

Assessment of Mothers' Knowledge about Febrile Convulsions of Children at Ibn- Albalady Hospital in Baghdad City

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Abstract

Background: In terms of occurrence, about of children in the age group of one to five years have at least one episode of febrile convulsion. These, have recurrent seizures and many get admitted to the hospital.

Aims: This study was conducted to assess the level of mother's knowledge about Febrile Convulsions

Methodology: A descriptive study design has been conducted with pediatric emergency unit at the Ibn-Albalady Hospital in Baghdad City during the period from the 3rd March 2020 up to the 13th 2020. A purposive non probability sample of (100) mother were selected from emergency pediatric unit. Out of the women questioned, febrile convulsion was reported by 100 mothers. Table (2) summarizes that the mothers knowledge items concerning child with febrile convulsion. In general, their knowledge were poor to fair in all items, and they are accounted for 2(18.1%), 9(81.9%) respectively, and overall mothers knowledge about febrile convulsion were fair. The results illustrate that (48%) of the study sample represent fair knowledge, (39%) were having poor information and (13%) were having good information about child with febrile convulsion at emergency ward of Ibn- Albalady hospital. The data were collected by using constructed questionnaire, which consisted of 11 items self-administrated method used and filled by using the questionnaire. Been described of data analyzed through using of two statistical approaches. Descriptive statistical analysis and inferential statistical analysis.

Results: The study results revealed that (48%) of the mothers under study were having fair knowledge. Mothers' knowledge regarding febrile seizures was non-significantly associated with positive history of febrile seizures, urban residence, higher parental education, and working mothers.

Conclusions: Generally, mothers' knowledge regarding their children with febrile convulsions was poor to fair.

Keywords: Mothers' Knowledge, Febrile Convulsions, Children

Introduction

A febrile convulsions, or febrile seizures, are frequently encountered in pediatrics, and despite often being self limiting, these seizures strike fear in the hearts of patients' careers. Febrile seizure is the most common type of convulsive disorder and one of the most recorded causes of emergency hospital admission in children under 5 years of age In spite of having a good prognosis, FS is extremely frightening, emotionally traumatic, and anxiety provoking when witnessed by parents, which make it a very dif cult condition for them to deal with ¹. Concerns about the future health of the child are the most common causes of fear among the

parents. Sources of concern include fear of recurrence, physical disabilities, mental retardation, and even death ². During seizure, the parents may think that their child is dying, but fortunately, most of febrile convulsions are benign rarely have FSs caused brain damage and except developing countries, there are no documented cases of febrile convulsions-related deaths on record ³. A febrile convulsion was defined as an event in infancy or childhood, usually occurring between three months and five years of age, associated with fever but without evidence of intracranial infection or a defined cause. Many parents think that their child is dying when he or she has a febrile convulsion, and they are concerned that epilepsy or mental retardation may result ⁴.

Febrile convulsions are common, occurring in 2 to 4 percent of children at least once before five years of age. Mental retardation has been reported in up to 22 percent of children with febrile convulsions who were hospitalized or seen in specialized clinics., found that children who had febrile convulsions did not differ in intelligence from their normal seizure-free siblings at seven years of age ⁵.

Febrile seizure (FS) is a benign convulsive disorder in under 5-year-old children, but at the same time, it is an alarming event in the lives of both child and parents. Lack of parent's knowledge about the nature of FS and how they should deal with it can lead to poor management ⁶.

The fever is one of the most common presenting complaints, is being the reason for health visits in about 70% of pediatric age group. Parents frequently perceive fever as a disease rather than a symptom or sign of illness ⁷.

Studies found that parents are not correctly informed or well educated about the definition, measurement, and

diagnosis of fever ⁸.

