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Research Article

A PROSPECTIVE STUDY ON THE ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICES IN PARENTS REGARDING FEBRILE SEIZURE IN THEIR CHILDREN

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ABSTRACT

Objective: To evaluate the knowledge, attitude and practices of parents regarding febrile seizure in their children. Method: A hospital based prospective observational study, the maternal history and clinical examination of children was taken in a data entry form. The impact of parental counseling on quality of life was assessed by using KAP Questionnaire. Information was provided through patient information leaflet. The percentage was calculated by using MS excel. Results: During the study period 113 children were considered in the study. Most of the mothers were having only poor knowledge about febrile seizure and after counseling only it has improved. There was comparison with pretest and posttest in which in pretest 49% of them were having poor knowledge and after the posttest it was improved and 43% of them had good knowledge. Conclusion: The parental counseling was found to be effective in reducing their anxiety, improving parental knowledge and this knowledge empowers parents. A well-organized educational program should be conducted for parents in order to reduce the anxiety and fear.

Key words: Febrile Seizure, KAP Questionnaire, Patient information leaflet.

INTRODUCTION

Febrile seizure are the most common form of childhood seizures, affecting approximately 2-5% of children and usually occur between 6 month and 5 years of age, with a peak incidence at 18 months.[1] The International League Against Epilepsy (ILAE) defines Febrile Seizure as a seizure in association with febrile illness in absence of central nervous system infection (CNS) or acute electrolyte imbalance in children older than one month of age without prior a febrile seizure.[2] Febrile seizure is extremely frightening, emotionally traumatic and anxiety provoking when witnessed by parents, which make very difficult condition for them to deal with. Concerns about the future health of the child are the most common causes of fear among the parents.[3]Several studies conducted to assess parental fear of fever have listed seizure that can cause brain damage and fatality as primary fear sources.[4] The outcomes of febrile convulsions are known to be poor in developing countries due to various inaccurate information and traditional beliefs and harmful practices.[5]The best medicine for febrile convulsion is not prescription medications but effective personal communication with parents on the part of health care providers. To help parents cope with their children febrile convulsions, it is essential to reduce the parental concerns and improve their responses to seizures at home. Accordingly understanding and improving parental knowledge, attitude and practices towards febrile convulsions are essential.[6]

The main objective of the study is to evaluate the knowledge, attitude and practices of parents regarding febrile seizure in their children.

MATERIALS AND METHODS

Study Site

A Hospital based prospective observational study was conducted at different hospital in Palakkad both Government and private sector hospital. Government Women and Children Hospital, Palakkad District and Paalana Institute of Medical Science, Palakkad, Kerala.

Study Duration

The study was conducted for a period of 6 month (November 2019-April 2020).

Study Population

A total of 113 children were involved in the study.

Study Criteria

Inclusion Criteria: Inpatient children who are newly diagnosed with febrile seizure between 6month – 5year. Parents who are willing to give consent for the study.

Exclusion Criteria*:* Children with previous febrile seizure, unprovoked seizure, Intracranial infections. Metabolic disorders, Known illness of CNS and neurological deficit, Afebrile seizure, Epilepsy.

Data Collection

Signed informed consent was taken from mother or guardian of each child recruited in the study. The study was approved by institutional ethical committee. A predesigned patient data entry form was used to collect the detailed history and clinical examination of each child with febrile seizure. Modified questionnaire was used to assess the KAP among the parents towards Febrile seizure. From the collected data, Demographic details, the various risk factors, causes associated with febrile seizure signs and symptoms, management strategies was analysed.The content validity of questionnaire was ensured through literature review and subject experts. After the pre-test with the parents, counselling was provided to the parents by using patient information leaflet. The test was performed again after 48 hours in the same parents of children with febrile seizure. The data was analysed and compared for assessing the improvement in KAP before and after counselling .

Ethical Committee Approval

The study was approved by institutional ethical committee (GCP/IEC/219B/2019) dated on 11/10/2019.

Statistical Analysis

Data were analyzed using Graph pad prism 8.4.1 software. Chi-Square test was used to assess the KAP contributing to Febrile Seizure in children (p value < 0.05 was considered as significant).

RESULTS

During the study period a total of 113 children with febrile seizures were considered in the study.

