A Study to Assess the Effectiveness of Planned Teaching Programme on Febrile Convulsions among the Parents of under 5 Children in BD Bhajoriya Rajkiya Hospital Saharanpur

Ms. Rachal Prasad, Ms. Archana Maletha

Assistant Professor, Shri Guru Ram Rai University, College of Nursing, Dehradun, Uttarakhand, India

ABSTRACT
Fever in children is one of the most common manifestations of an illness, which makes the parents seek medical attention early1. Fever maybe caused by multiple causes including infection, vaccines, biologic agents, tissue injury, malignancy, drugs, autoimmune diseases, granulomatous diseases, metabolic disorders(gout) and genetic disorders such as familiar Mediterranean fever. Febrile convulsions are one of the commonest disorders of the childhood and cause lot of works to the parents and caregivers. Quantitative research approach was used for this study. The nature of the study was pre experimental. The Research design used was one group pre - test and post - test design. Data was collected using non probability convenient sampling technique. Major findings of the study is the according to their age highest percentage of parents was in age group 21-25 Year (60%), gender shows that highest percentage (60%) was women. Pretest finding related to level of knowledge 16 (40%) parents had inadequate knowledge, 24 (60%) parents have moderate knowledge.

KEYWORDS: knowledge, fibrile convulsions, underfive children

INTRODUCTION
Febrile convulsions are one of the commonest disorders of the childhood and cause lot of works to the parents and caregivers. It accounts almost 50%of the convulsive disorders and according to American Academy of Pediatrics (AAP), febrile convulsion affects 3% children age ranging from 6 month to 6 years. The risk factor of epilepsy in children who have prolonged febrile convulsion is approximately 1.5% still with 98.5%chance that the child will not develop epilepsy.

OBJECTIVES
1. To assess the pre-test level of knowledge of the parents of under five children on febrile convulsion`

2. To determine the effectiveness of the teaching programme on knowledge regarding febrile convulsion for the parents of under five children.

3. To find out the association between the level of knowledge and selected socio demographic variables of parents of under five children.

ASSUMPTION:-
➤ Parents of under five children may have inadequate knowledge regarding prevention of febrile convulsion.

➤ Planed teaching programme helps the parents to gain more knowledge on febrile convulsion Knowledge of parents of under five children on prevention of febrile convulsion differs with selected socio demographic variables.

HYPOTHESES
➤ H_0. There will be no significant difference between difference pre-test and post-test knowledge score on prevention of febrile convulsion among parents of under five children

- ➢ H₁.There will be a significant difference between the pre-test and post-test knowledge score among parents of under five children

- ➢ H₂: There will be significant association between present knowledge score regarding prevention of febrile convulsion with selected socio demographic variable of parents of under five children .

RESEARCH APPROACH: A quantitative research approach is used for this study.

RESEARCH DESIGN: Pre - Experimental one group pre - test and post - test design

SETTING: Bhajoriya Rajkiya Hospital Saharanpur

POPULATION: Parents of under 5 children

SAMPLE: In this study sample is parents of under 5 children admitted in Bhajoriya Rajkiya Hospital Saharanpur

SAMPLE SIZE: 40 parents of under 5 children admitted in Bhajoriya Rajkiya Hospital Saharanpur

SAMPLING TECHNIQUE: Non-probability convenient sampling techniques were used to select the 40 samples.

TOOLS FOR DATA COLLECTION: Structured questionnaire method consisting of two parts

Part A: Items on demographic variables like age, sex, education, source of information and type of family etc.

Part B: Structured questionnaire on febrile convulsion among parents of under 5 children

SECTION A TABLE 2: Frequency and percentage distribution knowledge on febrile convulsion of parents of under 5 children according to demographic variables

N=40

S. NO	Demographic Variables	Frequency(F)	PERCENTAGE (%)
1.	**AGE IN YEAR** 21-25 Year 26-30 Year 31-35 Year 36-40 Year	24 8 6 2	60% 20% 15% 5%
2.	**Gender** Male Female	16 24	40% 60%
3.	**Educational Qualification** Illiterate School Graduate Post Graduate	1 21 12 6	2.5% 52.5% 30% 15%
4.	**Occupation** Salaried Business House Wife Unemployed	12 7 7 14	30% 17.5% 17.5% 35%
5.	**Type of Family** Joint Family Nuclear Family Extended Family	14 23 3	35% 57.5% 7.5%
6.	**Area of Living** Urban Rural	28 12	70% 30%

Table 2 is shows the demographical details according to their age highest percentage of parents was in age group 21-25 Year (60%), gender shows that highest percentage(60%)was women, education shows that highest percentage of parents (52.5%) were school education, in term of them occupation represent that (35%) were unemployed, and according to the area of living signifies that (70%) belongs to urban community.

