

A Study to Assess the Effectiveness of Structured Teaching Programme on Febrile Seizure among Mothers of under Five Children in Selected Hospital at Lucknow

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ABSTRACT

Background of the study-A febrile seizure also known as a “fever fit” or “febrile convulsion” that occur in young children and are triggered by fever above 101o F(38.3°C). The child may look strange for a few moments, then stiffen, twitch and roll his eyes. The International league Against Epilepsy defines Febrile Seizure as a seizure occurring in childhood between 1 month and 5 years of age, associated with a febrile illness not caused by an infection of the central nervous system, without previous neonatal seizures or a previous unprovoked seizure and not meeting criteria for other acute symptomatic seizures.³ Febrile seizures are one of the most common neurologic disorders of childhood. Febrile Seizure most commonly occurs in children between the age group of 6 months to 6 years. Boys affected about twice as often as girls and there is an increased susceptibility in families, indicating a possible genetic predisposition. Most Febrile seizures are generalized and last less than 5 minutes. About 30 to 40% of children will have one recurrence. **Objectives-**To assess the pretest and posttest knowledge level of the mothers on febrile seizure among mothers of under-five children, to evaluate the effectiveness of the Structured Teaching Program (STP) on febrile seizure among mothers of under five children and to determine the association between the pretest knowledge score of mothers on febrile seizure with selected demographic variables. **Methodology-** A Quantitative evaluative research approach pre-experimental one group pre- test & post- test design was used. 60 samples were selected by non-probability convenient sampling using lottery method. The written consent was obtained from the samples. The tool used is self-structured questionnaire. Firstly sample were selected then pretest was taken by administrating structured questionnaire after that structured teaching program was given to mother of under five children then on 4th week of data collection period post- test was conducted. **Results –** The post-test mean knowledge score of nursing mothers regarding febrile seizure has revealed that score was found higher mean (24.03) and S.D (2.2)

KEYWORDS: effectiveness, structured teaching programme, knowledge & mothers of under five children

INTRODUCTION

“Children are the world’s most valuable resource and It is best hope for future”

JF Kennedy

World Health Organization (WHO) has estimated that more than 10 million children under five years 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

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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'.

A febrile seizure also known as a "fever fit" or "febrile convulsion" that occur in young children and are triggered by fever above 101o F(38.3°C). The child may look strange for a few moments, then stiffen, twitch and roll his eyes. He will be unresponsive for a short time, his breathing will be disturbed and his skin may appear a little darker than usual. After the seizure the child quickly returns to normal. Seizure usually last less than five minutes but although uncommon, can last for up to 15 minutes. They most commonly occur in children both the ages of 6 month and 5yrs., risk peaks during the second year of life. The fever may accompany common childhood illness such as cold, the flu or an ear infection. In some cases, a child may not have a fever at the time of the seizure but will develop one a few hours later.

The International league Against Epilepsy defines Febrile Seizure as a seizure occurring in childhood between 1 month and 5 years of age, associated with a febrile illness not caused by an infection of the central nervous system, without previous neonatal seizures or a previous unprovoked seizure and not meeting criteria for other acute symptomatic seizures.³ Febrile seizures are one of the most common neurologic disorders of childhood. Febrile Seizure most commonly occurs in children between the age group of 6 months to 6 years. Boys affected about twice as often as girls and there is an increased susceptibility in families, indicating a possible genetic predisposition. Most Febrile seizures are generalized and last less than 5 minutes. About 30 to 40% of children will have one recurrence.

Each year, about 150,000 children and adolescents in the United States will come to medical attention for evaluation of a newly occurring seizure disorder of same type. Between 2.1&4% of all children in Europe and the United States experience at least one convulsion associated with febrile illness before the age of five years. The cumulative incidence of febrile convulsion among children ranges from about 1% in China to more than 8% in Japan and 14% in Guam. The peak incidence of a first febrile convulsion occurs in the second year of life between 0.5-1% of children and adolescent experience a seizure associated with other acute metabolic or neurologic insults most of these occur in the neonatal period.

