

A Study to Assess the Knowledge on Tinea Corporis Among Client Attending Dermatology Unit in Selected Hospital

E. Varalakshmi¹, M. Pushpalatha²

¹Assistant Professor, Department of Medical Surgical Nursing, Saveetha College of Nursing, Chennai, India

²B.Sc. Nursing Student, Department of Nursing, Saveetha College of Nursing, Chennai, India

Abstract: Dermatophyte infections are one of the earliest known fungal infection or mankind and are very common throughout the world prevalence of superficial fungal infection has been estimated to be around 20-25% worldwide by world health organization (WHO) commonly the infection types are named with respect to affected body parts—tinea corporis or ringworm (general skin), tinea cruris (groin), tinea unguis (nails), tinea capitis or ringworm of scalp, tinea barbae and tinea manuum (hands), according to various studies tinea corporis is commonest followed by tinea pedis and tinea unguis generally these infections degree of mortality however they can cause severe discomfort and disability there by potentially impacting quality of life, This study is used to descriptive design were adopted to conducted this study on assess level of knowledge .this study conducted at dermatology clinical and hospitals both male and female in above 5 to 50 above all age group involve in the project .the population includes peoples with tinea corporis who are present at the time if data collection male and female .a sampling size is 100 tinea corporis patient. The sampling techniques of used in tinea corporis in purposive random sampling techniques, out of 100 sample involve in the study 1(1%) had in adequate level of knowledge and 26(26%) had in moderate level of knowledge and 73 (73%) had in adequate level of knowledge this study mean values of (15.77) and standard values of (3.8555) there is a significant association between age, sex, education, religion, work of place, residents, and co-morbid disease. The study concluded that there was significant in level of knowledge mean and standard deviation. Tinea corporis compared with pre test and post test with level of knowledge in tinea.

Keywords: Female male, children, social demographic variables and questionnaire method.

1. Introduction

Dermatophytes are the most common causative agents of these superficial fungal infection with an estimated 10-20% life time risk of acquiring one. it is indeed possible that almost every human being belonging to any race or geographical location during the course of his or her life time will be infected by dermatophytes at some point of time non dermatophytes are recently gaining importance as causative agents of superficial fungal infection dermatophytes are a group of closely related fungi belonging to three different genera (trichophyton, microsporum and epidermophyton) that produce a skin

infection in human and other animals termed dermatophytosis commonly referred to as ring worm or tinea these species are further classified as geophilic (soils) zoophilic (animals) anthropophilic (human) based on whether they predominantly reside in the soils on animals or on human respectively there is significant variability in the incidence and distribution of these. (Neha Sharma, Uma Tendolkar)

Rajendran T. Surjeet Acharya, fungal infection worldwide as the prevalence of the different species varies with geographical regions climatic condition local cultural practice and socio economic condition areas with high humidity overcrowding and poor hygienic conditions are the predisposing factors for dermatophytosis making it one. In Indian journal of clinical and experimental dermatology July September 2018. In world trichophyton rubrum is the quite common infections.

Girish V. Nagara, Veerabhadra, Worldwide the incidence and distribution of these fungal infection varies significantly as the prevalence of different species varies with geographic regions .local cultural practices ,climate and socioeconomic conditions, over crowing areas, with high humidity, poor hygiene conditions, are the main factors which predispose dermatophytosis, dermatophytosis infection of the globous skin in the trunk ,shoulder and limbs (except scalp ,groin ,soles and palms) termed as tinea corporis and can be caused by trichophyton species it is the most common dermatophytes infection in India and abroad.

2. Methodology

The aim of study was a study to assess the knowledge on tinea corporis among clients in dermatology unit and hospital this chapter including research design, setting, population, sample, sample size, sampling techniques, sample selection, selection criteria, description of the instrument score interpretation data collection procedure data analyze and statistical method.

3. Research design

Descriptive design was adopted a study to assess the

knowledge on tinea corporis among clients in dermatology unit and hospital.

A. Setting

This study is conducted in dermatology unit and hospital area of both male and female.

B. Population

The population includes peoples with tinea corporis who are present at the time of data collection male and female.

