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# Effectiveness of video assisted teaching programme on knowledge regarding early detection and it's management of convulsion among parents of preschool children at Baikhora, South Tripura

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**Abstract**

The Researcher conducted a study on" Effectiveness of Video Assisted Teaching Programme on Knowledge Regarding Early Detection And It's Management Of Convulsion Among Parents of Preschool Children At Baikhora, South Tripura." The objectives of the study were to assess the pre existing knowledge level regarding early detection and it's management of convulsion among parents of preschool children, to evaluate the effectiveness of video assisted teaching programme regarding early detection and it's management of convulsion among parents of preschool children, to find out the association between pre-test knowledge score regarding early detection and it's management of convulsion among parents of preschool children with their selected demographic variables. The present study was based on conceptual framework of "Modified Imogene King Goal Attainment Theory (1971)". A quantitative evaluative approach was adopted, systematic random sampling technique and one group pretest post test design was used for this study. Data were collected from 40 parents of preschool children of Baikhora English Medium H.S School, South Tripura. Socio demographic proforma & Structured knowledge questionnaire were developed to collect the demographic information of the patient and to assess the knowledge level of the parents of preschool children. The result showed that The mean of post test knowledge score (8.15), Median (8.23) were higher than the mean of pretest knowledge score (16.92), Median (16.93). Mean difference was (8.77) and paired "t" test value (14.6) was found statistically at 0.05 level (df-39 table value 2.26). The skewness of the posttest frequency polygon was (-0.003) negative. In area wise comparison the mean percentage of post test knowledge score in all 7 areas were higher than the mean percentage of pre test knowledge scores. There was no significant association with selected demographic variables i.e age, gender of parent, age of child attending school, gender of child, gestational age of child during birth, type of family, religion, educational status of parent, occupation of parent, family monthly income, is there any history of convulsion of your child? Do you have any information regarding convulsion?. If yes, sources of information at 0.05 level of significance. From the findings of the present study, it can be established that video assisted teaching was an effective intervention to increase the knowledge of the parents of preschool children.

**Conclusion:** The study concluded that there was an effectiveness of video assisted teaching programme regarding early detection and it's management of convulsion among parents of preschool children in terms of gain in knowledge.

**Keywords:** Effectiveness, video assisted teaching programme regarding early detection and its management of convulsion, knowledge, parents of preschool children, convulsion

## Introduction

According to Medical news today (2022) convulsion are rapid, involuntary muscles constructions that cause uncontrollable shaking and limb movement. Convulsion are more common in epileptic seizure but can also result from infection, fever and brain trauma [1].

According to The Pan African medical journal (2016) a retrospective study was carried out in the tertiary hospital in central China regarding the profile and clinical characterization of seizure in hospitalized children. Out of 200 patients 193 (96.5%) were age from 1 month to 5 year came for convulsion, and generalized tonic clonic seizure was the most common found in 196 children, followed by febrile seizure in 175 children [2].

Nishiyama M. *et al*. (2020) conducted a study on seizure prevalence in children aged upto 3 years – a longitudinal population-based cohort study in Japan, from 2010-2018 to examine the effect of gestational age at birth on the risk for febrile seizure. Out of 74017 children, the prevalence of febrile seizure was 9.0%,10.5%,11.8% and 11.2% in children born at 37-41, 34-36,28-33 and 22-27 gestational weeks and male was risk factor for seizure [3].

## Need of the study

According to IAP textbook of paediatrics reveal that the febrile convulsion generally occur between 6months to 5

years of age, rarely lasts more than 15 minutes [4].
According to the annals of Indian academy of neurology (2015) in India there were 2008460 children's were affected with epileptic seizure and India comes under the 4th position in the world [5].
The complications of convulsion were loss of memory and postictal state and even brain injury may result, as well as aspiration pneumonia and if it is prolonged rhabdomyolysis. And also can lead to status epilepticus. There may be an increased risk of sudden unexplained death in epilepsy [5].
A study was conducted by Verma Parul and SR Minu (2021) on the effectiveness of video assisted teaching programme on knowledge regarding seizure among mothers of under five children in selected community area, uttarpradesh. The result revealed that after the intervention the mean and standard deviation of the posttest Knowledge was 28.8±2.51 being compare to pre-test 11.4±3.15. It indicates that there was significant improvement in the level of knowledge of participants. The calculated t value (20.30) on analysis of the data was to be significant at p value (0.05). the study concluded by saying that the video assisted teaching was effective and improved the knowledge regarding seizure among mothers of under five-year children [6].

## Assumptions

1. Parents of preschool children may have some knowledge regarding early detection and it's management of convulsion
2. Video assisted teaching programme may be one of the measures to increase knowledge among parents of preschool children.
3. Mother may have more knowledge regarding convulsion than father.

## Hypotheses

All hypotheses were tested at 0.05 level of significance.
$H_1$-: The mean post test level of knowledge score is significantly higher than the mean pretest knowledge score among parents of preschool children
$H_2$- There is a significant association between pretest knowledge score on early detection and its management of convulsion among parents of preschool children with their selected demographic variables.

