Original Research Article

Effectiveness of Health Teaching Regarding Home Care of Child with Convulsion among Care Givers

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ABSTRACT

A convulsion in children is one of the major health problem, parents also continued to worry about the effects of seizures and treatment in three areas: on their child's brain (brain damage, death and cognitive deficits) on the child's mental health, and on the family. These parents were concerned about how to manage their child's seizures, including worries related to the medical diagnosis, negative responses of others to the epilepsy, lifestyle restrictions, and mental health problems. Peak age of onset around 1 year, 90% of the paediatric children have convulsive attacks occurred during the first three years of age. [1]

Though there is still a lot of controversy regarding the age of occurrence, it can safely be assumed to be between 6 months and 5 years of age with an upper limit of 6 years and a lower limit of 3 months. Regarding the age limit and occurrence of convulsion in children aged between 6 months and 5 years with the peak age being 18 months. [2]

By seeing above factors the investigator noticed that the caregivers were deficit in knowledge of causes, sign and symptoms, home care and prevention of injury of child with convulsion. Many of them were quite anxious while witnessing their child convulsing in front of them especially for the first time. The Caregiver thought that the child may have lifetime disorder or the child has serious illness. The anxiety of the caregiver may transfer to the children and later it may harm the health of the family itself. A quasi experimental study was done on 60 samples. "one group pre test-post test" design. The data collections were structured interview schedule, questionnaire to assess the knowledge of the sample. The findings are The majority of 55% of people in pre-test of study Group were having poor knowledge score 41.7% of people in pre-test of study Group were having average knowledge score 3.3% of the study Group were having good knowledge score whereas in post-test majority 93.3% of the people had good knowledge score and 6.7% of people in post –test of study group were having average score. According to finding paired t test to compare difference between average scoring of before and after health teaching, since P value is less than 0.05(P value=0.000) difference in average score is statistically significant association was present between the knowledge, types of family & education.

Key words: Effectiveness, Health Teaching, Care giver, Home Care, Child with Convulsion.

INTRODUCTION

Convulsion is a hyper excitation of a neuron in the brain leading to sudden, violent, involuntary, series of contractions of a group of muscles that may be paroxysmal and episodic. It's caused by abnormal electrical discharge of brain. It is precipitated by fever arising from infection outside the nervous system. Fever is the single most chief complaint in 40-50% of children. [3]

According to WHO (2010) epilepsy is a major public health concern. The International league against epilepsy (ILAE) and the International bureau for epilepsy (IBE) are carrying out a global campaign to provide better information and raise awareness about epilepsy, and strengthen

public and private efforts to improve care and reduce the disorder's impact in the children. [4]

Watching their children having a convulsion is one of the most frightening experiences that parents or caregiver can have. The most important problem that physicians and nurses taking care of children with convulsion face is parental anxiety. Many caregivers feel that their child is going to die during the seizure or they may have prolonged seizure disorder. [5]

Problem Statement

"A study to assess the effect Of health teaching regarding home care of child with convulsion among care givers in selected hospitals of Pune city."

Objectives of the Study

1. To assess the knowledge of caregiver before health teaching among care giver on home care of convulsion.
2. To assess the knowledge of caregiver after health teaching regarding home care of child with convulsion.
3. To correlate knowledge score with selected demographic variables.

Research Hypothesis

Ho-There will be no significant difference on the level of knowledge of caregiver regarding home care of child having convulsion.

RESEARCH METHODOLOGY

Research Approach: Evaluative Research Approach

Research Design: Quasi Experimental Design (one group pre test-post test)

Population

The population of the study comprised all the caregivers who are taking care of the children with convulsion disorder.

Sample & Sample Size

All caregivers who are taking care of the children with convulsion disorder and the sample size were 60 care givers who are taking care of the children with convulsion disorder.

Sampling Technique

The sample is drawn by Non-Probability Purposive Sampling

DEVELOPMENT AND DISCRIPTION OF TOOL A Structured Interview Schedule was used for assessing the knowledge of caregiver regarding home care of convulsion.

Structured Questionnaire included two sections:-

Section I: Demographic profile of samples such as age of the child, relationship with child, education, occupation, monthly income, type of family, knowledge of convulsion in children.

Section II: This section comprised questions on the following broad aspects causes, Sign & symptoms, Home care, Prevention of injury, Diet, Management & Misconception.

Plan for Data Collection: The investigator administered the Structured Questionnaire for the pre-test.

RESULT

Table No1: Distribution of area wise percentage of the knowledge scores N=60

Sr. No.	Area	Test	Mean	SD	T	DF	P
1	Definition & Causes of Convulsion	Pretest	1.87	0.81	12.02	59	0.0000
		Posttest	3.70	0.67			
2	To sign & symptoms and home management of convulsion	Pretest	3.83	2.41	17.13	59	0.0000
		Posttest	9.43	1.24			
3	Precaution of convulsion	Pretest	0.90	0.73	9.31	59	0.0000
		Posttest	2.80	1.29			
4	Misconception	Pretest	0.85	0.36	3.23	59	0.0010
		Posttest	1.00	0.00			

The above table shows compare difference between average scoring of before and after health teaching for each of the blue print area. Since p-values are less than 0.05 for each area, null hypothesis is rejected. Difference in average scores is

statistically significant for each area. Researcher concluded at 5% level of significance and 59 degrees of freedom that the above data gives sufficient evidence to conclude that people who have received health teaching on home care of convulsion had higher mean knowledge scores in post-test than in pre-test for each area. It can be concluded that, the health teaching regarding home care of convulsion is proved to be effective in delivering the knowledge and awareness for each area.

The highest % was marked in category related to misconception about convulsion i.e. 85%. The lowest % was marked in category related to precaution i.e. 22.50%. Due to low score of above categories, we must admit that people need to improve their knowledge regarding prevention of injury during the time of convulsion attack & health teaching is one of the strategies to do that.

