

**INFLUENCE OF ASTHMA COMMUNICATION INTERVENTION ON  
THE KNOWLEDGE, ATTITUDE, AND PRACTICE OF MOUNTAIN TOP  
UNIVERSITY STUDENTS.**

**BY**

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### **Certification**

I certify that this research work was carried out by **OBIAKU CHIAZO ADAEZE** at the Department of Mass Communication, Mountain Top University, Ogun State, Nigeria under my supervision.

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(Head of Department)

## **Dedication**

This work is humbly dedicated to God Almighty for His unending love and mercies that have helped me all through this journey. Also, I dedicate it to my loving parents for their support and commitment, and to all lecturers of the Department of Mass Communication at Mountain Top University who have impacted me greatly.

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## **Abstract**

This study was based on the Influence of Asthma Communication Intervention on the knowledge, Attitude and Practice of Mountain Top University Students. The aim of the study was to analyze and critically examine the Influence of Asthma Communication Intervention on Mountain Top University Students. Therefore, in line with the objectives of this research, the instrument of data collection was a structured questionnaire and interview guide with the sample size of 172 students out of 2,500 students. The data gathered was therefore analyzed, presented and interpreted using descriptive data analysis technique, by presenting the data in tables. The results from the data analysis shows that there is a rare communication intervention material that enlightens students on asthma and regarding it there are not so much on campus. This project therefore recommended that to sustain an inclusive environment where everyone is their brother's keeper and can help others in position of trouble or problem relating to asthma.

**Keywords:** Asthma, Communication Intervention, Knowledge, Attitude, Practice

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the Study

Asthma is a heterogeneous chronic inflammatory disease that affects airways causing respiratory symptoms including wheeze, breathlessness, chest tightness, and cough. Asthma is a long-term respiratory condition, in which the airways may unexpectedly and suddenly narrow, often in response to an allergen, cold air, exercise, or emotional stress. Symptoms may include wheezing, shortness of breath, chest tightness and coughing. Asthma attack is an incident wherein a person who suffers intermittent experiences bronchoconstriction undergoes such an experience, usually with a sudden onset. In an asthma attack, airway swells and narrow which reduces the airflow passage in and out of lungs. It can cause shortage of breath, difficult of breathing, coughing, wheezing and producing extra mucus. Asthma can be triggered by various factors such as allergen, infection, air pollution, food, some medications, psychology factors, cold air, inappropriate exercises and hyperventilation. As a major non communicable diseases, according to WHO statistics in 2019, there were 262 million people living with asthma and there were 461,000 deaths due to asthma. According to research conducted by The International Study of Asthma and Allergies (I.S.A.A.C, 2010), 12.8% of children and adults Sub-Sahara Africa were discovered to be asthmatic.

Asthma is a chronic respiratory disease that can have varying effects on the quality of life of sufferers. The patho-physiology of asthma involves a circular progression of physical manifestations due to airflow obstruction as a result of inflammation of the airways. The types of inflammation differ between patients, even if the same mechanisms (such as allergy) are involved.

Patients now respond differently to a variety of stimuli or, even, the same stimuli at different times. At the same time, the response to treatment can also vary greatly (Kemp in Zelda Antoinette, 2015).

Verbal and written tactics for influencing and empowering people, populations, and communities to make better decisions are included in health communication. When attempting to influence

positive changes in attitudes and behaviors, health communication frequently incorporates elements of several theories and models. Social marketing, which entails the creation of initiatives and programs intended to alter behavior, has a connection to health communication.

Effective communication intervention strategies include the following components:

- Use of research-based strategies to shape materials and products and to select the channels that deliver them to the intended audience.
- Understanding of conventional wisdom, concepts, language, and priorities for different cultures and settings.
- Consideration of health literacy, internet access, media exposure, and cultural competency of target populations.
- Development of materials such as brochures, billboards, newspaper articles, television broadcasts, radio commercials, public service announcements, newsletters, pamphlets, videos, digital tools, case studies, group discussions, health fairs, field trips, and workbooks among others media outlets.

Using a variety of communication channels can allow health messages to shape mass media or interpersonal, small group, or community level campaigns. Health communication strategies aim to change people's knowledge, attitudes, and/or behaviors; for example:

- Increase risk perception
- Reinforce positive behaviors
- Influence social norms
- Increase availability of support and needed services
- Empower individuals to change or improve their health conditions

Examples of media strategies to convey health messages include the following components:

- Radio
- Television
- Newspaper
- Flyers

- Brochures
- Internet
- Social media tools (i.e., Twitter, Facebook, and YouTube)

Also, the media: broadcast, print, social media and digital media is increasingly being used as a tool to disseminate and communicate information on diseases to increase public awareness. As a result of dangers posed by asthma, many intervention programs have been launched by the World Health Organization, government and non-governmental organization with the themes geared towards prevention and management of asthma.

According to Helmy Haja et al (2018), 'Friends or Foe' campaign was launched by Asthma Malaysia (AM) to create awareness on asthma triggers amongst the Malaysian public. The campaign's impact on social media conversations were analyzed and also web behavioral analysis was conducted in order to know if the campaign led to an increase of public interest in asthma. Public awareness was measured by postings on social media and digital media channels.

Data extraction was performed via a social media monitoring tool to measure awareness levels. This was performed using asthma related keywords in the English and Malaysian languages before and after the campaign. Data on the visitors to AM website was analyzed to understand visitors' demographics and psychographics.

Asthma and Allergy Foundation of America (AAFA) which was founded in 1953 as a non-profit organization dedicated to finding a cure for and controlling asthma, food allergies, nasal allergies and other allergic diseases. AAFA launched series of Asthma campaigns focused on using awareness tools to educate family, friends, school and work about asthma and allergic conditions. This foundation centered on both the use of digital media like YouTube, Pinterest, google+ and also social media campaigns such as Twitter, Facebook and Instagram. The success of these campaign gave birth to an online community (AAFA Online Community) which consistently posted on blogs, conducted online polls and webinars to ensure the public is consistently abreast on information on asthma and its allergies then managing the condition.

According to Global Initiative for Asthma (2019), the impact of communication intervention on Asthma knowledge, attitude and practices has generally profited in enlightening the general

publics and also helping people living with it to cope with and adopt a way of living with it. World Asthma Day (WAD), organized by Global Initiative for Asthma (GINA) in collaboration with WHO is yearly commemorated in the month of May. It is a day set to raise more awareness of Asthma worldwide. The most recent one which was on the 5th of May 2021 was themed

“Uncovering Asthma Misconceptions” and was used to shed more light on what the disease entails. GINA made use of the digital media, especially YouTube, blogs, their official website and also social media platforms like Instagram and Facebook. WAD in Nigeria was also recognized and a YouTube video providing explicit information on the various misconceptions young people have as regards asthma was uploaded for the public to watch and learn.

Also, there is the Asthma Care and Treatment in Nigeria (ACTIN) support group which is dedicated to providing relevant education, medication and lifestyle interventions that can effectively help Asthmatic Patients in Nigeria. The initiative is powered by People Living with Asthma in Nigeria (PLAIN). This non-governmental organization makes use of mostly Facebook, Twitter and Instagram for their regular campaigns in order to targeted mainly at the youths.

Those who are properly treated, well educated about all aspects of their illness and compliant are less affected while those that are not may be severely impaired by chronic airflow limitation. It has been proven by research that the management and control of asthma greatly affects the quality of life of the person living with asthma, and that any level of symptom severity has an impact on quality of life even in people who only experience occasional symptoms (Leynaert, et al in Zelda Antoinette, 2015).

## **1.2 Statement of the Problem**

Despite all the barrage of communication interventions on asthma, many people in the sub-Saharan part of Africa, especially the youth are still left in the dark, more importantly on knowledge, attitude and practices. This situation, if not critically checked, will continue to expose more people to asthma related condition and deaths. Indeed, there is need for communication intervention on Asthma with the aim to sensitize the public on how to manage and prevent asthmatic attacks. Asthma is a serious public health problem throughout the world, affecting people of all ages. When uncontrolled, asthma can place severe limits on daily life, and is sometimes fatal.