Although the occurrence of febrile seizure in childhood is quiet common, they can be extremely frightening, emotionally traumatic and anxiety provoking when witnessed by parents. During the

seizure, the parent may perceive that their child is dying but fortunately the vast majority of febrile seizures are benign. Therefore, it is felt that raising awareness about the disorder allaying parental fears and anxieties, and addressing their concerns about recurrence and long term consequences of febrile seizures will be useful.

NEED OF THE STUDY

Febrile seizure usually occurs in children between the age of 6 month and 5 yrs, and is particularly common in toddlers. Children rarely develop their first febrile seizure before the age of 6 month or after 3 years of age. Older the child is when the first febrile seizure occurs; the less likely that child is to have more. Each seizure last less than 15 minutes, there is only one seizure in a 24 hour period. It is a worldwide disorder affecting up to 3% of the population of 50 million, India has approximately 90 lakhs epileptics including children.

At the global level it is estimated that there are 50 million people are suffering from seizure, in that three fourth of the population belongs to developing countries. In India it is estimated that approximately 8-10 million people suffering from epilepsy. 25% of childhood illnesses are due to neurological origin among which 90% are convulsive disorder and 75% are febrile seizure.

As per the Censes of India 2011, the total number of children in the age-group 0-6 years was reported as 158.79million and In Uttar Pradesh 29.7 million children, in Lucknow itself has 0.543 million children of 0-6 years, and Febrile seizures occur in 3-4% of children under the age of 0-6 years¹⁸, so the estimated population of children having febrile seizure in Lucknow district is quiet high, in the light of these facts I had planned this study.

As per Indian epilepsy association (IEA) Bangalore stated nearly 80 lakh people suffer epileptic attacks in Karnataka, among which 50 lakhs are from rural areas and 30 lakhs from urban areas.

A study was conducted in Grant Medical College Mumbai. It has been estimated to be between 6% in urban Parsi population, 78% in rural Karnataka suggesting a serious public health delivery failure. Knowledge, attitude and practices are negative with several misconception widely prevalent, example epilepsy is contagious, a form of insanity, a hindrance in marriage and employment.

A study was conducted in Lokmanya Tilak Hospital, Mumbai have reported that after an initial febrile Seizure, one third of children will experience a recurrence. Half the recurrences occur within 6 month of the first Febrile Seizure, three- quarters within a

year and 90% within 2 year. Risk factors identified for recurrence include (i) young age (<18 months), (ii) family history of febrile seizures in a first- or second-degree relative, (iii) low temperature (<40°C) at the initial Febrile Seizure and (iv) multiple febrile seizures occurring during the first episode. It should be remembered that an episode of fever is, in fact, the only time that the child is at risk of recurrence.

There are approximately one half million, febrile Seizure events occur per year in the United States. Most Febrile seizure occurs between 6 month and 36 months of age, peaking at 18 months. The incidence of febrile seizures in between 2.5% with at least 3% to 4% of all children in North America experiencing at least one Febrile Seizure before the age of 5 years. Febrile Seizure frequently reoccurs. Although febrile Seizure usually occurs as single, isolated incidence, the occurrence rate is 30%, overall, the increases to 50% if the initial febrile occur in a child under one year of age.

It is also found that social false beliefs have major Impact on peoples view towards febrile seizure and its management in rural areas in various parts of the country. In rural areas people used to be very spiritual. They believe that febrile seizure is due to the punishment from the god or due to some evil spirit in the body. So they will not take care of the child. Instead of giving care to the child they will do some spiritual acts and finally the child may die.

PROBLEMSTATEMENT

A study to assess the effectiveness of structured teaching Programme on febrile seizure among mothers of under five children in selected hospitals at Lucknow, U.P.

OBJECTIVES OF THESTUDY

- To assess the pre-test and post-test knowledge level on febrile seizure among mothers of under-five children.
- To evaluate the effectiveness of the Structured Teaching Program (STP) on febrile seizure among mothers of under five children.
- To determine the association between the pretest knowledge score of mothers on febrile seizure and selected demographic variables.

HYPOTHESIS

H₁: There is a significant difference between pre and posttest knowledge scores regarding febrile seizures among mothers of under-five children.

H₀: There is no significant difference between pre and posttest knowledge scores regarding febrile seizures among mothers of under-five children.

H₂: There is a significant association between the knowledge level of mothers and selected demographic variables.

H₀: There is no significant association between the knowledge level of mothers and selected demographic variables.

