

Knowledge on Prevention and Immediate Management of Child with Febrile Seizure among Mothers of Under Five Children

Ms Subishma V¹, Ms. Surya Joseph¹, Mr Akhil P P¹, Mr. Jibin. V Varkey², Dr. Assuma Beevi T.M³

¹B.Sc Nursing Students, ²Assistant Professor Child Health Nursing, ³Principal, HOD Child Health Nursing, MIMS College of Nursing, Puthukode, Kerala, India

Corresponding Author: Ms. Surya Joseph

ABSTRACT

The present study was aimed to assess the knowledge on prevention and immediate management of child with febrile seizure among mothers of under five children. The objectives of the study was; to assess the level of knowledge on febrile seizure and its prevention and immediate management among mothers of under five children & to find out the association between level of knowledge on febrile seizure and its prevention and immediate management and socio demographic variables. The study was conducted in ASTER MIMS hospital Calicut with sample size of 60 mother's selected using convenience sampling method. The conceptual framework of the study was based on Nola. J. Pender's Health Promotion Model. A qualitative non-experimental approach was chosen for this study. Levels of knowledge were assessed using structured questionnaire. The result shows that 31.6% of subjects have poor knowledge, 40% of subjects have average knowledge and 28.3% of subjects have good knowledge regarding prevention and immediate management of child with febrile seizure. The chi-square test revealed that the association between demographic variable and level knowledge on febrile seizure and its prevention and immediate management. It shows that there was a significant association between age of the mother ($X^2=16.19 > 12.59$) and educational status of the mothers ($X^2=20.2 > 15.51$) at 0.05 level of significance whereas there was no significant association between religion, type of family, place of residence, occupational status of mothers and income of family with level of knowledge on febrile seizure.

Key words: Febrile seizure.

I. INTRODUCTION

Miracle is the only word to describe the birth of a child. Birth, Growth and Development of a child are most challenging in human's life. It takes a holistic approach to know and meet the comprehensive needs of a child. Children are the heritage of not only a family but of whole country. But healthy survival of the children is threatened in every moment. Children with health problems are shocking and alarming throughout the world, especially in the developing countries. Expert and empathetic approach is essential to minimize these problems and to reduce the inexcusable causes of child hood morbidity, mortality and disability. Children are more prone to get disease mainly they are affected with fever. [1]

Febrile seizures are one of the most common neurological disorders of the childhood, affecting approximately 3% of children. Febrile seizure mainly associated with high grade fever. Seizure occurs with fever more than 38 degree Celsius and resolves within 15 minutes with a return of alert mental status after the seizure. Most febrile seizures occur after 6 months of age and usually before age 3 years, with increased frequencies in children younger than 18 months. Boys are affected about twice as often as girls and these appears to be as increased family susceptibility. Approximately 10% of all children younger than 18 years have seizure. An estimated 3% to 4% of children aged 6 months to 3 years will have a febrile seizure. [2] Generally 5% of the Indian population

experiencing minimum one episode of febrile seizure in one's life time. [3]

Febrile seizures generally have an excellent prognosis but may also signify a serious underlying acute infectious disease such as sepsis or bacterial meningitis. Febrile seizures are age dependent and rare before 9 months and after 5 years of age. The peak age of onset is approximately 14-18 months of age. Incidence approaches to 3-4% of young children. A strong family history of febrile seizure in siblings and parents suggest a genetic predisposition. [4] Most febrile seizures have stopped by the time the child is taken to a medical facility and require no treatment. However if the seizure continues, treatment consist of controlling the seizure and reducing the temperature. Parental education and emotional support are important interventions, and information may need to be repeated depending on the parent's anxiety and education level. [5]

II. MATERIALS & METHODS

Qualitative non-experimental approach is used to identify the knowledge of mothers of under five children on prevention and immediate management of child with febrile seizure. The study design was descriptive qualitative non-experimental design. The study was conducted in ASTER MIMS hospital at Calicut. 60 mothers of under five children in pediatric ward was considered as sample of this study. Convenience sampling technique was found to be appropriate to select mothers of under five children in pediatric ward and outpatient department of ASTER MIMS hospital at Calicut. The sample size for this study was 60 mothers of under five children who full fills the inclusion criteria. The tool used for this study was Socio demographic data of the mothers of under five children, containing information related to mothers such as age, religion, type of family, place of residence, educational status, occupation and monthly income of the family & Structured questionnaire to assess the knowledge on febrile seizure and

its prevention and immediate management with a total of 30 questions. The tool was given to a total 5 experts from the field of nursing. The recommendations and suggestions of the expert were considered to modify the tool and the tool was finalized with the help of research guide. Internal consistency of structured knowledge questionnaire was calculated by using split half method. After obtaining permission from the concerned authority a pilot study was conducted to determine the feasibility, validity, reliability of the design methodology and tool. The pilot study was conducted on 16-05-2018 among 6 mothers of under five children in ASTER MIMS hospital at Calicut. The tool was found to be feasible and practicable after getting the approval of the institutional ethical committee, the data was collected during the period 17-05-2018 to 19-05-2018. The informed consent was taken from the subjects. Then the subject was seated comfortably. First the investigator interviewed the clients for collecting information about socio demographic factors and assessed the knowledge by using questionnaire. It took almost 30 minutes to collect data from subjects. Data analysis was done on the basis of descriptive and inferential statistics.

