

A Study to Assess the Effectiveness of Information Booklet on Knowledge, Attitude, and Practices among Parent's Regarding Childhood Seizures in Selected Hospitals of Dehradun

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ABSTRACT

Background: Experiencing seizures in a child is often overwhelming for parents, who may feel unsure about how to respond safely and effectively. Many parents lack the right knowledge and skills to handle seizure episodes, which can lead to anxiety and mistakes during critical moments. This highlights the need for clear, accessible education to help parents better understand and manage childhood seizures. This study explores how well an educational booklet helps parents improve their knowledge, attitudes, and practical responses related to childhood seizures, using a structured approach grounded in General Systems Theory. **Methodology:** This study employed a structured educational intervention to assess its impact on parents' knowledge, attitudes, and practices (KAP) related to childhood seizure management in selected hospitals in Dehradun. Participants, primarily aged 21–40 years from diverse educational and socioeconomic backgrounds, were recruited using a purposive sampling technique. Data collection involved pre and postintervention assessments using validated questionnaires designed to measure KAP levels. The intervention consisted of a comprehensive educational program tailored to address gaps identified in baseline assessments. Statistical analysis included correlation tests to explore relationships among knowledge, attitudes, and practices, as well as demographic comparisons to identify factors influencing outcomes. Ethical approval was secured, and informed consent obtained from all participants. The methodology ensured a systematic approach to evaluating the effectiveness of educational support for parents managing childhood seizures. **Results:** After going through the booklet, parents demonstrated a noticeable improvement in understanding what causes seizures, recognizing symptoms, and how to respond calmly and correctly. Their attitudes toward seizures became more positive, with less fear and stigma. Many also reported adopting safer caregiving habits. Parents shared that the booklet was easy to understand and helped clear up many of their worries and misconceptions. **Conclusion:** This study shows that a well structured educational booklet can make a real difference in how parents manage childhood seizures. By guiding parents step by step through the process of learning and applying new information, the approach based on General Systems Theory proved effective in enhancing both knowledge and practice. This method can serve as a useful model for developing future health education tools that empower parents and improve outcomes for children.

How to cite this paper: Samuel Das | Mrs. Rachal Prasad "A Study to Assess the Effectiveness of Information Booklet on Knowledge, Attitude, and Practices among Parent's Regarding Childhood Seizures in Selected Hospitals of Dehradun" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-9 | Issue-6, December 2025, pp.105-111, URL: www.ijtsrd.com/papers/ijtsrd98773.pdf



IJTSRD98773

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KEYWORDS: *Childhood seizures, parents, knowledge, attitude, practice, educational intervention, information booklet, seizure management, Dehradun, structured teaching programme.*

INTRODUCTION

Watching a child experience a seizure is one of the most distressing moments a parent can face. These episodes can happen suddenly and without warning, leaving caregivers shocked, frightened, and unsure of what to do next. Whether caused by seizure, a high fever, or a head injury, seizures in children are often overwhelming not just physically for the child, but emotionally for the parent. Many parents, particularly when facing such an event for the first time, feel unprepared and helpless. The fear of doing something wrong can paralyze them, and unfortunately, a lack of understanding about seizures can lead to responses that are either ineffective or even harmful (Asiri, n.d.).

Seizures can take many different forms some are subtle, like a blank stare or brief confusion, while others involve full body convulsions, unconsciousness, or rigidity. This wide range in presentation often adds to the confusion and anxiety for parents, especially when they aren't familiar with how seizures look or what to expect. In many cases, even basic knowledge about what steps to take during a seizure is lacking. Parents often question whether they should call an ambulance, try to hold the child, or attempt to stop the movements leading to panic and poor decisions. The emotional toll is immense, particularly for parents who feel unprepared to help their child in that moment of need (Flury, n.d.).

PROBLEM STATEMENT

"A study to assess the effectiveness of information booklet on knowledge, attitude, and practices of parent's regarding Childhood seizures in selected hospitals of Dehradun."

OBJECTIVES OF THE STUDY

1. To assess the pretest level of knowledge, attitude, and practice regarding childhood seizures among parents in selected hospitals of Dehradun.
2. To determine the correlation between parents' knowledge and their attitude and practice concerning childhood seizures in selected hospitals of Dehradun.

To examine the association of parents' knowledge, attitude, and practice scores regarding childhood seizures with selected demographic variables.

OPERATIONAL DEFINITIONS

➤ Information Booklet

- In this study, information booklet refers to a structured written educational material prepared by the researcher, containing simple and clear information regarding childhood seizures its definition, causes, signs and symptoms, firstaid management, precautions, misconceptions, and

supportive care. It is given to parents in order to improve their knowledge, attitude, and practices related to the condition.