### **1.3 Objectives of the Study**

The aim of the study is to evaluate the influence of Asthma communication interventions on knowledge, attitude and practices of Mountain Top University students. To achieve this aim, the following objectives shall be looked into:

1. To determine the level of Mountain top university students' awareness of asthma communication interventions.
2. To determine the extent to which the awareness influenced the students' knowledge of Asthma.
3. To ascertain if their knowledge of Asthma influenced their attitude and practices.

### **1.4 Research Questions**

1. What is the level of awareness Mountain top university students have on asthma communication intervention?
2. To what extent did the awareness of communication interventions influence their knowledge of Asthma?
3. To what extent did knowledge on asthma influenced their attitude and practices?

### **1.5 Research Hypothesis**

**H1.** There is a relationship between student's awareness of the communication intervention and knowledge of Asthma.

**H0.** There is no relationship between student's awareness of the communication intervention and knowledge of Asthma.

### **1.6 Significance of the Study**

The study will be of great importance to the academic community as it will add to the pool of literature on asthma. The outcome will be of great significance to the World Health Organization and other non-governmental organization as it is a campaign assessment study.

The study outcome will also be of great importance to the government especially in policy formulation towards asthma prevention and management.

### **1.7 Scope of the Study**

This research is limited to the students of Mountain Top University, Ogun State. The study will be carried out between December 2021 and August 2022.

### **1.8 Limitation of the Study**

This research project has not been without some constraint. This constraint did not only limit the execution of the project, but also affect the scope of the study by the way of narrowing all that could have been learnt, some of the constraint that constitute to the limitations of this project report are inadequate finance, time constraint and scarcity of literature on the impact of communication intervention on Asthma knowledge, attitude and practices in Nigerian Universities.

### **1.9 Definition of Terms**

**Asthma:** Asthma is a diverse chronic inflammatory illness that affects the airways and causes respiratory symptoms such as wheezing, shortness of breath, chest tightness, and coughing.

**Communication intervention:** This involves the use of audio, visual and audio-visual equipment to aid effective communication. It seeks to develop verbal, physical, and listening communication skills.

**Knowledge:** Knowledge is a familiarity or awareness, of someone or something, such as facts, skills, or objects, often contributing to understanding

**Practice:** In contrast to theories about it, the actual application or usage of a concept, belief, or approach.

**Attitude:** Mental state involving beliefs, feelings, values and dispositions to act in certain ways.

**Allergen:** A substance that can cause an allergy.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

Chapter One introduced and outlined the background and significance of the problems faced by asthma victims and the influence of asthma communication interventions. This chapter outlines the literature review, the theoretical framework and empirical review of literatures related to the influence of asthma communication interventions on knowledge, attitude and practice of Mountain Top University students.

#### **2.1 Conceptual Review**

##### **2.1.1 Asthma**

Asthma is a heterogeneous chronic inflammatory disease that affects airways causing respiratory symptoms including wheeze, breathlessness, chest tightness, and cough. Asthma is a long-term respiratory condition, in which the airways may unexpectedly and suddenly narrow, often in response to an allergen, cold air, exercise, or emotional stress. Symptoms may include wheezing, shortness of breath, chest tightness and coughing. Asthma attack is an incident wherein a person who suffers intermittent experiences bronchoconstriction undergoes such an experience, usually with a sudden onset. In an asthma attack, airway swells and narrow which reduces the airflow passage in and out of lungs. It can cause shortage of breath, difficult of breathing, coughing, wheezing and producing extra mucus. Asthma can be triggered by various factors such as allergen, infection, air pollution, food, some medications, psychology factors, cold air, inappropriate exercises and hyperventilation. As a major non-communicable disease, according to WHO statistics in 2019, there were 262 million people living with asthma and there were 461,000 deaths due to asthma. According to research conducted by The International Study of Asthma and Allergies (I.S.A.A.C, 2010), 12.8% of children and adults Sub-Sahara Africa were discovered to be asthmatic.

Asthma is a chronic respiratory disease that can have varying effects on the quality of life of sufferers. Asthma pathophysiology comprises a circular succession of physical manifestations



caused by airflow obstruction caused by airway inflammation. Even though the same causes (such as allergies) are involved, the forms of inflammation vary between persons. Patients now react differently to diverse stimuli or even the same stimuli at different periods.

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults. There's currently no cure, but there are simple treatments that can help keep the symptoms under control so it does not have a big impact on your life.

The main symptoms of asthma involve: a whistling sound when breathing (wheezing). Breathlessness, a tight chest, which may feel like a band is tightening around it, coughing the symptoms can sometimes get temporarily worse. This is known as an asthma attack. Asthma is usually treated by using an inhaler, a small device that lets you breathe in medicines. The main types are:

Reliever inhalers – used when needed to quickly relieve asthma symptoms for a short time

Preventer inhalers – used every day to prevent asthma symptoms happening

Some people also need to take tablets.

Asthma is caused by swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, so they temporarily narrow. It may happen randomly or after exposure to a trigger. Common asthma triggers include:

- Allergies (to house dust mites, animal fur or pollen, for example)
- Smoke, pollution and cold air
- Exercise
- Infections like colds or flu

Identifying and avoiding your asthma triggers can help you keep your symptoms under control.

Asthma is a long-term condition for many people, particularly if it first develops when you're an adult. In children, it sometimes goes away or improves during the teenage years, but can come

back later in life. The symptoms can usually be controlled with treatment. Most people will have normal, active lives, although some people with more severe asthma may have ongoing problems.

Although asthma can normally be kept under control, it's still a serious condition that can cause a number of problems. This is why it's important to follow your treatment plan and not ignore your symptoms if they're getting worse.

Badly controlled asthma can cause problems such as:

- Fatigue
- Underperformance at, or absence from, work or school
- Stress, anxiety or depression
- Disruption of your work and leisure because of unplanned visits to a GP or hospital
- Lung infections (pneumonia)
- Delays in growth or puberty in children
- There's also a risk of severe asthma attacks, which can be life threatening.

At the same time, the response to treatment can also vary greatly (Kemp in Zelda Antoinette, 2015).

### **2.1.2 Stigmatization of Asthma Victims**

Erving Goffman, a pioneer social science researcher, described stigma as a trait that is severely disparaging and reduces the bearer from a whole and ordinary person to a contaminated, dismissed one. Stigma, in his opinion, refers to a unique association between a quality and a stereotype, as well as the disparity between virtual social identity (how society characterizes the person) and actual social identity (the attributes really possessed by a person). Similarly, Sontag defined stigma as a person's passage from the kingdom of the well to the kingdom of the sick. Stigma is regarded as a serious impediment to public health and the provision of healthcare services. Individuals' life chances are harmed by health-related stigma, which increases their exposure to hazards and limits access to protective factors, resulting in an increase in disease burden. Stigma levels must be measured in order to guide policy, plan and evaluate interventions, advocate for change, and further execute disease management programs.

High prevalence and poor control of asthma make asthma management a major public health issue worldwide. There is no cure of asthma; therefore, the focus of asthma self-management strategies and programs, is to help the asthma patients by controlling the disease, preventing the worsening symptoms and minimizing the severity of asthma. Despite the availability of regularly updated asthma management guidelines and effective asthma treatment, control of asthma in the majority of patients is still in suboptimal situation.

Asthma has diverse psychosocial implications that may affect the self-management of asthma. Against a background of long-term respiratory limitations when living with asthma, stigma and low self-esteem have also been identified as a social phenomenon among adult asthmatics. Asthma is considered as a stigma in the society because of lack of awareness in the community. The social stigma of the asthma is one of the contributing factors to the patient anxieties. The likelihood of being depressed was twice in asthma patients as that of normal individuals. Self-stigma and self-esteem of asthmatic patients may influence the asthma control either directly or indirectly. The possible negative consequences because of self-stigma of asthma can be explained in terms of decreased self-efficacy in the management of asthma as well as the barriers it places on patients' access to healthcare and social relationships. Furthermore, these unfortunate implications may lead to the increased morbidity and a reduced quality of life of the asthmatics. The self-stigma of asthma may also result into medication non-compliance, patients' anxieties, poor control of symptoms of asthma, avoidance of inhaler use in public and inability to participate in the community actively.

