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A Study to Assess Knowledge and Attitude among Parents of Epileptic Children Regarding Epilepsy with a View to Develop an Information Guide Sheet at Selected Hospitals, Gonda

Aspin. R[1], Pradeepita Rani[2]

[1]Ph.D. Scholar

[2]M.Sc. Nursing

Abstract: ***This present study was done under the topic "A study to assess knowledge and attitude among parents of epileptic children regarding epilepsy with a view to develop an information guide sheet at selected hospitals, Gonda". The objectives of the study are to assess the knowledge of parents of epileptic children regarding epilepsy, to assess the attitude towards epilepsy among parents of epileptic children, to find out the association between the knowledge and attitude of parents with selected demographic variables, to develop an information guide sheet regarding management of epileptic children. The conceptual framework was done based on Rosen stock, Maiman and Becker's Health Belief Model (1978). This study was done to assess the knowledge and attitude among parents of epileptic children regarding epilepsy SCPM Multispecialty Hospital, Gonda. In order to accomplish the objectives of the study, a descriptive study approach was adopted. In this study, the sample consists of 50 parents of epileptic children who fulfilled the inclusion criteria for the study. Non-probability Purposive sampling technique was used for this study. The collected data was tabulated according to various parameters and the complete analysis was done with descriptive and inferential statistics. Maximum 52% of parents of epileptic children was having moderate level of knowledge on epilepsy. Maximum 48% of parents of epileptic children had average attitude regarding epilepsy. The chi-square implies that there is a significant association between sociodemographic variables such as age in year, religion, and education of parents and the knowledge scores on epilepsy and "Place of domicile" and the attitude scores on epilepsy at 0.05 level of significant as the calculated chi-squares values are higher than the tabulated value. Therefore, the H02 & H02 null hypothesis rejected.***

Keywords: Epilepsy, parents, knowledge and attitude.

1. Introduction

Prevention and promotive measures are very essential particularly for children. Home based preventive management techniques i.e., counselling parents on general principles of child care and usage of behavioral management techniques are effective in reducing clinical disorders in the risk children. [1]

Epilepsy is a chronic condition characterized by uncertainty. It affects more than 50 million people worldwide and is an important public health problem (World Health Organization, 2004). Some studies in developing countries suggest the prevalence of epilepsy to be more than 10 per 1,000 (World Health Organization, 2003). In Zimbabwe, a country in southern Africa, available estimates show the prevalence at 1%-2% (Epilepsy Support Foundation of Zimbabwe, 2001). Quality of life will suffer because of the social consequences of epilepsy, which may include active discrimination in employment, stigma, problems in family relationships, reduced participation in community and civic activities. [2]

Epilepsy is largely a disease of younger people approximately three fourth of the sufferers have seizures. It is always a shock when a family learns that a child has epilepsy. But attitudes may also be affected by the frightening experience of having seen a child during a severe seizure, by the belief that mental deterioration always occurs in epilepsy and by the fact that the tendency to develop epilepsy may be inherited. [3]

The investigator from his own experience in the clinical field observed that treatment advised by the physicians have not been correctly adhered by parents. They have also exhibited inadequate knowledge, negative attitude and coping towards their children with epilepsy. The investigator feels that both these tendencies may be associated with ignorance, which needs to be identified and solutions found.

Objectives of the study are

a) To assess the knowledge of parents of epileptic children regarding epilepsy.
b) To assess the attitude towards epilepsy among parents of epileptic children.
c) To find out the association between the knowledge and attitude of parents with selected demographic variables.
d) To develop an information guide sheet regarding management of epileptic children.

Hypothesis

H_1: There will be no significant association between the knowledge of parents of epileptic children and selected demographic variables.
H_2: There will be no significant association between the attitude of parents of epileptic children and selected demographic variables.

2. Assumptions

This study assumes that

a) The parents of epileptic children may have some knowledge regarding epilepsy.
b) The parents may have either positive or negative attitude towards epilepsy.
c) Adequate knowledge improves favorable attitude.
d) Favorable attitude encourages gain of knowledge.
e) Information guide sheet regarding epilepsy may help the parents of epileptic children to update their knowledge and to develop favorable attitude towards epilepsy.

