



ASSESSMENT OF KNOWLEDGE ATTITUDE AND PRACTICE IN ANEMIC PATIENTS (KAP) AT BASAVESHWAR TEACHING AND GENERAL HOSPITAL

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ABSTRACT

Globally 1.62 billion people are affected by anemia which is approximately 25 % of world population. The highest prevalence is in preschool children and lowest prevalence in adult men. However, the population group which is affected in the highest number is pregnant women. Our study was not fully focused in any single area but we covered all patients in hospital present at that time. Our work was focused on the pharmacist-mediated intervention and observation in improving knowledge, attitude, and practice score about anemia. Data were collected by prepared questionnaires, applied for both group control and test group. Where only test group received intervention in the form of counselling and leaflets whereas control group received leaflets. Our major findings are summarized: data of knowledge, attitude, and practice. Patients' knowledge, attitude, and practice of both control and test group were analyzed by using t-test; from baseline to follow-up are statistically significant. In test group, improvement presenting from baseline to follow-up is 12.17%. In control group, the improvement was 6.96%.

KEYWORDS: Anemia, Tiredness, Baseline Study, Follow-up Study, Comorbidities.

INTRODUCTION

Anemia is a condition in which lowering concentration of red blood cells or hemoglobin in blood. Hemoglobin is necessary for transporting oxygen to body tissues and organs. The reduction in available oxygen for organs and tissues, hemoglobin levels are low, is responsible for many of the symptoms experienced by anemic people. The consequences of anemia include lowered resistance to disease, general body weakness, and frequent tiredness. Anemia can be a serious problem for pregnant women, leading to premature delivery and low birth weight baby. Overall, morbidity and mortality risks increase for individuals suffering from anemia. Hemoglobin testing is the primary method of anemia diagnosis. Normal value of Hb-13.5-17.5 gm/dl, anemia is classified into three groups as mild, moderate, or severe.^[1]

Anemia currently affects more than 1.62 billion people, which corresponds to 24.8% of the population. The global prevalence of anemia in school-age children is 25.4%, in men 12.7% and in elderly 23.9%. In preschool-age children, the anemia prevalence is 47.4%,

affecting 293 million children globally. The lowest prevalence is in men (12.7%).^[2]

WHO estimated that prevalence of anemia in developed and developing countries in pregnant women is 14 percent in developed and 51 percent in developing countries and 65-75 percent in India. Prevalence of anemia in South Asian countries is among the highest in the world. It is estimated that about half of the global maternal deaths are due to anemia, which occurs in South Asian countries and India alone contributes to 50% of global maternal deaths and about 80 percent of the maternal deaths are due to anemia in South Asia. Prevalence of anemia in all the groups is higher in India as compared to other developing countries. In India, anemia affects an estimated 50% of the population. The problem becomes more severe as more women are affected with it as compared to men.^[2]

Studies were carried out in India and elsewhere and have shown that iron deficiency is the major cause of anemia, followed by folate deficiency. In recent years, the contribution of B12 deficiency has been highlighted. In

India, the prevalence of anemia is high because of (i) low dietary intake, poor iron (less than 20 mg /day) and folic acid intake (less than 70 mg/day); (ii) poor bioavailability of iron (3-4% only) in phytate and fiber-rich Indian diet; and (iii) chronic blood loss due to infection such as malaria and hookworm infestations.^[3]

Patient counseling

Counseling is the sympathetic interaction between Pharmacist and patient. It may go beyond the conveying of straightforward information about the drug and how and when to use it.^[4]

Role of Pharmacist in anemia patient counseling

As a new innovative drugs and concept are coming the market for the management and control of anemia, Pharmacist can Play an important role in the management of anemia and can educate patient about the use of monitoring devices, medications, screening for interaction of the complications of anemia, about side effect and minimization of it and use of different approaches for the adherence of the treatment plan. Important role of the Pharmacist is to answer all the question of the patients correctly and confidently. It is also necessary to educate the family members of the patient for the better control of Anemia. The Pharmacist can monitor patient hemoglobin levels and keep a track of it, thereby helping the patient in best way to cope with the disease.^[5]

No study were reported QOL Assessment on KAP in anemia in Gulbarga particularly pharmacist intervention. Hence present study titled "Assessment of Knowledge, Attitude and Practices in Anemia" an attempt is made to evaluation the effect of pharmacist provided counseling in anemia patient on their medication, disease and life style modifications, in terms of Knowledge, Attitude and Practices (KAP) outcomes.

MATERIALS AND METHODS

A hospital based prospective & observational 6 months study was carried out in various departments of HKES's Basaveshwar Teaching and General Hospital (BTGH) Kalaburagi. The anemic patient diagnosed with anemia and has lower hemoglobin level are enroll in the study, after obtaining consent form the patient. All the patients enroll in the study were randomly divided into groups i.e. Test and Control groups.

Baseline assessment:- The baseline knowledge attitude and practice of patient was assessed by means of knowledge attitude and practice questionnaires at the first visit and after this control group were provided patient information leaf lets. Where test group were educated through by video film, charts, and systematically counselled one to one interaction. All the patients were advised to attend follow up session, which were conducted with intervention of a week.