Table 1: Distribution Based on Maternal Characteristics

SL. NO	Maternal Characteristics	No of mother n=113	Percentage (%)
1.	**Mother's occupation**		
	Employee	35	**31%**
	Housewife	78	**69%**
2.	**Education Level**	23	**20%**
	Illiterate	19	**17%**
	High school	41	**36%**
	Higher secondary school	30	**27%**
	Graduate		
3.	**Socioeconomic class**		
	Upper	23	**20%**
	Middle	71	**63%**
	Lower	19	**17%**

Table 2: Distribution Based on Knowledge in Parents Before and After Counseling

	Before counselling		After counselling		
	Number of parents(n=113)	Percentage (%)	Number of parents(n=113)	Percentage (%)	
Poor	56	49%	20	18%	
Fair	38	34%	44	39%	
Good	19	17%	49	43%	P value=**(0.0001)

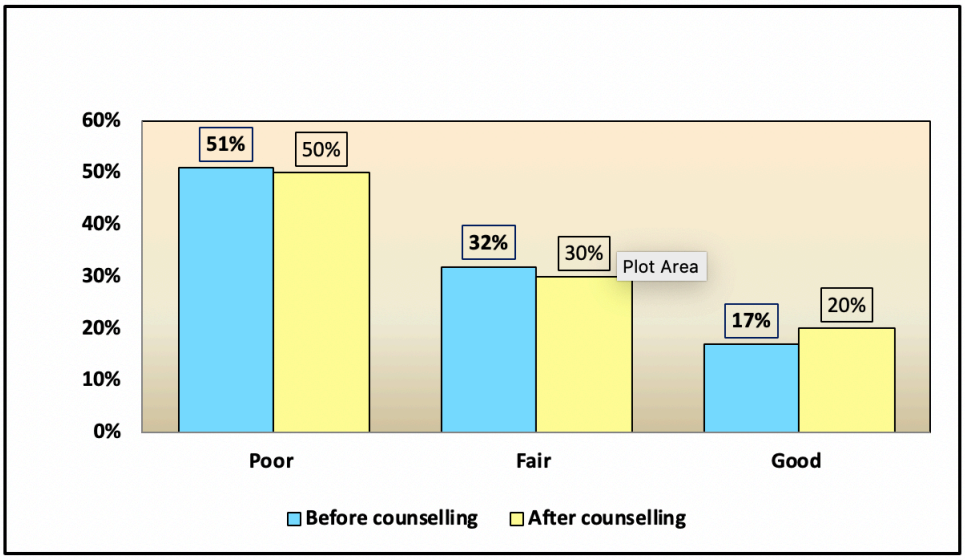

Figure 1: Distribution based on knowledge in parents before and after counselling

Table 3: Distribution Based on Practices in Parents Before and After Counseling

	Before counselling		**After counselling**		
	Number of parents(n=113)	Percentage (%)	Number of parents(n=113)	Percentage (%)	
Poor	58	51%	56	50%	
Fair	36	32%	34	30%	
Good	19	17%	23	20%	P value=**(0.0001)

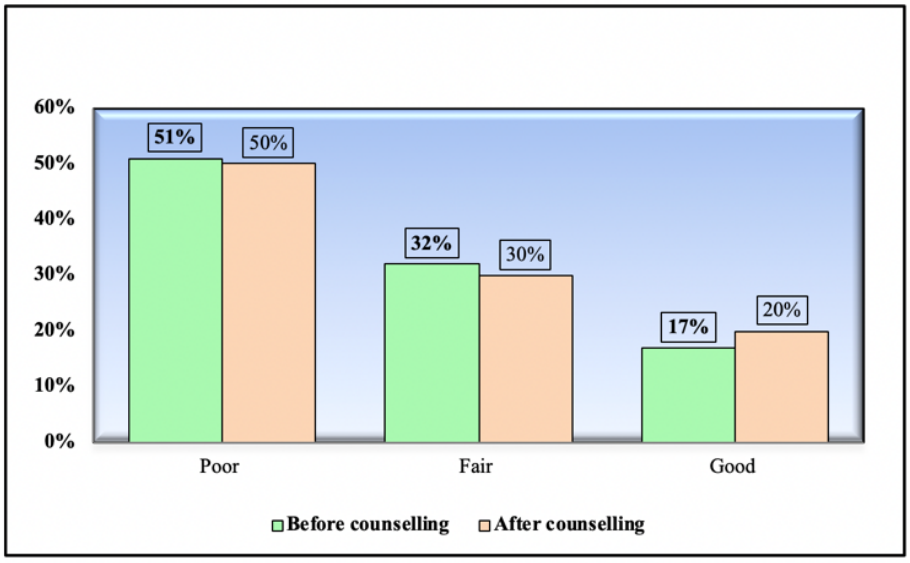

Figure 2: Distribution based on practices in parents before and after counselling