3. Methodology

The conceptual framework was done based on Rosen stock, Maiman and Becker's Health Belief Model (1978). This study was done to assess the knowledge and attitude among parents of epileptic children regarding epilepsy SCPM Multispecialty Hospital, Gonda. In order to accomplish the objectives of the study, a descriptive study approach was adopted. In this study, the sample consists of 50 parents of epileptic children who fulfilled the inclusion criteria for the study. Non-probability Purposive sampling technique was used for this study. The collected data was tabulated according to various parameters and the complete analysis was done with descriptive and inferential statistics.

4. Results

Table 1: Distribution of respondents by age in years, gender, type of relationship with children, religion and educational status, n=50

S. N	Socio demographic variables		Frequency	Percentage
1	Age in years			
	a	< 30 years	7	14
	b	31 to 40 years	32	64
	c	> 40 years	11	22
2	Gender			
	a	Male	19	38
	b	Female	31	62
3	Religion			
	a	Hindu	31	62
	b	Muslim	7	14
	c	Christian	6	12
	d	Other	6	12
4	Educational Status			
	a	No formal education	12	24
	b	Primary education	23	46
	c	Graduate	7	14
	d	Postgraduate	8	16
5	Occupation			
	a	Home maker	12	24
	b	Private employee	20	40
	c	Government employee	11	22
	d	Self employed	7	14
6	Place of domicile			
	a	Rural	32	64
	b	Urban	18	36
7	Number of children			
	a	One	15	30
	b	Two	26	52
	c	More than two	9	18
8	Type of family			
	a	Nuclear	10	20
	b	Joint	26	52
	c	Extended	14	28
9	Patient Gender			
	a	Male	21	42
	b	Female	29	58
10	Treatment modality adopted for child			
	a	Only Allopathic	15	30
	b	Allopathic and Traditional healers	18	36
	c	Traditional healers only	6	12
	d	Indian system of medicine	6	12
	e	Others	5	10

The table 1 depicts that the maximum 32 (64.0%) parents of epileptic children were 31 to 40 years age, majority 31 (62.0%) were females, maximum 31 (62.0%) were Hindu, maximum 23 (46.0%) epileptic children were done primary education, maximum 20 (40.0%) parents were private employees, maximum 32 (64.0%) samples were from rural area, 26 (52.0%) samples were having two children, maximum 26 (52.0%) parents of epileptic children were belongs to joint family, maximum 29 (58.0%) epileptic children are females, and maximum 18 (36.0%) parents of epileptic children were adopted allopathic treatment.

Table 2: Knowledge Levels of the Subjects

Knowledge Levels	Frequency	Percentage
Inadequate	13	26%
Moderate	26	52%
Adequate	11	22%
Total	50	100

The table 2 implies that the maximum 52% of parents of epileptic children regarding epilepsy with a view to develop an information guide sheet at selected hospitals, Gonda was having Moderate knowledge on epilepsy, 26% were having Inadequate knowledge on epilepsy and the remaining 22% of them adequate knowledge on epilepsy.

Table 3: Attitude Levels of the Subjects

Attitude Levels	Frequency	Percentage
Poor	16	32%
Average	24	48%
Good	10	20%
Total	**50**	**100**

The table 3 explains that the maximum 48% of parents of epileptic children had average attitude regarding epilepsy, 32% of them were had poor attitude and 20% had good attitude towards epilepsy.