Follow up assessment:- During the 2nd visit (A week after baseline study) the knowledge of both group patients towards disease and medicine adherence was assessed by means of KAP assessment. The knowledge attitude and practice assessment were given on basis of number of questions answered correctly and each correct answered given 1 score.

RESULTS AND DISCUSSION

Sociodemographic characteristics

A total 121 patient were enroll into the study of which 103 patients are turn up the study in which 6 (5.83%) males and 97 (94.1%) females responded in this study. Most of respondents 31 (38.27%) were in the age group 21 to 40 years. Regarding educational status 40 (38.83%) belonged to Grade 2. The results revealed that 49(47.57%) p\ patients had co-morbidities.68 (66.01%) having no habits.

Table 1: Details of gender distribution of patients.

Gender distribution	Number of patients	Percentage %
Male	6	5.83%
Female	97	94.17%
Total	103	85.26%

Table 2: Details of age distribution of the patients.

Age	Number of patient	Percentage (%)
12-19	32	31.06%
20-36	52	50.48%
37& above	19	18.44%
Total	103	100%

Table 3: Details of educational status of patients.

Grade	Number of patients	Percentage
Grade 0 (uneducated)	23	22.33%
Grade 1 (up to 9 th class)	19	18.44%
Grade 2 SSLC/PUC	40	38.83%
Grade 3 (Graduate/PGs)	21	20.38%
Total	103	100%

Table 4: Details of social habits distribution of patients.

Social habit	Number of patient	Percentage
No habits	68	66.01%
Chewing tobacco	14	13.59%
Smoker	9	9.70%
Alcoholic	6	5.82%
Smoker and alcoholic	6	5.82%
Total	103	100%

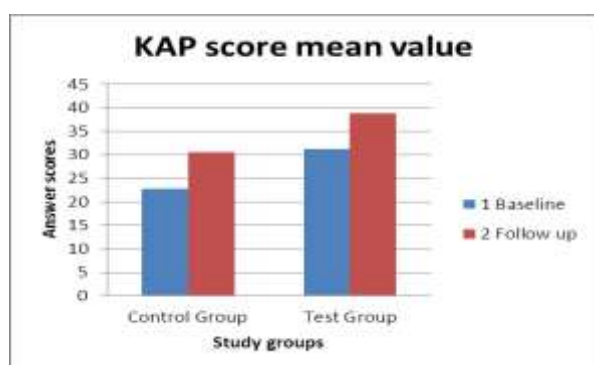
Answer score assessment of knowledge attitude and practice

Patients knowledge attitude and practice of both control and test group were analyzed by using.

T-test, from baseline to follow up is statistically significant. In test group improvement presenting from baseline to follow up is 12.17%. In control group the improvement was 6.96%.

Table 5: Details of mean score and standard deviation of patients.

S. No.	Study type	Control Group	Test Group	SD	P value
1.	Baseline	22.84	31.28	3.46	0.001
2.	Follow up	30.48	38.92	3.81	0.001



Graph 1: Knowledge attitudes and practice answer's score mean value.

Anemia affects large number of population due to ignorance to disease unappropriated knowledge wrong attitude irrelevant practice. About anemia our objectives were to increase awareness about anemia, and collect sample data for estimation of significant result. We enrolled total number of 121 hospitalized patients, out of 17 drop out from the study. Then remaining 103 patients are divided in to two groups control and test group. Then start baseline study on all 103 patients in hospital. In the baseline study did assessment of patients with framed questionnaires. From collected answer score take out mean score and standard deviation of both group control and test groups.

Then started intervention, intervention differ for each group. In control group was given only leaflets without any detailed information, whereas for test group we provided detailed knowledge about anemia the help of diagram, pictogram and leaflets.

After this session we start follow up assessment for patients. Collect data by questionnaires in the form of answer score. Answer score are increased as expected from control to test group.

CONCLUSION

Pharmacists have an important role to play and have immense responsibility for education patients with disease like anemia. In our study the impact of pharmacist provided patient counseling on behavior i.e. attitude and practice of patients was not much significant. Hence, it is important to develop certain strategies which may have positive impact on behavior, which in better patient outcome.

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REFERENCES

1. Kalaivani K Prevalence & consequences of anemia in pregnancy. Indian J Med Res, 2009; 130: 627-633.
2. Garg BS, Gupta SS, Datta SS, Boratne A, Chaudhuri M, Gandhi A. Community-led Initiatives in child survival (CLICS). In: Annual Repor 2006. Wardha, Maharashtra: Aga Khan Foundation, 2006; 11-29.
3. Kaur K. Review report on anemia. Euro J Zool Res, 2014; 3(1): 32-36.
4. Palaian S, Chetri AK, Prabhu M Shankar PR Role of pharmacist in counseling of anemia patients the int journal of pharmacology, 2005; 1-28.
5. Palain S Prabhu M, Shankar PR. Patient counseling by Pharmacist: A Focus on Chronic Illness Pak J Pharma sci, 2006; 19(1): 65-72.