➤ Knowledge

- Knowledge refers to the parents' understanding and awareness about childhood seizures, including its causes, symptoms, risk factors, immediate management during a seizure episode, long term care, and preventive measures. In this study, knowledge will be measured through a structured questionnaire and scored as adequate, moderately adequate, or inadequate based on correct responses.

➤ Attitude

- Attitude refers to the parents' feelings, perceptions, and beliefs toward childhood seizures and children suffering from them. In this study, it will be measured using a Likert scale based attitude questionnaire and categorized as favorable, moderately favorable, or unfavorable.

➤ Practices

- Practices refer to the caregiving actions or behaviors of parents in managing their child's seizure episodes, including first aid during seizures, medication adherence, follow-up care, and safety measures at home. These will be assessed through a structured checklist and categorized as appropriate or inappropriate practices.

➤ Parents

- In this study, parents refer to biological or adoptive mothers/fathers (or primary caregivers who act as parents) of children diagnosed with seizures and admitted or attending outpatient services in selected hospitals of Dehradun.

➤ Childhood Seizures

- For this study, childhood seizures refer to recurrent, abnormal, involuntary episodes of electrical brain activity occurring in children (0–18 years) diagnosed clinically by the physician in selected hospitals of Dehradun.

HYPOTHESES

- **H₁** – There is a significant difference between pre and posttest level of knowledge, attitude, and practice regarding childhood seizures among parents in selected hospitals of Dehradun.
- **H₂** – There is a significant positive correlation between parents' knowledge and their attitude and practice concerning childhood seizures in selected hospitals of Dehradun.
- **H₃** – There is a significant association between parents' knowledge, attitude, and practice scores

regarding childhood seizures and selected demographic variables such as age, education, and socioeconomic status.

DELIMITATIONS OF THE STUDY

1. The study is limited to parents of children diagnosed with seizures in selected hospitals of Dehradun.
2. The study includes only those parents who are available and willing to participate during the period of data collection.
3. The educational intervention is restricted to the information booklet prepared by the researcher, and no other teaching methods (e.g., videos, workshops) will be used.
4. The study will assess only knowledge, attitude, and practices of parents, not clinical outcomes of children with seizures.

RESEARCH DESIGN

Group

The Research design adopted for the study is pre-experimental. (One group pretest posttest design)

