

## “Knowledge and Attitude of Parents towards the First Seizure Episode in Children in Jharkhand- A Hospital Based Study.”

Dr.ParthakumarChaudhuri(Associate professor),Dr.(Prof)Anil Kumar Chaudhary(Professor & Head of the Department) Dr.UmeshChandra(Junior resident)

Department of pediatrics and neonatology,RajendraInstitute of Medical Science(RIMS), Ranchi.  
Corresponding author:-Dr.Parthakumarchaudhuri.

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**Abstract:** Seizure are one of the commonest pediatric neurological disorder.The incidence of seizure is highest i.e. 5% children experience seizure during the first 5 year of life, with a decreasing frequency in older age. Seizure in childhood may interfere with family and social life of parents,imposing fear and anxiety to parents.Parental response on seizure is determined by their knowledge on seizure.

**Objective of study:**To assess the knowledge and attitude of parents towards the first seizure of their children in the Jharkhand context.

**Result:**Maximum number of cases was in between the age of 1-5years.i.e. 63%.Only34%consulted to their doctor after first episode. Most of the parents started to take treatment after more than two episodes of seizure i.e.89%after counselling.Only43%of the attending patients completed their course of treatment.Among all the patients of seizures taking their medicines irregularly were76%.

**Conclusion:** Study showsthat parentsknowledge regarding first episode of childhood seizures was unsatisfactory.Parents had incomplete knowledge regarding the first episode of childhood seizures.

**Keywords:** Seizure, Knowledge, Parents, Children, Attitude, Hospital,Jharkhand.

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### I. Introduction

Seizure is a transient occurrence of signs and/or symptoms resulting from abnormal excessive or synchronous neuronal activity in the brain(1).Seizures (convulsion,fits) are caused by abnormal electrical discharges from the brain resulting in abnormal involuntary,paroxysmal,motor sensory,autonomic or sensorial activity. Several times,a child may present with a condition that mimic or be misinterpreted as a seizure(2). About 5% children experience convulsions during the first five years of life(2). Prevalence of epilepsy is about 1% this being higher in rural (1.9%)as compared to urban areas(0.6%)(3).Most of the seizure are provoked by somatic disorder originated outside the brain such as high fever,infection,syncope,head trauma,hypoxia,toxins other causes included genetic syndrome and CVA(4).Generally seizure occurs at home and as a result parents are the first to be involved in their management & their knowledge and attitude are therefore determinant prognostic factor .The caregiver has to understand the disease process ,first aid measures to treat seizure and way to prevent the recurrence of seizure(4). Several studies have shown that parental knowledge on seizureare lacking and they get frightened and perform inappropriate first aid gestures. Seizures could have an impact on the psychomotor development of the child and this depends on the age of the first seizure, duration and delay in management.

### II. Aims And Objective

To assess the knowledge and attitude of parents towards the first seizures of their children in the Jharkhand context. To find out their knowledge on seizure and identify their attitude when confronted with seizure in their children. An explanatory descriptive study on 100 parents of Children aged between 1-15 yrs. diagnosed with childhood seizures and getting treatment in RIMS, Ranchi, Jharkhand.

### III. Materials And Methods

The present study conducted over a period of 1year(March2018-FEB2019) in the Department of Pediatrics, RIMS, Ranchi. Variabledata collected were: socio-economic status of the parents (age, profession and level of education); parental knowledge on seizures, parental practices and attitudes towards the seizure. DATA COLLECTION PROCEDURE:Interview technique with parents(withA specific set of questionnaire)came in the hospital for treatment and follow up of seizure of their children.Study design –

Hospital(RIMS) based cross sectional study. Sample size –100 children of 1-15yrs with seizure attending in pediatric dept. RIMS ,Ranchi. **INCLUSION CRITERIA** : All parents whose children were taking treatment/advice for seizure. **EXCLUSION CRITERIA** – Residents outside Jharkhand. Any child presenting with paroxysmal phenomenon mimicking seizure. Children less than one year of age & more than 15 years. Statistical analysis- Data analyzed with appropriate set of questionnaire and checked for completeness and consistency of response. A written informed consent was obtained from all the parents who accepted to participate in the study.

