

with seizure are less capable than other children'. 53.5% parents were agreed/strongly agree that 'Development of child is delayed in comparison to other siblings'. About 47.3% of parents were agreed/strongly-agreed that

'Childhood seizures affect the physical growth of child. Majority (60%) of parents were undecided that 'Seizure diagnosis has impact on child employment in future'.

Table 17: Item Wise Distribution of Parents' Responses Regarding Childhood Seizure to the Positive Statements of Attitude Scale, N=80

S. No.	Statements I believe that	Strongly Agree f(%)	Agree f(%)	Undecided f(%)	Dis-agree f(%)	Strongly Disagree
		-5	-4	-3	-2	-1
1	Childhood seizure is not communicable	05(6.3)	34(42.5)	27(33.8)	14(17.5)	-
2	Seizure disorder is a curable/treatable disease	25(31.3)	55(68.8)	-	-	-
3	Child with seizures should not be kept isolated from other children	35(43.8)	41(51.2)	02(2.5)	02(2.5)	-
4	Diagnosis of seizures not affects the attitude of his/her friends towards him/her.	-	28(35)	20(25)	25(31.3)	07(8.8)
5	Diagnosis of seizure has no impact on social life of child and family members	17(21.3)	44(55)	12(15)	07(8.8)	-
6	Childhood seizure is not a stigma for society & family	16(20)	44(55)	19(23.8)	01(1.3)	-
7	Child with seizure can lead independent life	07(8.8)	23(28.7)	31(38.8)	19(23.8)	-
8	Childhood seizures do not affect the child memory	01(1.3)	19(23.8)	20(25)	40(50)	-
9	Childhood seizures cannot lead to mental illness	03(3.8)	35(43.8)	40(50)	01(1.3)	01(1.3)
10	Child with seizure should not be allowed to swim alone	33(41.3)	42(52.5)	05(6.3)	-	-
11	Child with seizure could play active sports with precaution	03(3.8)	19(23.8)	26(32.5)	31(38.8)	01(1.3)
12	Child with seizures cannot participate in strenuous activities	-	11(13.8)	31(38.8)	38(47.5)	-
13	Sometime episodes of seizures is frightening to parents	29(36.3)	46(57.5)	01(1.3)	04(5)	-
14	Seizure diagnosis has no impact married life in future	01(1.3)	02(2.5)	52(65)	25(31.3)	-
15	Drug compliance is necessary for controlling childhood seizure.	34(42.5)	46(57.5)	-	-	-

Table 6 depicts the item wise frequency and frequency distribution of responses of parents regarding childhood seizures on positive statement in attitude scale. All of parents (100%) agreed/strongly agree to the following statements that 'Seizure disorder is a curable/treatable disease'; 'Child with seizures should not be kept isolated from other children'; 'Drug compliance is necessary for controlling childhood seizure'; 'Sometime episodes of seizures is frightening to parents'; 'Child with seizure should not allow to swim alone'. Most of parents (65%) were undecided that 'Seizure diagnosis has no impact married life in future'. Half of(50%) parents were undecided that 'Childhood seizures cannot lead to mental illness'. Half of parents (50%) were dis-agreed that 'Childhood seizures do not affect the child memory'. Less than half of parents (47.5%) were dis agreed that 'Child with seizures could not participate in strenuous activities'. About 40.1% of parents were dis agreed/ strongly disagree that 'Child with seizure can play active sports with precautions'. More than one third of parents (39.1%) were of disagreed/strongly disagreed that 'Diagnosis of seizures not affects the attitude of his/her friends towards him/her'.

Table 24: Correlation between Knowledge and Attitude of Parents Regarding Childhood Seizures
N=80

Variables	r	p value
Knowledge-attitude	0.480**	0.001**

'r'(78)=0.217 **Significant(p<0.01)

The data presented in Table-24 shows indicates coefficient of correlation between knowledge score and attitude score and practice score of parents regarding childhood seizures. Computed 'r' value was 0.48 suggesting significant moderate positive correlation between knowledge and

attitude and obtained 'r' value was higher than table value (0.217) at 0.05level of significance

Association of knowledge score and attitude score with sample characteristics

ANOVA computed between knowledge score with education status of parents (F=6.797;p=0.001), monthly income of family(F=12.28;p=0.001) were found to be statistically significant at 0.05 level of significance ANOVA computed between attitude score and educational status of child (F=3.92; p=0.02), compliance with medication (t=1.47; p=0.042), birth order of child (F=4.28; p=0.001) was found to be statistically significant at 0.05 level of significance, it denotes the association of these three with attitude scores

6. Discussion

The result of study revealed that majority (81.3%) of them were not having previous knowledge of seizure, 18.7% werehaving previous knowledge and gain from gain from family friends i.e. (13.8%). The finding of study was in contrast with Azhar Daoud et. al. (2007) conducted. In which Eighty-eight percent had read or knew about epilepsy, and 52.4% had witnessed an epileptic attack at least once in their life. From the people interviewed,84.7% believed that the cause of epilepsy is a neurological disease, and 80.6% believe that the main symptom is brief loss of consciousness. [14]

The result of study revealed that less than half of parents (45%) were undecided i.e. 'Seizures are due to ancestor's sin'; more than half of parents (53.8%) were dis-agreed that 'Seizure is due to possession of evil spirits'. Most of parents (67.5%)were undecided that 'Child with Seizures takes longer time to learn new things the findings were consistent

with descriptive study conducted by M Gourie-Devi(2010) to assess knowledge attitude and practice of patient in Delhi 'Positive attitude was observed with respect to allowing a child with epilepsy to study (80%), not objecting children to play with a child with epilepsy (95%), marriage (89%) and having children (92%). Negative attitude was reflected in the belief that epilepsy is due to supernatural powers (16%) and sins committed by patient or ancestors(21%). [14]

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7. Conclusion

The study shows that, Parents knowledge in relation to childhood seizures was not adequate as more than half of parents were having average and below average knowledge. Majority of the Parents had moderately favourable attitude regarding childhood seizures. There was significant moderate positive correlation between knowledge and attitude

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