## Definition of terms

**Effectiveness:** It refers to difference between pretest and post test knowledge score after providing video assisted teaching programme on knowledge regarding early detection and it's management of convulsion as measured by structured knowledge questionnaires among parents of preschool children**.**
**Video assissted teaching pogramme regarding early detection and its management of convulsion:** It refers to systematically developed set of audio visual teaching aid prepared from a lesson plan using computer among parents of preschool children the areas were definition, risk factors, causes, early sign and symptoms, diagnostic evaluation and nonpharmacological management of convulsion**.**
**Knowledge:** It refers to the awareness and understanding of convulsion and its management by parents, assessed by the responses to the items of the structured knowledge questionaries**.**
**Parents of preschool children:** It refers to the mothers and fathers of preschool children from 2.5-5 years of age**.**
**Convulsion:** Convulsions caused by abnormal electrical discharges from the brain resulting in abnormal involuntary, paroxysmal, motor, sensory, autonomic or sensorial activity**.** it refers to febrile seizure, generalised tonic clonic seizure, status epilepticus.

## Conceptual framework

Conceptual framework or model is the building block of research study [7]. The theory of goal attainment was first introduced in the 1990s by Imogene King. Imogene King was born in 30 Jan 1923. She earned a diploma in Nursing from St John's Hospital of Nursing of St Louis, Missouri in 1945. She received her bachelor degree from St Louis University in 1948. She completed her master degree in 1957. She died on 24 Dec, 2007. King identifies the conceptual framework as a open system framework and theory as one goal of attainment. The theory of goal attainment states that "Nursing is a process of action, reaction, interaction by which nurse and client share information about their perception in a nursing situation", and a process of human interaction between the nurse and client whereby each perceives the other and the situation and through communication, they set goals, explore means and agree on means to achieve [8].

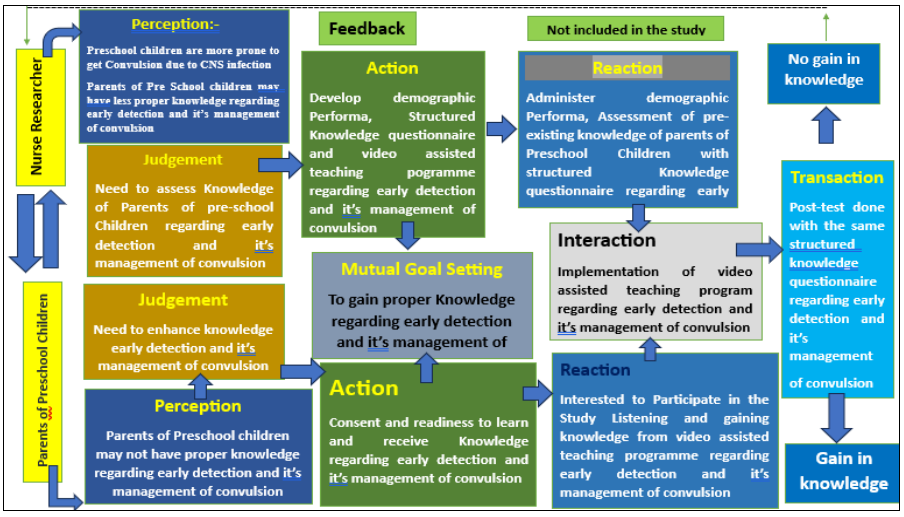


**Fig 1:** Conceptual Framework based on Modified imogene king's goal attainment theory" (1971)

**Delimitations**

The study was delimited to the parents whose children are studying in Baikhora English medium school, South Tripura

- **Review of literature**: The review of literature under this study was organised under the following headings
- **Section 1:** study related to incidence and prevalence of convulsion among children.
- **Section 2:** Study related to knowledge regarding convulsion among parents.
- **Section 3:** Study related to evaluate the effectiveness of video assisted teaching programme.