OPERATIONALDEFINITION

1. **ASSESS:** It refers to the measurement of knowledge by using appropriate tools developed by the investigator.
2. **EFFECTIVENESS:** It will refer to the extent to which the structured teaching program on prevention of febrile convulsion achieves the desired effect in improving the knowledge level of the mothers of under five children.
3. **STRUCTURED TEACHING PROGRAM:** It will refer to the systematically developed instructional method and teaching aids, designed to provide information or meaning, causes, signs and symptoms, treatment, preventive measures regarding febrile seizures to mothers of under five children.
4. **FEBRILE SEIZURE:** Involuntary contractions of the voluntary muscles with loss of consciousness less than 15 minutes triggered by high fever.
5. **MOTHERS OF UNDER FIVE CHILDREN:** A mother's whose children is younger than 5 year of age.

MATERIAL AND METHODS:

Research approach:

A Quantitative evaluative research approach

Research design:

Pre experimental one group pre-test and post- test design

Variables:

Independent variables: structured teaching programme

Dependent variable: knowledge of mothers of under five children regarding febrile seizures.

Demographical variables: Age of the mother, Age of the child, Religion, Type of family, Educational status of the mother, Occupational status of the mother, Type of family, Number of children in the family, Family income per month, Living area , History of febrile seizures in the family and Source of health information regarding febrile seizures.

Research setting: The study was conducted in integral hospital lucknow.

Population:

Target population: Mothers

Accessible population: Mothers of under five children.

Sample: Mothers of under five children

Sample size: 60 mothers

Sampling technique: Non probability Convenient Sampling

Criteria for sample selection:

Inclusion Criteria

Postnatal mothers who are:

1. Willing to participate in study.
2. Understood Hindi or English language.
3. Available at the time of data collection.

Exclusion Criteria

Mothers of under five children who are:

1. Not willing to participate in the study.
2. Who are not present during data collection period?
3. Mothers who belongs from medical field.

Tool and method of data collection: tool comprise of two sections-

Section A: Demographical profile of the mother of under five children-

It dealt with the demographical data which used to collect the information about the mothers of under five children. It included 10 items like- Age of the mother, Age of the child, Religion, Type of family, Educational status of the mother, Occupational status of the mother, Type of family, Number of children in the family, Family income per month, Living area, History of febrile seizures in the family and Source of health information regarding febrile seizures.

Section B: Self Structured Knowledge Based Questionnaire-

The researcher used the tool to assess the knowledge regarding febrile seizures among mother of under five children by framing 30 questions, each question carries 1 mark and maximum score is 30. The components of questions were taken as introduction, definition, incidences, risk factors, causes, pathophysiology, clinical manifestations, diagnostic evaluation, management and prevention of febrile seizures.

Reliability of tool:

Reliability was checked on 10 mothers of under five children whose children was admitted in Medwell Hospital Lucknow. Reliability was computed by split

half method and was calculated using Karl Pearson's coefficient correlation for structured questionnaire. The reliability of the questionnaire was $r = 0.89$. Hence the tool was reliable.

Data collection procedure:

On prior to data collection, formal permission was taken from the chief medical superintendent of Integral hospital Lucknow, to conduct a pre-experimental study among mothers of under five children.

The data collection a period for 4 weeks. Before collection of data, a formal consent was obtained from participants. The sample was selected using non probability convenient sampling technique. The sample size is 60. Patient names and I.P.D. numbers were obtained from the patient file.

The data were collected in the following manner. First start with self-introduction then explains the study in detail to the samples. When mothers of under five children were assured for confidentiality of data collected.

After that pre-test was conducted on knowledge regarding febrile seizure among mothers of under five children, by self-administered questionnaires on the 1st and 2nd week in Integral hospital.

Ethical consideration:

Written permission was obtained from chief medical superintendent of Integral Hospital Lucknow, to conduct a pre-experimental study on mothers of under five children. Consent was taken from the mothers. Anonymity of the subject and confidentiality of information was maintained.