III. RESULTS

The results of the study are presented under following headings.

Section1: Demographic data of mothers of under-five age group children.

Section2: Knowledge of mothers of under-five children about prevention and immediate management of child with febrile seizure.

Section3: Relationship between selected demographic variables and knowledge on febrile seizure and its prevention & immediate management.

Section 1: Demographic data of mothers of under five children

Table 1: Distribution of subjects based on age N = 60

Demographic characteristics	Frequency	Percentage
Age in years 16-20	0	0
21-25	18	30
26-30	22	37
>30	20	33

Table 1 shows that among the subjects 37% were belongs to the age group of 26-30 years, 33% of subjects were belongs to age group >30 years, 30% of subjects were belongs to age group 21-25 years and no body were belongs to 16-20 years.

AGE

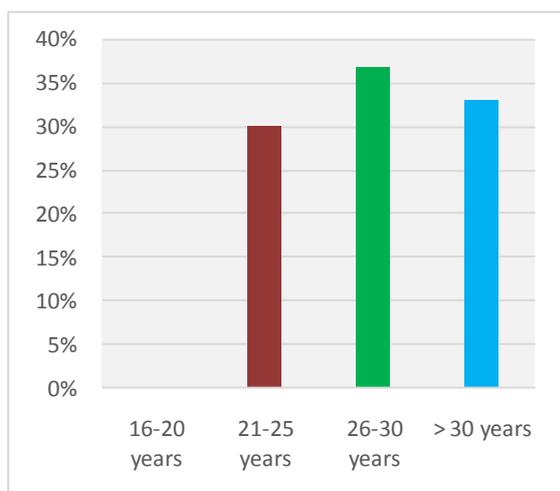


Figure 1 shows that among the subjects 37% were belongs to the age group of 26-30 years, 33% of subjects were belongs to age group >30 years, 30% of subjects were belongs to age group 21-25 years and no body were belongs to 16-20 years.

Table 2: Distribution of subjects based on religion, education and occupation N = 60

Demographic characteristics	Frequency	Percentage
Religion		
Hindu	23	39
Christian	17	28
Muslim	20	33
Education		
Illiterate	0	0
Primary	3	5
High school	30	50
Graduation	20	34
Post-graduation	7	11
Occupation		
Government sector	14	24
Private sector	11	18
Daily wages	9	15
Self-employed	26	43
Retired	0	0

Table 2 indicates that, 39% of the samples were Hindus, 50% had high school level of educational qualification and 43% of subjects were self-employed.

RELIGION

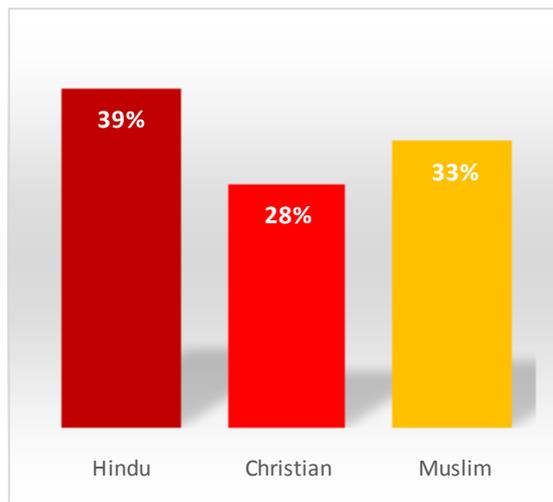


Figure 2 shows that, among the subjects 39% were belongs to Hindu religion, 33% of subjects were Muslim religion and 28% of subjects were belongs to Christian religion.