#### IV. Results

In this study, we enrolled 100 parents, out of which 76% parents belong to rural areas and most of them were from Hindu family i.e.65%. In our study 57% were boys and 43% were girls. In most of the cases, we have found that mothers were informants i.e.,58%. the reason for that is most of the male parents live out of their village because of earning purpose so most of the time males are not aware of the facts what is going in their house, .Out of total patients ,63% patients were in betweenage group 1-5years. It was found that most of the parents were afraid of death of their child due to seizure attack, some were feared of mental disability and some were feared of marriage related issue which may happen in future. To overcome their stress, they did what they are not supposed to do like they go for exorcism i.e., 41%.and only 34% consulted to physician. Due to lack of knowledge about seizure attack they try to do every possible measure to control it like they make their child smell shocks,shoes etc. Most of the parents insert metallic spoon in the mouth of their child so as to control it. Some of them hold their child tightly and some of the parents try to make their child inhale burning chillies .The following data which we have found in our study are given below:

**Table 1.**Socio-demographic characteristic

	Variable	Percentage	
<b>Residence</b>	Rural	76	
	Urban	24	
<b>Sex</b>	Boys	57	
	Girls	43	
<b>Informants</b>	Mother	58	
	Father	17	
	Both	25	
<b>Age</b>	1-5yrs.	63	
	6-10yrs.	27	
	11-15yrs.	10	
<b>Religion</b>	Hindu	65	
	Muslim	23	
	Christian	6	
	Others	6	
<b>Educational status</b>	Illiterate	Father	27
		Mother	34
	Literate	Father	73
		Mother	66
<b>Occupation</b>	Farmer/labour	76	
	Self employed /job	19	
	Unemployed	5	

**Table 2.**Consequences of seizure according to the parents

	Number (%)
Death	37
Mental disorder	21
Marriage related issues	15
Paralysis	12
Epilepsy	6
Learning difficulties	5
No ideas	4
Total	100

**Table 3.**Response at first seizure

Smelling shoes,slippers,shocks-	63%
Insertion of spoon /metal inside mouth-	43%
Hold tightly	48%
shifting to safe place-	26%
Inhaling smoked chilli-	2%

**Table 4.**Treatment after first seizure

Exorcism	41%
Consulted to physician	34%
Consulted to quack	21%
Local and herbal	4%

### V. Discussion

Maximum numbers of cases were in between the age of 1-5years i.e.63% .Only 34%consulted to physician after first episodes. There were more than two episodes of seizures before consulting to their doctor in most of the cases. Among all parents only 18%were educated till 10<sup>th</sup> standard.90%of mother were home maker.77% Parents heard/seen about the seizure previously. The main source was relatives/friends.Most of the parents believe that the cause of seizure is supernatural power, black magic and high fever. Most of the parents started treatment of their children after more than two episodes of seizure i.e.89%.Most of the patient stopped taking medicine abruptly without consulting their doctor.Only 43% of the attending patients completed their course of treatment.Only 13% parents keeping extra medicine at home. Among all the patients of seizures taking their medicines irregularly were 76%.Commonly used Antiepileptic drugs during treatment was VALPROATE and PHENYTOIN.Study has shown that there is a definite correlation in between the level of education and knowledge about seizure and level of fear and anxiety(6-9). In our study most parents belongs to rural areas where people thought seizure were due to supernatural power and black magic ,But Urban parents thought Fever as the main cause of seizure in their children. Among rural parents mostly used term (JHATKA&FARKA) for seizure. The main consequences feared by parents in interview were death and mental disorder. . Health education was given to the parents during hospitalization and during discharge and on follow up regarding home measures to be taken in case of seizures.

### VI. Conclusion

Study revealed that Parents knowledge regarding childhood seizures was not optimal. Parents had unfavorable attitude regarding childhood seizures.Studies have shown correlation between level of education/ knowledge and behavior of parents towards first seizure.It is therefore important that parents should be well educated about the seizure, so that they can take appropriate response in need. An important part of the management of a patient with epilepsy is educating the family and child about the nature of disease, its management, and the limitations it might impose and how to deal with them(1).Awareness campaign should be launched for better care of children during seizure.

### References

- [1]. Mohamed A. Mikati and Abeer J. Hani ,Seizures in childhood. Nelson’s Texbook of Pediatrics First south asia Edition vol 3 Chapter 593 Page no. 2823.
- [2]. Approach to a child with seizure. Essential paediatricsGhai, vinod k paul, ArvindBagga, Eighth edition, Chapter 18, Page no. 552.
- [3]. Indian guideline of epilepsy,writer-mrinalkantroy and dhiman das , chapter-116.
- [4]. International journal of science and research ISSN(online)2319-7064 index value(2013):6.14,impact factor(2013):4.438.
- [5]. Paediatric oncall child health care volume 13/issue 1|January \_march2016DOI: <https://doi.org/10.7199/ped.oncall.2016.8>.
- [6]. Flury T, Aebi C, Donati F. Febrile seizures and parental anxiety: does information help? Swis Med Wkly.2001; 131(37-38):556-560.
- [7]. Parmar RC, Sahu DR, Bavdekar SB. Knowledge, attitude and practices of parents of children with febrile convulsion. J Postgrad Med. 2001; 47(1):19-23.
- [8]. Shuper A, Gabbay U, MimouniM .Parental anxiety in febrile convulsions.Isr J Med Sci. 1996; 32(12):1282- 1285.
- [9]. Deng CT, Zulkifli HI, Azizi BH.Parental reactions to febrile seizures in Malaysian children. Med J Malaysia.1996; 51(4):462-468

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