A pre-experimental study to assess the effectiveness of structure teaching program on Febrile convulsion among the parents of under five children in Paediatric ward of government hospital karauli, Rajasthan

[1] Praveen Sharma , [2] Bijayata Sharma
[1]Associate Professor, SGRR College of Nursing, Dehradun
[2]Associate Professor, SGRR College of Nursing, Dehradun
Email - [1]pravubiju@gmail.com

Abstract: Febrile convulsions are the most common disorder of infancy and early childhood. Febrile convulsions account for 50% of all convulsive disorders of pediatric age group. The nature of the study was pre experimental . The conceptual frame work used for this study is based on Imogene king goal Attainment Theory. The research design used for this study was one group pre-test post-test design. Data collected by using Non probability convenient sampling method . The data was collected to assess the effectiveness of the structural teaching program on 60 parents of under five children regarding the febrile convulsions". Highest percentage of parents under five children is in the age group of below 25 years. Most of the educational status of the parents is secondary level and religion is mostly hindus. The highest percentage of family type is nuclear. Highest percentage of any previous knowledge regarding febrile convulsion is found in health professionals among parents . Pre- test revealed that 52.3% of samples have the knowledge regarding febrile convulsions .After implementation of structural teaching programme regarding febrile convulsions the knowledge level reached to 90.3% . While pre-test mean knowledge score is 52.3% and post test mean knowledge score is 90.3%.Significant difference (p<0.05) is found between pre-test and post-test score.

Key words:- Assess, Effectiveness, Knowledge ,under five children., febrile convulsions and Structural teaching program.

1. INTRODUCTION:

Febrile convulsions has been defined as a seizure occurring in children between the age of 6 months to 5 years, associated with fever arising from infection or inflammation outside the central nervous system, child is neurologically healthy. Most febrile convulsions occure after the age of 6 months, usually before the age of 3 years with increased frequency in younger than 18 months, the temperature usually 101.8 degree F and above. Although they are unusual after 5 years of age, may occur as early as 3 months and late as 7 years. The cause for febrile seizure remains unclear. Although the relation between fever and convulsion in children had been documented by Hippocrates as early as 5th century **B.C.,** it was not until 1980 that febrile convulsions were recognized as a distinct clinical entity, separate from other types of convulsions in early childhood. It is generally belived that a febrile convulsion is an age dependent response of the immature brain to fever. This postulation is supported by the fact that most (80-85%) febrile seizures occure between 6 months and 3 yearsof age, with the peak incidence at 18 months. The type of infection causing the fever associated with febrile convulsions are viral infection, otitis media, tonsillitis, urinary tract infection, gastroenteritis, lower respiratory tract infection, meningitis, post immunization mainly DTP and MMR.

2. OBJECTIVES:
1. To assess the knowledge on febrile convulsion among the parents of under five year children.
2. To assess the effectiveness of structured teaching programme on febrile convulsion among the parents of under five children.
3. To explore the association between the selected demographic variables and the knowledge score among the parents of under five year children.

3. ASSUMPTIONS:
- Effectiveness of structural teaching program will improve the knowledge of parents.
- Parents of under five year children may have less knowledge about Febrile convulsions.

4. HYPOTHESIS:
- **H₁** - There will be a significant difference between pretest and post test knowledge scores of parents .

- **H₂**– There will be significant association between the post test knowledge score of parents of under five year children with their selected demographic variables (Age in year, , educational status, Religion, Occupation , Family income, Type of family, Any previous knowledge .)

5. RESEARCH APPROACH:

A quantitative research approach is used for this study.

- **Research Design**

Pre experimental design (one group pre-test- post test design was adopted for the study)

- **Setting**

 The study was conducted in Pediatric ward of Government hospital Karauli, Rajasthan These area were selected because of easy access to the population under study and availability of parents of under five year children around the area.

- **Population**

 In the present study, the population is the parents of under five year children.

- **Sample**

 In this study the sample comprised of 60 parents of under five year children in the selected hospital of Karauli, Rajasthan.

- **Sampling Technique**

 A Non probability convenient sampling technique was used to select 60 parents of under five year children.

- **Data collection instrument**

In this study data collection instrument are:-

Section A: Demographic variables
Section B: standard tool

Table (1) Association of the selected demographic variable with pre-test knowledge scores on febrile convulsion among the parents of under five children.