EDUCATIONAL STATUS

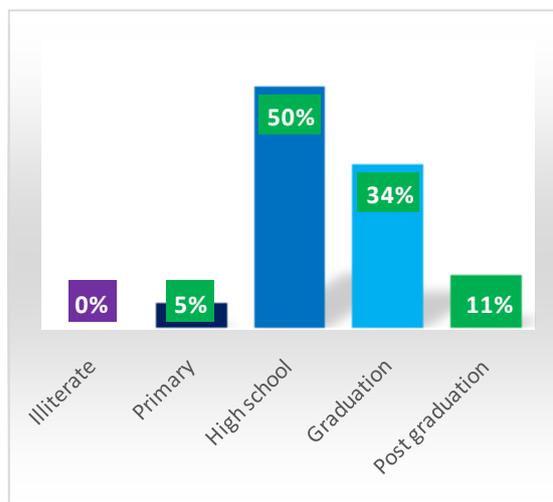


Figure 3 shows that, among the subjects 50% were educated up to high school, 34% of subjects were graduated, 11% of subjects were post graduated, 5% of subjects were educated up to primary level and nobody were illiterate.

OCCUPATIONAL STATUS

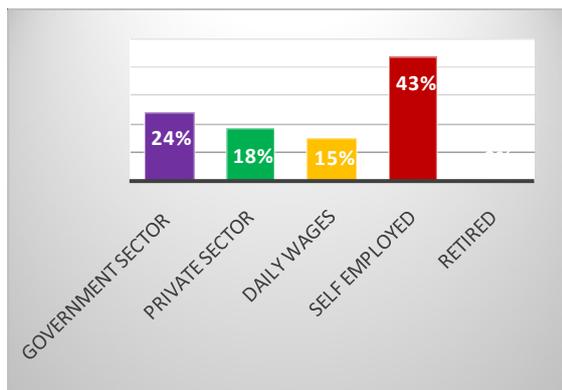


Figure 4 shows that, among the subjects 43% were self-employed, 24% of the subjects belong to government sector, 18% of the subjects belongs to private sector, 15% of the subjects belongs to daily wages and no body were retired.

Table 3 Distribution of mothers of under five children based on monthly income and type of family N=60

Demographic characteristics	Frequency	Percentage
Monthly income		
<2000	9	15
2001 – 5000	9	15
5001 – 10000	20	33
>10000	23	37
Type of family		
Joint family	23	38
Nuclear family	37	62

Table 3 shows that, among the subjects 37% have monthly income >10,000 rupees, 33% have monthly income between 5001-10,000 rupees and 15 % have monthly income 2001-5000 and <2000 rupees. Among the subjects 62% were belongs to nuclear family and the remaining 38% belongs to joint family.

MONTHLY INCOME

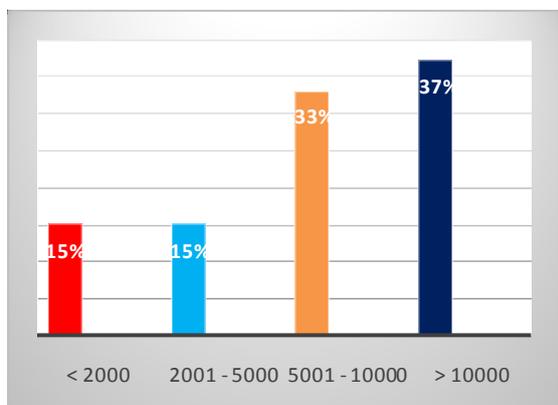


Figure 5 shows that, 37% have monthly income >10,000 rupees, 33% have monthly income between 5001-10,000 rupees and 15 % have monthly income 2001-5000 and <2000 rupees.

TYPE OF FAMILY

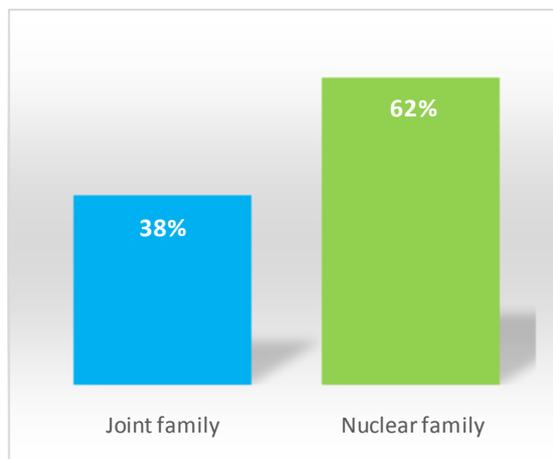


Figure 6 shows that, 62% were belongs to nuclear family and the remaining 38% belongs to joint family.

PLACE OF RESIDENCE

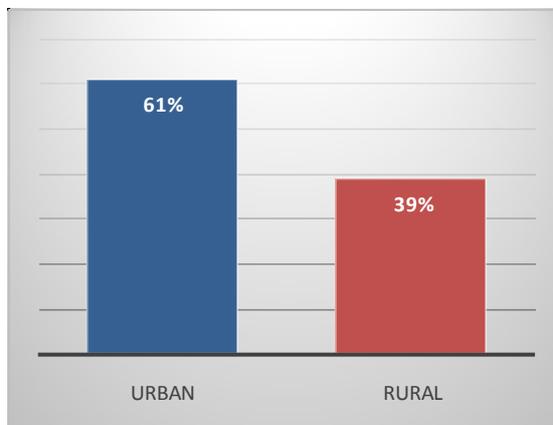


Figure 7 shows that 61% were residing at urban area and 39% were residing at rural area.

