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RESEARCH ARTICLE

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON CARE OF CHILDREN WITH FEBRILE SEIZURES AMONG MOTHERS OF UNDER-FIVE'SAT URBAN SLUM AREAS, SURYAPET, TELANGANA, INDIA

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ABSTRACT

The aim of the study was "To assess the effectiveness of structured teaching programme on Care of Children with Febrile Seizures among mothers of under five's at selected Urban slum areas, Suryapet". A Quasi -experimental single group pre-test, post-test design was adopted. The study was conducted in Rajiv Nagar and Ambedkar Nagar (Urban slum areas), Suryapet, Telangana, India. The population were mothers' of children under five years numbered 50. Convenient sampling technique was adopted for the study. The study was carried out by using a structured interview schedule and structured teaching programme on care of children with febrile seizures among mothers having under-five's. A pre experimental one group pre –test, post –test design was adopted. Fifty mothers were selected by using purposes sampling methods at selected Urban slum areas, Suryapet to assess the knowledge and practices on care of children with febrile seizures by using this structured questionnaire. Structured teaching programme on care of children with febrile seizures was conducted. After 7 days of the structured teaching programme, the post –test were conducted by using the same pre-test questionnaire. Major findings of the study are:

- In pre-test, out of fifty mothers of under fives regarding knowledge, 22% (11) had inadequate knowledge, 70% (35) had moderately adequate knowledge and only 8% (4) had adequate knowledge. Regarding knowledge on practices, 2% (1) had inadequate knowledge, 84% (42) had moderately adequate knowledge and 14% (7) had adequate knowledge.
- In post-test, 44% (22) had moderately adequate knowledge, only 56% (28) had adequate knowledge and none were having inadequate knowledge on care of children with febrile seizures. Whereas 4% (2) had moderately adequate knowledge 96% (48) had adequate knowledge and none were having inadequate knowledge on practices.
- There is a significant improvement in knowledge and knowledge on practices regarding care of children with febrile seizures at $p<0.0001$ level.
- In pre-test, there is a significant association between the demographic variables and level of knowledge regarding type of family, number of previous attacks of seizures, family history of seizures and number of times admitted in the hospital for treatment at $p<0.01$ (1%) level, seizures accompanied with fever and family history of seizures were $p<0.0001$ and $p<0.001$% level respectively. In post test number of times admitted in the hospital for treatment of febrile seizures at $p<0.01$ (1%) level.
- In pre-test, there is a significant association between the demographic variables and knowledge on practices regarding care of children with febrile seizures with family history of seizures at $p<0.05$% level. None of the variables were significant in post-test.

The effectiveness of structured teaching programme on care of children with febrile seizures was significant at $p<0.0001$.The study concluded that the data proved that the structured teaching programme was a primary measure which markedly improve the knowledge and practices on care of children with febrile seizures among mothers of under-fives. Irrespective of demographic variables mothers improved their knowledge and practices on care of children with febrile seizures.

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INTRODUCTION

Febrile seizures are the most common convulsive disorder through the life cycle. It is a convulsion that is associated with a significant rise in body temperature among age group of six months to five years. Febrile seizure is also known as fever fit (or) febrile convulsion (www. \wikipedia/ free encyclopedia/ febrile seizures.com). Globally febrile seizures were as few as 1.5% of children in China and as many as 15% of children in India, Japan and Guam. It is estimated to be present in 2 to 5 % of children younger the five years of age in the United States and Western Europe. From 2% to 5% of all children suffer at least one febrile seizure. There is a 30% to 40% risk of recurrent febrile seizures with subsequent febrile illness. Of these, 75% of recurrences would occur within one year of first episode (http:// www.peerreview/pediatric emergency medicine.com).

The peak incidence of febrile seizures at 18 months of age, with most seizures occurring between the ages 6 months and 5 years. They are more common in boys than in girls. A febrile seizure occurring in patients younger than three months and older than seven years of age are uncommon. The rates of febrile seizures are highest in the winter with a seasonal peak in January and a daily peak in the evening from 6pm to midnight[2]. International league against epilepsy (2007), says that if "a seizure occurring in childhood after one month of age associated in with a febrile illness not caused by an infection of the central nervous system (CNS), without previous neonatal seizures(or) a previous unproved seizures and not meeting the criteria for other acute symptomatic seizures (http://www.indianpeadeatricsbook/ library.com)". According to the National Institute of Health (1980), a febrile seizure is "an event in infancy (or) childhood usually occurring between three months and five years of age associated with a fever, but without evidence of instructional infection (or) defined cause for their seizure (http://www.indianpeadeatricsbook/ library.com)". Baram and Shinnar(2002), has explained the febrile seizures as a seizure is associated with a febrile illness in the absence of a central electrolyte imbalance in children older than one month of age without prior afebrile seizures (http://www.medindia.net/education/febrile seizures.com). Until the mid 19th century, febrile seizures were not recognized as distinct from other seizures. Before that time, infantile seizures were thought to be the result of irritation of the central nervous system (CNS). Presumed causes include gastro intestinal irritation, teething, improper diet and fever. Treatment was non-specific and focused on relieving the symptoms (Parul Datta).