**Research methodology**

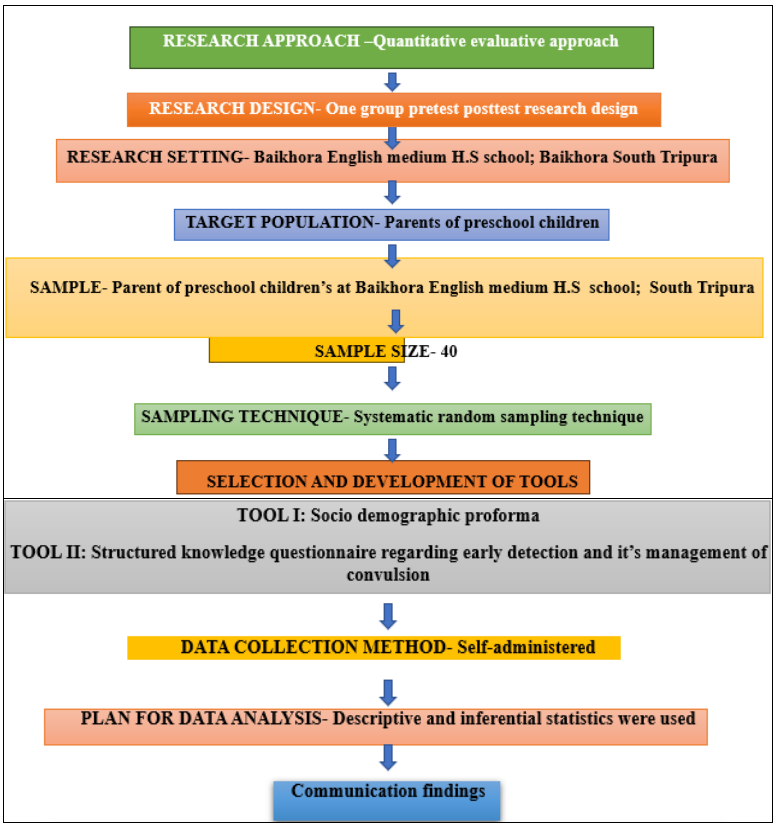


**Fig 2:** Schematic representation of research methodology

**Research design**

The schematic representation of the study design was as follows

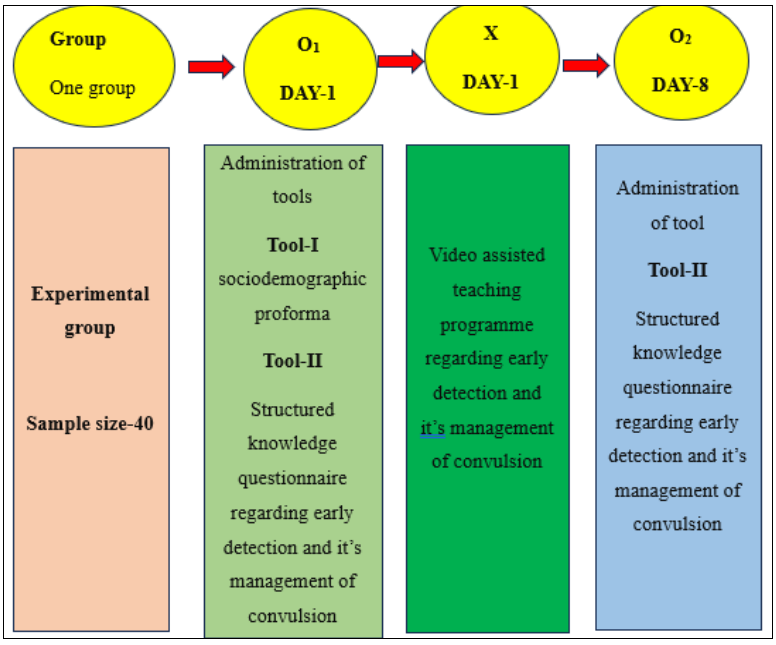


**Fig 3:** Schematic representation of one group pre test post test research design

**Variables under study**

- **Independent variables:** Video assisted teaching programme on knowledge regarding early detection and it's management of convulsion.
- **Dependent variables:** Knowledge of the Parents of preschool children.
- **Demographic variables**: Age of parent, Gender of parent, Age of child attending school, Gender of child, Mode of delivery, Gestational age of child during birth, Weight of child at present, Family monthly income, Educational status of attending parent, Occupation of attending parent, Type of family, Number of living children, History of any complication during pregnancy, Is there any history of convulsion during the fever of your child, Do you have information regarding convulsion. If yes, sources of information.
- **Validity of the tools:** The constructed tool was given to the experts for validity of the tools along with the blueprint and objectives of the study. Among 9 experts of related fields on Master's in Child health Nursing Specialty- 6, paediatric doctors- 1, Medical surgical Nursing- 2
- **Reliability of the tools:** Reliability of structured knowledge questionnaire regarding early detection and it's management of convulsion was done in Vivekananda nursing school, Hapania. on 14th and 21 march 2024 with 20 parents of preschool children and tested by Karl Pearson's Correlation Coefficient. The reliability obtained by the method was 0.7 which indicated that the tool was reliable.

**Item analysis**

The item analysis of the structured knowledge questionnaire was done to find out the difficulty index and discrimination index. Out of 21 items 5 items had 10-30% in difficulty index and -0.2-1 in the discriminative index, which indicated those were poor questions. From those items all 5 items remain included because these items are poor questions but important for the study so modification was done. Those items was item no.11 new question was "what is the duration of convulsion in simple febrile convulsion?" Item 5 new question was "what is the most common causative factor is responsible for convulsion?" Item 17 new question was "How will you take care of children at home after convulsion?" Item 19 new question was "When will you hospitalised your child due to convulsion?" 10 item had 10-30% in the difficulty index 0.2-0.4 in the discriminative index, which indicated those were good questions so items were retained, 6 items had 40- 60% in the difficulty index and 0.6-0.8 in the discriminative index.

**Pilot study**

Pilot study was conducted on date 14/3/2024 to 21/3/2024 with 10% participants were selected by systematic random sampling technique at Vivekananda Nursery School, Hapania, Agartala.

The study was conducted at Vivekananda nursery school, Hapania, Agartala. There was total 8 teachers working at the school along with 1 principle,1 Vice principle.