Objectives: To assess the knowledge of mothers regarding febrile seizure in their children under five years

Methodology: A descriptive study design was conducted with pediatric emergency unit at Ibn-Albalady Hospital in Baghdad City from the 3rd March 2020 up to the 13th 2020. A purposive non probability sample of (100) mother were selected from emergency pediatric unit. The study instrument consisted of two parts: First part related to characteristics of studied mothers and children seizure. Second part related to mothers knowledge data about their children with febrile seizure. The scoring system for the questionnaire was dichotomous, with the correct answer scoring (1) and the incorrect answer scored zero (0). The data were collected by using the constructed questionnaire, which consisted of 11 items self-administrated method used and filled by using the questionnaire. Been described of data analyzed through using of two statistical approaches. Descriptive statistical analysis and inferential statistical analysis.

Results and Discussion

Table (1): Characteristics of mothers and their children with febrile convulsion

No.	Variables	Groups	F	%
1.	Child Age Groups (years)	0-1	29	29
		2-3	36	36
		3-4	20	20
		4-5	15	15
2.	Child Gender	Male	60	60
		Female	40	40
		Total	100	100
3.	Age group Groups (years)	18-22	21	21
		23-27	38	38
		28-32	35	35
		≥ 33	24	24
		Total	100	100
4.	Mother Education level	Illiterate	9	9
		Primary school	10	10
		Secondary school	37	37
		diploma or Bachelor's degree	41	41
		Higher education	3	3
		Total	100	100

Cont... Table (1): Characteristics of mothers and their children with febrile convulsion

5.	Mother occupation	House wife	45	45
		Employed	55	55
		Total	100	100
6.	The child's age at the first occurrence of febrile convulsion	Less than 1 year	28	28
		1-2 years	51	51
		3 years and more	21	21
		Total	100	100
7.	Duration of convulsions	Less than 5 minutes	73	73
		5 to less than 15 minutes	22	22
		More than 15 minutes	5	5
		Total	100	100

F= frequency, %= percentage

Table (2): Distribution of mothers' knowledge responses regarding items of febrile convulsion

List	Knowledge items	Resp.	F	%	MS	SD	Ass.
1.	Febrile seizure is a form of epilepsy.	False	68	68.0	.32	.469	Poor
		True	32	32.0			
2.	Anticonvulsant drugs are required for every FS child.	False	52	52.0	.48	.502	Fair
		True	48	48.0			
3.	Every FS child will have another FS.	False	58	58.0	.42	.496	Fair
		True	42	42.0			
4.	FS is rare after the age of 5 years.	False	61	61.0	.39	.490	Fair
		True	39	39.0			
5.	Recurrence FS will cause brain damage.	False	50	50.0	.50	.503	Fair
		True	50	50.0			
6.	Risk of subsequent epilepsy in FS children is rare.	False	57	57.0	.43	.498	Fair
		True	43	43.0			
7.	It is necessary to put protective devices into the mouth to prevent tongue injury during convulsion.	False	60	60.0	.40	.492	Fair
		True	40	40.0			
8.	It is necessary to restrain the child to stop the seizure during convulsion.	False	62	62.0	.38	.488	Fair
		True	38	38.0			
9.	It is necessary to do mouth-to-mouth resuscitation during convulsion.	False	66	66.0	.34	.476	Fair
		True	34	34.0			
10.	Children with febrile seizures will not have normal school achievement	False	42	42.0	.58	.496	Fair
		True	58	58.0			
11.	EEG or CT is necessary for every FS child.	False	76	76.0	.24	.429	Poor
		True	24	24.0			
Grande mean of score = 0.41							Fair

F.: frequency, %= percentage, SD: Standard Deviation, MS: mean of score, Ass. : Assessment by MS: (0.00 – 0.33) Poor; (0.34 – 0.66) Fair; (0.67– 1) Good.

Table (2) summarizes the mothers knowledge concerning items of febrile convulsions, in general, their responses were poor to fair in all items, and they are accounted for 2(18.1%), 9(81.9%) respectively, and overall mothers knowledge about febrile convulsion were fair.

