



EFFECTIVENESS OF PLANNED TEACHING ON KNOWLEDGE REGARDING PREVENTION OF FEBRILE CONVULSION AMONG MOTHERS OF UNDER FIVE CHILDREN IN PEDIATRIC WARD OF SELECTED HOSPITALS.

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ABSTRACT

Introduction: Children under five years of age are more prone to develop infection, as their immune system is immature. Fever is a common manifestation present in most of the infection. In some children severe fever can result convulsion. Febrile convulsions generate as much anxiety among relatives and parents.

Methods and Materials: Evaluatory interventional approach was used in this study. 60 mothers of under five children were selected for the study. Structured knowledge questionnaire were used to collect the Data.

Results: Mean value of pretest is 6.02 and 12.32 and standard deviation value for pretest 2.561 and posttest 0.833. The calculated t-value is 17.428 and p-value is 0.00.

Discussion: A study was conducted on incidence of febrile seizure in Finland among nulliparous pregnant women from a geographically defined area and was prospectively followed from the beginning of pregnancy till the child becomes four years of age. Data on febrile seizure, sociodemographic data, developmental mile stones and chronic diseases were prospectively collected from families and health care staff of 1033 children with febrile seizure. The average annual incidence of febrile seizure was 14% per 1000 person. The incidence rate through age 4 was 6.9% (7.3% for girls and 6.5% for boys).

KEYWORDS : Community Medicine, Career profile

INTRODUCTION

World Health Organization (WHO) has estimated that more than 10 million children under five of age die each year in developing countries and seven in ten of these deaths are due to acute respiratory infection, mostly Pneumonia, diarrhea, measles, malaria, or malnutrition, or combination of all these. It is further speculated that the deaths from these diseases will be more if there is no intervention. Almost all of these diseases are signaled by rise in body temperature of the children which is called fever and, if the fever is not managed on time, it triggers a condition known as 'febrile seizures' or 'febrile convulsion'.¹

A febrile seizure, also known as a fever fit or febrile convulsion, is a seizure associated with a high body temperature but without any serious underlying health issue. They most commonly occur in children between the ages of 6 months and 5 years.²

The term febrile convulsion is not a diagnostic entity. It simply describes any seizure that occurs in response to a febrile stimulus. It usually occurs between the age of 3 months and 5 years and occurs in 2-4% of young children. The typical febrile convulsion is a generalized tonic-clonic seizure lasting between a few seconds and 15 minutes, followed by a period of drowsiness. Febrile seizures tend to occur in families, although the exact mode of inheritance is not known. Viruses are the most common cause of illness in children admitted to the hospital with a first febrile seizure. Routine laboratory studies are not indicated for patients who have febrile seizures and should be performed only as part of the evaluation for a source of fever. Prognosis is generally good. Only a small minority of children develop epilepsy or recurrent non-febrile seizures. Children with febrile seizures are at no greater risk of intellectual impairments than their peers. Treatment to prevent recurrence has not been shown to prevent later development of epilepsy.³

PROBLEM STATEMENT

"To assess the effectiveness of planned teaching on knowledge regarding prevention of febrile convulsion among mothers of under five children in Pediatric."

OBJECTIVES

1. To assess the existing knowledge regarding prevention of febrile

convulsion among mothers of under five children in pediatric ward of selected hospitals.

2. To assess the effectiveness of planned teaching on knowledge regarding prevention of febrile convulsion among mothers of under five children in pediatric ward of selected hospitals.
3. To associate the post-test knowledge score with selected demographic variables.

METHODOLOGY

- 1) **RESEARCH APPROACH:** evaluatory interventional approach
- 2) **RESEARCH DESIGN:** The research design is one group pretest posttest research design.
- 3) **SETTING OF THE STUDY:** This study is conducted in selected hospital.
- 4) **SAMPLE:** Mothers of under five children
- 5) **SAMPLING TECHNIQUE:** Samples are selected by Non-propability convenient sampling technique.
- 6) **SAMPLE SIZE:** Sample size for this study is 60.
- 7) **TOOL:** Structured knowledge questionarier including demographic variables was used for the study.

SAMPLING CRITERIA

Inclusion Criteria

Mothers:

1. Those who are present at the time of data collection.
2. Those who are willing to participate in the study.
3. Those who can read, write and understand English, Marathi and Hindi.

Exclusion Criteria

1. Those who have attended the similar program within three years
2. Those who belongs to health profession

RESULT:-

- Distribution of sample according to their age in years shows that 11(18.33%) of them were belonging to the age of 19-22 years, 12 (20%) in the age group of 23-26 years, 28 (46.67%) belonging to the age group of 27-30 years and remaining 09 (15%) in the age

- group of above 30 years respectively.
- Distribution of sample with regards to their educational status reveals that 18(30%) of them were educated up to primary education, 25 (41.67%) were up to secondary education, 10(16.67%) were up to higher secondary education and 07(11.66%) were graduates
 - Distribution of sample according to their area of residence shows that 23(38.33%) of them were from urban area and 37 (61.67%) were from rural areas.
 - Distribution of sample with regards to their no. of children in family status shows that 16 (26.67%) of them have 1 child, 34 (56.66%) of them have 2 children, 07 (11.67%) of them have 3 children and 03 (5%) of them have more than 4 children in family.
 - Distribution of sample with regards to their mother's occupational status shows that 35(58.33%) of them were house wives, 18(30%) were laborer, 03(5%) were had Government sector job and 04(6.67%) were had private sector job.
 - The findings show that in pretest 24(40%) of study participants are having poor knowledge, 36(60%) of study participants are having good knowledge whereas posttest 60(100%) had excellent knowledge.
 - The findings of the study shows that posttest 60(100%) had excellent knowledge.
 - The overall mean knowledge scores of pre test and post test of under five mothers which reveals that post test mean knowledge score was higher 12.32 with SD of ± 0.833 when compared with pre test mean knowledge score value which was 6.02 with SD of ± 2.561 . The statistical Student's paired t test implies that the difference in the pre test and post test knowledge score found to be 17.428 which is statistically significant at 5% level of significance ($p < 0.05$). Hence it is statistically interpreted that planned teaching on knowledge regarding prevention of febrile convulsion was effective. Thus H_1 is accepted and H_0 is rejected.
 - There is no significant association of knowledge with age, no. of children, residence and mother's occupation and there is significant association of knowledge score with education of febrile convulsion.

CONCLUSION

The researcher as a part of her post graduate programmed, conducted an intervention research on the topic to assess the effectiveness of planned teaching on knowledge regarding prevention of febrile convulsion among mothers of under five children. The researcher aimed to improve the level of knowledge of mothers of under five children. She predetermined certain objectives, to precede the study. Those objectives were adequate to reach into the findings. A particular time period has been allocated for each step. Investigator had presented her hypothetical views about the study in its beginning. The study had done by separating the topic into 5 chapters. And finally the researcher reached into her findings. 60(100%) had excellent knowledge in post test. To find the effectiveness of planned teaching 't' test was applied and t value was calculated, post test score was significantly higher at 0.05 level than that of pre test score. Thus it was concluded that planned teaching on the prevention of upper respiratory tract infection was found effective as a teaching strategy.