- Maximum 30% belongs to age group of 28-32 years & 38-42 years, followed by 20% in 43-47 years and only 10% in 48-53 years.
- Mostly 70% parents were female and 30% samples were female.
- Half of the 50% sample's children's age belongs to 30-39 months, followed by 30% in 60-69 months and 20% in 40-49 months.
- Most of the 70% child's gender belongs to male and minimum 30% child's gender belongs to female.
- Half of the 50% samples mode of delivery were belongs to normal vaginal delivery & half had lower segment caesarean section.
- Maximum 50% samples gestational age of child during birth was 9 month followed by 40% samples gestational age of child during birth was 10 month and only 10% samples gestational age of child during birth was 8 month.
- Half of the samples 50% weight of child at present were 12-13 kg, followed by 30% sample's weight of child at present were 10-11 kg and minimum 20% sample's weight of child at present were 14-15 kg.
- Most of the 60% samples family monthly income was belongs to 8000-13000 followed by 20% samples family monthly income was 13001-19000 & only 10% samples family monthly income was belongs to 26001-52000 & >52000.
- Maximum 30% samples educational qualification belongs to Graduate, followed by 20% samples educational qualification was primary education, X passed, xii passed and only 10% samples educational qualification was class viii passed.
- Maximum 30% samples occupation belongs to home maker/ housewife & private employee, followed by 20% samples occupation was self employment & only 10% samples occupation was daily labourer & government employee.
- Maximum 40% samples type of family were belongs to joint family & minimum 30% samples type of family were joint nuclear & extended family.
- Mostly 70% samples number of living children was 1 & minimum 30% samples number of living children was 2.
- Maximum 40% samples complication during pregnancy were belongs to other complication, followed by 30% samples had anaemia, followed by 20% samples had infection & only 10% had preeclampsia.
- All of the 100% samples having no history of convulsion during fever of their children. Most of the 60% samples had previous information regarding convulsion & minimum 40% samples had no previous information regarding convulsion.
- Maximum 33% samples source of information was friend & mass media & only 17% samples source of information was family & voluntary organization.

The post-test knowledge score range was started from 10-18 with maximum frequency 5 was lying in the class interval 13-15, where as in pre-test knowledge scores range started from 1-15 with maximum frequency 3 was lying in the class interval 4-6 & 7-9, which indicated that there was an increase in knowledge score after administration of video assisted teaching program regarding early detection and it's management of convulsion among parents of preschool

children. In pre-test out of 10 parents 0% got adequate knowledge, 60% got moderate knowledge and 40% got inadequate knowledge. In post-test out of 10 parents 10% got adequate knowledge, 90% got moderate knowledge and 0% of the low income group got inadequate knowledge. Which indicated that there was an increase in knowledge score level of the parents of preschool children regarding early detection and it's management of convulsion.

Also the mean post test knowledge score regarding regarding early detection and it's management of convulsion among parents of preschool children (13.1±2) was higher than the mean pre-test knowledge score (6.3±3.7), mean difference was 5.6. Paired 't' test value (5.2) was also found significant at 0.05 level (df-9, table value 2.26).

Hence the video assisted teaching program was effective in increasing the knowledge of the parents of preschool children regarding early detection and it's management of convulsion.

Analysis of variance (ANOVA) showed no significant association between pre-test knowledge score regarding early detection and it's management of convulsion among parents of preschool children with their selected demographic variables (Age, gender of parent, age of child attending school, gender of child, gestational age of child during birth, type of family, religion, educational status of parent, occupation of parent, family monthly income, is there any history of convulsion of your child? Do you have any information regarding convulsion?. If yes, sources of information). Hence it indicated that the knowledge regarding early detection and it's management of convulsion among parents of preschool children was not depends on these socio-demographic variables.

**Analysis and interpretation of data**

**Hypotheses of the study**

All hypotheses were tested at 0.05 level of significance.

**$H_1$:** The mean posttest level of knowledge score is significantly higher than the mean pretest knowledge score among parents of preschool children.

**$H_2$:** There is a significant association between pretest knowledge score on early detection and its management of convulsion among parents of preschool children with their selected demographic variables**.**

Null hypotheses**:**

**$H_{01}$:** The mean posttest level of knowledge score is not significantly higher than the mean pretest knowledge score among parents of preschool children

**$H_{02}$:** There is no significant association between pretest knowledge score on early detection and its management of convulsion among parents of preschool children with their selected demographic variables

The findings of the study have been organized and presented in the following sections.

**Section-1**

**Findings related to socio-demographic proforma**

**Table 1:** Frequency & percentage distribution of demographic proforma n = 40

| Sl. No. | Demographic variables | category | Frequency (f) | Percentage |
|---|---|---|---|---|
| 1 | Age of parent | 23-27 | 23 | 57.5% |
| | | 28-32 | 8 | 20% |
| | | 33-37 | 7 | 17.5% |
| | | 38-42 | 2 | 5% |
| 2 | Gender of parents | Male | 0 | 0% |
| | | Female | 40 | 100% |
| 3 | Age of child | 30-39 months | 9 | 22.5% |
| | | 40-49 months | 27 | 67.5% |
| | | 50-59 months | 1 | 2.5% |
| | | 60-69 months | 3 | 7.5% |
| 4 | Gender of child | Male | 21 | 52.5% |
| | | Female | 19 | 47.5% |
| 5 | Mode of delivery | Normal vaginal delivery | 23 | 57.5% |
| | | Lower segment caesarean section | 17 | 42.5% |
| 6 | Gestational age of child during birth | 8 month | 4 | 10% |
| | | 9month | 26 | 65% |
| | | 10 month | 10 | 25% |
| 7 | Weight of child at present | 10-11 kg | 12 | 30% |
| | | 12-13 kg | 16 | 40% |
| | | 14-15 kg | 12 | 30% |
| 8 | Family monthly income | 8000-13000 | 26 | 65% |
| | | 13001-19000 | 5 | 12.5% |
| | | 19001-26000 | 5 | 12.5% |
| | | 26001-52000 | 2 | 12.5% |
| | | >52000 | 2 | 5% |
| 9 | Education of attending parent | Primary | 2 | 5% |
| | | Class viii passed | 11 | 27.5% |
| | | X passed | 10 | 25% |
| | | Xii passed | 7 | 17.5% |
| | | Graduate | 9 | 22.5% |
| | | Post graduate | 1 | 2.5% |
| 10 | Occupation of attending parent | Homemaker/housewife | 18 | 45% |
| | | Daily labourer | 10 | 25% |