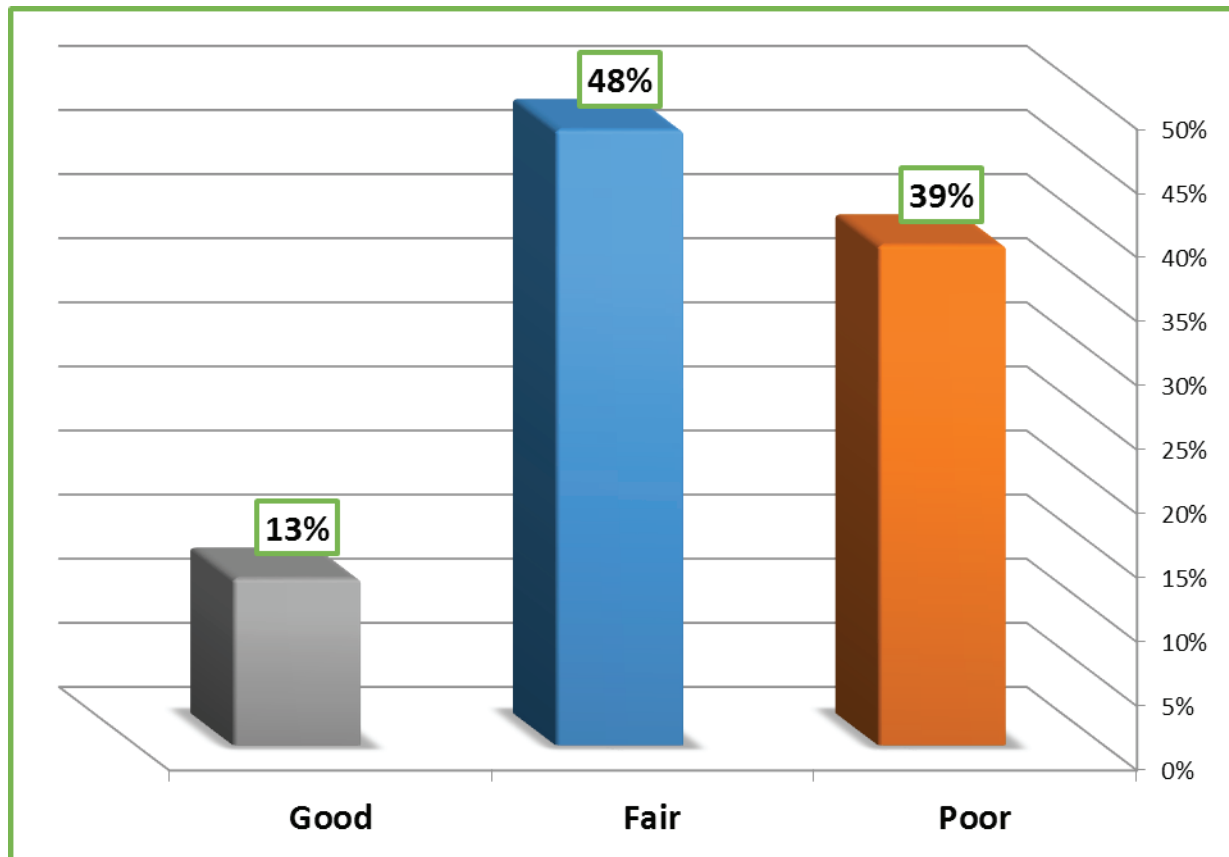


Figure (1): Distribution of the mothers' knowledge about febrile convulsion according to levels of assessment

The results in figure (1) illustrate that (48%) of the study sample represent fair knowledge

This table shows (48.%) of the sample was fair, (39%) were poor information and (13%) were good information of mothers about child with febrile convulsion at emergency ward of the non-teaching hospital.

The experiences of mothers whose children suffered from FC were complicated. The findings indicated that the experiences of these mothers were reflected in three themes, namely perceived threat, seeking solution, and difference in adaptation⁹.