Plan of data analysis:

The data obtained was analyzed by both descriptive and inferential statistics on the basis of objectives and hypothesis of study. The plan of data analysis is as follows:

Descriptive statistics: Frequency and percentage distribution was used to analyze the socio-demographic variables and knowledge level of mothers. Mean; mean percentage and standard deviation was used to assess the pre-test and post-test level of knowledge

Inferential statistics: Paired "t" test is a statistical test used to compare pre and post-test knowledge levels. Chi-square test was used to determine the association between pre-test levels of knowledge with the selected socio-demographic variables.

RESULTS:
SECTION- A**Table: 1 Frequency and percentage distribution of the sample according to their socio demographic variables.****N=60**

Sl. No	Socio-demographic variables	Frequency	Percentage
1	Age of the mother in years		
	a. 18-22	16	26.66
	b. >22-26	26	43.33
	c. >26-30	13	21.66
	d. Above 30	05	8.33
2	Age of the child in years		
	a. 1-3years	37	61.66
	b.>3-6years	23	38.33
3	Religion		
	a. Hindus	32	53.33
	b. Muslims	25	41.66
	c. Christians	01	1.66
	d. Others	02	3.33
4	Educational status of the mother		
	a .Non-literate	07	11.66
	b. Primary education	22	36.66
	c. Secondary education	21	35.00
	d. Higher secondary education	08	13.33
	e. Graduation and above	02	03.33
5	Occupational status of the mother		
	a. Government employee	03	05.00
	b. Private employee	13	21.66
	c. Self-employee	07	11.66
	d. Home maker	37	61.66
6	Type of the family		
	a. Nuclear family	23	38.33
	b. Joint family	28	46.66
	c .Extended family	09	15.00
7	Number of children in the family		
	a. One	21	35.00
	b. Two	32	53.33
	c. Three or more children	07	11.66
8	Family income per month		
	a.3000-5000	14	23.33
	b.5001-8000	21	35.00
	c.Above 8000	25	41.66
9	Living area		
	a. Rural	37	61.66
	b. Urban	23	38.33
10	History of febrile seizure in the family		
	a. Yes	07	11.66
	b.No	53	88.33
11	Source of health information regarding febrile seizures and its home care management in children		
	a. Family members	17	28.33
	b. Friends	16	26.66
	c. Mass media	07	11.66
	d. Health personnel/ Health care team members	20	33.33
	Total	60	100

The data in the above table describes that majority of mothers 26(43.33%) were in the age group of >22-26 years, 16(26.66%) were in the age group of 18- 22 years, 13 (21.66%) were in the age group of >26-30years and 5 (8.33%) were in the age group of 30 and above. Regarding age of the child majority 37 (61.66%) were in the age group of 1-3 years and 23 (38.33)% were in the age group of >3-6years. In case of religion, majority 32(53.33%) were Hindus, 25(41.66%) were Muslims, 1(1.66%) were Christians and 2 (3.33)% were others, regarding educational status of the mother 22 (36.66%) were educated up to primary education, 21 (35.00%)

were educated up to secondary education, 18 (25.71%) were non-literate, 8 (13.33%) were educated up to higher secondary education, and 2 (3.33%) were educated up to graduation and above. Regarding occupational status majority 37 (61.66%) were homemakers, 13(21.66%) were private employee, 7 (11.66%) were self employee, and 3(5.00%) were Government employers. Related to Type of the family majority 28(46.66) % were joint family, 23(38.33)% were nuclear family, 9(15.00)% were extended family, the number of children in the family majority 32(53.33%) were having two children, 21 (35.00%) were having one child, and 7(11.66%) were having 3 or more children. Related to family income per month, majority 25 (41.66%) were earning Rs. 8000 above, 21 (35%) were earning Rs.5001-8000/-while 14 (23.33%) were earning Rs.3,000-5,000/. Related to living area majority and 37 (61.66%) were living in rural area and 23(38.33%) were living in urban area, regarding to history of febrile seizures in the family, majority 53(88.33%), were not having the history of febrile seizures and 07(11.66%) were having history of febrile seizures in the family. Regarding source of information 20 (33.33%) were getting information from health care personnel, and 17(28.33)% from family members, 07 (11.66%) from Mass media, and 16(26.66%) are getting information from friends.

