

The Experiences of Mothers with Asthmatic Children: A Content Analysis

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ABSTRACT

Introduction: Having children with chronic diseases such as asthma creates conditions that cause emotional and behavioral problems in parents. In most families, the mother tends to have the first role in caring for her child and therefore mothers endure greater psychological pressure than other family members. These mothers' experiences and problems are different due to cultural and economic differences and the health services they receive. This study aimed to explore the experiences of mothers of an asthmatic child. **Methods:** In this qualitative study data was collected through unstructured, in-depth interviews with 10 mothers who had an asthmatic child. The Graneheim and Lundman's qualitative content analysis method was used for analyzing the data. **Results:** The analysis of data showed five main themes including constant concern, feeling of having an unusual life, the need for help from others, feeling of guilt, and the desire to constantly monitor the child. **Conclusion:** The mothers of asthmatic children expressed feelings and experiences that demonstrated their need for support and empathy. Therefore, in addition to the necessity of developing strategies to support these mothers, future studies aiming to reveal methods to provide them with support are also required.

Introduction

Asthma is the most common chronic disease among children. It affects physical and emotional aspects of the individual's life¹ and is also the most common reason for children's admittance to hospital and absence from school.¹ Overall, 10-15% of the child population in Iran suffer from asthma.² Diagnosis of a chronic disease in children can drastically change the daily life and activities of the whole family, especially the parents who believe they are responsible for managing the unforeseeable and sudden circumstances arising from a chronic disease.³ Parents of children with asthma experience spiritual and psychological stress, anxiety, worry, and doubt especially about their ability to man-

age extreme situations.⁴ The presence of a child with a chronic disease such as asthma inside the family reduces the quality of life of the parents and therefore places a great pressure on the family.⁵ Such circumstances cause behavioral and emotional problems for the parents. The adaptation patterns of mothers and fathers to these circumstances differ. Fathers tend less to receive support from family, friends, and neighbors, and to use strategies of maintaining social support, self-esteem, and psychological stability.⁶ In most families, the mother tends to be the first person in charge of caring for the child and should thus endure great psychological pressure.⁷ Adapting to a child's chronic disease not only increases the quality of care given to the child but also improves the relationship

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between the family members. This is due to the fact that during the childhood process of the chronic disease there is a dynamic correlation between the illness and child and parents. However, parents, especially mothers, often experience difficulties in helping their sick child adjust to the illness and the issues they are faced with in the society.⁸

Literature review showed that mothers of children with asthma have many psychological problems. Kheirabadi *et al.* compared the prevalence of depression among mothers of children with asthma with mothers of healthy children. Their results showed higher prevalence of depression among mothers of sick children.⁹ Evidence showed that asthma affected different aspects of the caregiver's life. A study showed that 33% of individuals responsible for taking care of these children lost their jobs during the year in which the study was undergoing. Moreover, the amount of lost jobs had a direct and negative correlation with the amount of control over the illness. Mothers whose child's asthma was not controlled well had 8 times more absence from their jobs, more than 5 days per week during the time of the study, than mothers of children whose illness was controlled.¹⁰ The effects of asthma on different aspects of the family members' lives have been demonstrated in many quantitative studies.¹¹ Evidence showed that mothers of children with asthma spent less time with their spouses,¹² had problems in time management, playing their role effectively, and communicating with others, experienced high levels of anxiety and stress, and looked for different supportive resources to manage their child's illness and to cope with stressful situations.¹³

The mothers of these children experience many different problems concerning their children's illness. To gain a comprehensive understanding of these problems, a holistic view is necessary. This view has not been used in quantitative studies. Moreover, the experiences of these mothers and the problems they are faced with differ according to differences in culture, economy, and the

health services they receive.¹⁴ However, most studies in this field have been conducted in other countries. To the best of our knowledge, no Iranian studies have evaluated the experiences of mothers of children with asthma and few quantitative studies have investigated the problems of children with asthma. Therefore, the current study aimed to assess the experiences of mothers of children with asthma.

