


### Asthma Knowledge Level of Primary School Teachers in Babol, Iran, 2008

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Regarding the fact that two thirds of children's life passes in school, it is important for teachers to have enough knowledge about asthma and how to encounter the disease. Children become panic in asthma attack and this behavior is normal. These children should be supported by other children in the school. Teachers should identify asthmatic patient. Also it is important that patient's classmates be aware of this disease [1]. So, the aim of this study was to assess the knowledge of teachers about asthma and its treatment in order to design asthma plan action based on our findings. This cross-sectional descriptive analytical study performed in winter 2008 with randomized sampling in Babol. After coordination with department of education, 5 or 6 teachers in every school were randomly chosen in all 80 schools. These teachers were given specifically designed questionnaires including demographic data (age, sex and level of education) and 16 questions about asthma knowledge. Each correct answer was graded 1 and wrong answers 0 (the maximum score of knowledge questionnaire was 16). Comments of many epidemiologists and clinicians (specialist in asthma and allergy of pediatric and adult lung specialist) were considered to enhance content validity. The Cronbach's α coefficient (α=0.822) was used to evaluate questionnaire reliability. Study was approved by ethical committee of Babol University of Medical Sciences and Health Services. Data were analyzed by software SPSS, for statistical tests we used Mann-Whitney and Kruskal-Wallis. The mean age of participants (n=425) was 42.7±7.3 years. The results showed that the mean knowledge score of our teachers was 12±2.3. This means that the mean knowledge score was intermediate, while most of researches have shown that their teachers' knowledge level about asthma was low. Frock and colleagues (2008) found an insufficient knowledge about bronchial asthma among 120 teachers of physical education in Schleswig-Holstein University [2]. Abdel Gawwad and collaborators (2007) reported that most of school staff had poor to fair level of asthma knowledge and management practices. They found it very important that training is directed to all staff as pre-service and in-service programs [3]. The results of Rodehorst (2003) indicated that although teachers had a favorable attitude toward asthmatic students, their knowledge about asthma was low[4]. Our results indicate that mean knowledge level of teachers in our study is higher than in other studies performed in the world but regarding the importance and prevalence of the disease in our region, ongoing efforts to improve asthma management in public schools through teacher education and policy development should be supported.

The mean knowledge score of teachers had no significant difference regarding the age (12.2±2.1 in teachers under 40 years and

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12.1±1.8 in teachers over 40 years, \( P=0.318 \). Ones and colleagues (2006) also showed there was no difference between age groups \[5\]. The results of our study showed that there was also no significant difference in knowledge score between sexes (11.8±2.3 in males and 12.1±2.2 in females). Forck\[2\] (2008) had come to a similar result. Our findings revealed a significant difference in knowledge score regarding educational degree of the teachers. Teachers with bachelor degree had higher knowledge scores (11.7±1.5 in under diploma, 12±2.2 in diploma, 11.6±2.6 in junior college and 12.4±1.8 in bachelor, \( P=0.031 \)), but Forck (2008) found no differences regarding educational level of the teachers \[2\]. Ones indicated that the knowledge level of the teachers was not related to their educational level \[5\]. The lack of a standard questionnaire that makes comparison of different studies possible can be regarded as a limitation of the present study.

**Key words:** Asthma; Knowledge; Teachers; Primary school

**References**


**Correction**

The Prevalence of Asthma, Allergic Rhinitis and Eczema in North of Iran

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The name "the International Study of Asthma and Allergies in Childhood (ISAAC)" was deleted from the Title. This deletion was made based on the request of the authors after discussion with ISSAC Steering Committee. Although it has been mentioned clear in the text that the ISAAC tools has been used and that study is separate from the ISAAC collaboration, the use of ISAAC in the title of the article implies that the work is part of the ISAAC collaboration, which is not. Although ISAAC questionnaires could be used for non-ISAAC centers, as Babol is a different centre than the centers used in ISAAC for Iran, the term of ISAAC should not be noted in the Title. Therefore it has been deleted from the Title.