TABLE 3:- Distribution of sample with their knowledge score .

Level of knowledge	Pre –test		Post – test	
	No of sample	Percentage	No of sample	Percentage
Inadequate	16	40%	0	0%
Moderate	24	60%	12	30%
Adequate	0	0%	28	70%

Table 3: Present that finding related to level of knowledge 16 (40%) parents had inadequate knowledge, 24 (60%) parents have moderate knowledge. After planned education program none of them had inadequate knowledge, 12 (30%) parents had moderate knowledge 28 (70%) have adequate knowledge about febrile convulsion.

Table 4:- Effectiveness of planned education programme on knowledge regarding febrile convulsion.

N = 40

Over all (knowledge)	MEAN	SD	't' value
Pre – test	12.07	2.63	15.16
Post- test	18.64	3.19	

$p < 0.05$

The significant difference shows that knowledge score in posttest after administering planned education program is (M=18.64, 3.19) in comparison with the pretest knowledge (M=12.7, 2.63)This change is statically significant at $p < 0.05$ level.

The research hypothesis (H1) i.e. There will be a significant difference between the pre-test and post-test knowledge score among parents of under five children. This hypothesis is **accepted** because calculated 't' value (**15.16**) is more than of table that value (**2.20**) .This change is statistically significant at $p < 0.05$ level.

Table 5:- Association between pre- test level of knowledge with their selected demographic variables.

N=40

Sr. NO	Demographic Variable	Pre – test						Df	χ2 value
		ADEQUATE		MODERATE		INADEQUATE			
		F	%	F	%	F	%		
1.	**Age in year** 21-25 26 -30 31-35 36-40	00 00 00 00		15 4 3 1	37.5 10 7.5 2.5	9 4 3 1	22.5 10 7.5 2.5	3	0.57 #
2.	**Sex** Male Female	00 00		8 16	20 40	8 8	20 20	1	1.09 #
3.	**Educational Qualification** Illiterate School Graduate Post - graduate	00 00 00 00		1 15 7 1	2.5 37.5 17.5 2.5	00 6 5 5	00 15 12.5 12.5	3	6.6 #
4.	**Occupation** Salaried Business House wife Unemployed	00 00 00 00		5 7 2 9	12.5 17.5 5 22.5	7 0 5 5	17.5 0 12.5 12.5	3	8.15 *
5.	**Source of information** Newspaper Television Relative Internet	00 00 00 00		2 8 1 13	5 20 2.5 32.5	4 7 0 5	10 17.5 00 12.5	3	3.96 #

6.	**Type of family** Joint family Nuclear family Extended family	00 00 00		7 16 1	17.5 40 2.5	7 7 2	12.5 12.5 5	3	2.33 #
7.	**Area of living** Urban Rural	00 00		18 7	45 17.5	10 5	25 12.5	1	0.11#

Table 5 shows that there is association between pre - test levels of knowledge with demographic variables

The research hypothesis (H₂) i.e. there will be a no significant association between the pretest knowledge score with their selected demographic variable. This hypothesis is rejected because calculated chi-square value is less.

The computed Chi-square value shows a negative association between pre-test knowledge scores However the pre-test knowledge with other variables like age, educational, occupation and source of information, type family, area of living,. Showed no significance.

RECOMMENDATIONS: **Based on the findings of the study the following recommendations have been recommended for further research:**

1. A large scale study can be conducted on larger samples to generalize the findings.
2. A study can be done on the health care providers regarding the prevention of convulsion complications.
3. A similar study may be conducted to find out the effectiveness of planned teaching program among patients in community area.

CONCLUSION

On the basis of findings the study below said conclusion was drawn. It also brings out the limitation of the study in picture.The pre-test knowledge score was less among the parents of under. After structured teaching Program the knowledge score was increased. So it is effective. From the finding of the study, it can be concluded that highest percentage of parents in the age group of 21- 25 years and most of them were females. Education of parents reveals that Highest percentage of parents had school education a Highest percentage of parents had their source of information is internet, most of the parents were unemployed, most of them are from nuclear family, 70% of parents are from urban community.

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