Materials and methods

In the current qualitative study, purposive sampling was used to select 10 mothers of children with asthma who referred to the asthma and allergy clinic of Besat Health Centre (Kerman, Iran). Mothers were included only if their child's asthma had been diagnosed at least 6 months prior to the study and had been approved by a specialist. In addition they should have been willing to cooperate and able to communicate and express their experiences. In-depth and unstructured interviews were performed after receiving written consents. The questions of the interview were as follows: 1) How do you feel about the fact that your child has asthma?; 2) What is caring for a child with asthma like for you?; 3) What are your activities while caring for the child?; 4) What factors reduce your problems in caring for your child?; and 5) What factors increase your problems in caring for your child? By using exploratory questions and the ladder interview method the mothers were encouraged to share their experiences with the researcher. Interviews were conducted in a safe and quiet place, preferably chosen by the participant. Interviews took 30-90 minutes and on average around one hour. The researcher ended sampling at the point of data saturation, i.e. when no new classes and subclasses could have been added.

Data was analyzed according to Graneheim and Lundman's qualitative content analysis method.¹⁵ Therefore, after the interviews were listened to carefully for several times, their contents were hand-written and

read a number of times in order to understand each participant's viewpoint. The transcripts were then divided into meaningful units from which a code was extracted. In the next stage, the codes were categorized into classes and the subclasses of each class were determined. During this process, the data, classes, and subclasses were constantly compared and a theme of the classes was gained. The researchers all agreed on the code extraction, classification, and the obtained theme.

This research has been approved by the Ethics Committee of Kerman University of Medical Sciences (Kerman, Iran). The mothers were assured about the confidentiality of the data. They were also informed that they could leave the research at any stage, if they no longer wish to cooperate.

Results

The analysis of data showed 5 themes including constant concern, the feeling of having an unusual life, the need for help from others, feeling of guilt, and the desire to constantly monitor the child. A sample of the stages of data analysis is shown in Table 1.

Constant concern

The participants were worried because of the respiratory issues the children were faced with. They were afraid that the child might suffocate during one of these respiratory attacks. One participant expressed her concerns

as: *"I am so afraid because I think my child will suffocate any moment. It is really difficult for me, in such a way that life has become unbearable for me."*

Another concern of the mothers was the side effects of the medicine the child uses. They expressed that since the child is at a young age he/she might be affected by unwanted and negative side effects of the drugs. One mother described her experience as: *"Not taking into account all other issues, the one thing that I am always thinking about is my child's drugs, like the corticosteroid that she uses. Will it affect my child in the future or not?"*

Almost all mothers were worried about their child's uncertain future, and thought that asthma could affect their educational, vocational, and marital status in the future. A mother stated her concern about her child's future as: *"I don't know how much longer this situation will last. Well I'm a mother and I'm worried about my child's future, about his education and work."*

The feeling of having an unusual life

Every mother wishes to have a healthy child. Mothers explained that having a sick child caused them to constantly compare themselves to other mothers. They were saddened by the fact that they could not have a comfortable life like others and that they were affected by the stress concerning their child's illness.

Table 1. A sample of the stages of data analysis

Theme	Subclasses	Code	Meaningful unit
Need for help from others	Need for help from the health team	Need for help from doctors	"I was constantly looking for medicine, antibiotics, and doctors. Now I see a doctor regularly and I'm a little calmer. I didn't know how to begin. I went from one doctor to the next. I'm a mother and I would do anything for my child to get better."
	Need for help from the health team	Need for advice from the nurses	"One day when my child was very sick and was hospitalized, they told me that for my child to have less problems I should keep him away from anything that increases his allergy. A mother who has a child with this illness needs someone to help her understand what she has to do when her child has an attack."
	Need for help from family members	Need for help from spouse	"When my child has a respiratory attack, he can't breathe any longer and his skin turns to black. I panic and I don't know what to do, so it's better when my husband is around. We take him to the hospital immediately, but it's very difficult when he isn't there."

One mother expressed her feelings as: "I have to keep him away from everything. I have to be careful he doesn't catch a cold and that he doesn't play with water too much. I have to care twice as

much for my child than mothers who don't have such children. You need to be lucky in child caring. For instance, some people let their children play in the dirt, but I wouldn't even put my child

down so he couldn't touch the soil, or play with chickens. I have to always look after him, but my sister in law, whose child is as old as my son, has nothing to do with her child."

