

Asthma: I Cant Breath

I Can't Breath: A Study of Asthma and University Students

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What are the Goals of this Website?



Explore and document the experiences of university students

- living with asthma.

Investigate how asthma intersects with academic life, including

- challenges and coping strategies.

Analyze the role of social media platforms, such as group chats and Reddit, in facilitating discussions about asthma among

- university students.

Identify shared strategies, advice, and personal experiences

- related to managing asthma on campus.

Examine the impact of health forums and websites on shaping

- perceptions of asthma management among university students.

Compare and contrast information from unofficial sources with

- that from university official health websites and centers.

Investigate discussions on balancing academic demands with

- health needs.

Explore the influence of stress on asthma symptoms and the

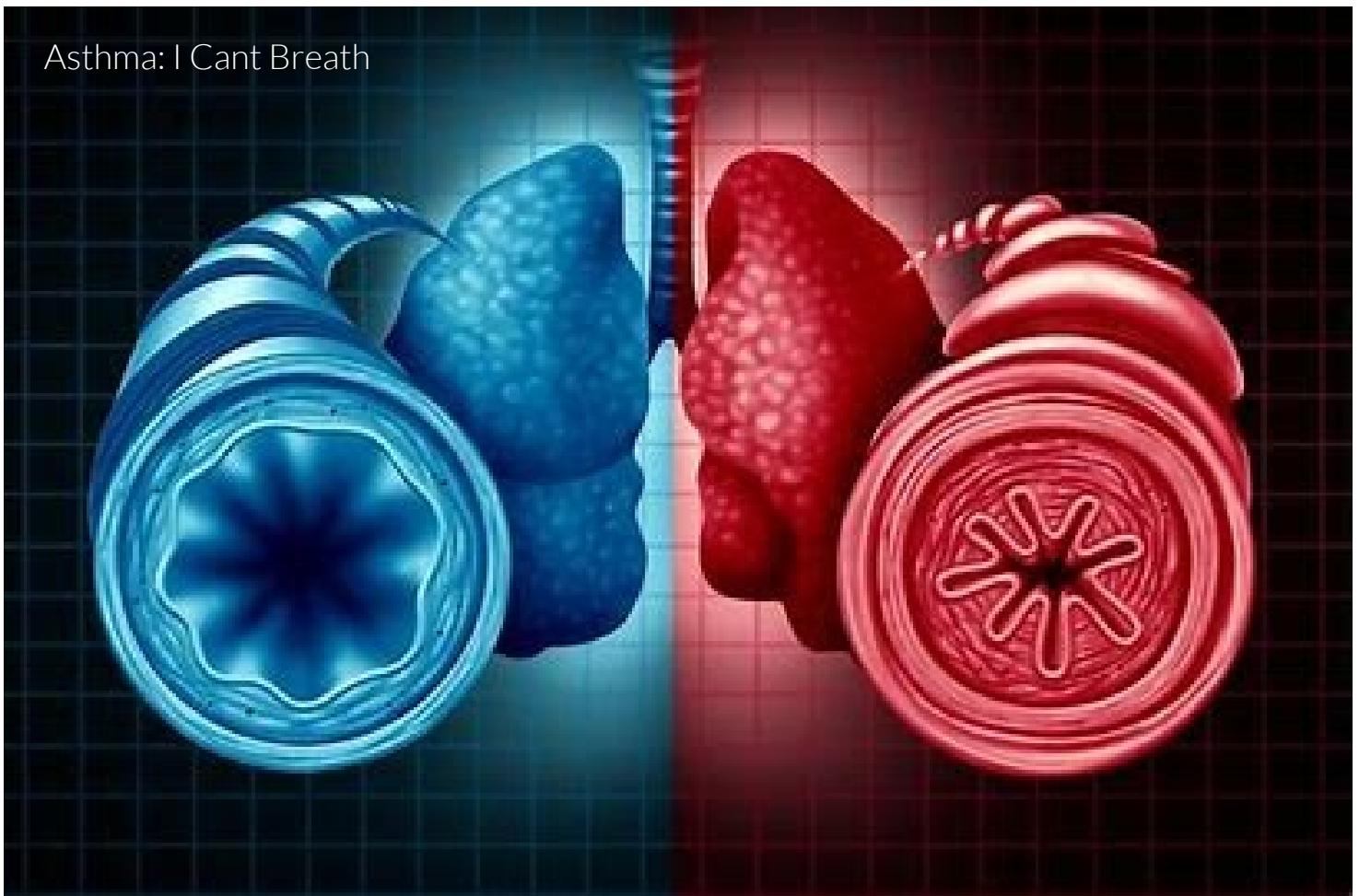
- accessibility of campus healthcare resources.

Address and dispel common myths and misconceptions about

- asthma.



Asthma: I Can't Breath



MEDICALNEWS TODAY

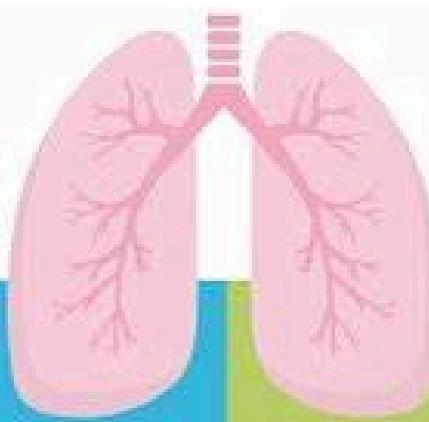
Asthma Attacks



Asthma: I Can't Breath

Warning Signs

- a headache
- a stuffy or runny nose
- a sore throat
- coughing or wheezing after exercise
- difficulty sleeping
- feeling moody or irritable
- tiredness or weakness during physical activity



Symptoms

- chest tightness
- coughing, especially at night or when laughing
- difficulty breathing
- shortness of breath
- sleep problems resulting from breathing issues
- a wheezing or whistling sound in the chest when exhaling

Asthma: I Can't Breath

Do you know What an Asthma Attack looks like?