The temperature exceeds 38.8^0c (101.8^of) and the seizure occurs during the temperature rise rather than after a prolonged elevation. Sometimes it constitutes the dramatic beginning of an illness, often an upper respiratory tract (or) gastrointestinal tract infections (Parul Datta). In the mid 20th century, research studies focused on febrile seizures were published by Lenmox and Levingston. These investigators found that a benign outcome was predicted by onset between one and three years, generalized seizures of short duration single (or) few episodes, family history of positive for febrile convulsions, male sex and normal findings on the electro encephalogram (EEG) (Parul Datta). Simple febrile seizures are generalized rather than local and last less than 10 minutes. It is usually found in children between six months and five years of age. The fit occurs within 24 hours of the onset of fever and usually single per febrile episode. There is no recurrence before 12 to 18 hours of attack and no residual paralysis of limbs. Cerebro spinal fluid study and electroencephalogram are normal after the attack[4]. The risk of a febrile seizure in an individual child was about 10% if one first degree relative had febrile seizures and 33%if two relatives had a history of such seizures. Febrile seizures generally have excellent prognosis. A strong family history of febrile convulsions in siblings and parents suggests a genetic predisposition (http://www.nhsinform.co.uk/healthlibrary/ articles/f/febrile convulsion/introduction.aspx).

American academy of paediatrics, 1999, long term anti-epileptic therapy during is usually not required for children with simple febrile seizures. Anti pyretic therapy during febrile illness offers symptomatic relief for fever associated symptoms but appears to be ineffective in preventing seizures (http://www. american academy pediatrics, (1999)/long term therapy/febrile seizures.com).

Traditional Chinese method for reducing fever is hydrotherapy. It is alternative medicine for hyperthermia. Hydrotherapy is the use of water to revitalize, maintain and restore health. It is the application of cold and hot water compresses. There is physiological changes occur to the body. Cold water is stimulating and causes the superficial blood vessels to constrict, which causes blood to be shunted to the internal organs. Hot water is relaxing, and causes the superficial blood vessels to dilate, which removes wastes from body tissues. Alternating hot and cold water also improves elimination and stimulation circulation. Hydrotherapy treatments are often given at health spas (or) recommended as home self care treatments (http://www.uk/traditonalchinesemethod of reducing fever.com). In 1992, the best medicine for febrile seizures observing a seizure may be one of life's most frightening experiences. Many parents who witness a child's first seizure think that the child is dying. Their lack of knowledge and sense of helplessness may be compounded by misconceptions about the risk of swallowing the tongue, choking, brain damage, mental retardation and death. Thousands of parents each year who are terrified by such an event are in need of good information and reassurance (Liu *et al*., 2001). Parental education and emotional support are important interventions. Parents need reassurance regarding the benign nature of febrile seizures. Parents also need education on how to protect the child during the event (Kurland, 1992). Hence, the present study was focused on mothers having under-fives to assess their knowledge and knowledge on practices and impart health education pertaining to take care of children with febrile seizures.

MATERIALS AND METHODS

A Quasi -experimental single group pre-test, post-test design was adopted. The study was conducted in Rajiv Nagar and Ambedkar Nagar (Urban slum areas), Suryapet, Telangana, India. The population were mothers' of children under five years numbered 50. Convenient sampling technique was adopted for the study. The study was carried out by using a structured interview schedule and structured teaching programme on care of children with febrile seizures among mothers having under-five's.

The questionnaire consists of two sections

Section – I: This consists of socio-demographic data such as age, education and occupation of the mother, education and occupation of the father, family income monthly, religion, number of children below five years, types of family, place of residence, family history of seizures and source of information were recorded.

Section –II This is divided into two parts.

Part A : This consists of ten multiple choice questions related to knowledge regarding meaning, types, causes, signs and symptoms, diagnostic tests, complications and treatment of fertile seizures.

Part B: This consists of fifteen multiple choice questions related to knowledge on practices regarding management and preventive measures of febrile seizures. Structured teaching programme consists of meaning, types, causes, signs and symptoms, diagnostic tests, complications, first aid management, procedure of cold compress, checking of body temperature, medical management and preventive measures of febrile seizures.