The need for help from others

On the whole, when the participants were asked to describe their experiences of having a child with asthma, most of them had in some way experienced the help from a doctor in caring for their child. It is evident from sentences such as "I constantly take my child to the doctor" and "The doctor controls my child's illness" that trusting the doctor and asking for his/her help in controlling the illness is a reoccurring experience of this group of mothers. A mother said: "I was constantly looking for medicine, antibiotics, and doctors. Now I see a doctor regularly and I'm a little calmer. I didn't know what to begin with. I went from one doctor to another. I'm a mother and I would do anything for my child to get better. I was living in a smaller city then and there were no specialists. A doctor introduced this specialist to me. I asked for the address and how I could find it, and I came here. Since I've brought my child here at least the problem has been under control." And another mother stated: "The doctor is very important, because if it wasn't for the advice and treatments of the doctor, I would have never become used to these circumstances."

Moreover, the mothers emphasized that they would be unable to adequately manage unforeseen and critical situations caused by their child's illness without their spouses' help. One of the mothers described an example of her experiences in this way: "When my child has a respiratory attack, he can't breathe any longer and his skin changes to black. I panic and I don't know what to do, so it's better when my husband is there. We take him to the hospital immediately, but it's very difficult when he isn't there. For instance, yesterday we had a hot sandwich and my child's color suddenly changed to black. He was suffocating. My husband took him outside, washed his face with cold water and gave him a cold orange juice and he was better. I was so afraid he wouldn't breathe again. We took him to the hospital straight away and I was praying the

whole way. I don't know what would have happened if my husband hadn't been there with us!"

The feeling of guilt

Many participants expressed some degree of guilt or there was evidence of this feeling in the description of their experiences. Unhappiness about the method of caring for their child, about ignorance of their child's illness and their inability to detect it early despite the occurrence of symptoms, and also about their neglect all showed a feeling of guilt in these mothers. The following cases illustrate the mothers' experiences in this regard. One mother said "Of course, from the first day we didn't do all that was in our power to. One year earlier, when I had gone to the doctor myself, the doctor looked at my child and said: she seems ill bring her here again for an examination. We didn't take her and the problem got worse and now it is critical. God forbid it could even kill her." Another mother expressed: "When I realized my child had asthma I asked God: why my child? I think I was to blame, because I may have not cared for him well on the very first days." And a third participant stated: "It was our first child. We weren't experienced. We could see the child was coughing all the time and wasn't eating well, but we didn't take it seriously. If we had taken our child to the doctor sooner this wouldn't have happened."

The desire to constantly monitor the child

One issue that many of the participating mothers expressed was their desire to provide their child with complete direct or indirect care. Since children with asthma constantly experience respiratory attacks, mothers reported their desire to watch all of their child's activities during the day, because they were afraid of the worsening of the attacks. One participant expressed her desire to constantly control her child as: "I monitor everything my child eats, and make sure he doesn't play with dirt or water, so that he doesn't get sick. He really likes playing in dirt and water but I am really careful that he doesn't."

Mothers also felt that just monitoring the child's behavior was inadequate. To be certain of the child's physical and mental state they regularly referred to the doctor in order for

the child to be under medical supervision. In some cases, this had become an obsessive behavior of the mothers. One mother said: "I used to visit many doctors, I would go anywhere and do anything for my child to get better. Finally, I was given the address of this place and I brought my child here so that he might get better."

Discussion

The findings of the current research provided a new insight into the experiences of mothers of children with asthma. Some of our findings, including constant concern, the feeling of having an unusual life, the need for help from others, feeling of guilt, and the desire to constantly monitor the child, were in accordance with past research while some were different due to differences in the living circumstances of Iranian mothers.

One of the major issues of the mothers participating in this research was constant concern about the symptoms of the illness and the side effects of the medicine the child uses. Literature review showed that not only mothers but also fathers of children with chronic diseases are faced with this issue. Buford studied the experiences of mothers and fathers of children with asthma in managing their child's illness and concluded that they were concerned before the definite diagnosis of their child's illness. Although parents were less concerned about the illness after the diagnosis, they worried about the side effects of the medicines their child used which could have been a result of inadequate information on the illness, treatment methods, and medicines used.¹⁶ Likewise, MacDonald reported mothers of children with asthma to be concerned about the illness and its symptoms and their frequent recurrence.¹⁷ Mothers in this study were mainly anxious about the physical aspect (due to the side effects of the medicine and symptoms of the illness), and the educational, economical and social aspects of the future of their child. Similarly, Van Dellen et al. showed that mothers of children with asthma were concerned that the illness may affect their child's future eco-

nomical and social life. They also suggested that mothers with higher educational degrees were concerned for their child's education while younger mothers were more worried that their children may not be accepted in the society and by their classmates.¹⁸