**HEAVY CHEST****DRY COUGH****WHEEZING****SHORTNESS OF BREATH**

What triggers an asthma attack?

	SMOKE POLLUTION CHEMICALS	No smoking at home or in vehicles.		EXERCISE	Pretreat before activity.
	POLLEN	Close doors and windows. Limit outside time. Wash off pollen.		OBESITY	Maintain healthy weight.
	DUST MITES	Use dust-proof mattresses and pillow cases. Wash bedding weekly.		INFECTIONS	Wash hands frequently. Get flu vaccine.
	MOLDS	Keep indoor humidity below 50%.		EMOTIONS	Manage stress.
	PET DANDER	Don't let pets sleep in your bedroom. Vacuum weekly.		REFLUX	Manage symptoms.

1.
Know your asthma triggers.

2. Take rescue medication appropriately.

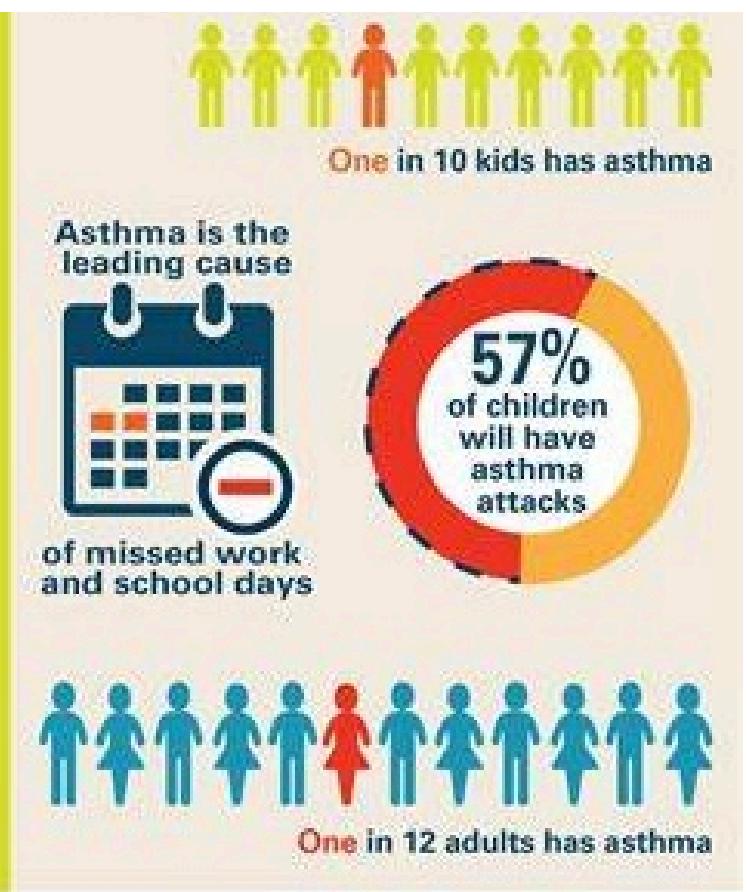
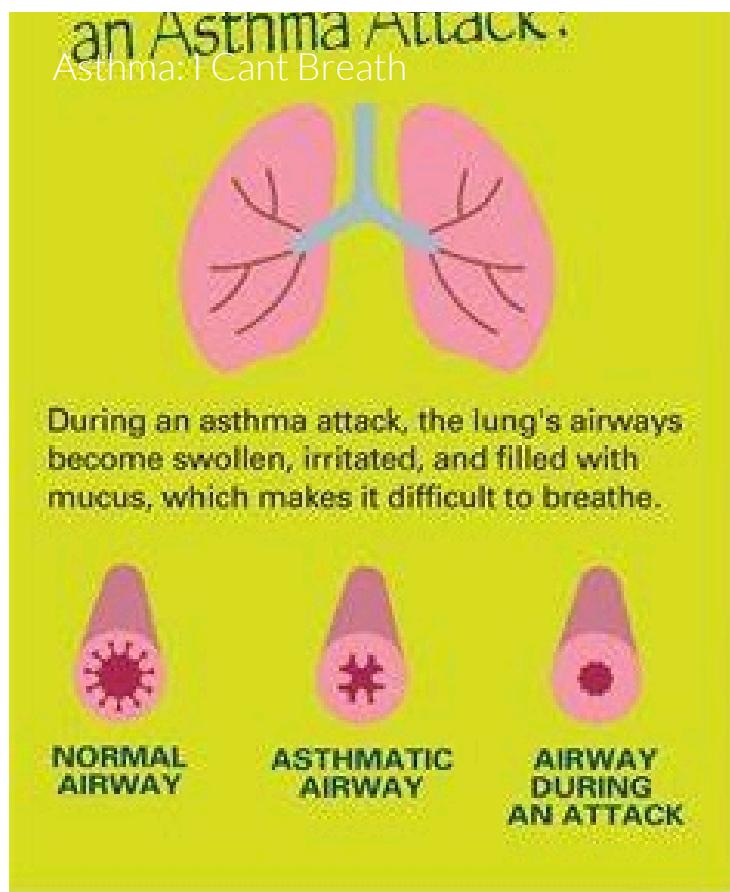
Stay on top of your asthma

3. Follow your doctor's Asthma Treatment Plan.

4. Call **911** for a severe attack.

What happens during an asthma attack?

Asthma by the numbers



njhealth.org
800.222.LUNG (5864)



What is Asthma?

Asthma is a chronic respiratory condition characterized by inflammation of the airways, which results in recurrent episodes of wheezing, breathlessness, chest tightness, and coughing. These symptoms often occur at night or early in the morning and can vary in severity from person to person. The airways in individuals with asthma are overly sensitive to certain triggers, leading to an exaggerated response. Common triggers include:

Allergens: Substances like pollen, dust mites, mold spores, pet dander, and cockroach

- droppings.

- Irritants: Smoke, air pollution, strong odors, and chemical fumes.

Respiratory Infections: Colds, flu, and other respiratory infections can exacerbate

- asthma symptoms.

Physical Activity (Exercise-Induced Asthma): Some people experience asthma

- symptoms during or after physical exertion.