Similarly, self-esteem can influence the quality of life, physical and mental well-being of the patients living with chronic diseases including asthma. Research has explored and identified the internalized stigma and low self-esteem in individuals living with asthma, but less has been done to evaluate the levels of self-stigma and self-esteem for the respective impact on asthma control. Moreover, at present there is only limited information available on the extent to which socio-demographic, medical and psychosocial (self-stigma, self-esteem) factors influence asthma control.

### **2.1.3 Management of Asthma**

Asthma is a chronic inflammatory disease of the airways for which there is currently no cure. Thus, asthma management focuses on disease control. Many scientific advancements have enhanced our

understanding of asthma and our ability to manage and control it successfully over the last two decades. However, due to the diversity of national health care service systems and variances in the availability of asthma treatments, recommendations for asthma care must be tailored to local situations around the world.

In addition, public health officials require information about the costs of asthma care, how to effectively manage this chronic disorder, and education methods to develop asthma care services and programs responsive to the particular needs and circumstances within their countries.

Asthma ranges from mild episodes of exacerbations to a severe chronic condition requiring frequent medical care, hospitalization and high doses of maintenance therapy (Zelda Williams, 2005). Knowledge appeared to influence the ability of a patient to manage his/her asthma attack. This contradicts the general belief amongst health professionals that compliance is directly related to patient knowledge. According to Zelda, earlier studies done in Aberdeen, Scotland also reported that poor knowledge about asthma was very common in out-patient clinics. At the Asthma for Africa conference (Cape Town, 2001), it was highlighted that each patient with asthma brings to the condition a different personality, a different understanding of the illness and different past life experiences. Therefore, their needs will differ regarding management and control.

Although the understanding of asthma as a disease and the treatment thereof has grown over the past 20 years, there is still a body of evidence which suggests that asthma is not well controlled in many patients. Many subjects can identify specific triggers of their symptoms, but they seldom intervene to ensure abolition of symptoms because they have minimal expectations of success from their own initiated efforts. Insufficient knowledge and inappropriate ideas about asthma are considered major barriers to self-management of asthma (Markson, et al in Zelda). A study done by Gibson, et al in Zelda confirmed the assumption that although people with asthma strongly desire to get information about their illness, they do not want to be responsible for making the prime decisions during episodes of exacerbations.

The major goal of any management plan should be to achieve:

- Complete symptom control
- Minimal or no exacerbations

- Restored respiratory function
- Normal activity levels
- Meet satisfaction of patient and family

All of the above will enable asthmatics to function physically as well as emotionally. In addition, relapses should be prevented by appropriately treating inflammation of the airways. Physicians aim to achieve the abovementioned goals with the minimal amount of asthma therapy to ensure minimal or no adverse effects from asthma drugs. However, asthma management should not only be about drug therapy. Every individual should be treated with a holistic approach because both social and psychological issues within a family environment may play a major role in any person's health [Kemp 2002:17].

Asthma patients have to commit to controlling their environment to avoid triggering factors such as pet fur, pollen and smoke. Adjustment to lifestyle, diet and exercise regimen may also be necessary. Vaporizers and humidifiers should be avoided in bedrooms because of possible increase in the growth of house dust mite (HDM) and molds. A vital part of management is rigorous education and training at every contact session. This should be built on a strong positive relationship between the patient and health professionals [Khaled and Enarson 1996:34]. Health education should be directed at enabling a patient to take the responsibility for self-management within a community setting. Patients should be knowledgeable about safe adjustment of treatment according to an individualized action.

Management of complex cases should also be in the hands of asthma specialists. Whenever reinforcement is needed of compliance issues, inhaler techniques or for patient expectation purposes initial contact with an asthma consultant is most valuable. Once the patient is stable, referral should be back to the appropriate level of care within the health system. Regular follow-up and review visits need to be scheduled according to the patient's needs. Good communication about the reasons for referral, interventions done or planned as well as current health status, will ensure continuance of care for the patient. Patients are the central focus within the asthma care team. Both national and international guidelines advocate a stepwise approach in treating asthma. Asthma sufferers are grouped into different categories according to their symptom profile and lung function measurements as being mild, moderate, or severe sufferers. It is of extreme importance

that all parties concerned in the asthma care team show total commitment to adhere to short and long-term treatment goals. Great care should be taken to set realistic, obtainable goals to prevent unrealistic expectations which can lead to disappointments and subsequent rejection of the management plan.

#### **2.1.4 Health Communication Campaign and Health Promotion**

Health communication campaign (HCC) is one of the best ways to promote the awareness of the society and educate them about their healthy habits, practices, and good healthcare. If we consider health communication as the full understanding in using communication strategies to aware people about their effective healthy choices, HCC requires strategic tools to have impact on target audiences based on the messages designed to promote the awareness and positive health-related decisions. Although applying mass media to promote health is of very high importance, health messages have special characteristics, which distinct them from other ordinary messages in the mass media. The sensitivity of health subjects, the fear that some messages may arise, and the resistance toward some messages because of the complex nature of some health problems are some of these characteristics. Other characteristics are the focus of many health messages on the sensitive and private subjects such as sexually transmitted diseases (STDs), drug abuse and substance dependence, abortion, and mental illnesses, which are difficult to understand for many of the audiences. Therefore, these characteristics are important challenges of HCC, and setting up these communication campaigns needs a complex process. In addition, if designing and disseminating messages in a communication campaign is not done in a correct way, it will set up resistance among the audiences and thus will fail. Most HCCs have mainly focused on activities related to health-threatening risks among the community. In recent years, these risks have widely received the attention of the mass media and the public opinion. Since 1980, HCCs have focused their activities in resolving the challenges and conflicts due to technological developments.

#### **2.1.5 Communication Intervention on Asthma**

Health communication can take many forms, both written and verbal, traditional and new media outlets. ICTs are usually referred to as technologies that are utilized for electronic data manipulation, communication, and storage. This includes all the various computing and mobile-type devices (smartphones and tablets) that carry out a wide range of communication and

informational tasks, as well as email, short message service (SMS) text messaging, video chat (i.e. Skype or Hangouts), online social media (i.e. Facebook or Twitter), and video chat apps. ICTs have seen dramatic increases in usage over the past decade, particularly among adolescents and young adults. According to a number of studies, the use of ICTs in general may benefit asthma patients by enhancing communication between patients and healthcare providers and by educating people about their daily treatment. In a study examining how frequently ICT was used by asthma patients, email was found to be the most popular ICT, with text messaging and social networking sites like Facebook being more suitable for younger patients.

The successful and widespread use of ICTs has the potential to allow asthmatics who may feel stigmatized by their illness to contact people with similar symptoms and share their struggles and triumphs. To this end, software developers have created mobile applications (i.e. apps) that have penetrated people's daily lives and are increasingly accepted as tools to support self-management for people with chronic diseases. In fact, a recent meta-analysis found that mobile apps have the potential to be highly effective in supporting self-management, especially those apps that incorporate an asthma action plan, and they may be preferred by some people and their physicians over more conventional approaches. It should be noted, however, that such communication technologies have an inconsistent impact on asthma control and quality of life. Indeed, many people stop using healthcare apps shortly after downloading them. These findings suggest that app developers need to address consumer concerns better and that clinical trials are necessary to test the efficacy of health apps to broaden their appeal and widen their use. Communication skills are essential to effective health promotion and public health practice. It also bridges the gap between health communication theory, health promotion and public health practice. It provides students and practitioners with the knowledge and skills they need to design, plan, implement and evaluate programs and campaigns.

At present, it is not known how patients and healthcare practitioners can identify good-quality and appropriate applications for managing asthma care and communication. There is insufficient evidence when it comes to the best use of smartphones, tablets or computer apps in asthma self-management programs. Evidence is also scarce regarding identifying the important features that attract and encourage patients to continue using a particular application. The lifespans of such applications vary considerably, because many were developed without considering the method

preferred by patients for obtaining information and enquiring confidentially and constructively about their disease. An enhanced understanding of such patient preferences regarding ICTs should facilitate the development of applications that can best improve asthma outcomes. Communication interventions aim to improve verbal, physical and listening aspects of communication. This focuses on how communication, either interpersonal, group or mass communication has aided the knowledge of people about asthma. Communication interventions can be particularly useful for individuals with conditions like an autistic spectrum condition (ASC). The media: broadcast, print, social media and digital media is increasingly being used as a tool to disseminate and communicate information on diseases to increase public awareness. As a result of dangers posed by asthma, many intervention programmes have been launched by the World Health Organization, government and non-governmental organization with the themes geared towards prevention and management of asthma.