Interrelationship between pre -and post- test level of knowledge on care of children with febrile seizures

Sl. No	Variables	Inadequate <50%		Moderately Adequate 50% -75%		Adequate >75%	
		N	%	N	%	N	%
1	Knowledge	11	22	35	70	4	8
2	Practices	1	2	42	84	7	14
	Total	28	56	22	44	0	0

Sl. No	Variables	Inadequate <50%		Moderately Adequate 50% -75%		Adequate >75%	
		N	%	N	%	N	%
1	Knowledge	0	0	22	44	28	56
2	Practices	0	0	2	4	48	96
	Total	0	0	19	38	31	62

Interelationship between pre -and post- test level of knowledge on care of children with febrile seizures

n=50

	POST - TEST								
PRE-TEST	Variables	Inadequate knowledge <50%		Moderately adequate knowledge 50-75%		Adequate knowledge >75%		Total	
		N	%	N	%	N	%	N	%
	Inadequate knowledge <50%	-	-	7	14	4	8	11	22
	Moderately adequate knowledge 50-75%	-	-	15	30	20	40	35	70
	Adequate knowledge >75%	-	-	-	-	4	8	4	8
	Total	-	-	22	44	28	56	50	100

n=50

	POST - TEST								
PRE-TEST	**Variables**	**Inadequate knowledge <50%**		**Moderately adequate knowledge 50-75%**		**Adequate knowledge >75%**		**Total**	
		N	**%**	**N**	**%**	**N**	**%**	**N**	**%**
	Inadequate knowledge <50%	-	-	2	4	9	18	11	22
	Moderately adequate knowledge 50-75%	-	-	-	-	35	70	35	70
	Adequate knowledge >75%	-	-	-	-	4	8	4	8
	Total	**-**	**-**	**2**	**4**	**48**	**96**	**50**	**100**

Mean, standard deviation of pre -and post – test among mothers of under five children

n=50

S.No	Variables	Pre – Test		Post Test	
		Mean	Standard Deviation	Mean	Standard Deviation
1	Knowledge	4.52	1.6567	7.6	0.8571
2	Practices	8.14	1.7729	12.14	1.0304

Effectiveness of structured teaching programme

n=50

S.NO	Variables	Pre – Test		Post Test		Paired t- value	
		Mean	SD	Mean	SD	Mean	Sig
1	Knowledge	4.52	1.6567	7.6	0.8571	-14.43	0.0001
2	Knowledge on practices	8.14	1.7729	12.14	1.0304	-16.06	0.0001

Score interpretation: The questionnaire comprises of ten multiple choice type questions related to knowledge on care of children with febrile seizures and fifteen multiple choice type of questions related to knowledge on practices. Each question carries one mark. The correct answer was given a score point of one and wrong answers score point of zero. The maximum total score was 25, the scores were interpreted in the following.

<50% inadequate knowledge
50-75% moderately adequate knowledge
>75%adequate knowledge

RESULTS

Major Findings of the Study

- In pre-test, out of fifty mothers of under-fives regarding knowledge, 22% (11) had inadequate knowledge, 70% (35) had moderately adequate knowledge and only 8% (4) had adequate knowledge. Regarding knowledge on practices, 2% (1) had inadequate knowledge, 84% (42) had moderately adequate knowledge and 14% (7) had adequate knowledge.

- In post-test, 44% (22) had moderately adequate knowledge, only 56% (28) had adequate knowledge and none were having inadequate knowledge on care of children with febrile seizures. Whereas 4% (2) had moderately adequate knowledge 96% (48) had adequate knowledge and none were having inadequate knowledge on practices.
- There is a significant improvement in knowledge and knowledge on practices regarding care of children with febrile seizures at p<0.0001 level.
- In pre-test, there is a significant association between the demographic variables and level of knowledge regarding type of family, number of previous attacks of seizures, family history of seizures and number of times admitted in the hospital for treatment at
- p<0.01 (1%) level, seizures accompanied with fever and family history of seizures were p<0.0001 and p<0.001% level respectively. In post test number of times admitted in the hospital for treatment of febrile seizures at p<0.01 (1%) level.
- In pre-test, there is a significant association between the demographic variables and knowledge on practices regarding care of children with febrile seizures with family history of seizures at p<0.05% level. None of the variables were significant in post-test.
- The effectiveness of structured teaching programme on care of children with febrile seizures was significant at p <0.0001.

Conclusion

The data proved that the structured teaching programme was a primary measure which markedly improve the knowledge and practices on care of children with febrile seizures among mothers of under-fives. Irrespective of demographic variables mothers improved their knowledge and practices on care of children with febrile seizures.

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