| | | | | |
|---|---|---|---|---|
| | | Self-employment | 7 | 17.5% |
| | | Private employee | 4 | 10% |
| 11 | Type of family | Nuclear | 9 | 22,5% |
| | | Joint | 22 | 55.% |
| | | Extended | 9 | 22.5% |
| 12 | Number of living child | 1 | 27 | 67.5% |
| | | 2 | 12 | 30% |
| | | 3 | 0 | 0% |
| 13 | History of any complication during pragnancy | Preeclampsia | 2 | 5% |
| | | Gestational Diabetes | 2 | 5% |
| | | Anemia | 3 | 7.5% |
| | | Infection | 5 | 12.5% |
| | | other | 28 | 70% |
| 14 | Any history of convulsion during fever of your child | Yes | 2 | 5% |
| | | No | 38 | 95% |
| 15)a) | Do you have previous information regarding convulsion | Yes | 8 | 20% |
| | | No | 32 | 80% |
| 15)b) | If yes source of information | Family | 3 | 37.5% |
| | | Mass Media | 2 | 12.5% |
| | | Health Professional | 2 | 25% |
| | | Voluntary organization | 1 | 25% |

The data were also represented in graphs.

The data presented in table indicate that maximum 57.5% parents of preschool children's age group were 23-27 years, followed by 20% parents of preschool children's age group were in 23-32 years & 17.5% parents of preschool children's age group were 38-42 years & only 5% parents of preschool children's age group were 38-42 years.

Data also revealed that all of the 100% parents of preschool children's gender belongs to female.

Data also revealed that most of the 67.5% samples age of child belongs to 40-49 months, followed by 22.5% samples age of child belongs to 30-39 months & 7.5% samples age of child belongs to 60-69 months & only 2.5% samples age of child belongs to 50-59 months.

Data also revealed that maximum 52% preschool children's gender belongs to male & minimum 48% preschool children's gender belongs to female.

Data also revealed that maximum 57% samples mode of delivery was normal vaginal delivery & minimum 43% samples mode of delivery was lower segment caesarean section.

Data also revealed that most of the 65% samples gestational age in months belongs to 9 months, followed by 25% samples gestational age was 10 months & only 10% samples gestational age was 8 months.

Data also revealed that maximum 40% samples weight of children belongs to 12-13 kg & minimum 30% samples weight of children belongs to 10-11 kg & 14-15 kg.

Data also revealed that maximum 65% samples family monthly income belongs to 8000-13000 rupees/month, followed by 12.5 % samples family monthly income belongs to 13001-19000 & 19001-26000 & only 5% samples family monthly income belongs to 26001-52000 & >52000. Data also revealed that maximum 27.5% samples educational status belongs to class viii passed & graduate, followed by 25% samples educational status belongs to x passed, 17.5% samples educational status belongs to xii passed, 5% samples educational status belongs to primary & only 2.5% samples educational status belongs to post graduate. Data also revealed that maximum 45% samples occupation belongs to homemaker/housewife, followed by 25% samples occupation belongs to daily labourer, 17.5% samples occupation belongs to self employment, 10% samples occupation belongs to private employee and only 2.5% samples occupation belongs to government employee.

Data presented also revealed that maximum 55% samples type of family were joint family & minimum 22.5% samples type of family were nuclear & extended family.

Data presented also revealed that most of the 67.5% samples number of children was 1, followed by 30 % samples number of children was 2 & only 2.5% samples number of children was more than 3.

Data presented also revealed that most of the 70% samples had other type of complication during pregnancy, followed by 12.5% had infection during pregnancy, 7.5% had anemia during pregnancy & only 5% had preeclamsia during pregnancy.

Data presented also revealed that mostly 95% samples having no history of convulsion during fever of their child & only 5% samples having history of convulsion during fever of their child.

Data presented also revealed that mostly 80% had no previous information regarding convulsion & minimum 20% had previous information regarding convulsion

Also maximum 37.5% samples source of information was family, followed by 25% samples source of information was mass media & health professionals & minimum 12.5% samples source of information was voluntary organization.

**Table 2:** Showing frequency percentage distribution of gender of Parents n = 40

| Male | Female |
|---|---|
| 0% | 100% |

**The data presented in Table-2 showed that** all of the 100% parents of preschool children's gender belongs to female.

**Section-II:** Findings related to effectiveness of video assisted teaching program regarding early detection and its management of convulsion among parents of preschool children.

