



## **Effectiveness of video-assisted teaching on febrile convulsions among primary caregivers of underfive children**

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### **Abstract**

The occurrence of febrile convulsion in childhood is common in 2 to 5% of children younger than age 5 years with a peak incidence in the second year of life. Recent evidence that suggests a small subset of children that present with fever may cause febrile convulsion. So appropriate parental action is necessary to prevent Febrile Convulsion and reduce complications. This Study is to Assess the effectiveness of video-assisted teaching on febrile convulsions among primary caregivers of underfive children at Sedarapet, Puducherry. Quasi Experimental one group pre test and post test design was used, in which 60 Primary care givers of Underfive children were assessed the KAP and video assisted teaching was administered and after a week Level of KAP was assessed using same structured Interview Schedule. Study revealed that, Video assisted teaching programme on febrile convulsion was found to be an effective, appropriate and feasible mode to develop Knowledge, Attitude and Knowledge on Practice of Primary caregivers of underfive children regarding Febrile convulsion at  $p > 0.05$ .

**Keywords:** Febrile convulsion, video teaching programme, underfive children

### **Introduction**

Having a sick child is an anxious time for parents who are frequently very concerned about their child. One of the main indicators of an illness is fever. Many parents consider fever to be harmful and a disease in itself. Parents often feel disempowered when their child is ill and that they are not caring appropriately for their child if they do not treat the fever. The occurrence of febrile convulsion in childhood is common in 2 to 5% of children younger than age 5 years with a peak incidence in the second year of life. Recent evidence that suggests a small subset of children that present with fever may cause febrile convulsion. So appropriate parental action is necessary to prevent Febrile Convulsion and reduce complications.

### **Statement of the problem**

A Study To Assess The Effectiveness Of Video-Assisted Teaching On Febrile Convulsions Among Primary Caregivers Of Underfive Children at Sedarapet, Puducherry.

### **Objectives**

1. To assess the Knowledge, Attitude and Practice of primary care givers of underfive children on febrile convulsion before and after Video Assisted Teaching.
2. To find out the effectiveness of Video Assisted Teaching on febrile convulsion among primary caregivers of underfive children.
3. To associate the pre test level of Knowledge, Attitude

and Practice on febrile convulsion among primary care givers of underfive children with selected socio demographic variables.

### **Methods**

A Quantitative Evaluative approach study was conducted using Quasi Experimental one group pre test and post test design was used, in which 60 Primary care givers of Underfive children were selected at Sedarapet rural area by systematic random sampling. Data were collected over a period of 4 weeks. Pre-test was conducted and video assisted teaching was given on the same day by gathering the primary care givers of underfive children who were residing at one locality. For each participant it took around 40 minutes of time to complete the data. Every day on an average of 5 to 6 primary care givers of underfive children were interviewed. Post-test was carried out on the seventh day of implementation of video assisted teaching through semi structured interview questions.

### **Result**

The data was analyzed according to the study objectives, and hypotheses using descriptive and inferential statistics. Distribution of children based on Age in Years 16 (26.7%) of children in the age group of 5 years, 13 (21.7%) of children in the age group of 4 years, 11 (18.3%) of children in the age group of 2 years, 10 (16.7%) of children in the age group of 1 years and 3 years respectively.

