105156666/essay-on-the-importance-of-health.htm>
3. Khemchand N Moorani, Mukesh raj. Spectrum of infection in children with newly diagnosed primary nephrotic syndrome. Pakistan journal of medical research. 2012 Janvary-March;51(1).
4. http://www.kidney.niddk.nih.gov/kudiseases/pubs/childkidneydiseases/nephrotic_syndrom/
5. Allison A Eddy, Jordan M Symons. Seminar on Nephrotic syndrome in childhood. The Lancet 2003; vol 362: 629-39. Aviable from www.thelancet.com
6. Roberto Gordillo and Adrian Spitzer. The Nephrotic Syndrome. Pediatrics in Review. 2009;30(2):94-104 Available on <http://pediatrics.georgetown.edu/documents/Nephrotic%20Syndrome.pdf>
7. Reusz G, Szabó A, Fekete A. Nephrotic syndrome in childhood. Orv Hetil. [Article in Hungarian]. 2006;147(47):2251-60. Available on: <http://www.ncbi.nlm.nih.gov/pubmed/17380687>
8. Available on : <http://www.nhs.uk/conditions/nephrotic-syndrome/Pages/Introduction.aspx>.
9. Available on : <http://www.nhs.uk/conditions/nephrotic-syndrome/Pages/Introduction.aspx>
10. Ashrafalsadat Hakim, Simin Madhooshi, Ehsan Valavi. A study about knowledge of parents of children with nephrotic syndrome toward recurrence of disease. Jundishapur Journal of Chronic Disease Care. 2013;2(4):49-55