Variable	Category	Knowledge (present)		Children square value	Different	Critical
		Below median	Above median			
Age (yrs)	<25	22	11		2	5.99
	26-35	10	14	7.098*	2	5.99
	36-45		3			
Religion	Hindu	22	15			
	Muslim	7	8	1.632**	2	5.99
	Christian	3	5			
Education	Below lower secondary	16	10			
	Secondary	12	16	2.367**	2	5.99
	PUC	4	2			
Family income	1001-3000	22	12			
	3001-5000	6	10	4.093**	2	5.99
	>5001	4	6			
Type of family	Nuclear	14	15			
	Joint	12	9	0.599**	2	5.99
	Extended	6	4			
No. of children	1	5	7			
	2	18	8	10.895**	2	7.82
	3	2	10			
	>3	7	3			
Previous experience	Yes	10	14	2.188**	1	3.84
	No	22	14			
	Health professional	16	9			
Source of information	Community health centre	8	6	4.778**	3	7.82
	Relatives/friends	2	7			
	Media	6	6			

*Signification at 5% level.   ****not significant**

Table 1. Depicts, significant association of age and no of children with pre- test knowledge scores. Chi-square (x^2) value is higher than the table value at 5% level of significance, hence research hypothesis is accepted and hull hypothesis is rejected. And no significant association of selected demographic variable religion, education, occupation, family income, type of family, previous experiences, sources of information with pre-test knowledge scores. Chi square ($x2$) value is less than the table value at 5% level of significance, hence research, hence research hypothesis is rejected and null hypothesis is accepted.

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Table (2) Association of the selected demographic variable with post –test knowledge scores on febrile convulsion among the parents of under five of under five children.

Variable	Category	Knowledge (post-test)		Chi-square value	df	Critical value
		Below median	Above median			
Age	<25	25	8	0.267**	2	5.99
	26-35	19	5			
	36-45	2	1			
Religion	Hindu	30	7	1.254**	2	5.99
	Muslim	10	5			
	Christian	6	2			
Education	Below lower Secondary	21	5	0.823**	2	5.99
	Secondary	20	8			
	PUC	5	1			
Family income	1001-3000	26	8	0.088**	2	5.99
	3001-5000	12	4			
	>5001	8	2			
Type family	Nuclear	22	7	0.475**	2	5.99
	Joint	17	4			
	Extended	7	3			
No. Of children	1	9	3	4.066**	3	7.82
	2	15	11			
	3	9	3			
	>3	9	1			
Previous experience	Yes	19	5	0.14**	1	3.84
	No	27	9			
Source of information	Health professional	20	5			

*Signification at 5% level.   ****not significant**

Table 10- depicts, no significant association of selected demographic variables age, religion, education, family income, type of family, no. of children, previous experiences, source of information with post-test knowledge scores. Chi – Square value is less than the table value at 5% level of significance, hence research hypothesis rejected

Table -3: Aspect wise comparison of pre test and post-test knowledge of parents of under five children on febrile convulsion.

No.	Knowledge Aspects	Statements	Knowledge Scores (%)						Paired test
			Pre- test		Post test		Enhancement		
			Mean	SD	Mean	SD	Mean	SD	
1	Definition Meaning, Sings & symptoms of Fever and Febrile	5	52.3	28.1	90.3	14.5	38.0	28.7	10.26
2	Causes and Risk factors	9	42.4	13.8	87.8	10.6	45.4	20.3	17.32
3	Diagnosis	6	43.9	15.6	85.3	19.4	41.4	23.3	13.76
4	Management	8	55.4	20.1	91.7	9.7	36.3	18.8	14.96

| 5 | Preventive measures for Fever and Febrile convulsion | 2 | 36.7 | 35.5 | 85.0 | 23.1 | 48.3 | 35.6 | 10.51 |
| | **Combined** | 30 | 47.4 | 12.8 | 88.6 | 6.4 | 41.1 | 13.8 | 23.07 |

*Significant at 5% level, t= (0.05, 59df) = 1.96

Table 6: Depicts aspect wise comparison of pre- test and post test mean knowledge score. This table reveals that the pretest and test knowledge score on definition, meaning and signs and symptoms of fever and febrile convulsion were 52.3% and 90.3% respectively, the pre-test and post test knowledge score in the aspect of cause and risk factors were 42.4% and 87.8% respectively. In the aspect of diagnosis, the pre-test knowledge score was 43.9% and post test score 853% and in the aspect of management the pre-test knowledge score was 55.4% and the post test knowledge score 91.7%.the pre-test and post test knowledge score on preventive measures for level and febrile convulsion were 36.7% and 85% respectively

6. RECOMMENDATIONS:

On the basis of present study the following recommendations are formed for future study:-

- A study can be conducted to find out the perception of community members regarding the use of tipid sponging to treat Febrile convulsions.
- A future study can be conducted in urban and school setting.
- A comparative study can be carried out to ascertain the difference between the use of cold sponging and tipid sponging in treatment of febrile convulsions with a control group design.
- A study can be conducted to find out the knowledge and skill of parents and healthcare workers regarding the management of febrile convulsions to reduce the hospital saty.
- A similar study can be conducted in community and anganwadi.

7. CONCLUSION:

On the basis of the findings of the study, The knowledge of parents of under five year children was less when assessed during pre-test, after the introduction of structured teaching program in post test the knowledge was increased. The significant difference between per-test post-test weight score was demonstrated by using "t" test it was found that intervention was effectiveness for parents of under five year children to acquire knowledge regarding febrile convulsions. This study proved that there was significant association between the per-test knowledge score and post-test knowledge score and selected variables such as age and family type.

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