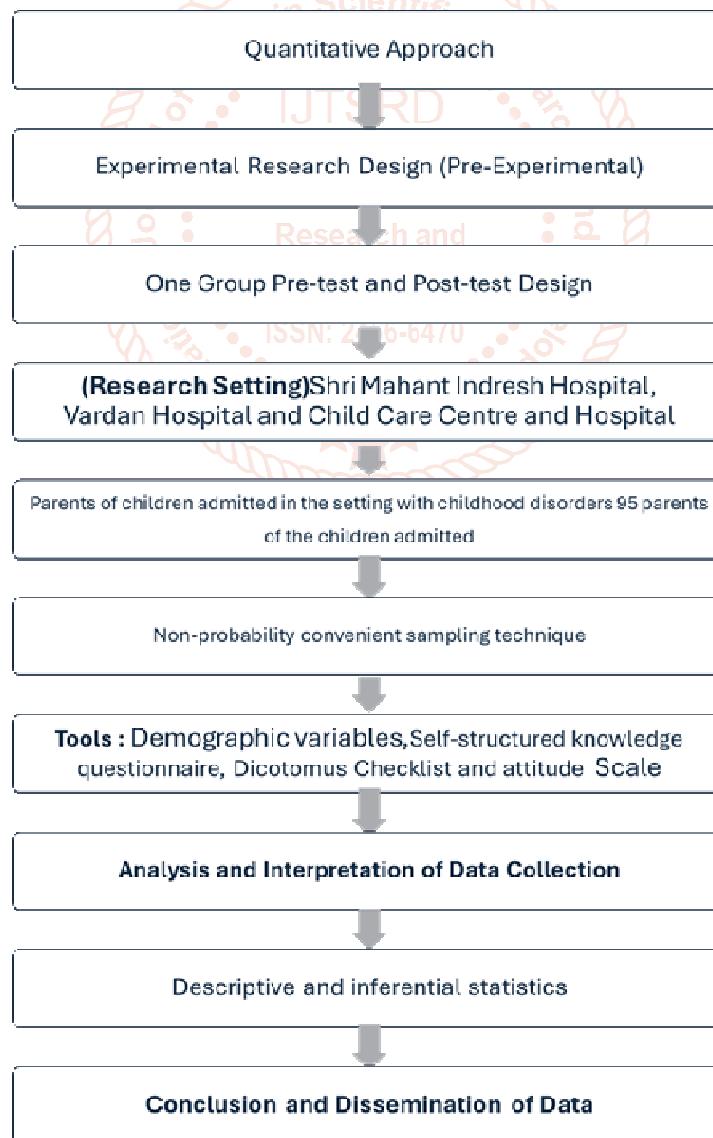


FIG: 2 SCHEMATIC STUDY DIAGRAM

5. The sample will be selected using a nonprobability sampling technique (if that's your plan commonly purposive).

RESEARCH APPROACH

Research approach is a systemic, objective method of discovery with the empirical evidence and rigorous control. Research approach spells out the basic strength that the researcher adopts to develop information that is accurate and interpretable the control is achieved by holding conditions constant and varying only the phenomenon under study.

A quantitative research approach is used for this study. Quantitative research is an applied form of research that involves finding out how well a Programme, practice and policy is working. The main goal is to assess or evaluate the success of the information booklet.

RESEARCH VARIABLES

- Independent Variable: Information booklet on childhood seizures.
- Dependent Variables: Level of knowledge, attitude, and practices of parents regarding childhood seizures.

RESEARCH SETTING

- The study will be conducted at Shri Mahant Indresh Hospital, Vardan Hospital and Child Care Centre and Hospital, where children diagnosed with seizures are admitted or receiving outpatient care.

POPULATION

- The target population includes parents of children with seizures attending outpatient and inpatient services at Shri Mahant Indresh Hospital, Vardan Hospital and Child Care Centre and Hospital.

SAMPLE AND SAMPLING TECHNIQUE

- Sample: Parents who meet the inclusion and exclusion criteria.
- Sample Size: 60

DEVELOPMENT AND DESCRIPTION OF TOOL

Section A: Sociodemographic Profile

Section B: Structured Knowledge Questionnaire

Section C: Attitude Scale

Section D: Practice Checklist

RELIABILITY:

- Reliability will be established using Cronbach's Alpha (for attitude) and Kuder– Richardson (for knowledge).

Pilot study (r=0.9)

The tools were used for pilot study to test the feasibility and practicability.

DATA COLLECTION PROCEDURE

A structured questionnaire was prepared and administered to assist the level of knowledge of the parents of children having childhood seizures.

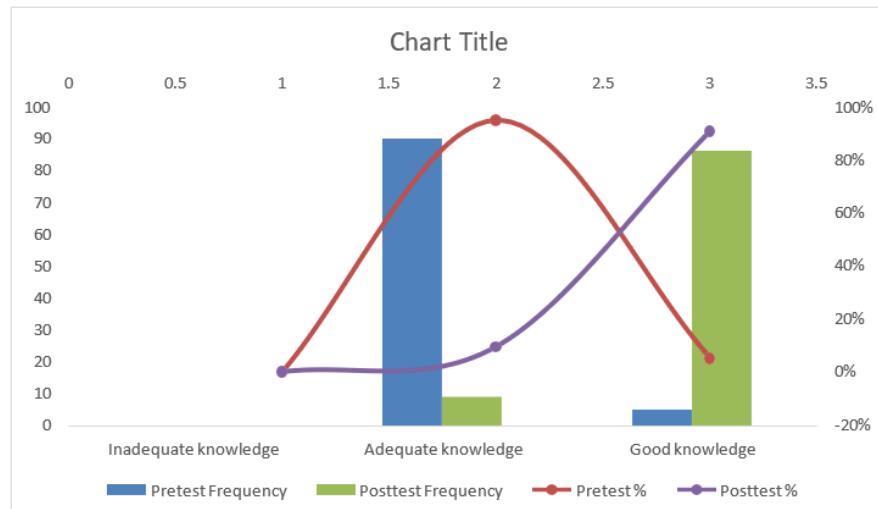
1. Obtain permission from concerned hospital authorities.
2. Obtain ethical clearance from institutional review board.
3. Obtain informed consent from participants.
4. Administer pretest to assess baseline knowledge, attitude, and practices.
5. Provide information booklet to parents and explain the contents briefly.
6. After the intervention period, administer posttest using the same tool.
7. Collect and code data systematically for analysis.