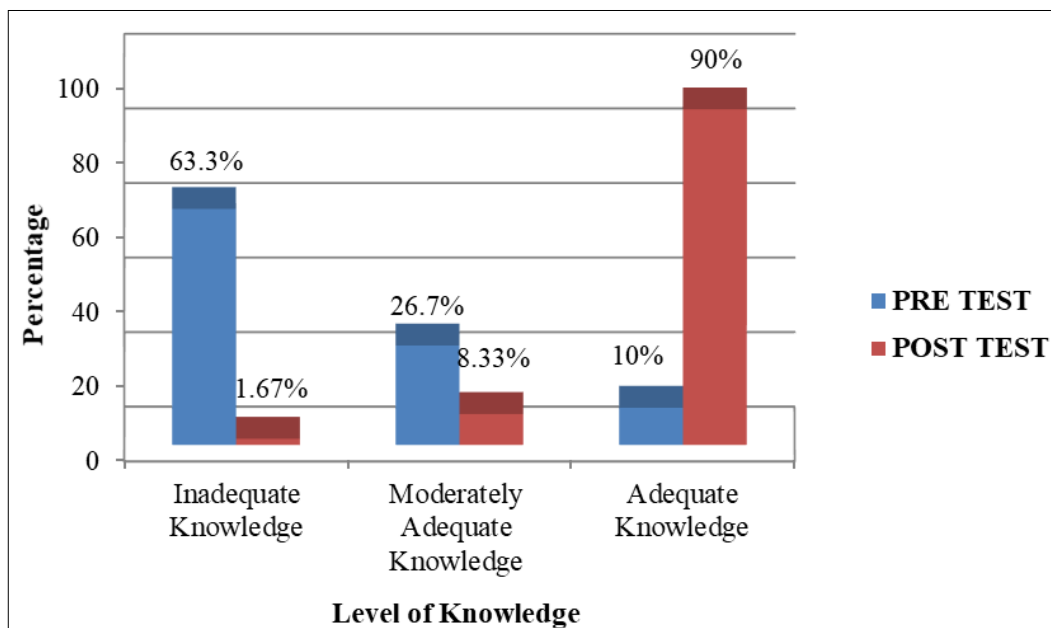
Distribution of children based on gender shows that 32 (53.3%) of them were male and 28 (46.7%) of them were female. 54 (90%) of the participants were Mothers, who are the primary care givers of underfive children. 38 (63.3%) of primary caregivers are between the age group of 21 – 40 years, 40 (66.6%) of them studied up to higher Secondary school, all are belongs to Hindu religion. Distribution of Primary care givers based on income shows

that 34 (56.7%) of have monthly income of  $\geq 5000$ , 54 (90%) of them living as nuclear family, 40 (66.7%) of them have 2 children, and 38 (63.3%) of them responded that their source of information regarding febrile convulsion was health worker.

**Section A: level of knowledge**

**Table 1:** Distribution of Pretest and Post Test Knowledge of Primary Care Givers of Underfive Children regarding Febrile Convulsion n = 60

		Level of post test knowledge			Total
		Inadequate Knowledge	Moderately Adequate Knowledge	Adequate Knowledge	
Level of pre test knowledge	Inadequate Knowledge	1	4	33	38
	Moderately Adequate Knowledge	0	1	15	16
	Adequate Knowledge	0	0	6	6
Total		1	5	54	60



**Fig 1:** Percentage distribution of pretest and post test knowledge of primary care givers of underfive children regarding febrile convulsion, n=60

**Section B: Level of Attitude**

**Table 2:** Frequency and Percentage Distribution of Pretest and Post Test Attitude of Primary Care Givers of Underfive Children regarding Febrile Convulsion, n = 60

		Level of Post Test Attitude		Total
		Neutral Attitude	Favourable Attitude	
Level of pre test attitude	Unfavourable Attitude	0	6	6
	Neutral Attitude	6	45	51
	Favourable Attitude	0	3	3
Total		6	54	60

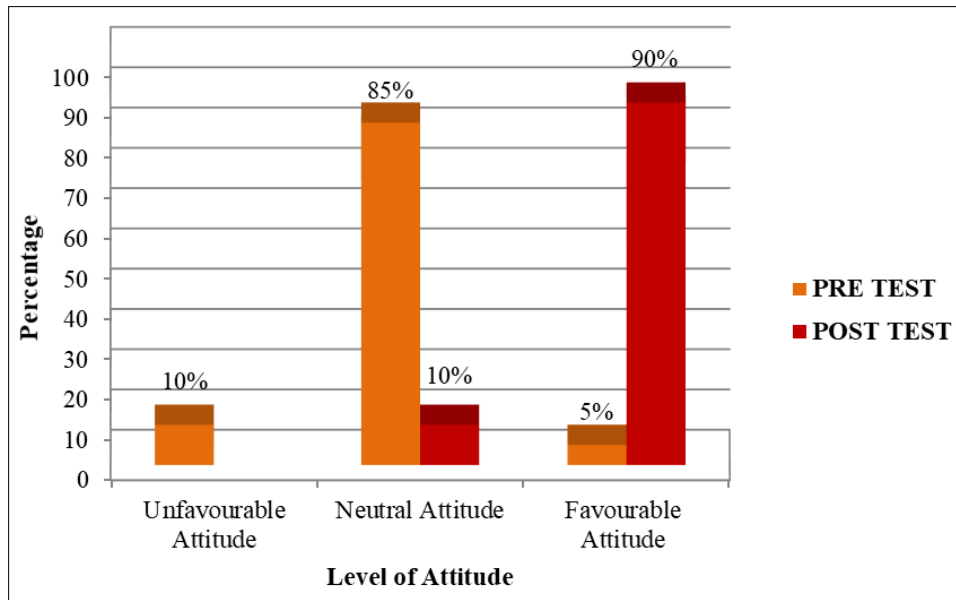


Fig 2: Percentage distribution of pretest and post test attitude of primary care givers of underfive children regarding febrile convulsion, n=60