C. Sample

The sample for our study is who are all having tinea corporis meet the inclusion criteria.

D. Sample size

100 patients those here attended dermatology unit.

E. Sampling techniques

A sample of 100 tinea corporis among the client in dermatology unit and selected hospital by using purposive random sampling.

F. Sample selection criteria

1) Inclusion criteria

Who are willing to participate in the study.
 Who can speak English and Tamil.

2) Exclusion criteria

who are having tinea corporis.

G. Description of the instrument

The instruments used for the study consists of two parts were described below,

PART A socio demographic variables.

PART B questionnaire methods in tinea corporis.

4. Score interpretation

Information on demographic data was collected from the selection population based upon the answers mark was facts the appropriate response.

An assessment schedule was made to assess the knowledge on tinea corporis clients used to the questionnaire method were given and score interpreted as mentioned below, Scoring sheeting.

0-9 - inadequate knowledge

10-15- moderate knowledge

16-20 - adequate knowledge

The study deals with the distribution of the study of the study subjects based on their Table 1 social demographic variables.

This demographic variable such as age, sex, education, religion, types of working places, residents.

The Table 1, shows the distribution of demographic variables among tinea corporis patient.

Among the 100 samples were 27% in age group,53% in sex group were females, 44% in religion group were Hindu, 33% in educational group were primary school, 31%in types of

Table 1
 Frequency and percentage distribution of demographic variables

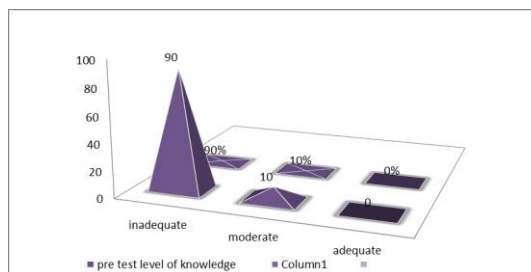
S. No.	Demographic Variables	Frequency	Percentage N-100
1.	Age		
	a. Above 5year	19	19%
	b. 20 to 25 year	27	27%
	c. 25 to 30 year	27	27%
2.	Sex		
	a. Male	47	47%
	b. Female	53	53%
3.	Religion		
	a. Hindu	44	44%
	b. Christian	32	32%
	c. Muslim	14	14%
4.	Education		
	a. Primary school	33	33%
	b. Secondary school	26	26%
	c. Under graduate	28	28%
5.	Type of working places		
	a. Daily wages	21	21%
	b. Business	24	24%
	c. Agriculture	31	31%
6.	Marital status		
	a. Single	30	30%
	b. Married	44	44%
	c. Widower	21	21%
7.	Co-morbid disease		
	a. Diabetic mellitus	27	27%
	b. Hypertension	27	27%
	c. both	20	20%
8.	Residents		
	a. rural	43	43%
	b. semi urban	29	29%
	c. urban	28	28%

working places group were agriculture ,44%in marital status group were married, 27%in co morbid disease group were hypertension, 43%in residents group were rural.

Table 2
 Frequency and percentage distribution of pre test level of knowledge among client in tinea corporis to attending dermatology unit and hospital

S. No.	Level of knowledge	Frequency	Percentage
1	Inadequate	90	90%
2	Moderate	10	10%
3	Adequate	0	0%

Inadequate level of knowledge in tinea corporis in 90% moderate level of knowledge in tinea corporis in 10% and finally adequate level of knowledge in tinea corporis in 0%.

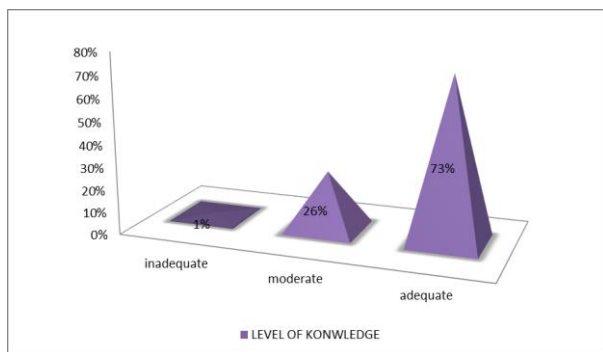


Inadequate level of knowledge in tinea corporis is 90% moderate level of knowledge in tinea corporis is 10% and mild level of tinea corporis is 0%.