DISTRIBUTION OF SOCIO DEMOGRAPHIC VARIABLES AMONG PARENTS OF CHILDREN WITH SEIZURE DISORDER

Table 1: Frequency and percentage distribution of demographic variables among parents of children with seizure disorder

Q. No.	Variable	Frequency (f)	Percentage (%)
1	Age of Parent/Guardian		
	21–30 years	47	49.47%
	31–40 years	48	50.53%
2	Gender of Parent/Guardian		
	Male	52	54.74%
	Female	43	45.26%
3	Relationship to the Child		
	Mother	44	46.32%
	Father	50	52.63%
4	Educational Qualification		
	No formal education	14	14.74%
	Secondary school	22	23.16%
	Higher secondary	30	31.58%
	Graduate	15	15.79%
	Postgraduate and above	14	14.74%

5	Occupation Unemployed Private job Government employee	45 38 12	47.37% 40.00% 12.63%
6	Monthly Family Income ₹10,001–₹20,000 ₹20,001–₹30,000 ₹30,001–₹50,000 More than ₹50,000	16 47 30 2	16.84% 49.47% 31.58% 2.11%
7	Type of Family Nuclear Joint Extended	20 62 13	21.05% 65.26% 13.68%
8	Area of Residence Urban Semiurban Rural	27 52 16	28.42% 54.74% 16.84%
9	Number of Children One Two	52 43	54.74% 45.26%
10	Age of Child with Seizure (in years) Days Months Years	49 43 3	51.58% 45.26% 3.16%
11	Gender of Child Male Female	59 36	62.11% 37.89%
12	Duration Since First Seizure Less than 6 months 6 months – 1 year 1–3 years	38 16 41	40.00% 16.84% 43.16%
13	Frequency of Seizure Episodes Rare Occasional Frequent	40 46 9	42.11% 48.42% 9.47%
14	Family History of Seizures Yes No	75 20	78.95% 21.05%



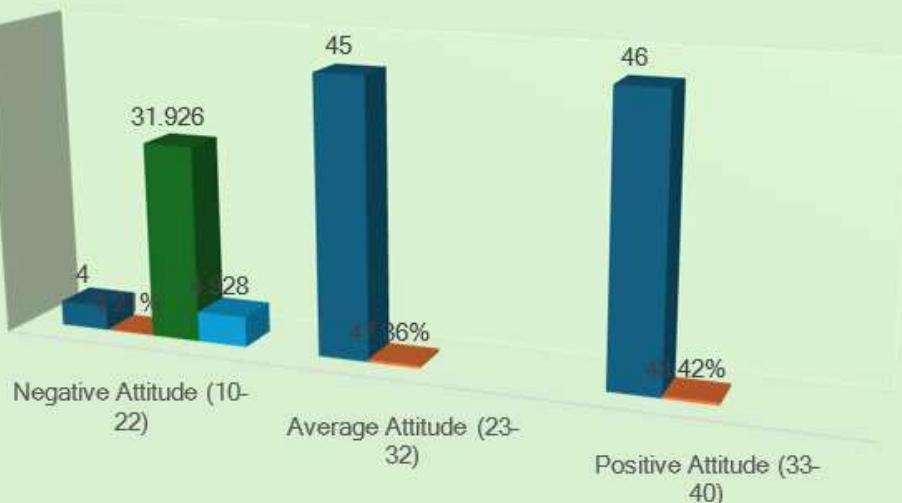
BAR GRAPH AND LINE CHART DISTRIBUTIONS OF LEVEL OF KNOWLEDGE AMONG PARENTS OF CHILDREN WITH SEIZURE DISORDER

DISTRIBUTION OF PRACTICE SCORE AMONG PARENTS OF CHILDREN WITH SEIZURE DISORDER



DISTRIBUTION OF ATTITUDE SCALE AMONG PARENTS OF CHILDREN WITH SEIZURE DISORDER

■ Pre-test Frequency ■ Pre-test Percentage (%) ■ Pre-test Mean ■ Pre-test Std Dev



Summary

The study was conducted to evaluate the effectiveness of an educational intervention on the knowledge, attitude, and practice (KAP) of parents of children with seizure disorders in selected hospitals of Dehradun. The main objectives were to assess the baseline KAP levels, determine correlations among these variables, explore associations with demographic factors, and examine the impact of the intervention.

A total of 95 parents participated. Data was collected using a structured tool before and after the educational intervention. The findings showed that most parents initially had adequate knowledge, but many lacked a deeper understanding and confidence in handling seizure situations. While a substantial number

displayed average attitudes and practices, there was clear scope for improvement.

After the intervention, there was a significant enhancement in all three domains. Knowledge levels improved sharply, positive attitudes increased, and practical caregiving behaviors became more competent. These results affirm the value of structured, targeted education in improving seizure management at the family level.

Conclusion

The study concludes that a structured educational intervention is highly effective in improving the knowledge, attitude, and practices of parents regarding childhood seizures. Importantly, these improvements

were independent of demographic characteristics such as age, education, income, or family type, indicating the universal relevance and accessibility of the intervention.

A key takeaway is that increased knowledge positively influences attitudes and caregiving behaviors, reinforcing the need to empower parents through education. Additionally, the high prevalence of family history of seizures in the sample highlights the urgency of early and proactive educational initiatives.

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