- Weather Conditions: Changes in temperature, humidity, or exposure to cold, dry air.

Emotional Factors: Stress and strong emotions can sometimes trigger asthma

- symptoms.

Asthma is a lifelong condition, but with proper management, individuals with asthma can lead normal, active lives. Treatment typically involves long-term control medications, such as inhaled corticosteroids, leukotriene modifiers, or long-acting beta-agonists, to manage underlying inflammation. Quick-relief or rescue medications, such as short-acting beta-agonists, provide rapid relief during asthma attacks or exacerbations. It's crucial for individuals with asthma to work closely with healthcare professionals to develop an asthma action plan, which includes monitoring symptoms, recognizing triggers, and adjusting medication as needed. Regular check-ups and self-management education are essential components of asthma care.



Common Misconceptions with Asthma

There are several common misconceptions about asthma that can contribute to misunderstanding and stigma. Here are some of the prevalent misconceptions:

■ **Asthma is a Psychological Condition:**

Misconception: Some people believe that asthma is primarily a psychological or

- emotional condition.

Fact: Asthma is a physical condition characterized by inflammation of the airways,

- and its symptoms are triggered by various environmental factors.

■ **People Outgrow Asthma:**

Misconception: It is sometimes thought that asthma is something individuals can

- outgrow, especially if they had it as children.

Fact: While asthma symptoms may change over time, it is a chronic condition. It can

- persist into adulthood, and symptoms may reoccur after periods of remission.

■ **Inhaled Steroids are Harmful or Addictive:**

Misconception: There is a fear or misunderstanding that inhaled steroids used to

- manage asthma are harmful, addictive, or have severe side effects.

Fact: Inhaled steroids are a mainstay of asthma treatment and are generally safe

when used as prescribed. They help control inflammation in the airways, reducing

- symptoms and the risk of exacerbations.

■ **There is No Optimal Clinical Management:**

Misconception: Some may believe that there is no effective or optimal clinical

- management for asthma.

Fact: Asthma can be effectively managed through a combination of medications,

lifestyle adjustments, and regular monitoring. Many people with asthma lead active

- and healthy lives with proper management.

■ **Asthma is Contagious:**



Misconception: Asthma is sometimes mistakenly thought to be contagious, like a

- cold or flu.

Fact: Asthma is not a contagious disease. It is a chronic condition influenced by

- genetic and environmental factors.

- **Only Wheezing is Asthma:**

- Misconception: Asthma is solely associated with audible wheezing.

Fact: While wheezing is a common symptom, asthma can manifest in various ways, including coughing, shortness of breath, and chest tightness. Some individuals may

- not wheeze at all.

- **Asthma is Not Serious:**

Misconception: Some people may underestimate the seriousness of asthma,

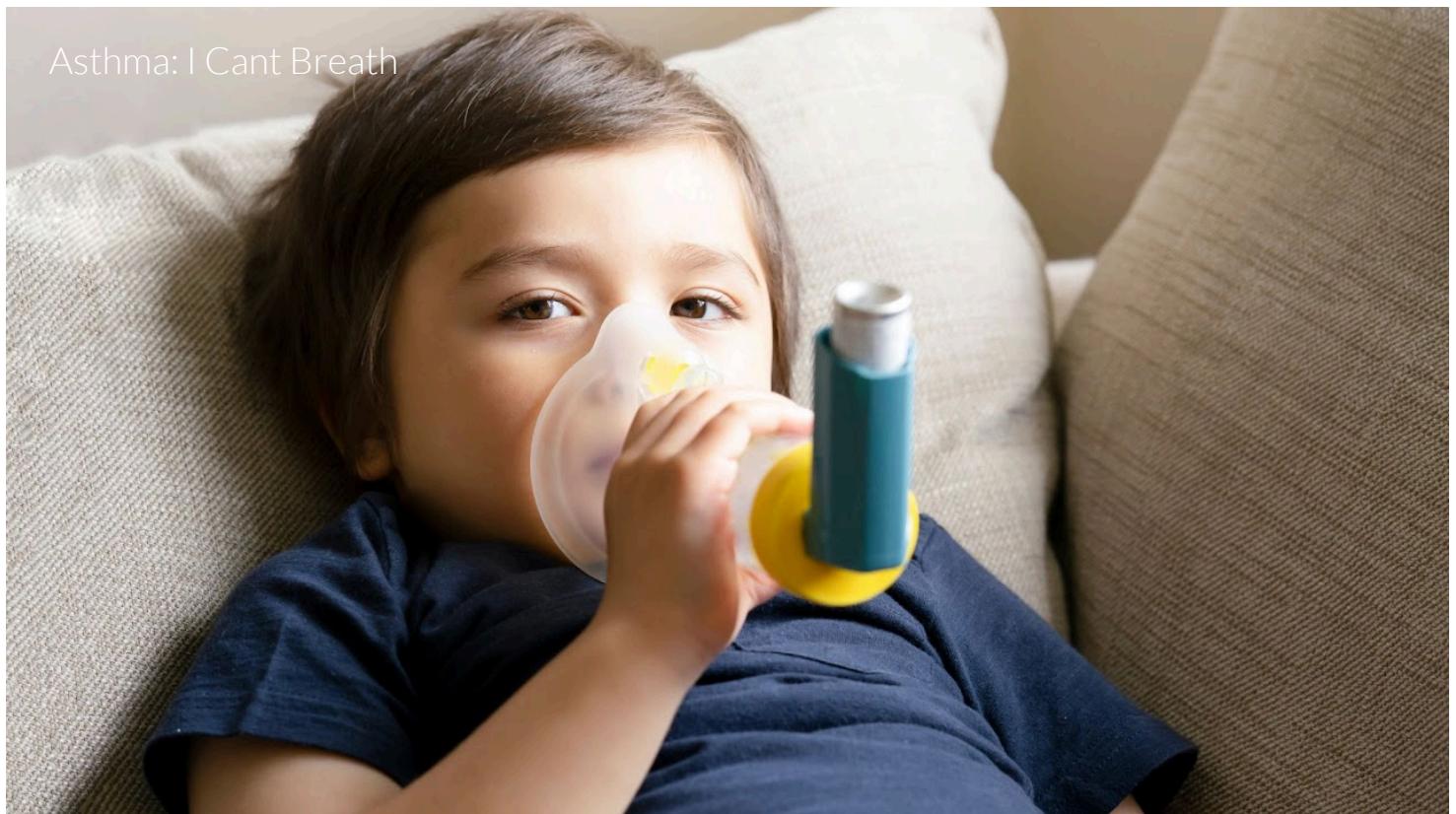
- thinking it's a minor condition.