## **2.2 The Use of Media for Information, Education and Sensitization.**

### **2.2.1 Information**

Sending and sharing of information is the major function of media. Since information is knowledge and knowledge is power, media offer authentic and timely facts and opinions about various event and situations to mass audience as informative items. Information provided by mass media can be opinionated, objective, subjective, primary and secondary. Informative functions of media also let the audience knows about the happening around them and come to the truth. Media disseminates information mostly through news broadcast on radio, TV, as well as columns of the newspaper or magazines.

### **2.2.2 Education**

Media provides education and information. It provides education in different subjects to people of in all levels. They try to educate people directly or indirectly using different forms of content. For example, distance education program is a direct approach. Dramas, documentaries, interviews, feature stories and many other programs are prepared to educate people indirectly. Especially in the developing country, mass media is used as effective tools for mass awareness.



### **2.2.3 Entertainment**

The other important function of media is the entertainment. It is also views as the most obvious and often used function of media. Actually, entertainment is a kind of performance that provides pleasure to people. Media fulfil this function by providing amusement to people. Newspaper and magazines, radio, television and online medium offer stories, films, serials, and comics to entertain their audience. Sports, news, film review, art and fashion are other examples. It makes audience recreational and leisure time more enjoyable and fun.

## **2.3 Theoretical Framework**

Every substantial phenomenon is bound to have logical and empirical explanations. It is in such situations that theories prove their utmost value, especially in scholarly endeavors. This study does not exist in a vacuum, it is underpinned by two plausible theories namely health belief model theory and the extended parallel process theory.

### **2.3.1 Health Belief Model**

The Health Belief Model is a theoretical model that can be used to guide health promotion and disease prevention programs. It is used to explain and predict individual changes in health behaviors. It is one of the most widely used models for understanding health behaviors. Key elements of the Health Belief Model focus on individual beliefs about health conditions, which predict individual health-related behaviors.

The model defines the key factors that influence health behaviors as an individual's perceived threat to sickness or disease (perceived susceptibility), belief of consequence (perceived severity), potential positive benefits of action (perceived benefits), perceived barriers to action, exposure to factors that prompt action (cues to action), and confidence in ability to succeed (self-efficacy).

The Health Belief Model can be used to design short- and long-term interventions. The five key action-related components that determine the ability of the Health Belief Model to identify key decision-making points that influence health behaviors are:

- Gathering information by conducting a health needs assessments and other efforts to determine who is at risk and the population(s) that should be targeted.
- Conveying the consequences of the health issues associated with risk behaviors in a clear and unambiguous fashion to understand perceived severity.
- Communicating to the target population the steps that are involved in taking the recommended action and highlighting the benefits to action.
- Providing assistance in identifying and reducing barriers to action.
- Demonstrating actions through skill development activities and providing support that enhances self-efficacy and the likelihood of successful behaviour changes.

These actions represent key elements of the Health Belief Model and can be used to design or adapt health promotion or disease prevention programs. To ensure success with this model, it is important to identify "cues to action" that are meaningful and appropriate for the target population. The model may also be used for public health programs that are used in different settings. Schools, for example, may rely on educational programs to help children understand challenges regarding health, substance use, physical activity, nutrition, and personal safety. Such programs are often based on the Health Belief Model and work to educate, offer skills training, reduce barriers, and boost self-efficacy. The theory is fitting to this study because it explains communication interventions on health knowledge. This is why the study is interested in the influence of asthma communication interventions on knowledge, attitude and practice of MTU students.

### **2.3.2 Extended Parallel Process Model**

The Extended Parallel Processing Model also widely known as Threat Management or Fear Management describes how rational considerations efficacy beliefs and emotional reactions (fear of a health threat) combine to determine behavioral decisions. This theory claims that the degree to which a person feels threatened by a health issue determines his or her motivation to act, while one's confidence to effectively reduce or prevent the threat determines the action itself. The theory is designed to be used in social and behavior change communication (SBCC) campaigns when a health issue poses a real or perceived threat to personal health.

The theory suggests that, through question responses, people in an intended audience can be classified as having either high or low levels of perceived efficacy and either high or low levels of

perceived threat. These four different audience segments would need to be addressed with different health message strategies that increase threat perceptions or increase efficacy beliefs. Communication campaigns using the EPPM framework can help audiences develop realistic risk perceptions and provide realistic and actionable information about how to reduce risk.

According to this theory, if individuals perceive the threat to be higher than their perceived ability to do something about it, then behavior change is unlikely to occur. Thus, it is important to balance messages that encourage individuals to accurately assess their level of risk with messages that empower them to overcome or avoid that risk. This theory focuses on health campaigns to enlighten and educate victims on how to cope and adapt to such health challenges and also to reduce stigmatization completely.

## **2.4 Empirical Review**

In a study titled “Knowledge and attitude and perceived threats about asthma” by Erhabor, Obaseki, Awopeju, Adeniyi, Erhabor and Adewole (2019). It is noted that although most (92.0%) of the participants were literate, some (30.2%) claimed not to have heard of Asthma whilst 19.0% and 13.6% of those who were aware of Asthma, believed it was heart and spiritual diseases, respectively. Also, 70.1% of the subjects said that asthma was a contagious disease (contracted through shaking hands, sex, sharing food and clothes with asthmatics as well as a curse from powerful herbalist). More so, 61.5% indicated “being avoided by others” as their Asthma-dislike, but then only 7.3% perceived Asthma as a very serious threat to their health. It also concludes that the current levels of awareness and knowledge about asthma are very low. Also, the economic and biopsychosocial conditions of the asthmatics could be adversely affected by discrimination occasioned by the grassroots' perception of asthma as a contagious disease. It recommends that Asthma education programme is needed in order to create massive awareness and correct the wrong perception about asthma amongst the community people.

Olufemi (2021) in a study “Physicians' knowledge and practices regarding Asthma in Jordan: A cross-sectional study” The findings of this work revealed that the overall level of asthma knowledge is acceptable, with the overall percentage of physicians that demonstrate good knowledge just above 78%. The study further revealed that the overall knowledge among physicians scored above 78%. However, gaps were pertinent to identifying the signs of asthma

attacks that accounted for 61.9% of the participants, whereas only 67.6% of the physicians knew the drugs used for the management of asthma; the study revealed alarming results when practices were assessed, with the overall percentage of physicians applying the required practices did not exceed 25.7%. This study concluded that there is need to transform knowledge into practice. According to Olufemi's study, this could be achieved through professional education and constant reminders to physicians in a simple form, as well as a clinical audit of practice. There is a need for novel knowledge transfer approaches to induce behavioral and practice change toward the management of asthma.

Roter in study titled "Improving Asthma Communication in High-Risk Children" suggests that certain physician communication behaviors can enhance patient participation in the medical visits and contribute to patient engagement in decision making. Yet, in his study of adult patients including minority subjects, physicians provided more patient-centered care to patients they perceived as better communicators supporting the need to improve patient communication skills for medical visits, particularly in low-income, low-literacy populations as targeted in this study.

A study by Uche and Boma on the "The pattern of comorbidities of childhood Asthma as seen in the Rivers State University Teaching Hospital, Nigeria", study showed that there is a high prevalence of atopic comorbidities among children with asthma. It also outlined the distribution of these comorbidities and highlighted the fact that while they are all interrelated, some have a more indri-cate relationship in a way that the presence of one increases the likelihood of the other. The prevalence of allergic comorbidities with asthma in this study was high (72.0%). Similarly high rates with slight differences have been reported by other Nigerian studies, 85.9%, and 60.2%. The further revealed that prevalence of allergic comorbidities is high among children with asthma. It occurs more in females and the highest prevalence is seen among those aged 8 - 12 years. Most children with asthma have more than one allergic comorbidity coexisting with their asthma. The presence of comorbidity increased the odds of having severe asthma and the likelihood of having severe asthma also increased with an increasing number of coexisting comorbidities. In the management of asthma in children, comprehensive evaluation of other comorbidities is therefore essential in order to improve outcomes of treatment and the patients' quality of life.