Section 2: Knowledge of mothers of under five children on prevention and immediate management of child with febrile seizure.

Table 4: Distribution of mothers of under five children based on knowledge about the prevention and immediate management of child with febrile seizure. N = 60

Knowledge level regarding the Prevention and immediate management of child with febrile seizure	Frequency	Percentage
Poor	19	31.6
Average	28	40.1
Good	17	28.3

Table 4 shows that most of the mothers (40.1%) have average level of knowledge about the prevention and immediate management of child with febrile seizure. Only 28.3 % of mothers have good knowledge and 31.6 % of mothers having poor knowledge.

Section 3: Findings related the association between selected demographic variables and knowledge on prevention and immediate management of child with febrile seizure among mothers of under five children.

Table 5 Association between selected demographic variables and knowledge on prevention and immediate management of child with febrile seizure.

Demographic variable	Chi-square value	Degree of freedom	Table value	Significance
Age of mother	16.19	6	12.59	Significant
Religion	9.35	4	9.49	Not significant
Educational status	20.2	8	15.51	Significant
Type of family	5.89	2	5.99	Not significant
Occupational status	3.35	8	15.51	Not significant
Place of residence	3.43	2	5.99	Not significant
Monthly income	5.87	6	12.59	Not significant

Table 5 depicts that, the association between demographic variable and level knowledge on febrile seizure and its prevention and immediate management. The chi-square value for age of mothers is $X^2=16.19$ and table value is 12.59, Chi-square value for educational status of mothers is $X^2=20.2$ and table value is 15.51 which is more than the table value at 0.05 level of significance. Hence there is a significant association between demographic variables (age and educational status of mothers) and level of knowledge on febrile seizure. But there was no significant association between religion, type of family, place of residence, occupational status of mothers and income of family with level of knowledge on febrile seizure.

IV. DISCUSSION

The present study showed that 31.6% of subject has poor knowledge, 40.1% of subject has average knowledge and 28.3% of subject has good knowledge regarding prevention and immediate management of child with febrile seizure. This finding is consistent with a descriptive study on parental fear of fever and febrile

seizure in order to improve the information; they studied parent's perception and knowledge about fever and febrile seizure. Of the 230 parents; 181 (79%) responded to the questionnaire. Of all parent's 45% were afraid or very afraid of fever which was strongly associated with being afraid of recurrent febrile seizure; 21% mentioned it as their reason to consider febrile seizure is not harmful; 24% sleeping in same room; 13% remained awake at night. They conclude that parental fear of fever and febrile seizure is a major problem with negative consequences for daily family life. Hence it was concluded that knowledge of mothers of under five children was found to be statistically associated with the prevention and immediate management of child with febrile seizure among mothers of under five children.

CONCLUSION

Febrile seizures are one of the most common neurological disorders of the childhood. Significantly this health problem is contributing to overall mortality and morbidity of children. Parent's knowledge regarding prevention and immediate management of febrile seizure help to

decrease the mortality and morbidity of children in India.

ACKNOWLEDGEMENT

With overwhelming hearty thanks and gratitude, the investigators submit their effort to the lord almighty who again showed that anything is possible with his immense power.

The investigators are greatly obliged and express their heartfelt gratitude to our guide Mr. Jibin. V. Varkey, Assistant Professor, MIMS College of Nursing, and Dr. Assuma Beevi T.M. RN.RM., Ph.D (N)., Dip. Med. Edn., CHPE., Cert. HRM., DHM, Principal, MIMS College of Nursing, for their support, constant encouragement, and thoughtful comments for the successful completion of this study.

REFERENCES

1. Achar S T (1980). Pediatrics in developing tropical countries, 1st edition, New Delhi, Orient Longman publishers, 509-510.

2. Antoniov. Delgado, escueta, renzoguerrini (2005) advance in neurology 1st edition Lippincott, Williams and Wilkins publishers, 119-121.
3. Desmond Cormack (2000) the research process in nursing 4th edition USA, Blackwell publishers, 29-35.
4. Behrman, Kliegman, Jenson, 2004 Nelson textbook of pediatrics (17th edition), Elsevier publication, 1994-1995.
5. Assuma BTM (2006) introduction to nursing research, 1st edition, MIMS publication Calicut, 1-10.

How to cite this article: Subishma V, Joseph S, Akhil PP et al. Knowledge on prevention and immediate management of child with febrile seizure among mothers of under five children. International Journal of Science & Healthcare Research. 2018; 3(3): 73-78.