Table 3
Frequency and percentage distribution of 1 post test level of knowledge among tinea corporis patient

S. No.	Knowledge	Frequency	Percentage
1	In Adequate	1	1%
2	Moderate	26	26%
3.	Adequate knowledge	73	73%

The table 3 Shows that the majority of the people had inadequate 1 (1%) some have moderate in 26 (26 %) and some have adequate 73 (73%) knowledge in a tinea corporis.



5. Results

Among the 100 samples were 27% in age group, 53% in sex group were females, 44% in religion group were hindu, 33% in educational group were primary school, 31% in types of working places group were agriculture, 44% in marital status group were married, 27% in co morbid disease group were hypertension, 43% in residents group were rural, Inadequate level of knowledge in tinea corporis is 90% moderate level of knowledge in tinea corporis is 10% and mild level of tinea corporis is 0% after posttest level of knowledge in tinea corporis inadequate 1(1%) some have moderate in 26 (26 %) and some have adequate 73 (73%) knowledge in a tinea corporis.

6. Results

This section deals with the results and discussion of with study it has been discussed based on the objectives.

The level of knowledge inadequate in (1%) and moderate in (26%) and adequate in (73%) more people in adequate knowledge present. The study findings reveals that there are significant variables the demographic variables such as age, sex, education, religion, types of working places, marital status,

co-morbid disease, residents.

And non-significant variables between demographic variables such as age, sex, religion, education, types of working places, marital status, co-morbid disease, residents study was finding pretest knowledge in tinea corporis mean deviation 7.24, standard deviation 0.9961, error 0.9961 T values on 72.690 and the study was finding posttest knowledge in tinea corporis mean deviation 15.77, standard deviation 3.8555, error 0.3855, T values The level of knowledge inadequate in (1%) and moderate in (26%) and adequate in (73%) more people in adequate knowledge present.

7. Conclusion

In tinea corporis is effective nursing intervention of knowledge on tinea corporis assess the adequate, moderate and in adequate are found to have no side effect of the tinea corporis disease sample satisfaction in very much higher in this intervention the findings of the study enlighten the fact that that questionnaire method used for tinea corporis patients as a cost effective nursing intervention in prevention of tinea corporis.

Acknowledgement

The author thankful to Prof. Dr. S. Kalabharathi, Principal of Saveetha College of Nursing, SIMATS the author also wishes cordial thanks to Ms. Varalakshmi E. M.Sc. (N) Assistant professor of Saveetha College of Nursing, SIMATS for their encouragement valuable suggestion support and advice throughout the study.

References

- [1] Black J. M, "Medical surgical nursing," 7th edition in the year of 2005, B.I publication private Ltd., New Delhi.
- [2] Black JM, Jacob E.M, "Medical surgical nursing clinical management for continuity case," 8th edition Ed Philadelphia WP saudess company 1997, 1139-114.
- [3] Brunner and suddarth, "text book of medical surgical nursing," Philadelphia Wolters Klute/Lipponcolt Williams & Wilkin published.
- [4] Anuradha Chaudhary, "Clinic microbiological aspects of tinea corporis," 2018.
- [5] Muhalian Jegadessan, "Clinic-etiological study on tinea corporis emergencies," 2017.
- [6] N. S. Muthiahstudy, "Prevalence of tinea corporis and tinea cruris," 2017.
- [7] Neha Sharma uma, "Study on modifiable risk factors associated with patient tinea corporis, 2017.
- [8] Nithiya, "Study on spectrum of dermatophytoses causing tinea corporis," 2016.
- [9] P. Sudha, "Study on prevalence of tinea corporis and tinea cruris rural population" 2018.
- [10] Tamil Selvi, "Study on comparative evaluation of newer tropical antifungal agent, 2013.
- [11] Vijay Kumar, "Study on incidence and prevalence of dermatophytes in Chennai," 2016.