Ungerer & Goodnow (1996) found that children with experience of illness (cystic fibrosis & cancer) demonstrated a greater understanding of causes of illness than their less experienced counterparts, although this was restricted to specific ages, suggesting that age and experience interact in some way. However, in a separate study, when children with diabetes and matched healthy peers were interviewed about general beliefs and definitions of health, few differences between them were found in terms of general illness knowledge (Eiser et al, 1984).

A study by Krishnan, Glazebrook & Smyth found that there was significantly less information understood and retained about a novel illness in children with chronic illness & high verbal than their healthier peers; they hypothesize that self-management chronically ill children employ various defenses against any further anxiety associated with being given medical information. They also concede that children who have spent much of their lives receiving medical information may reach 'saturation point' and become bored through overexposure (Krishnan et al., 1998). Although it is clear that the role of illness experience and its effects on children's information needs are not completely straightforward, attempts to provide information should be sensitive to the child's existing knowledge levels, taking into account their experience.

Research carried out by Varalakshmi Manchana and Rajinder Kaur Mahal (2014) titled 'Impact of Asthma Educational Intervention on Self-Care Management of Bronchial Asthma among Adult Asthmatics' aimed to assess the impact of Asthma Education on self-care management among Bronchial asthma patients. Also, its objectives were to assess the knowledge on self-care management of Bronchial asthma, to develop and administer the Asthma educational intervention on self-care management of asthma and finally to evaluate the impact of Asthma educational intervention on patient knowledge levels in comparison of pre and post test scores. The researchers adopted Quasi Experimental Pre-test and post-test design for this study. The following conclusions were drawn based on the findings of the study: There is significant difference in the pre-test and post-test knowledge scores, which show that exposure to educational intervention has significant effect in improving the individual subject's knowledge. Irrespective of education, gender, occupation and age, clients were interested to learn about home management of bronchial asthma. Finally, it revealed that the knowledge level of asthma patients regarding the self-care management of asthma shows that there was a significant raise in the overall performance, which shows that exposure to structured asthma education on knowledge and practices further motivate and bring

modifications in the behavior of the individuals, which can be utilized to get control over asthma and to reduce frequency of acute attacks.

According to Helmy Haja et al (2018), 'Friends or Foe' campaign was launched by Asthma Malaysia (AM) to create awareness on asthma triggers amongst the Malaysian public. The campaign's impact on social media conversations were analyzed and also web behavioral analysis was conducted in order to know if the campaign led to an increase of public interest in asthma. Public awareness was measured by postings on social media and digital media channels.

A study done by J. Jayasutha et al in 2014 had shown that patients were ignorant and uneducated about asthma and its treatment and counselling had shown a significant improvement in knowledge, attitude and practices of patient in counselling group when compared with control group. Patient education by clinical pharmacists had a positive effect on improvement in knowledge, attitude and practices of asthma patients. Current study also had similar observations.

A systematic review by Isik et al (2019), talks about how proper information and education of asthma could prevent asthma attacks and hospitalization. According to the Centre for disease control (COD) it was reported that about 6.2 million children in the United States have asthma and 3.3 million children experienced worse situations of asthma symptoms based on 2016 National health interview survey (NHIS) data. According to this journal 3518 died of asthma related causes. Asthma when not properly managed, controlled or treated can lead to death. When asthma is not properly managed, children could experience severe asthma attacks which could lead to absence in school, constraints from school activities, emergency school visits and hospitalization. Children with asthma are at a high risk of special needs, emotional problems and lower academic accomplishment. As much as asthma affects children, it also affects the lives of the parents and guardians. The parents and guardians have to be absent from work. Stress and anxiety are also an issue to the parents and guardians because they are always worried that the children would have an asthma attack. Parents and guardians also have financial burdens because going to the hospital regularly or frequently requires some finances to be paid. This journal also focuses on some health asthma education which includes parents and caregivers. Its main focus is to develop asthma management strategies. School nurses can execute educational programs on information about asthma. Nurses are a vital part in the clinical setting and it is important they have an understanding

and education on asthma so that they can communicate it to the parents/guardians or caregivers of children with asthma. These nurses could listen to the parents and caregivers' experiences of their children with asthma, so that they can have a better understanding and give the parents better management strategies for their children. This will help the parents/guardians and caregivers to have a better and positive plan on how to care and manage children who have asthma. Asthma education programs should be implemented in primary schools so that they can have a knowledge of it and help to manage and care for themselves. This journal was to review the effectiveness of asthma management in primary schools. It provides how school nurses were able to educate parents on asthma in different school communities (Shilpa et al., 2018).

Furthermore, a study carried out by Hormoz Sanaenasab and Majid Rezai-Rad titled "Health communication campaign (HCC)" talks of the best ways to promote the awareness of the society and educate them about their healthy habits, practices, and good healthcare. According to them, If the aim of running a health campaign is to modify health behaviors and to make people realize the health risks, the chances of achieving these aims will increase when we use the following recommendations: a) using a combination of different strategies in implementing them, b) paying attention to the audience, c) utilizing different models and theories, d) providing enough and adequate information, and e) increasing service availability. HCCs have widely been used to promote different health behaviors including seat belt use, dietary change, medication use, exercise and physical activities, dental care, social support, substance use prevention and cessation, family planning, use of health services, and testing and screening for diseases [3, 4]. HCCs could be a very effective tool in health promotion. They have been launched in different countries. Some of them, which have been evaluated, are 1) campaign to encourage children aged 9–13 years (twins) to be physically active every day; 2) "Truth" campaign: a national antismoking campaign to discourage tobacco use among youths; 3) Folic acid campaigns in Holland, Puerto Rico, and Mexico, 4) Health nutrition campaigns, 5) Disease prevention campaigns, and 6) Physical activity campaigns. Launching many other HCCs indicate their effectiveness in promoting the health of different groups of the society. Therefore, in order to change high-risk habits- proven to harm people's health, we can effectively use HCCs with the help of the members of the community.

Education is an essential part of treatment for all asthma patients. Education should not, however, be limited to providing knowledge, but ideally should be aimed at altering behavior. Physicians and patients need to work together to develop an asthma care program that aims for a life free from asthma symptoms and compromise. In conclusion, sincere and sustained efforts are required to disseminate knowledge about all aspects of asthma and its management among patient and to dispel their myths and misconception associated with diseases and its therapy. This will help patients to participate in self-management plans and better control of their asthma.



## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

Research according to Tejumaye (2003, p.1) “is a systematic way of investigating a phenomenon”. It is a series of organized activities aimed at investigating a disturbing situation. Uyo (2002) also defines research as a systematic attempt to obtain answer to meaningful questions about phenomenon or event through the application of scientific procedure. He further asserted that research can therefore be referred to as a systematic and organized series of steps that ensures maximum objectivity and consistency in analyzing a problem. Hence, the research design, study population, method of data gathering as well as method of data analysis are discussed in this chapter. In this research work, we’ll be examining the influence of asthma communication interventions on communications on knowledge, attitude and practice of Mountain Top University students.

#### **3.1 Research Method**

The research method adopted for this study is the Survey. Sietel (2007) cited in Olaiya (2011, p. 43). holds that; Surveys are designed to reveal attitudes and opinions; that is, what people think about certain subject. It is usually employed in studies of attitudinal and behavioral trends with the researcher seeking to uncover their demographic or psychographic characteristics.

Similarly, the appropriateness of survey for this study is further expanded by Tejumaye (2003, p. 87), who explains that;

Survey is ideal to investigate problems in realistic settings. It also provides quantitative data i.e. data that can be quantified and analyzed statistically, thus reach a high level of precision about the group being studied, that other forms of design cannot duplicate

The above notions provide the reasons for the adoption of survey as the research design for the study. Thus, survey research method under the quantitative research was selected for the study in

a bid to enable the researcher to have access to a considerable good number of respondents and to generalize the findings by way of prediction and determination.