Fact: Asthma can be a serious and potentially life-threatening condition, especially during severe asthma attacks. It requires proper management and medical

- attention.

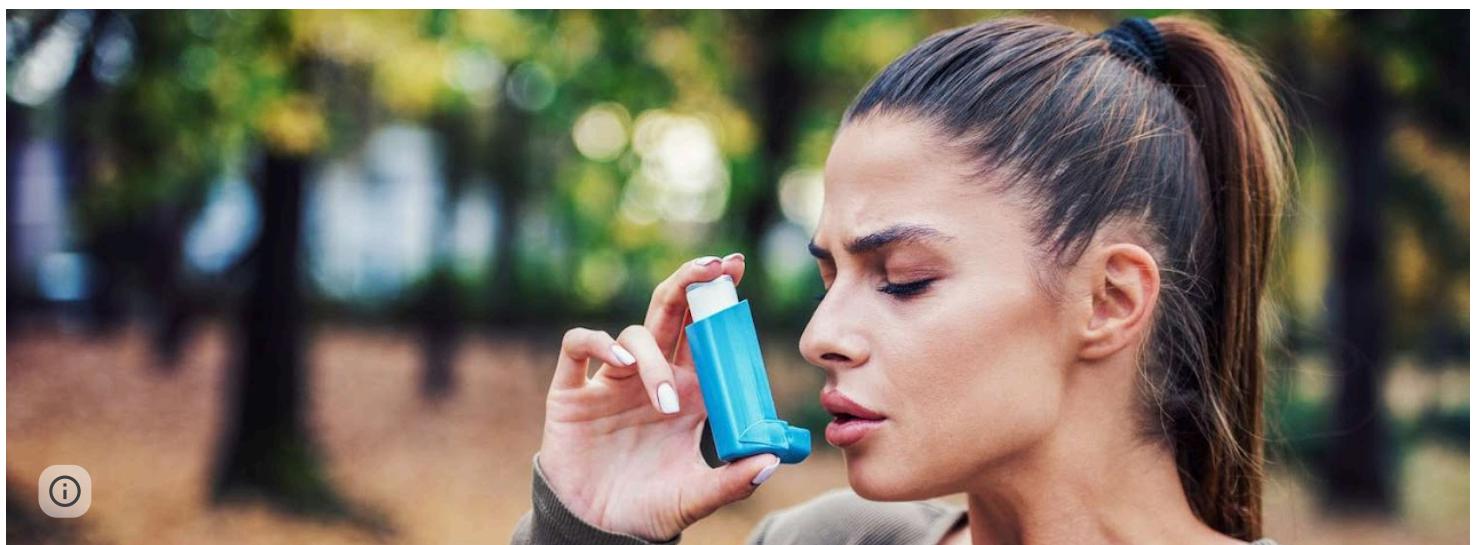


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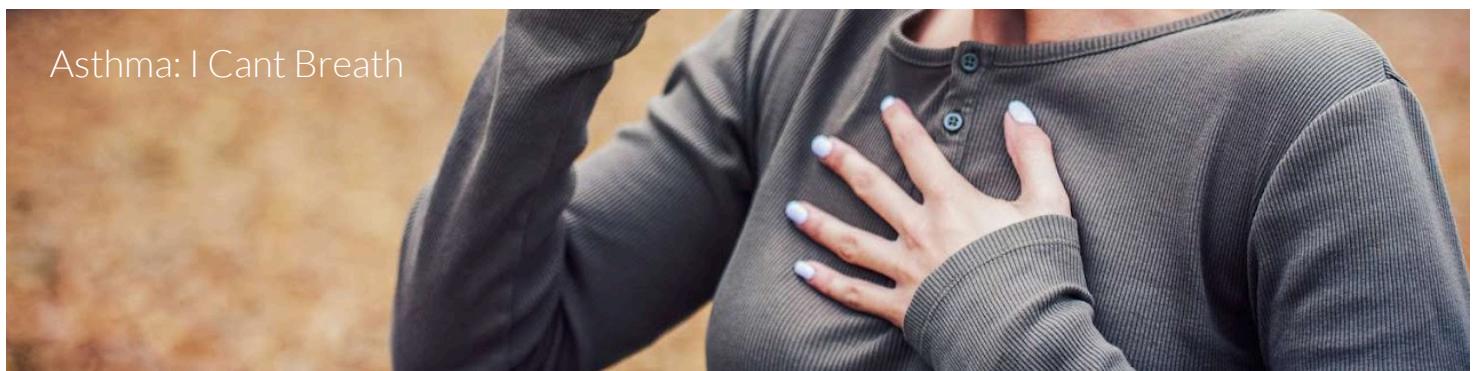


Asthma myths and misconceptions

Centre for Health Solutions - Kenya (CHS)