Section C: level of knowledge on practice

Table 3: Frequency and percentage distribution of pretest and post test knowledge on practice of primary care givers of underfive children regarding febrile convulsion, n = 60

		level post test practice		Total
		Moderate Knowledge on Practice	Adequate Knowledge on Practice	
Level of Pre Test Practice	Inadequate Knowledge on Practice	4	20	24
	Moderately Adequate Knowledge on Practice	1	24	25
	Adequate Knowledge on Practice	0	11	11
Total		5	55	60

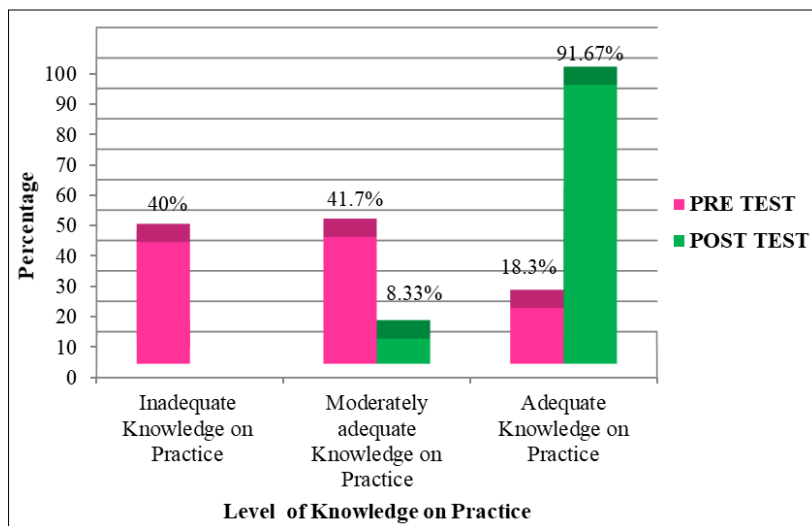


Fig 5: Percentage distribution of pretest and post test knowledge on practice of primary care givers of underfive children regarding febrile convulsion, n=60

Table 4: Comparison of pre-test and post-test mean score of knowledge regarding Febrile Convulsion among Primary Care Givers of Underfive Children, n = 60

Test	Level of Knowledge		Level of Attitude		Level of Knowledge on Practice		Wilcoxon Signed Ranks Test
	Mean	SD	Mean	SD	Mean	SD	
Pre test	5.10	2.36	30.6	3.9	5.87	2.2	0.001**
Post test	10.32	1.47	40.3	3.3	9.5	1.05	

\*\* Highly Significant (p < 0.01)

**Table 5:** Correlation between knowledge, attitude and knowledge on practice pre test scores, n=60

	Pre Test Score		
	Knowledge and Attitude	Attitude and Practice	Knowledge and Practice
'r' value (Sig. 2 tailed)	0.001	0.427	0.173

The results showed that the association between pre test knowledge level and selected demographic variables such as age of the primary care giver and number of children at the level of  $p = > 0.005$  statistically significant.

**Conclusion**

Conducting the Video assisted teaching programme was found to be an effective, appropriate and feasible mode to develop Knowledge, Attitude and Knowledge on Practice of Primary caregivers of underfive children regarding Febrile convulsion.

**Acknowledgement**

1. Directorate of Health & Family Welfare Services, Government of Puducherry.
2. Medical Officer, Primary Health Center, Sedarapet, Puducherry.

**References**

1. Ellatiff A, Garawamy H. Risk factors of febrile disease among preschool children in Alexandria. Journal of the Egyptian Public Health Association. 2002; 77(1-2):156-172.
2. Berg AT, Shinnar S, Shapiro ED, Salomon ME, Crain EF, Hauser WA. Risk factors for a first febrile seizure: a matched case-control study, Epilepsia. 1995; 36(4):334-341.
3. Talebian A, Tolit MS. The correlation between positive history of family seizing and febrile seizures in children. The Journal of Kashan University. 2000; 2(8):70-74.