Table 4: Distribution Based on Attitude in Parents Before and After Counselling

	Before counselling		**After counselling**		
	Number of parents (n=113)	Percentage (%)	Number of parents(n=113)	Percentage (%)	
Positive ≥25	26	23%	96	85%	
Negative≤25	87	77%	17	15%	P value=**(0.0001)

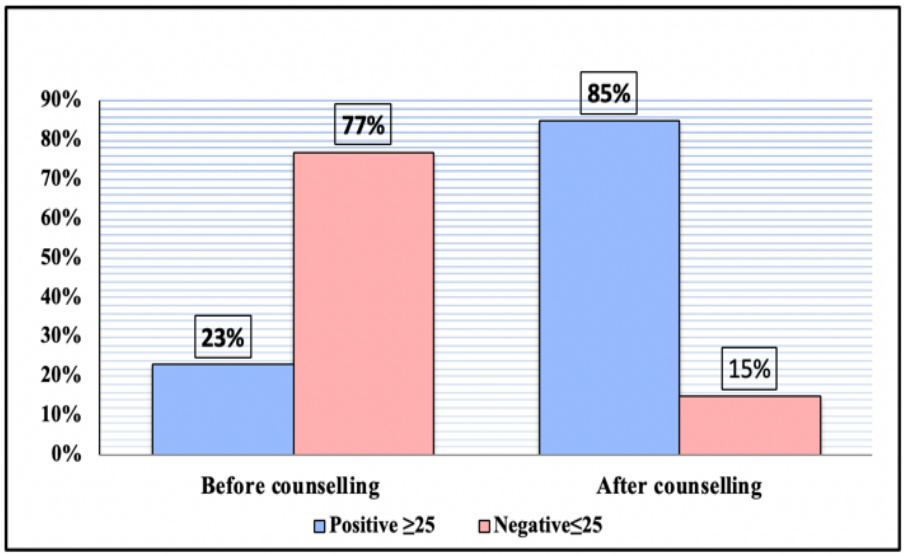

Figure 3: Distribution based on attitude in parents before and after counselling

DISCUSSION

Table 1 describes about the maternal characteristics of mother in which 69% of them were housewife and 31% were employed. 36% of them were in higher secondary school and 17% were in high school.63% of them was middle class and 17% of them were in low class.

Table 2 and Figure 1 describes about the distribution based on Knowledge in Parent's before and after Counseling. In pretest 49% of them were having poor knowledge 34% fair knowledge and only 17% had good knowledge. After the posttest 43% of them had good knowledge. The groups are compared and found that there is a significant association between groups with p value. The present result was supported by the findings of Jyothy George et al concluded that in pretest they were having only poor knowledge and after the posttest it has improved.[7] The educational programs had significant improvements in recommended practices. Another study conducted in department of nursing, National cheng kung university, Taiwan to evaluate effects of educational interventions on parental practices for recurrent febrile convulsions, results concluded that they compared with mailed pamphlet, the educational programs had significant improvements in recommended practices.[8]

Table 3 Figure 2 shows the distribution based on practices in parents before and after counselling. In this study 51% were having poor knowledge about practices and 32% had fair knowledge and only 17% had good knowledge on febrile seizure before counseling and after counseling 50% of them had good knowledge and 30% had fair knowledge and 20% had poor knowledge. This was supported by the Nithiko chacko *et al* in which they concluded their practices before and after counseling.[9]

Table 4 and Figure 3 indicate the distribution based on attitude in parents before and after counselling. The median score attitude score was ≤25 had positive and ≥25 had negative attitude in which before counseling 77% had negative attitude and 23% had positive attitude. After counseling it was improved that 85% had positive attitude and 15% had negative attitude. This was similar to the study of Maysaloun Muhammed Abdulla *et al* in which they concluded their attitudes with the median scores before and after counseling with febrile seizure children.[4]

CONCLUSION

This study is to evaluate the knowledge, attitude and practices of parents regarding febrile seizure in their children. It was found that the efficacy of the written questionnaire was enough in determining the KAP of mother. The parental counseling is found to be effective in reducing their anxiety, improving parental knowledge and their attitude towards febrile seizure also improved and this help the parents to act properly when their children had febrile seizure episodes. Parent's knowledge on care of children greatly influences the health status of child by reducing the mortality and morbidity rate. A well-organized educational program should be conducted for parents in order to reduce the anxiety and fear.

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