SECTION 2

Table 2: Distribution of pretest level of knowledge on management of febrile seizure among mothers of under five children

N=60

Level of knowledge	Score	Level of Respondents	
		No	%
Inadequate	< 50%	49	81.67
Moderate	51--75%	11	18.33
Adequate	> 76%	0	0
Total		60	100

The above table showed that in pretest 49(81.67%) having inadequate, 11(18.33%) moderate and no one having adequate knowledge regarding management of febrile seizure.

Table 3: Mean, SD and Mean% of the pretest knowledge on management of febrile convulsion among mothers of under five children.

n=60

Level of knowledge	Mean	SD	Mean%
Overall	11.46	3.10	38.20

The table 3. Showed that over all Pre- test Mean score is 11.46, SD 3.10 and Mean percentage is 38.20.

Table 4. Distribution of post-test knowledge on management of febrile convulsion among mothers of under five children after structured teaching programme.

n=60

Level of knowledge	Score	Level of Respondents	
		No	%
Inadequate	< 50%	0	0
Moderate	51--75%	14	23.33
Adequate	> 76%	46	76.67
Total		60	100

The table 4 shows that in Post-test 46(76.67%) having Adequate, 14(23.33%) Moderate, and no one having Inadequate knowledge regarding management of febrile seizure.

Table 5. Mean, SD and Mean % of the Post-test knowledge on management of febrile seizure among mothers of under five children.

Level of knowledge	Mean	SD	Mean %
Overall	24.03	2.28	80.10

The above table shows that the overall Post- test Mean is 24.03, SD 2.28 and Mean percentage 80.10.

Table 6. Distribution of comparison of pre and Post-test score of knowledge on management of febrile convulsion among mothers of under five children.

n=60

Level of knowledge	Score	Pre-test		Post-test	
		No	%	No	%
Inadequate	< 50%	49	81.67	0	0
Moderate	51--75%	11	18.33	14	23.33
Adequate	> 76%	0	0	46	76.67
Total		60	100	60	100

Table 6: showed that in pre-test 49(81.67%) having inadequate,11(18.33%) moderate and no one having adequate knowledge and in Post-test 46(76.67%) having adequate, 14(23.33%) moderate, and no one having inadequate knowledge regarding management of febrile convulsion

Table.7.Mean, SD and Mean % of the Pre and Post-test knowledge on management of febrile seizure among mothers of under five children.

Level of knowledge	Pre-test			Post-test			Improved mean		
	Mean	SD	Mean %	Mean	SD	Mean %	Mean	SD	Mean %
Overall	11.46	3.1	38.20	24.03	2.2	80.10	12.57	2.9	41.90

Table 8. Distribution of effectiveness of structured teaching programme

Level of knowledge	Improved mean			paired't' test
	Mean	SD	Mean %	
Overall	12.57	2.9	41.9	33.14**

**Significant at p<0.01 level, df 59, (t-2.66)

Table 8 shows that overall enhancement mean score is 12.86, SD 2.8, and mean percentage 42.87.Paired t test value is 37.6 significant at 0.01 level.

SECTION 3

Table 9. Distribution of association between Post-test knowledge score on management of febrile seizure with their selected demographic variables

n=60

S. No	Demographic Variables	No	%	Level of knowledge				Chi square value
				< Median (33)		< Median (27)		
				No	%	No	%	
1	Age of mother							
	a. 18-22yrs	16	26.66	8	24.24	8	29.62	$\chi^2_{-1.445}$
	b. >22-26yrs	26	43.33	14	42.42	12	44.44	P=0.695, df 3
	c. >26-30yrs	13	21.66	7	21.21	6	22.22	N.S
	d. Above 30yrs	05	8.33	4	12.12	1	3.7	
2	Age of the child in yrs							$\chi^2_{-0.120}$
	a. 1-3 yrs	37	61.66	21	63.63	16	59.25	p-0.729
	b.>3-6yrs	23	38.33	12	36.36	11	40.74	N.S
3	Religion							
	a. Hindu	32	53.33	19	57.57	13	48.14	$\chi^2_{-3.92}$
	b. Muslim	25	41.67	14	42.42	11	40.74	df 3,P-0.270
	c. Christian	01	1.67	00		1	3.70	N.S
	d. Others	02	3.33	00		2	7.4	