In addition, according to our findings, mothers felt they had an unusual life, different from mothers with healthy children. Changes in mothers' daily life, caused by the constantly varying state of the child, made them be always seeking for balance and stability in life. Although previous studies have reported mothers of children with chronic diseases wish stability in their life,¹⁹ but in our study these mothers feel to have an unusual life when they compare themselves with the others. One reason for this finding may be the cultural issues and the great desire to communicate with close friends and family. These mothers compare themselves with family members who have healthy children and expect to have a similar situation. Therefore, they feel like not having a normal life.

The need for help from others was another finding of this study. The mothers explained that after their children's diagnosis, they wished to have the help of the health team in overcoming the issues raised by their child's illness. Their major needs were gaining information about the illness, and its diagnosis and treatment. The need to gain knowledge about asthma, especially from the health team, was also one of the findings of Clark and Chalmers.²⁰ Likewise, MacDonald concluded that mothers trusted the health team more than others, and they felt calm and could manage their child's illness better when guided by them. The mothers in the current study appreciated the appropriate method of communication used by health teams. This finding was one of the strengths of this study. In other studies the support of doctors and nurses also helped the parents effectively cope with the stress caused as a result of their child's illness.^{21,22} Today, the widespread of chronic diseases and the necessity of family

participation in caring for a child with chronic disease have resulted in the frequent educating of health care providers in many countries. This has also taken place in Iran during recent years and health group members are educated about methods of information provision and involving family members in care giving. This appears to have resulted in the partial satisfaction of the mothers.

The participants of this research faced many issues in caring for their child with asthma. They thus expressed their need for help from other family members. The results of a research on the problems of parents of one child with a chronic disease showed that they needed help in different aspects including caring for the child, house chores, and consultation.²³ Family relationships are strong in Iran. Therefore, troubled individuals in the family receive support from family members including parents and siblings. This research hence focused on the role of family support.

The majority of mothers saw themselves as responsible for their child's illness. They believed that their failure to pay attention to the initial symptoms had caused the progression and worsening of the symptoms. Englund *et al.* showed that emotions shown by mothers and fathers in reaction to their child's asthma were different. Fathers become hopeful of the future by accepting the illness, but mothers feel guilt and blame themselves for failing to care for and pay attention to their child.²⁴

Because of the respiratory issues a child with asthma has, mothers expressed that they regularly examine their child and even monitor their normal activities. They became worried when their children were out of sight. Hovey evaluated the experiences of fathers of children with a chronic disease in rural areas and concluded that they wanted everyday activities of the child to be watched by themselves or others, preferably a family member.¹⁹ Moreover, mothers and fathers participating in the study by Perrin *et al.* also expressed that because of their children's many problems caused by a chronic disease, they

tried to watch their behaviors and playing themselves.²³

Limitations of findings

Application of our findings is limited due to the nature of qualitative studies. The sample group of this study consisted of mothers who were similar in race, all married and living with their husbands, and all had at least an elementary level of education. Moreover, all children studied were younger than the age to go to school and their asthma was not severe. Therefore, the participating mothers could not be a representative of all mothers of asthmatic children and their experiences may not be similar to other mothers. However, assessing the experiences of this group of mothers can be useful to the nursing services. Furthermore, attention should be paid to the limitations of this study in order to reduce them in future studies. Additionally, as the participants of this study resided in Kerman the findings are only applicable to this group.

Nurses need to be informed about the experiences of mothers of asthmatic children. This study highlighted the importance of emotional support for mothers. Nurses can play an important role in the mothers' adjustment to the conditions of their children's asthma and empower them in caring for their child by providing efficient, professional, and supportive care. In order to achieve a more comprehensive understanding, future research should be conducted on mothers with different cultural backgrounds and with different family structures, for example families in which the mother and father have separated, families with illiterate mothers, or mothers with adolescent or young children with asthma or children with severe asthma.

Ethical issues

None to be declared.

Conflict of interest

The authors declare no conflict of interest in this study.

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