Asthma: I Cant Breath



Understanding Asthma: Mild, Moderate, and Severe

ACCP CHEST



**RUNNING AWAY FROM MY
ASTHMA SYMPTOMS LIKE..**



Analysis of Asthma Studies



In 2012, a systematic literature review was conducted using PubMed by Andrew Nickels and Vesselin Dimov to identify studies related to asthma, adolescents, social media, internet, website, mobile phone, text messaging, SMS, Facebook, Twitter, MySpace, and technology. A total of 64 abstracts were identified over a 2.5-year period. In regards to social media, the pervasive nature of social media in the lives of adolescents is evident, with a significant portion engaging in platforms like Facebook and Twitter. However, despite the growing popularity of social media, the literature review did not identify any published interventions specifically targeting adolescents with asthma through social media. While studies examined preferences for electronic communication, the evidence supporting the integration of social media into asthma care remains inconclusive. Studies investigating website-based interventions demonstrated mixed results. Peer-mentoring websites and online chat sessions aimed at providing support did not show significant improvements in clinical outcomes. The lack of consistency in interventions and generalizability challenges the efficacy of website-based programs for asthma education in adolescents. Text messaging emerged as a notable avenue for interventions. Studies involving text message reminders for controller medication use showed high perceived usefulness and acceptability. However, improvements in asthma control were not consistently observed. The ability to tailor messages and create personalized reminders was well-received by adolescents, demonstrating potential for future interventions. The review did not find specific studies evaluating mobile applications (apps) as interventions for asthma management in adolescents. However, the increasing ownership of smartphones among teens suggests a growing opportunity for exploring app-based interventions. While social media and mobile technologies offer new opportunities, they introduce risks such as cyberbullying and "Facebook depression." Approximately 12% of surveyed individuals expressed reluctance to use social media for health-related information, highlighting privacy concerns. This study concluded that current studies on technology use in adolescents with asthma present mixed evidence regarding effectiveness. While patients express positive attitudes toward technology, the preference for face-to-face communication with healthcare providers persists. The literature underscores the need for further exploration, especially in leveraging social media and mobile technology for asthma management among adolescents. Future interventions should consider personalized approaches and address potential risks associated with technology use in this demographic.

A study conducted at Obafemi Awolowo University in 2009 by Gregory E. Erhabor, Daniel O. Obaseki, Olayemi F. Awopeju, Kayode T. Ijadunola, and Olufemi O. Adewole, investigated the prevalence of asthma among young adults (15–35 years) in Nigeria using a standardized questionnaire. Out of 903 analyzed responses, 14.1% were probable asthmatics (49 males, 78 females), and 3.9% were suspected asthmatics (20 males, 16 females). The 12-month prevalence of wheeze, night waking with cough, and chest tightness was 9.0%, 9.4%, and 8.0%, respectively. Only 32.5% of symptomatic respondents had been previously diagnosed, and 22.1% were on occasional inhaled bronchodilator treatment. The study highlights a relatively high prevalence of undiagnosed asthma among students, indicating the need for further research and awareness.

A study conducted in 2021 by Barbara Velsor-Friedrich and Nancy Hogan explores the experiences of college students with asthma (CSA) as they transition from relying on others for asthma care in high school to managing their asthma independently in college. The core concept is "Being Unprepared." The study found that college students with asthma (CSA) often felt unprepared for the transition to managing their asthma independently in college. Participants acknowledged relying on parents for medication management and administrative tasks related to their chronic illness. Parental involvement continued in college, with some students depending on daily phone calls from parents for reminders and assistance. While some CSA received assistance from coaches and teammates in sports settings, participants did not seek help from teachers or school nurses. There were instances of sharing inhalers with friends, indicating a lack of awareness about potential risks. Many CSA reported not receiving sufficient information or guidance about managing their asthma independently before entering college. Students felt unprepared for self-management, lacked action plans for serious episodes, and rarely contacted healthcare providers unless acutely ill. Even in college, parents played a significant role in managing students' asthma care. Daily phone calls were common, and some students admitted being too busy with school to handle their asthma care needs independently. Participants often refrained from informing friends and roommates about their asthma, leaving them vulnerable in case of severe attacks. This lack of communication also extended to not sharing information about inhalers. CSA faced day-to-day stressors in college life, including lack of sleep and exposure to new asthma triggers like mold and dust. Participants described coping with mild episodes on their own and managing stressors that their peers without asthma did not experience. Many CSA encountered new asthma triggers in college, such as lack of sleep, smoke, pollen, mold, dust, and cold weather. Winter, especially, posed challenges for those accustomed to warmer climates. Students experienced symptoms of severe asthma episodes, but most did not have a well-thought-out plan for seeking help, especially during evenings or nights. They were unsure about the locations of urgent care or hospitals and lacked information about their medications. Participants suggested the need for better preparation, including information sessions during orientation, awareness of potential triggers, and the development of an app containing their asthma history, medications, and emergency contacts. In conclusion, the study emphasizes the importance of addressing the unpreparedness of CSA for managing their asthma in college and highlights the need for proactive measures, including educational resources and support systems, to enhance their ability to cope with the challenges of independent asthma care.

A study conducted by Anne Zahradnik in 2011 indicates that the target audience, despite being urban, female, and African American, did not prefer community- or faith-based information sources for asthma education. Instead, they showed a strong preference for obtaining information from mainstream medical sources and publications. The passage suggests that establishing widespread community- or faith-based asthma education systems might not be a good

investment for this particular audience. The respondents did not favor such programs and preferred information from traditional Western medicine sources. To improve the quality and quantity of information received by the target audience, the survey suggests that efforts should be directed towards improving the asthma knowledge of healthcare providers. The findings indicate that more educated individuals tend to use healthcare providers as resources and have better knowledge about asthma. The respondents reported checking multiple sources for information about asthma, with an average of five preferred sources. The most trusted sources included general physicians or pediatricians, school nurses, emergency department doctors or nurses, and information from the internet. There is a moderate correlation between the number of information sources a person consults and the number of correct answers they provide about asthma. Individuals who rely on mainstream medical sources, such as physicians, nurses, and the internet, tend to have more accurate information. The passage explores the relationship between respondents' education levels and their preferred sources of information. Higher education levels correlate with a preference for traditional Western medicine sources and a decreased reliance on non-Western medicine sources or spiritual leaders for asthma information. In summary, the survey suggests tailoring asthma education programs to specific audiences, with a focus on improving healthcare providers' knowledge for more educated individuals, and recognizing the preference for mainstream medical sources among the surveyed population.