### **3.2 Research Design**

This is the blue print for carrying out a research work. It expressly rolls out what and what to be used, how we use it and for what purpose is to be used. It also tells us the methodology that was used in studying a course. The research design will do justice to these. Designs are viewed as the various approaches to conducting an investigation, they are the systems used in collecting data from the field of the study (Daramola and Daramola, 2011, p. 82).

This therefore explains the statistical method by which this study carried out or conducted. It spells out the method of data collection, data analysis and presentation, the population of the study, the sample size and the techniques that was used.

### **3.3 Research Study Population**

Study population in the words of Daramola and Daramola (2011, p.87), is “a group of people, objects or items which are similar in one or more ways and which form the subject of research”. It is the general focus of any study. That is, the concern and benefits for a research work. Hence, the population of the study comprised of the two university colleges which are College of Basic and Applied Sciences (CBAS) and College of Humanities and Management Sciences (CHMS) which is a total of 2500 students of Mountain Top University.

### **3.4 Sampling Size**

Population is a whole of a given element. However, a population can be wide in a study, giving the study to be more strenuous. To guide against this, certain proportion is scooped out from the entire whole to representatively determine the generalization of findings. Wimmer and Dominick (2005, p.87) assert that “a sample is a subset of the population that is representative of the entire population”. This means that a sample is framed out from the population to serve as the representation of the population.

The sample size of this work is statistically determined using Wimmer and Dominick’s online sample size calculator accessed from and was adopted using a margin error of 7% and a confidence

level of 95%. Thus 182 respondents were considered a good sample size from a study population of 2500 students.

### **3.5 Sampling Technique**

Sampling technique is the method of selecting a representative sample size for a particular study. It could be scientific or not. The sampling technique adopted for this research is the systematic sampling technique.

Systematic sampling is a symmetrical process where the researcher chooses the samples after a specifically defined interval. For this study we'll divide the number of populations by the sample size ( $2500 \div 182$ ) which is approximately 13. Which means 13 will be the interval selection rate, on a continuous count of 1 to 13, the student who falls into the 13th number will be administered the questionnaire.

### **3.6 Instruments of Data Collection**

The research instrument adopted in carrying out this research work is the questionnaire. Questionnaire is a research instrument that helps a researcher to elicit information from a group of respondents, and as such, renders data in a form which is meaningful for analysis (Daramola and Daramola, 2011). The questionnaire was divided into two parts. Part A contained demographic variables and part B contained open and close-ended items.

### **3.7 Method of Data Collection**

The collection of data from respondents was done through self-administered questionnaire. That is to say, the researcher personally supervised the distribution and collection of data from the respondents.

### **3.8 Method of Data Presentation, Analysis and Interpretation**

Data gathered from the field were analyzed by using the statistical tables, simple percentage, pie charts and discussions. The data were presented in tables based on the frequency count for occurrence of respondents and chart.

## CHAPTER FOUR

### DATA ANALYSES AND INTERPRETATIONS

#### 4.0 Introduction

This chapter presents the analysis and interpretation of data that was gathered through self-designed questionnaire administered to the students of Mountain Top University. One hundred and seventy-seven (177) questionnaires were distributed to the employees and one hundred and sixty-eight (168) were retrieved and processed for the analysis. In this chapter, the interviews response was also analyzed.

#### 4.1 Socio-Demographic Characteristics of the Respondents

**Table 1: Demographic Characteristics of Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	57	33.9
Female	111	66.1
<b>Total</b>	<b>168</b>	<b>100.0</b>
<b>Level</b>		
100	35	20.8
200	48	28.6
300	16	9.5
400	47	28
500	22	13.1
<b>Total</b>	<b>168</b>	<b>100.0</b>
<b>College</b>		
CHMS	108	64.3
CBAS	60	35.7
<b>Total</b>	<b>168</b>	<b>100.0</b>

*Source: Field Survey, 2022.*

Table 1 above shows the demographic characteristics of the respondents. 33.9% of the respondents are male and the remaining 66.1% are female. 20.8% of the respondents are 100 level, 28.6% are 200 level, 9.5% are 300 level, 28% are 400 level and 13.1% 500 level. 64.3% are CHMS and 35.7% are CBAS students.

#### 4.2 Respondents' Views on level of awareness MTU students have on Asthma communication intervention

**Table 4.2.1a: Knowledge of Asthma.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	143	85.1	85.1	85.1
No	15	8.9	8.9	94
Maybe	10	6	6	100.0
Total	168	100.0	100.0	

*Source: Field Survey, 2022.*

Table 4.2.1a shows that 85.1% of the respondents are aware about Asthma, 8.9% are not aware and 6% are not sure (maybe) if they know about it or not

**Table 4.2.1b: Exposure to Asthma Communication Intervention.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Very well	36	21.4	21.4	21.4
Averagely	102	60.7	60.7	82.1
Not so well	18	10.7	10.7	92.8
Not at all	12	7.2	7.2	100.0
Total	168	100.0	100.0	

*Source: Field Survey, 2022.*

Table 4.2.1b shows that 21.4% of the respondents very well come across Asthma communication intervention, 60.7% have averagely come across it, 10.7% have not come across it so well and 7.2% have not come across it at all. One of the respondents interviewed opined that the school do not provide adequate materials like posters and banners that can be used to enlighten people about

Asthma. A nurse who was interviewed equally asserted that her hospitals provide enough communication interventions materials on Asthma within the hospital premises.

**Table 4.2.1c: Table on how respondent came across Asthma Communication Intervention in school.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Very well	40	23.8	23.8	23.8
Averagely	83	49.4	49.4	73.2
Valid Not so well	29	17.3	17.3	90.5
Not at all	16	9.5	9.5	100.0
Total	168	100.0	100.0	

*Source: Field Survey, 2022.*

Table 4.2.1c shows that 23.8% of the respondents are very well come across Asthma communication intervention in school, 49.4% have averagely done so, 17.3% have not so well come across it and 9.5% have not come across it at all.

**Table 4.2.2: The level of awareness Mountain Top University students have on asthma communication intervention**

Issues	VW%	A%	NSW%	NAT%
<b>How often do you encounter Asthma Communication intervention such as posters, banners, social media campaigns and fliers etc</b>	16.1	32.8	34.4	18.7
<b>How informative are these Asthma Communication intervention</b>	16.7	19.8	44.8	18.8
<b>Do the information you see compel you to know more about Asthma</b>	18.8	39.1	24	18.2

*Source: Field Survey, 2022.*

Table 4 shows that 16.1% of the respondents have very well encounter Asthma communication intervention awareness such as poster etc, 32.8% averagely, 34.4% not so well and 18.7% not at all. 16.7% of the respondents asserted that the materials seen are very informative about Asthma communication intervention, 19.8% averagely, 44.8% not so well and 18.8% not at all. 18.8% of the respondents said the information they see regarding Asthma compels them to know more about it, 39.1% averagely, 24% not so well and 18.2% not at all. One of the respondents interviewed said that her clinic constantly educates the public regarding the dangers, ways and things to do with people who are Asthmatic, they provide knowledge to people who seek about it on a regular basis.

### 4.3 The awareness of communication interventions influenced students' knowledge of Asthma

**Table 4.3.1a Table on the ability to identify Asthma patient.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	69	41	41	41
No	99	59	59	100.0
Total	168	100.0	100.0	

*Source: Field Survey, 2022.*

Table 4.3.1a shows that 41% of the respondents can identify an Asthma patient based on the intervention programmes seen, 59% cannot identify them.

**Table 4.3.1b: Knowledge of what to do in an Asthma attack scenario.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Very well	50	29.8	29.8	29.8
Averagely	80	47.6	47.6	77.4
Not so well	19	11.3	11.3	88.7
Not at all	19	11.3	11.3	100.0
Total	168	100.0	100.0	

*Source: Field Survey, 2022.*

Table 4.3.1b: shows that 29.8% of the respondents very well think that the awareness has increased their knowledge on what to do in an Asthma Attack scenario, 47.6% averagely, 11.3% not so well and 11.3% not at all.