**Table 3:** Frequency and percentage distribution of Pre-test & post-test knowledge score on video assisted teaching program regarding early detection and it's management of convulsion n=40

| Class interval of knowledge scores | Pre test | | Post test | |
|---|---|---|---|---|
| | Frequency | Percentage | Frequency | Percentage |
| 1-3 | 3 | 7.5% | 0 | 0% |
| 4-6 | 6 | 15% | 0 | 0% |
| 7-9 | 19 | 47.5% | 0 | 0% |
| 10-12 | 10 | 25% | 0 | 0% |
| 13-15 | 2 | 5% | 10 | 25% |
| 16-18 | 0 | 0% | 21 | 52.5% |
| 19-21 | 0 | 0% | 9 | 22.5% |

Maximum possible score: 21

Minimum possible score: 1

**The data presented in the table 3** showed that the post test knowledge score range was started from 13-21 with maximum frequency 21 (52.5%) was lying in the class interval 16-18, where as in pretest knowledge scores range started from 1-12 with maximum frequency 19 (47.5%) was lying in the class interval 7-9, which indicated that there was an increase in knowledge score in post test after administration of video assisted teaching programme regarding early detection and it's management of convulsion.

**Table 4:** Frequency and percentage distribution of Pre-test & post-test knowledge score on video assisted teaching program regarding early detection and it's management of convulsion n=40

| Level of knowledge scoring | | Pre-test | | Post test | |
|---|---|---|---|---|---|
| Level of knowledge | scoring | frequency | percentage | frequency | percentage |
| Inadequate | 1-7 | 13 | 32.5% | 0 | 0% |
| Moderate | 8-16 | 27 | 67.5% | 15 | 37.5% |
| Adequate | 17-21 | 0 | 0% | 25 | 62.5% |
| total | 21 | 10 | 100% | 10 | 100% |

The data presented in table 4 revealed that in pretest parents of preschool children had inadequate (32.5%) to moderate (67.5%) knowledge, whereas in the post test parents of preschool children had moderate (37.5%) to adequate knowledge (62.5%) which reveal that there was an increase in knowledge after administration of video assisted teaching programme.

**Table 5:** Mean, Median, SD, t-value on video assisted teaching program regarding early detection and it's management of convulsion of pre-test and post-test knowledge scores n=40

| Group | Mean | Median | SD | Mean difference | 't' value (paired) |
|---|---|---|---|---|---|
| Pre-test | 8.15 | 8.23 | 2.84 | 8.77 | 14.6* |
| Post-test | 16.92 | 16.93 | 2.62 | | |

*=Significant at 0.05 level, (df-39, table value 2.26)

Data presented in table 5 revealed that the mean post test knowledge score (16.928) was higher than mean pretest knowledge score (8.150), post test median knowledge score (16.93) also higher than the pretest median knowledge score (8.23). The standard deviation of the post test (2.62) was lesser dispersion than the standard deviation of pretest knowledge score (2.84) which means samples were homogenous. Mean difference between post test and pretest knowledge score was (8.775). As the calculated 't' value 14.6 was higher than the table t value 2.26 at df 39 at 0.05 level of significance. Hence null hypothesis ($H_{01}$) was rejected and the research hypothesis ($H_1$) was accepted, which indicated that video assisted teaching programme was effective in increasing the knowledge of parents of preschool children regarding early detection and its management of convulsion.

