

# Efficacy of educational module on febrile seizure among the mothers residing selected villages in bareilly.

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## Introduction

All of our futures are tied to the health of our children, who make up a third of our population. It's important to remember that childhood is a critical time for many health issues, and most studies show that many children suffer from one or the other disease. We have a duty to ensure certain biological and psychological conditions are maintained. Needs to ensure the child's survival and healthy development, as well as the children's optimum health so that they can enjoy their childhood to the fullest extent possible. However, for a variety of reasons, children are at risk of contracting diseases. The febrile seizure is one such disease that poses a serious risk to the child's life. Mahatma Gandhi: The real wealth is not in gold or silver, but in one's health. A fever-induced convulsion in a child is known as a febrile seizure, and it is usually the result of an infection. Those with normal development and no history of neurologic symptoms are susceptible. An extremely high fever could cause seizures in children between the ages of 3 months and 5 or 6 years. Young children who have a fever of more than 100.4°F (38°C) are at risk for febrile seizures. Fierce is another word for this. Three to four out of every 100 children between the ages of six months and five years will experience febrile seizures (seizures brought on by fever), but this occurs most frequently in children between the ages of twelve and eighteen months. At the time of their first simple febrile seizure, children younger than one year of age have an approximate 50% chance of having another seizure, while children over one year of age have about a 30% chance.

Despite this, only a small percentage of children who experience febrile seizures go on to develop epilepsy. Fever-induced seizures are most common in children between the ages of three months and three years. During a high fever, a child may experience convulsions that are more than 102.2 to 104°F (39 to 40°C). As soon as this fever sets in, it will take hold quickly. Seizures are more likely to be triggered by a sudden drop in temperature than by a spike in temperature. They're more likely to occur if your child is sick. Between the ages of 12 and 18 months, infants are most likely to experience febrile seizures. Fever-induced seizures can be simple or complex. The duration of complex febrile seizures increases. The frequency of simple febrile seizures is higher. When a fever causes a child to convulse, it's called a febrile seizure, according to the National Institute of Health (2020). Between the ages of six months and five years old, young children are the most likely to suffer from a febrile seizure. When a child has a cold, flu, or ear infection, the fever may accompany it. Even though the seizure occurred, the child may not have had a fever until a few hours after the event.

Convulsions account for the vast majority of febrile seizures. An uncontrollable shaking of the arms and legs is the most common sign of a febrile seizure in children. Slightly more unusual symptoms include eye rolling and stiff (tense) muscles on only one side of the body. A child may lose consciousness during a febrile seizure but not shake or move noticeably.

## Methodology

The self-administered questionnaire was used to evaluate the educational intervention's effectiveness on febrile seizures. The study included 100 mothers with children under the age of five. The researcher used a pre-test-and-post-test design with one group as a pre-experiment. The study's data was statistically analysed and discussed below considering the goals. Nursing experts from various specialties validated the prepared tool and educational intervention based on the suggestions the tool was modified and used in the main study. The research instrument is comprised of Demographic variables. Knowledge questionnaire and checklist

## Results

The study found that 80% of the mothers of children under the age of five had moderate knowledge, and only 12 % had adequate knowledge and 8 % have inadequate knowledge. One 18% of the students had moderate knowledge in the post-test and 82% had adequate knowledge and none of them have inadequate knowledge

following the intervention. The mean knowledge scores before and after the test were 9.81 and 18.21, respectively.

According to the study, out of the 100 mothers of children under the age of five who participated in the study, 8% have inadequate practice 75% have moderate practice and 17% had adequate pre-test practise, respectively.

As a result of the intervention, 9% students had moderate practise and 91% students had adequate practise in the post-test. The mean scores were 11.18 and 14.12, respectively, for the pre- and post-test practise. Pre and posttest knowledge and practise scores were compared using a paired t test.

For knowledge, the t value is significant at  $p < 0.05$ , while for practise, it is significant at  $p < 0.05$ . It means that before and after the educational intervention, mothers' knowledge and practise of febrile seizure prevention and treatment differed significantly. These demographic variables, including education, occupation, previous family history of febrile seizure, prior history of febrile seizure in the child, and the reason for the visit to the primary health centre were examined using chi square analyses. Prior knowledge score was found to be associated with the reason for a visit to the primary health centre, and  $\chi^2$  value was 6.44 ( $p < 0.05$ ).

## Conclusion

The study yielded the following conclusion. Educating mothers about the dangers of febrile seizures has been found to be effective in improving their knowledge and practises. The results of the study showed that educational intervention on febrile seizure significantly improved knowledge and practise.

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