**Table 4.3.1c: Table on understanding symptoms of Asthma attacks.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very well	48	28.6	28.6
	Averagely	63	37.5	66.1
	Not so well	30	17.9	84
	Not at all	26	16	100.0
	Total	168	100.0	100.0

*Source: Field Survey, 2022.*

Table 4.2.4c shows that 28.6% of the respondents very well understand the symptoms of Asthma attacks, 37.5% averagely, 17.9% not so well and 16% not at all.

#### **4.4 Respondents View on knowledge on asthma influenced students' attitude and practices**

**Table 4.4.1a: Do you know the difference between an asthma inhaler and a regular inhaler**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very well	53	31.5	31.5
	Averagely	88	52.4	83.9
	Not so well	15	8.9	92.8
	Not at all	12	7.2	100.0
	Total	168	100.0	100.0

*Source: Field Survey, 2022.*

Table 4.4.1a shows that 31.5% of the respondents very well know the difference between a regular and an asthmatic inhaler, 52.4% averagely, 8.9% not so well and 7.2% not at all.



**Table 4.4.1b: Do you stigmatize people that have Asthma**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Yes	8	4.8	4.8	4.8
No	129	76.8	81.6	81.6
Maybe	31	18.4	18.4	100.0
Total	168	100.0	100.0	

*Source: Field Survey, 2022.*

Table 4.4.1b shows that 4.8% of the respondents stigmatize people who are Asthmatic, 76.8% do not and 18.4% maybe stigmatize them

**Table 4.4.1c: Can you give an emergency treatment if faced with an Asthma attack**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Yes	70	41.7	41.7	41.7
No	63	37.5	37.5	79.2
Maybe	35	20.8	20.8	100.0
Total	168	100.0	100.0	

*Source: Field Survey, 2022.*

Table 4.4.1c shows that 41.7% of the respondents can give an emergency treatment if faced with an Asthma attack, 37.5% cannot and 20.8% maybe can do that.

## **4.5 Discussion of Findings**

The study generated three research questions and worked towards ensuring answers are given based on each research questions. The findings from these research questions are stated below:

The first research question states that What is the level of awareness Mountain Top University students have on asthma communication intervention? It can be found that they are rarely

communication intervention materials that enlightens people on Asthma and what to do regarding it are not much on campus. As seen in Table 4.2.2c that 49.4% of the respondents averagely come across Asthma communication intervention in school. This shows that the students are not well informative about Asthma. The interviews conducted with a hostel officer in MTU supports the claim that inadequate materials on Asthma is provided by the school. Erhabor et. al (2019) opined that asthma education programme should be done in order to create massive awareness and correct the wrong perception about asthma amongst the community people.

The second research question states that to what extent did the awareness of communication interventions influenced students' knowledge of Asthma? The study findings show that as a result of poor and lack of adequate communication intervention materials provided on campus, the students cannot adequately identify an asthmatic patient. As seen in Table 4.2.4b 47.6% of the respondent's knowledge were increased on an average level due to their exposure to Asthma communication intervention. It was also noted that the students averagely know the symptoms and signs to know an asthmatic patient. Varalakshmi et. al (2014) asserts that exposure to structured asthma education on knowledge and practices further motivate and bring modifications in the behavior of the individuals, which can be utilized to get control over asthma and to reduce frequency of acute attacks.

The third research question states that to what extent did knowledge on asthma influenced students' attitude and practices? On an average level, the students in Mountain Top University can differentiate between the normal inhaler and that which is used by Asthmatic patients, some of them can give an emergency treatment to asthmatic patients who is attacked as they know what to do and what not to do in such situation. Table 4.2.5b shows that 129 respondents out of 181 do not stigmatize Asthmatic patients. The students equally do not stigmatize asthmatic patients. Erhabor

et. Al (2019) equally opined that the economic and biopsychosocial conditions of the asthmatics could be adversely affected by discrimination occasioned by the grassroots' perception of asthma as a contagious disease, hence there is a strong need for reorientation of the masses regarding it.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION, AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter presents the summary and conclusions of the study to examining the influence of asthma communication on knowledge, attitude and practices of Mountain Top University.

#### **5.1 Summary**

The study objective was to examine the influence of asthma communication on knowledge, attitude and practices of Mountain Top University, Ogun state. Questionnaires were distributed among the students of Mountain Top University and Interviews were conducted on Medical Practitioners in the school and outside to get point of view from a professional. Issues that led to carrying out this study include: the conflicting or inconclusive results that emanated from previous empirical studies.

This study was structured into five chapters. Chapter one looked into the background of the study identified the problems of the study, objectives of the study were defined and research questions were formed based on it. The chapter also highlighted its scope as well as identified and operationalized the study variables. In summary the chapter serves as the introduction to the study.

Chapter two dealt with three basic components of the study. These are the conceptual framework which dealt with the concept of the study. The review broadened the researcher's knowledge of the scope of the subject matter of study interest and pointed out existing gaps now filled by the current research effort.

Chapter three presented the methodology for the study. Essentially, the chapter discussed the design and population of the study. An appropriate sample size was determined and selected using random sampling method. Type and source of data was also discussed, instruments of data collection and measurement of variables. In chapter four, the data were analyzed into two parts, descriptive analysis and interviews responses were added to the reviews of each research questions.

This chapter gives the summary of the study as well as the findings and their implications. Conclusions were drawn and recommendations made. Finally, the chapter highlighted the limitations of the study, the study's contribution to knowledge and suggestion for further research.

## **5.2 Conclusion**

Communication intervention on Asthma includes the creation of banners, fliers, images and other materials that can be used in creating publicity that Asthma exists and things that can be done to manage or prevent its happenings in the surrounding. The study concludes that adequate effort towards ensuring that Asthma communication intervention materials is not done in the school premises, there is less awareness regarding it. The students in the school lacks information regarding what should be done and what not to be done in case such scenario occurs in an environment they find themselves in.

Hence, based on the study finding, it is possible to conclude that Asthma communication intervention is not adequately provided in the school and it affects the students' knowledge on situations pertaining to it.

Therefore, to sustain an inclusive environment where everyone is their brother's keeper and can help others in position of trouble or problem relating to Asthma, help can be rendered in such situation, emergency treatment also can be provided for an Asthmatic patient in case of an attack.

### **5.3 Recommendations**

As a result of the study findings; It is best that that the following recommendations are made.

- Asthma communication intervention should be provided within the school environment in order to provide adequate information surrounding it to the students on campus.
- The university management should ensure that seminars and training should be conducted to ensure that students and people in the school premises know what to do and can give an emergency treatment should an asthmatic patient have an attack,
- When information is provided and well understood, the students will realize there is no need and it is wrong to stigmatize asthmatic patients. Hence, it is important that the students are educated based on what it entails.
- The students should be able to differentiate between a regular inhaler and an asthmatic inhaler. This will help them greatly.

### **5.4 Contribution to Knowledge**

This study has contributed to the literature by filling gap in the previous research in to examine the influence of asthma communication intervention on knowledge, attitude & practice of Mountain Top University Students. This has helped to ascertain how important asthma communication intervention is and how it helps with the students' knowledge and attitude towards it.

Furthermore, this study has also updated research of this nature and assisted in proffering solutions to Asthmatic patients in Nigeria. Hence, the study provides university management further knowledge and valuable information that could be utilized as they make relevant decisions.

### **5.5 Limitation of the Study**

The study is not devoid of some limitation that tended to disrupt the objectives of the study. One of the major limitations of the study were financial and time constraint. This is due to the short period within which to complete the study and the limited financial resources available at the researcher disposal.

Another limitation of the study is the untimely response of the respondents to the administered questionnaire, coupled with refusal of some of the respondents to fill and or to return the questionnaire given to them. Then the issue of interviews, meeting up and creating time with medical practitioners who are known to always have something to attend to.

Finally, the study is also limited by the level of understanding of respondents; the researcher made additional effort to make the respondents to know what they were supposed to do and this could affect the outcome of result generated from the data.