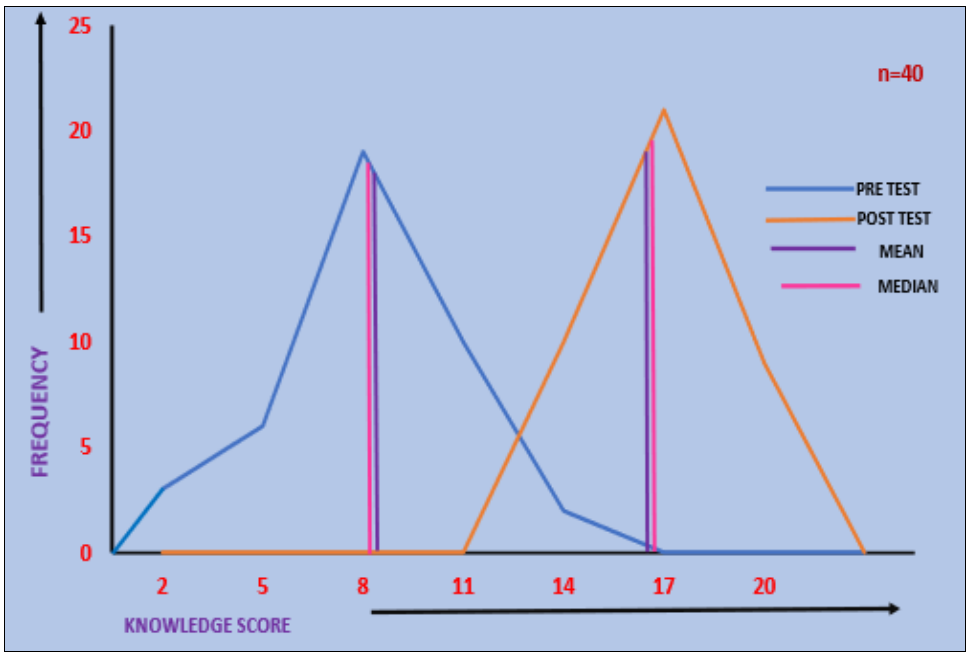


**Fig 4:** Frequency polygon on pretest and post test knowledge score among parents of preschool children

The data presented in the Fig. no 4 showed that the post test frequency polygon was lie down on the right side of the pretest frequency polygon, which indicated that the posttest knowledge score was higher than the pretest knowledge score. Also the posttest mean lie on the right side of the pretest mean knowledge score. The skewness of the posttest frequency polygon was (-0.01) negative. Which indicated that the maximum samples had more knowledge score than the average knowledge score. So it revealed that video assisted teaching programme was effective to increase the knowledge among parents of preschool children.

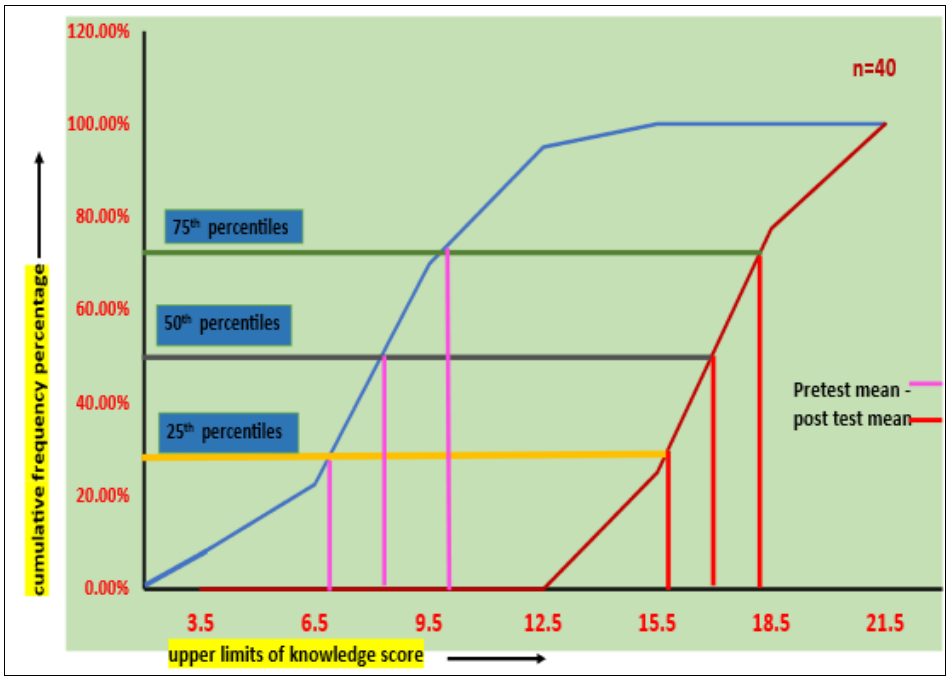


**Fig 5:** Ogive on pretest-post test knowledge score of parents of preschool children

The data presented in the Fig. no 5 showed that the posttest knowledge score lie down on the right side of the pretest knowledge score and each percentile 25%, 50%, 75% posttest mean lines were lie down on the right side of the pretest mean score. Its indicated that the knowledge score on video assisted teaching pogramme regarding early detection and its management of convulsion were obvoius by differences in pretest and posttest knowledge score at various level of Ogive. So it is reveal that there was gain in knowledge after administration of video assisted teaching pogramme regarding early detection and its management of convulsion.

**Table 6:** Area wise comparison of mean% between actual and modified knowledge gain score n=40

| Sl. No. | Area of knowledge | Max score | Mean% | | Knowledge gain | |
|---|---|---|---|---|---|---|
| | | | Pretest% | Post-test% | Actual gain | Modified gain |
| 1 | Introduction and definition of convulsion | 1 | 87 | 95 | 8 | 0.61 |
| 2 | Risk factor of convulsion | 2 | 47 | 82 | 35 | 0.66 |
| 3 | Causes of convulsion | 2 | 26 | 79 | 53 | 0.71 |
| 4 | Sign and symptoms of convulsion | 2 | 41 | 76 | 35 | 0.59 |
| 5 | Types of convulsion | 4 | 36 | 77 | 41 | 0.64 |
| 6 | Diagnostic evaluation | 2 | 45 | 83 | 38 | 0.69 |
| 7 | Non-pharmacological management of convulsion | 8 | 32 | 80 | 48 | 0.70 |

The data in table-6 showed that the lowest mean percentage of pretest knowledge score 26 in the area on "causes of convulsion? and maximum mean percentage was (87) in the area on Introduction and definition of convulsion. whereas in the post test the lowest mean percentage of post test knowledge score was 76 in the area of sign and symptoms of convulsion and maximum mean percentage score was (95%) in the area on introduction and definition of convulsion. The data also depicted that the mean percentage of post test knowledge score in all the seven areas were higher than mean percentage of pretest knowledge scores.