In terms of perceived threat, mothers believed that although FC often had a good prognosis and usually had no serious complications, the disease was still a threat to the child. Observing children during convulsion

was reported as a scary event by mothers. They talked about their concerns about growth and development disruptions in the future life of their child. Studies have shown that seizures in children created serious concerns and fear in parents.⁷ Fear of death, repeated seizures, low IQ, mental retardation, learning disabilities, paralysis, physical disability and an uncertain future for the child were some sources of fear for parents¹⁰

The results showed that mothers tried to find the best treatment and care for their child in order to restore her/his health. They also constantly searched for information in order to learn how to care for their child, so as to prevent relapsing convulsions and their complications. It was found that fever and FC were particularly worrisome for parents, causing them to frequently seek medical advice. They often required information which could enable them to manage their child's illness¹¹.

One of the necessary supports for parents was informational support. Such support includes the information delivered by healthcare personnel and the individuals in close contact with the child. Overprotecting the child was seen in some mothers. They felt that they have to monitor the child frequently to protect her/him. Several studies have shown that some sick children were under excessive control and monitoring.¹²

Also, a study found that the parents of children who suffered from chronic sicknesses not only accepted their children's condition and its concomitant limitations, but also tried to remain optimistic about the future and hoped for the emergence of future effective medical treatments for the disease¹³

Was found. Mothers who have a background with FS tended to be employed, have a higher education, and have urban residence compared to their non-working, rural, poorly educated counterparts. Regarding the attitude of the mothers towards FS, it was seen that although mothers can recognize a FS, a much lower percentage showed the ability to see the signs that precede the convulsions such as (only 38.3% knew that FS could reoccur¹⁴.

A large percentage knew about reducing the temperature, putting the child in safe place, placing the child in a lateral position. However, many mothers showed that they were doing incorrect practices such as opening the mouth and placing something inside, shaking the child, suction of secretions from the child's nose and mouth, doing cardiac massage, and stimulation of the child. While earlier it was apparent that 91.6% of mothers knew that it was important to constantly monitor a child's temperature, This goes to show that while these mothers may have good understanding of the condition; short, consistent reminders via the media or the public health sector (posters, advertisements) can raise the needed awareness to allow for a better understanding and attitude towards FS¹⁵.

All these items revealed bad knowledge which mearf bad quality of care provided to child with febrile convulsion. These results need an important gain steps to improve the care which help the major areas of advancement in child care include fever resuscitation protocols, early care to prevented of the febrile cconvulsion, nutritional support regimens, topical

antimicrobials and infection control, treatment of sepsis, thermally-neutral environments, and pharmacological modulation of the hyper-metabolic response. These factors have contributed to improved of child health care, reduced inflammation and energy demands, attenuated hyper-metabolism and muscle catabolism, and consequently decreased morbidity and mortality following and complicatio of high fever¹⁶.

This result of the study indicated that most of mothers have fair of knoeledge toward information care of child with febrile convulsion .They worked routine for child with FC at home. The knowledge of standard care is not performed by large number of mothers which is due to many causes: the different level of education of mothers may affect their checking and readings of the vital signs ,the preparation and using equipments that is used in Providing care as measurement of vital signs which is not enough lack of interventions related to inadequate structural continues education Programs as a result of hospitals' policy and policy of Ministry of Health for continuing of education,insufficient nursing resources like library, online resources, reading of journals and lack of mothers documentation¹⁷.

A mother who has witnessed her child's seizure and hospitalization is emotionally under a lot of pressure. She is always afraid of complications and recurrence of the event. Nurses in a family-centered profession are in such an excellent place to support mothers and families in coping with the situation and providing them with sufficient information in order to help them to gain a better understanding of the disease and also prevent its possible recurrence¹⁷.

Conclusions

Generally, mothers' knowledge regarding their children with febrile convulsions was poor to fair.

Recommendations: Health education activities need to be focused on increasing mothers' knowledge through various channels and assuring on double activities whether individually or in groups and further research can be carried out on large sample size of mothers with focus on variety of related variables that may influence their knowledge concerning child with febrile convulsion.

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Conflict of Interest: None to declare.

Ethical Clearance: All experimental protocols were approved under the Al-Bayan University and all experiments were carried out in accordance with approved guidelines.

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