### **5.6 Suggested Areas for Further Studies**

This study was mainly centered on the influence of asthmatic communication intervention on the knowledge, attitudes and practices of students in MTU. There is need to not only carry out further research in other vibrant tertiary institution in Nigeria but also compare the communication intervention with the aim of identifying the gaps that are common among the other institution. It is also imperative that there are other factors not covered in this study that can have impact on knowledge, attitudes and practices of students towards Asthma. Having that in mind, it is only

prudent that is need for further study by exploring other factors that are important in enriching the knowledge, attitudes and practices of students towards Asthma in order to increase the knowledge.



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## Appendix

### Questionnaire

#### **TOPIC: INFLUENCE OF ASTHMA COMMUNICATION INTERVENTION ON KNOWLEDGE, ATTITUDE & PRACTICE OF MOUNTAIN TOP UNIVERSITY STUDENTS.**

*Dear Respondent,*

*I am a final year student of the Department of Mass Communication, Mountain Top University. I am currently researching on “Influence of Asthma Communication Intervention on Knowledge, Attitude & Practice of Mountain Top University Students”*

*The questionnaire below is an instrument of the research which is a partial fulfilment of my Bachelor of Science(B.Sc) degree programme in Mass Communication. Kindly fill out correctly. Please note that your honest answer is expected and will be appreciated. The researchers will make use of these responses only for the research in question.*

*Thank you for your anticipated responses.*

#### **SECTION A: DEMOGRAPHICS**

**INSRUCTION:** Kindly tick() where appropriate

1. What is your gender?

Male (  ) Female(  )

2. What level are you?

100(  ) 200(  ) 300(  ) 400(  ) 500(  )

3. What's your college?

CHMS(  ) CBAS(  )

#### **Audience Awareness**

4. Do you know about Asthma?

Yes(  ) No(  ) Maybe(  )

5. How well have you come across Asthma Communication intervention?

Very well(  ) Averagely(  ) Not so well(  ) Not at all(  )

6. How well do you come across Asthma Communication intervention in school?

Very well(  ) Averagely(  ) Not so well(  ) Not at all(  )

**SECTION B:**

**RQ 1: What is the level of awareness Mountain Top University students have on asthma communication intervention?**

7. How often do you encounter Asthma Communication intervention such as posters, banners, social media campaigns and fliers etc?  
Very well(  ) Averagely(  ) Not so well(  ) Not at all(  )
8. How informative are these Asthma Communication intervention?  
Very well(  ) Averagely(  ) Not so well(  ) Not at all(  )
9. Do the information you see compel you to know more about Asthma?  
Very well(  ) Averagely(  ) Not so well(  ) Not at all(  )

**SECTION C:**

**RQ 2: To what extent did the awareness of communication interventions influenced students' knowledge of Asthma?**

10. Based on the intervention programmes, can you identify an Asthma patient?  
Yes(  ) No(  )  
If yes, How
11. Do you think that the awareness has increased your knowledge on what to do when in an Asthma attack scenario?  
Very well(  ) Averagely(  ) Not so well(  ) Not at all(  )
12. Do you understand the symptoms of Asthma attacks?  
Very well(  ) Averagely(  ) Not so well(  ) Not at all(  )

**SECTION D:**

**RQ 3: To what extent did knowledge on asthma influenced students' attitude and practices?**

13. Do you know the difference between an asthma inhaler and a regular inhaler?  
Very well(  ) Averagely(  ) Not so well(  ) Not at all(  )
14. Do you stigmatize people that have Asthma?  
Yes(  ) No(  ) Maybe(  )

15. Can you give an emergency treatment if faced with an Asthma attack?

Yes( ) No( ) Maybe( )

### **Interview questionnaire for Health Care Workers**

#### **TOPIC: INFLUENCE OF ASTHMA COMMUNICATION INTERVENTION ON KNOWLEDGE, ATTITUDE & PRACTICE OF MOUNTAIN TOP UNIVERSITY STUDENTS.**

Dear Respondent,

I am a final year student of the Department of Mass Communication, Mountain Top University. I am currently researching on “Influence of Asthma Communication Intervention on Knowledge, Attitude & Practice of Mountain Top University Students”

The interview guide below is an instrument of the research which is a partial fulfilment of my Bachelor of Science (B.Sc.) degree programme in Mass Communication. Kindly answer the questions correctly. Please note that your honest answer is expected and will be appreciated. The researchers will make use of these responses only for the research in question.

*Thank you for your anticipated responses.*

#### **These are the following interview questions that would be asked answered by health care officers:**

**QUESTION 1:** Questions that would address the research question about asthma communication intervention

Does the school provide enough materials to help asthma communication intervention?

How much knowledge about asthma communication intervention does the school medical Centre have?

How much has asthma communication helped the school medical Centre manage asthma patients?

**QUESTION 2:** Asthma management

Do you receive special training for managing asthma?

What are the essentials to help a person experiencing an asthma attack?

**QUESTION 3:** Challenges associated with management of asthma patients

Is the price of medical supplies a challenge?

Are there any challenges that come with nursing an asthma patient?

What are the most notable ways to help make the medical sector more efficient for asthma patients?

**QUESTION 4:** What other communication intervention programmes should be added other than the ones on ground

Are there other awareness programmes created for asthma communication?

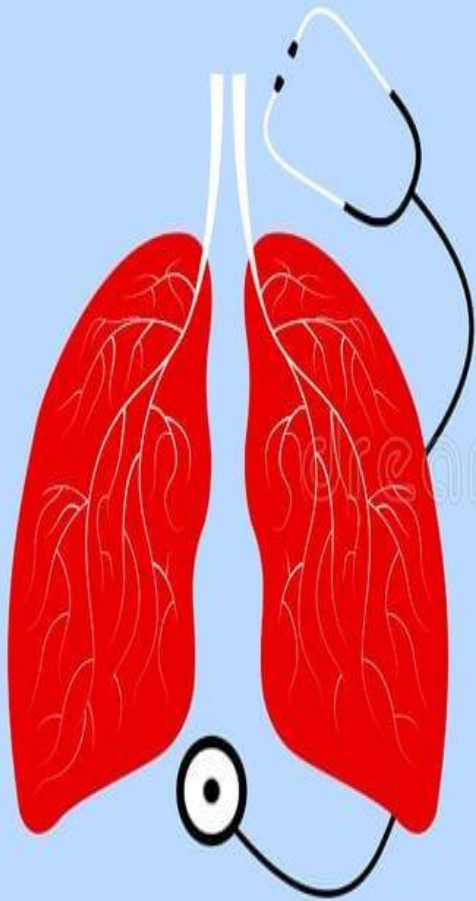
Do medical practitioners get more enlightenment on asthma communication?

Awareness Fliers and Posters for Asthma



WORLD  
**ASTHMA**  
DAY





# World Asthma Day

# ASTHMA

## INFOGRAPHICS ELEMENTS



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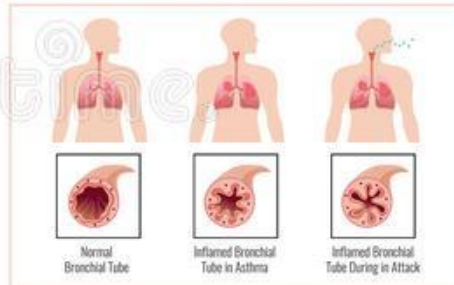
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## How is it Diagnosed?



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### CAUSES:



Normal Bronchial Tube

Inflamed Bronchial Tube in Asthma

Inflamed Bronchial Tube During an Attack

### SYMPTOMS:



Wheezing



Cough



Shortness of Breath



Common Cold



Chest Pain



Night Cough



Difficulty Breathing



Tachycardia



Dyspnea

### TREATMENT:



#### Inhaler

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#### Medication

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PRESENTS



WORLD ALLERGY WEEK 2022  
5-11 JUNE



**Date:** Saturday, June 11, 2022

**Time:** 10am (WAT)

**Sub Theme:** ABC of Asthma Care

**Facilitator:** Dr Babayemi Osinaike

**Moderator:** Kunmi Odueke

**Registration link:** [www.acisng.org/abcac](http://www.acisng.org/abcac)

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