The modified gain scores presented in the table 5 also showed that the maximum (0.71) modified gain was found in the area of causes of convulsion. followed by (0.70) modified gain score had in the area of management of convulsion, (0.69) modified gain score had in the area of detection and investigation of convulsion. followed by (0.66) modified gain score had in the area of risk factor of convulsion, (0.64) modified gain score had in the area of types of convulsion, (0.61) modified gain score had in the area of "introduction and definition of convulsion" and (0.59) modified gain score had in the area of sign and symptoms of convulsion. so it concluded that there were area wise significant gain in post test knowledge scores regarding early detection and its management of convulsion among parents of preschool children.

**Section-III:** ANOVA (F value) on pretest knowledge scores with selected demographic variables.

**Table 7:** ANOVA (F value) on pretest knowledge scores with demographic variables n=40

| Sl. No. | Demographic variables | category | Frequency (f) | df | | Mean of sum of square between group | Mean of sum of square within group | Tabulated F value | Calculated F value |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Between group | Within group | | | | |
| 1 | Age of parent | 23-27 years<br>28-32 years<br>33-37 years<br>38-42 years | 23<br>8<br>7<br>2 | 3 | 36 | 5.6 | 7.4 | 2.84 | 0.75 NS |
| 2 | Age of child | 30-39 months<br>40-49 months<br>50-59 months<br>60-69 months | 9<br>27<br>1<br>3 | 3 | 36 | 6.1 | 7.36 | 2.84 | 0.82 NS |
| 3 | Gestational age of child during birth | 8 month<br>9 month<br>10 month | 4<br>26<br>10 | 2 | 37 | 0.81 | 7.61 | 3.23 | 0.10 NS |
| 4 | Weight of child at present | 10-11 kg<br>12-13 kg<br>14-15 kg | 12<br>16<br>12 | 2 | 37 | 2.5 | 7.5 | 3.23 | 0.33 NS |
| 5 | Family monthly income | 8000-13000<br>13001-19000<br>19001-26000<br>26001-52000<br>>52000 | 26<br>5<br>5<br>2<br>2 | 4 | 35 | 4 | 6.2 | 2.61 | 0.64 NS |
| 6 | Education of attending parent | Primary<br>Class viii passed<br>X passed<br>Xii passed<br>Graduate<br>Post graduate | 2<br>11<br>10<br>7<br>9<br>1 | 5 | 34 | 3.3 | 7.8 | 2.450. | 42 NS |
| 7 | Occupation of attending parent | Homemaker/housewife<br>Daily labourer<br>Self employment<br>Private employee<br>Government Employee | 18<br>10<br>7<br>4<br>1 | 4 | 35 | 0.4 | 6.6 | 2.61 | 1.95 NS |
| 8 | Type of family | Neuclear<br>Joint<br>Extended | 9<br>22<br>9 | 2 | 37 | 2.3 | 7.5 | 3.23 | 0.30 NS |
| 9 | History of any complication during pregnancy | Preeclamsia<br>Gestational Diabetes<br>Anemia<br>Imfection<br>Others | 2<br>2<br>3<br>5<br>28 | 4 | 35 | 15.1 | 6.34 | 2.61 | 2.38 NS |
| 10 | If yes source of information | Family<br>Mass media<br>Health Professional<br>Voluntary Organization | 3<br>2<br>2<br>1 | 3 | 4 | 7.8 | 7.1 | 4.35 | 1.09 NS |

NS= not significant at 0.05 level

Data presented in the table 7 Analysis of variance (ANOVA) revealed that there was no association between pretest knowledge score regarding early detection and its management of convulsion among parents of preschool children with their selected demographic variables such as- Age, gender of parent, age of child attending school, gender of child, gestational age of child during birth, type of family, religion, educational status of parent, occupation of parent, family monthly income, is there any history of convulsion of your child? Do you have any information regarding convulsion?. If yes, sources of information. Hence research hypothesis was rejected, null hypothesis was accepted, which means all were independent variables, knowledge was not dependent on this variables.

## Conclusion

The study concluded that there was an effectiveness of video assisted teaching programme regarding early detection and it's management of convulsion among parents of preschool children in terms of gain in knowledge.

## Implications

The findings of the study could be applied in various areas of Nursing education, Nursing practice, Nursing

administration and Nursing research.

**Nursing Education**
The nurse educator take a positive step to impart health education, workshop and continuous nursing education programme regarding home care management of convulsion among under five children.

**Nursing practice**
The hospitals and institutions of nursing education prepare a self awareness programme on early detection and its management of convulsion among the fellow nurses and students to enhance the knowledge regarding convulsion.

**Nursing Administration**
Nursing administrator can prepare leaflet, pamphlet, information booklet etc regarding early detection and its management of convulsion and distribute among the parents of under five children, who attend the pediatrics OPD.

**Nursing research**
The finding of the study may be helpful for the nursing professional to conduct further studies on improving the knowledge, practice and self efficacy regarding early detection and its management of convulsion among parents of under five children.

**Limitation**
The study was confined to only a single school
The samples were selected to parents of preschool children

**Recommendation**
The study can be conducted with larger sample for better generalization. The study can be conducted in rural and urban areas to compare the knowledge of parents regarding early detection and its management of convulsion.
The study can be conducted to assess the knowledge and practice regarding early detection and home care management of convulsion among the parents of under five children.

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