4	Educational Status							
	a. No formal education	07	11.66	7	21.21	0		χ^2 -40.75
	b. Primary education	22	36.66	21	63.63	1	3.70	df 4, P-.00
	c. Secondary education	21	35.00	05	15.15	16	59.25	S
	d. Higher secondary education	08	13.33	00		8	29.62	
	e. Graduation and above	2	3.33	00		2	7.40	
5	Occupational status							
	a. Govt employee	03	5.00	0		3	11.11	χ^2 -7.882
	b. Private employee	13	21.66	5	15.15	8	29.62	df 3, P-0.049
	c. Self-employee	07	11.66	3	9.09	4	14.81	S
	d. Home maker	37	61.66	25	75.75	12	44.44	
6	Type of Family							χ^2 -9.365
	a. Nuclear	23	38.33	7	21.21	16	59.25	P-.009
	b. Joint	28	46.67	19	57.57	9	33.33	S
	c. Extended	09	15.00	7	21.21	2	7.40	
7	No of children living							
	a. One	21	35.00	7	21.21	14	51.85	χ^2 -6.206
	b. Two	32	53.33	21	63.63	11	40.74	df 2, P-0.045
	c. Three or more	07	11.66	5	15.15	2	7.4	S
8	Family income per month in Rupees							
	a. Less than 5000	14	23.33	11	33.33	3	11.11	χ^2 -5.445
	b. 5001-8000	21	35.00	12	36.36	9	33.33	df 2, P-.065
	c. 8000 and above	25	41.67	10	30.30	15	55.56	NS
9	Living area							χ^2 -9.09
	a. Rural	37	61.66	26	78.78	11	40.74	P-.003
	b. Urban	23	38.33	7	21.21	16	59.25	S
10	History of Febrile seizure							
	a. Yes	07	11.66	4	12.12	3	11.11	χ^2 - 0015
	b. No	53	88.33	29	87.87	24	88.89	df 1, P-.903
11	Source of health information							N.S
	a. Family members	17	28.33	13	39.39	4	14.81	χ^2 -13.75
	b. Friends	3	26.66	11	33.33	5	18.51	P-0.003
	c. Mass media	07	11.66	0		7	25.92	S
	d. Health personnel/workers	20	33.33	9	27.27	11	40.74	

Note: N.S-Not significant S- Significant at P<0.05level

The data presented in the above table Shows that, there is association found between the pre -test knowledge score with the selected demographic variables like Educational status,(χ^2 -40.75) , Occupational status(χ^2 - 7.882), Type of family (χ^2 -9.365) , No. of children(χ^2 -6.206), Living area (χ^2 -9.09) and Source of health information(χ^2 -13.75). Calculated value of chi square was more than table value at 0.05 level. Hence the research hypothesis (**H2**) was accepted in relation to Educational status, Occupational status, Type of family, No. of children living, Living area and Source of health information.

There is no association found between the pre-test knowledge score and other demographic variables like Age of mother (χ^2 -1.445), Age of child (χ^2 -0.120) , Religion (χ^2 -3.92) , Family income (χ^2 -5.445) and History of febrile seizure (χ^2 - 0015).

DISCUSSION:**Data on Effectiveness of structured teaching programme on knowledge regarding febrile seizure among mothers of under five children.**

In this study data shows that the Post-test mean knowledge score was found higher mean (24.03) and S.D (2.2) when compared with pre -test mean knowledge score, mean was (11.46) and S.D (3.1). Calculated “t” value was 24.03 which were more than tabulated value of 2.02 at 0.05 level of significance. This indicates that structured teaching programme was effective in enhancing knowledge regarding febrile seizure among mothers of under five children.

Hence, research hypothesis (**H1**) was accepted and concluded that there is significant difference between pre-test and post-test knowledge score regarding febrile seizure among mothers of under five children.

Conclusion-

This study was aimed to increase the knowledge level of mothers through structured teaching programme, hence structured teaching programme was effective to increase knowledge level of mothers regarding febrile seizures.

Recommendations:

Study can be replicated on large sample and finding can be generalized on large population. Rural population can also be involved to create better awareness on knowledge regarding

Febrile seizure.

The same study can be conducted in different institution.

In service education can be given to all nursing personnel's to upgrade their knowledge regarding febrile seizures.

Conflict of interest: No

Financial support: Self

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