SECTION-II
Distribution of overall knowledge score in frequency and percentage obtained by the study group
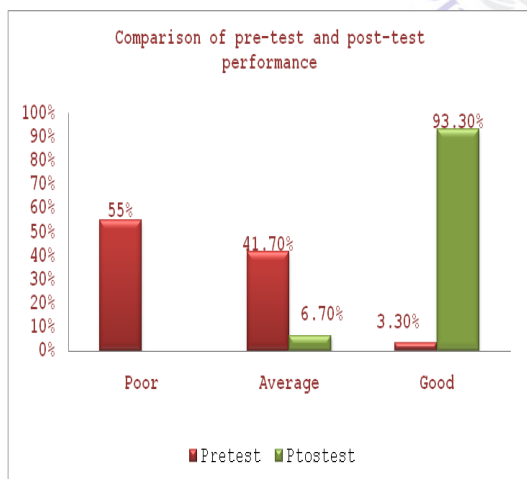

Fig no.1: Bar diagram showing comparison of pre-test and post-test performance

The table above shows that majority of 55.5% of people in pre-test of study Group were having poor knowledge score (0-7), 41.7% of people in pre-test of study Group were having average knowledge score (8-14)and 3.3% of the study Group were having good knowledge score (15-20),

whereas in post-test majority 93.3% of the people had good knowledge score (15-20) and 6.7 % of people in post-test of study Group were having average knowledge score, which indicates that the health teaching was effective.

The knowledge scores of the samples shows a marked increase as seen in the post-test score of the study Group, which indicates that the health teaching is effective in increasing the knowledge of the samples regarding home care of convulsion.

SECTION-III
Analysis of data related to the effect of health teaching on the knowledge score based on correct answers in study group
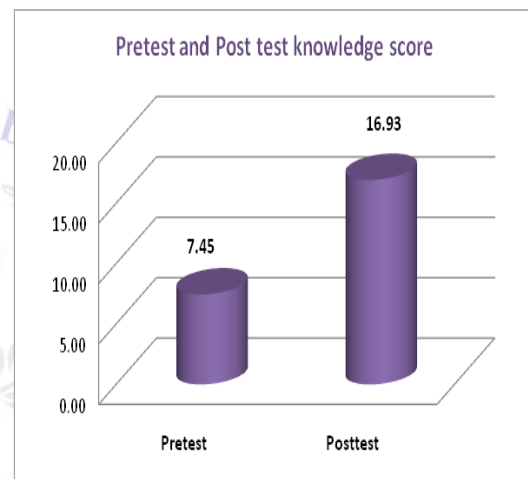

Fig No.2: Pretest and Post test knowledge score

Researcher applied paired t test to compare difference between average scoring of before and after health teaching. Since P value is less than 0.05 (P value = 0.000) difference in average scores is statistically significant. Researcher concluded at 5% level of significance and 59 degrees of freedom that the above data gives sufficient evidence to conclude that people who have received health teaching on home care of convulsion had higher mean knowledge scores in post-test than in pre-test. Hence we reject null hypothesis and accept research hypothesis. It can be concluded that, the health teaching regarding home care of convulsion is proved to be effective in delivering the knowledge and awareness.

SECTION-IV

Table No2: The Association between knowledge Score and demographic variables

Demographic variable	F	P	Remark
Age of caregiver	0.08	0.920	
Age of child	0.17	0.684	
Relation with Child	0.09	0.963	
Educational status	11.29	0.000	Association with knowledge Score
Below 10th			
10th to 12th			
Above 12th			
Occupation of caregiver	1.08	0.366	
Type of family	7.42	0.001	Association with knowledge score
Monthly Family income	1.8	0.158	
Previous knowledge about convulsion	1.1	0.300	

The above table shows that, there is significant association between Education status and Type of family with knowledge score.

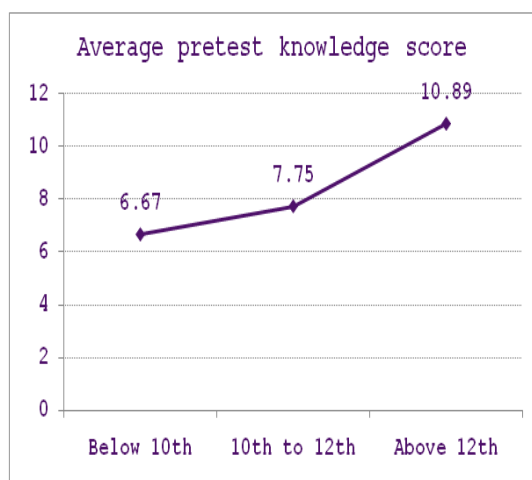**One-way ANOVA: Pretest score versus Educational status**

Fig.No.3: Line diagram showing average pretest knowledge score

Higher education more is the knowledge regarding home care of convulsion in children. Caregivers above 12th std. are found to have the highest average knowledge regarding home care of convulsion in children.

SUMMARY

Quasi- experimental approach was used for this study. The study was conducted on 60 care giver whose children with 1month to 5 years of age were admitted with convulsion. The study adopted Orem's self care deficit theory, for the development of health teaching. One group, pre-test post-test design was used to assess the knowledge of care giver regarding convulsion. Non-probability purposive sampling technique was adopted for the sample selection. As per the criteria laid down for the study. A detailed review of literature, discussion with experts from the field of medicine and nursing guided the investigator in the preparation of tool. The tool used for data collection was a structured interview schedule which consisted of a questionnaire, and health teaching. 24 experts determined the content validity of tool. For generating necessary data a structured questionnaire was developed which consisted of two sections.

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BIOGRAPHY

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