A study conducted by Emilia Mardsen in Zambia aimed to assess the knowledge and perceptions of asthma among the population, as the country undergoes an epidemiological transition from communicable to non-communicable diseases. The survey, conducted from July 2011 to March 2012, involved 1,540 participants in Lusaka, Zambia. The estimated annual rate of physician-diagnosed asthma in Zambia is 3%, but there is limited public knowledge about asthma symptoms and management. Among the participants, 7.6% reported a medical diagnosis of asthma or were currently taking asthma medications. Common asthma symptoms reported included wheezing, waking up at night with shortness of breath, chest tightness, and cough. Medications used for asthma treatment were predominantly oral short-acting beta-agonists (SABA), inhaled SABA, and antibiotics, with less use of inhaled steroids and long-acting beta-agonists (LABA). Many misconceptions were identified, such as beliefs that hospitalizations for asthma are not preventable, inhalers are addictive, and people with asthma cannot exercise. Individuals with asthma demonstrated better knowledge of asthma signs compared to those without asthma, but there were still significant knowledge gaps and misconceptions. The study highlights the need for improved education and awareness about asthma in Zambia to enhance disease management and reduce stigmatization. The findings suggest that despite the epidemiological transition, there is a lack of understanding about asthma in Zambia, emphasizing the importance of targeted public health initiatives to address knowledge gaps and misconceptions.



Asthma: I Cant Breath





Asthma: I Can't Breath



University Students relation to Asthma

The study into Asthma in University students above gives us insights into how university students relate to asthma:

Understanding Asthma Prevalence and Knowledge:

The epidemiological transition in Zambia, shifting from communicable to non-communicable diseases, includes the rising prevalence of asthma. The study estimates the annual rate of physician-diagnosed asthma at 3%, highlighting the significance of asthma as a health concern within the population. However, the general public's knowledge of asthma symptoms, signs, and its management is notably lacking, as indicated by the survey results.

Dealing with Asthma in University Settings:

University students, constituting a significant demographic in Zambia, face unique challenges in dealing with asthma while pursuing their academic goals. The study's findings, based on a diverse sample of participants in Lusaka, provide a glimpse into the daily struggles and misconceptions prevalent among students with asthma.

Symptoms and Medication Use:

The research reveals that common asthma symptoms reported by participants include wheezing, nocturnal shortness of breath, chest tightness, and cough. Interestingly, the medications used for asthma treatment among surveyed individuals predominantly include oral short-acting beta-agonists (SABA), inhaled SABA, and antibiotics. This medication pattern suggests a potential gap in adherence to international asthma management guidelines, emphasizing the need for educational interventions.

Misconceptions and Knowledge Gaps:

The study identifies numerous misconceptions about asthma prevalent among the surveyed population. These include beliefs that hospitalizations for asthma are not preventable, inhalers are addictive, and individuals with asthma cannot engage in physical exercise. For university students, these misconceptions may contribute to challenges in effectively managing their condition, potentially impacting their academic performance and overall quality of life.

The Role of Education and Awareness:

The essay underscores the importance of targeted educational initiatives to enhance asthma awareness and knowledge among university students in Zambia. Addressing misconceptions and filling knowledge gaps can empower students to take charge of their health, adopt effective asthma management strategies, and reduce the stigma associated with the condition.

Managing asthma among university students in Zambia requires a comprehensive approach that addresses both the prevalence of the condition and the knowledge gaps present in the population. The findings from the study highlight the need for public health interventions, educational programs, and policy changes to create a supportive environment for students with asthma. By promoting accurate information and dispelling misconceptions, universities can contribute to the well-being and academic success of students living with asthma.



Social Media, A Benefit or Detriment?

The advent of social media has transformed the way we communicate, share information, and build communities. For students with asthma, social media platforms offer both benefits and potential drawbacks in navigating the complexities of managing their condition.

Benefits of Social Media for Asthma Management:

Information Sharing and Awareness:

- Social media platforms serve as valuable spaces for disseminating accurate and up-to-date information about asthma. Students can access educational content, awareness campaigns, and insights into the latest advancements in asthma management. This shared knowledge helps build a supportive community and empowers students to make informed decisions about their health.

Online Support Communities:

- Social media facilitates the creation of virtual communities where students with asthma can connect, share experiences, and offer mutual support. These communities provide a safe space for individuals to discuss challenges, exchange coping strategies, and seek advice from peers who understand the unique aspects of living with asthma. This sense of camaraderie can be particularly beneficial in alleviating the isolation that may accompany chronic health conditions.

Health Tracking and Monitoring:

- Many social media platforms offer features for health tracking and monitoring. Students with asthma can use these tools to log symptoms, medications, and triggers. This data can be shared with healthcare professionals or used for personal insights, contributing to more effective asthma management.

Detriments of Social Media for Asthma Management:

Misinformation and Misguided Advice:

- While social media is a source of valuable information, it also harbors misinformation and unverified advice. Students with asthma may encounter conflicting recommendations or alternative treatments that lack scientific backing. Relying on inaccurate information could lead to inappropriate self-management strategies and potential health risks.

Cyberbullying and Stigma:

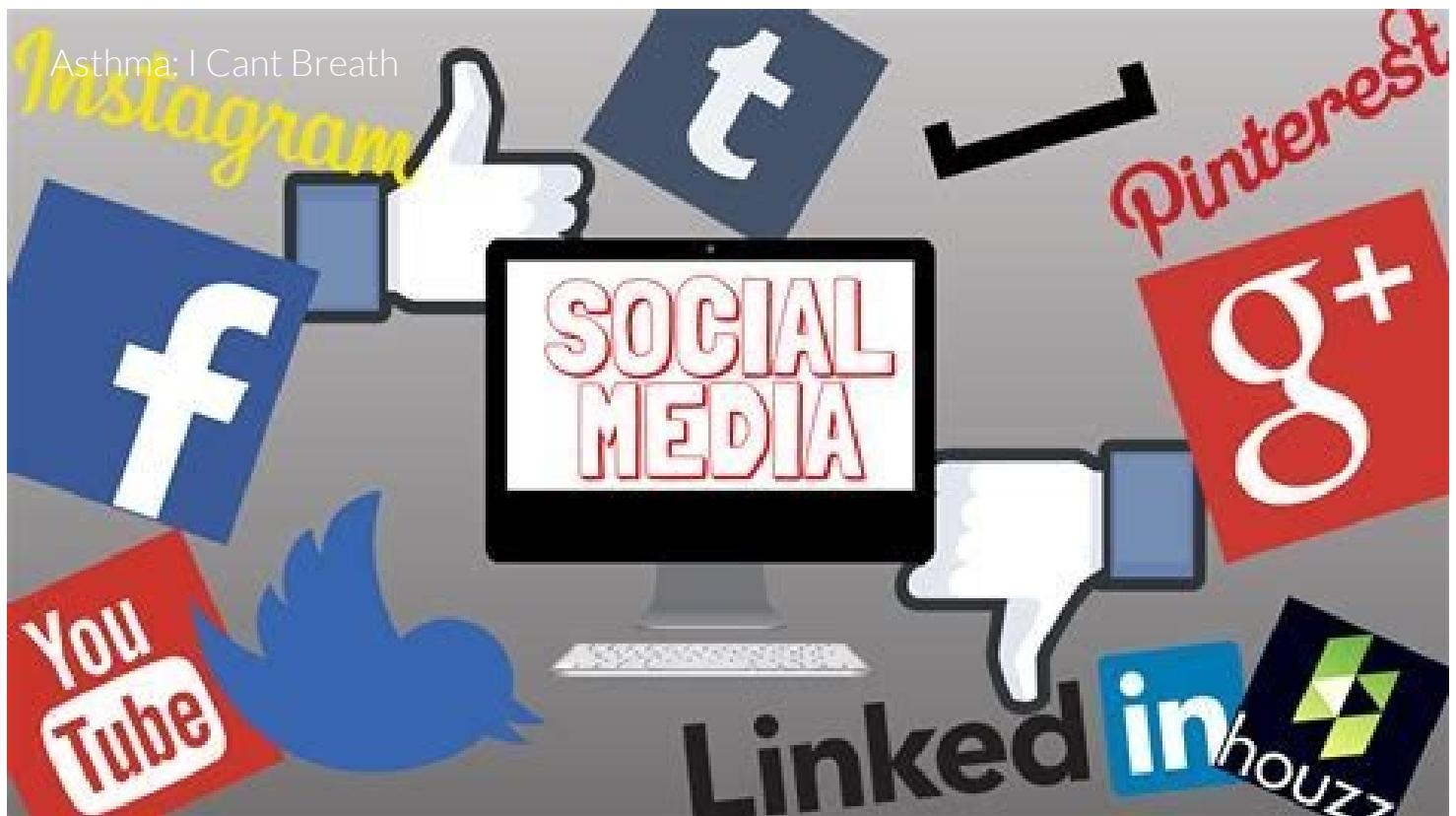
- Social media platforms are not immune to the negative aspects of online interactions. Students with asthma may face cyberbullying or encounter stigmatizing attitudes related to their condition. Negative comments or stereotypes perpetuated online can contribute to increased stress and anxiety, negatively impacting mental health.

Distraction and Reduced Productivity:

- Excessive use of social media can become a source of distraction for students, potentially affecting their academic performance. Continuous scrolling through social feeds may divert attention away from crucial aspects of asthma management, such as adhering to medication schedules or recognizing early warning signs.

Social media's impact on students with asthma is complex, presenting both benefits and potential drawbacks. While it offers a platform for information exchange, support communities, and health tracking, the prevalence of misinformation, cyberbullying, and distractions poses challenges. The key lies in promoting responsible and informed use of social media among students with asthma, encouraging them to leverage the benefits while being vigilant about potential pitfalls. Additionally, educators and healthcare professionals can play a pivotal role in guiding students toward reliable sources of information and fostering a positive online environment that enhances rather than hinders asthma management.





Asthma Relief: How to Use Ventolin for Symptoms and Attacks

Jignesh Sangani



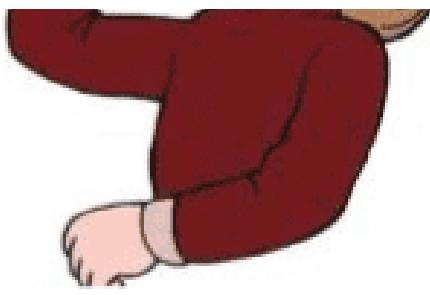
Asthma Awareness Month

Did You Know?

Each year, asthma accounts



for almost two million
emergency room visits.



Smart911.com™

no one:
not even me:
my asthma:





Asthma: I Cant Breath



In
Health
We
Trust

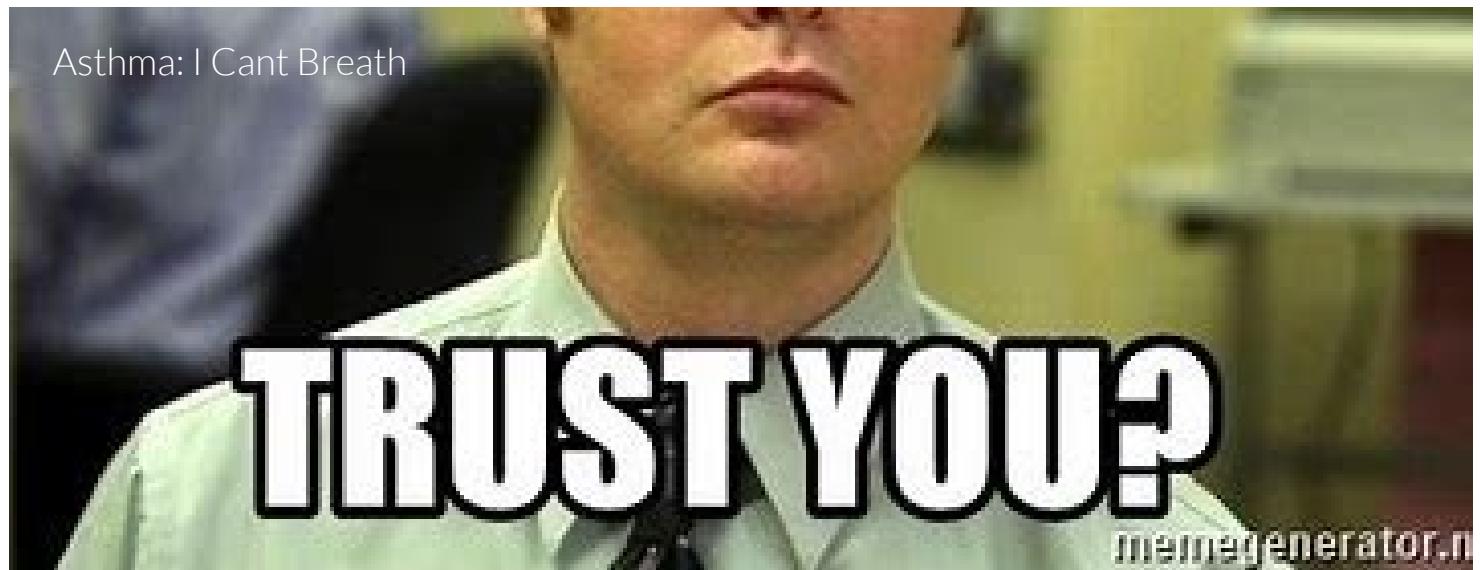
A large, bold, serif font text "In Health We Trust" is centered within a white rectangular box with a black border. The word "In" is in a smaller italicized font, while "Health", "We", and "Trust" are in a larger, bold, sans-serif font. The entire box is set against a yellow circular background.

A HEALTHLINE MEDIA REPORT



WHY SHOULD I

A large, bold, white font text "WHY SHOULD I" is overlaid on a photograph of a man with glasses looking directly at the camera. The text has a thick black outline.



Trusting Healthcare Providers and Institutions: Key Findings | Northwestern University
Kellogg School of Management



University Health Forums

University health forums can be both a helpful and potentially risky source of information for asthma patients. Here are some considerations:

Pros:

- Expert Input: University health forums often involve contributions from healthcare professionals, researchers, or students studying health-related fields. This can provide valuable insights and accurate information.
- Educational Resources: Some university forums may offer educational resources, articles, or guides that are evidence-based and reliable. These resources can enhance patients' understanding of asthma and its management.
- Community Support: Forums can serve as a platform for individuals with asthma to connect, share experiences, and offer support to one another. The sense of community can be beneficial for coping with the challenges associated with asthma.

Cons:

- Misinformation: Not all information shared on forums is accurate or evidence-based. It's important for individuals to critically evaluate the information and consult reliable sources for confirmation.
- Anecdotal Advice: Personal experiences shared on forums may not apply universally, and anecdotal advice should not replace professional medical guidance. What works for one person may not work for another.
- Lack of Regulation: Unlike official health websites or publications, forums are often not regulated, and the information provided might not undergo the same level of scrutiny. This can lead to the spread of unverified information.

Tips for Using University Health Forums:

- Verify Information: Cross-check information obtained from forums with reputable sources such as medical journals, official health organizations, or guidance from healthcare professionals.
- Consult a Healthcare Professional: Forums can complement, but should not replace, professional medical advice. Always consult with a healthcare professional for personalized guidance tailored to your specific health needs.
- Participate Responsibly: If you choose to participate in forums, share your experiences responsibly and avoid giving or following medical advice without verification.
- Evaluate the Source: Check the credentials of those providing information. Are they healthcare professionals, researchers, or individuals sharing personal experiences?

In conclusion, university health forums can be a valuable resource if approached critically and used to supplement, not replace, professional medical guidance. Always prioritize information from reliable sources and consult with healthcare professionals for personalized advice.

What has Digital Ethnography Helped us Accomplish?



The digital ethnography lens serves as an invaluable tool for unraveling the nuanced experiences of university students grappling with asthma, drawing insights from studies conducted in Zambia and related articles. The Zambia study accentuates the pivotal role of social media platforms in navigating unique academic challenges faced by university students, echoing the digital discourse on platforms like Reddit. These insights align with a survey on urban, female African American individuals, highlighting prevailing misconceptions about asthma in specific populations. Collectively, these sources emphasize the crucial need for accurate information dissemination within digital spaces frequented by university students. Adding depth to this perspective, a recent study at Obafemi Awolowo University in Nigeria sheds light on the prevalence of asthma among young adults. The survey reveals a substantial proportion of probable asthmatics (14.1%) and suspected asthmatics (3.9%) among students aged 15–35, aligning with global patterns and emphasizing the universality of asthma challenges among university students. The digital space, illuminated by the Zambian study and the survey, emerges as a dynamic arena where university students globally share insights on balancing academic demands with health needs. Discussions on stress's impact on asthma symptoms parallel the nuanced understanding gleaned from experiences in Zambia. Additionally, the accessibility of healthcare resources on campus, a significant topic identified in the Zambian study, emerges as a common concern, reflecting practical challenges faced by students in different regions. Contrary to persistent myths and misconceptions, the articles and survey findings affirm that asthma is a serious global health problem affecting people of all backgrounds and ages. The Zambian study points to widespread misconceptions within the surveyed population, and the survey on urban, female African American individuals reveals specific preferences for information sources. Addressing misconceptions becomes crucial, as beliefs such as hospitalizations for asthma not being preventable, inhalers being addictive, and individuals with asthma being unable to engage in physical exercise are debunked. This is imperative to prevent underutilization of health services and reduced adherence to medication, leading to poorly controlled asthma. In conclusion, leveraging insights from the provided articles and surveys, digital ethnography emerges as a powerful tool in understanding the diverse experiences of university students managing asthma. The Zambian study provides a contextual backdrop, demonstrating the universality of challenges faced by students in different regions. The Nigerian study adds a new dimension, emphasizing the high prevalence of asthma among young adults in a developing world context. Addressing misconceptions on social media platforms becomes imperative, aligning with the broader global goal of fostering accurate knowledge and supportive environments for individuals grappling with asthma.

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