Table 4: Association of knowledge levels of parents of epileptic children towards epilepsy with selected demographic variables

									n=50
Demographic variables			Level		N	df	X2	P-value	P<0.05
			Below Mean	Above Mean					
1	**Age in years**								
	a	< 30 years	6	1	7	2	7.92	5.99	S
	b	31 to 40 years	10	22	32				
	c	> 40 years	3	8	11				
2	**Gender**								
	a	Male	8	11	19	1	0.219	3.84	NS
	b	Female	11	20	31				
3	**Religion**								
	a	Hindu	14	17	31	3	8.116	7.82	S
	b	Muslim	1	6	7				
	c	Christian	4	2	6				
	d	Other		6	6				
4	**Educational Status**								
	a	No formal education	5	7	12	3	9.415	7.82	S
	b	Primary education	5	18	23				
	c	Graduate	6	1	7				
	d	Postgraduate	3	5	8				
5	**Occupation**								
	a	Home maker	6	6	12	3	5.46	7.82	NS
	b	Private employee	10	10	20				
	c	Government employee	2	9	11				
	d	Self employed	1	6	7				
6	**Place of domicile**								
	a	Rural	10	22	32	1	1.719	3.84	NS
	b	Urban	9	9	18				
7	**Number of children**								
	a	One	4	11	15	2	1.635	5.99	NS
	b	Two	12	14	26				
	c	More than two	3	6	9				
8	**Type of family**								
	a	Nuclear	5	5	10	2	0.769	5.99	NS
	b	Joint	9	17	26				
	c	Extended	5	9	14				
9	**Patient Gender**								
	a	Male	10	11	21	1	1.422	3.84	NS
	b	Female	9	20	29				
10	**Treatment modality adopted for child**								
	a	Only Allopathic	9	6	15	4	5.15	9.49	NS
	b	Allopathic and Traditional healers	6	12	18				
	c	Traditional healers only	2	4	6				
	d	Indian system of medicine	1	5	6				
	e	Others	1	4	5				
		S=Significant; NS=nonsignificant							

The above chi-square table 4 implies that there is a significant association between sociodemographic variables such as age in year, religion and education of parents and the knowledge scores on epilepsy at 0.05 level of significant as the calculated chi-squares values are higher than the tabulated value. Therefore, the Ho_1 null hypothesis rejected.

Table 5: Association of attitude levels of parents of epileptic children towards epilepsy with selected demographic variables

									n=50
Demographic variables			Level		N	df	X2	P-value	P<0.05
			Below Mean	Above Mean					
1	Age in years								
	a	< 30 years	3	4	7	2	1.72	5.99	NS
	b	31 to 40 years	16	16	32				
	c	> 40 years	3	8	11				
2	**Gender**								
	a	Male	9	10	19	1	0.141	3.84	NS
	b	Female	13	18	31				
3	**Religion**								
	a	Hindu	13	18	31	3	0.909	7.82	NS

									n=50
Demographic variables			Level		N	df	X2	P-value	P<0.05
			Below Mean	Above Mean					
	b	Muslim	4	3	7				
	c	Christian	3	3	6				
	d	Other	2	4	6				
4	**Educational Status**								
	a	No formal education	5	7	12	3	1.363	7.82	NS
	b	Primary education	9	14	23				
	c	Graduate	3	4	7				
	d	Postgraduate	5	3	8				
5	**Occupation**								
	a	Home maker	4	8	12	3	4.233	7.82	NS
	b	Private employee	10	10	20				
	c	Government employee	3	8	11				
	d	Self employed	5	2	7				
6	**Place of domicile**								
	a	Rural	10	22	32	1	5.864	3.84	S
	b	Urban	12	6	18				
7	**Number of children**								
	a	One	9	6	15	2	2.298	5.99	NS
	b	Two	10	16	26				
	c	More than two	3	6	9				
8	**Type of family**								
	a	Nuclear	5	5	10	2	4.064	5.99	NS
	b	Joint	14	12	26				
	c	Extended	3	11	14				
9	**Patient Gender**								
	a	Male	7	14	21	1	1.672	3.84	NS
	b	Female	15	14	29				
10	**Treatment modality adopted for child**								
	a	Only Allopathic	7	8	15	4	2.246	9.49	NS
	b	Allopathic and Traditional healers	6	12	18				
	c	Traditional healers only	3	3	6				
	d	Indian system of medicine	4	2	6				
	e	Others	2	3	5				
		S=Significant; NS=non-significant							

The above chi-square table 5 implies that there is a significant association between sociodemographic variable Place of domicile and the attitude scores on epilepsy at 0.05 level of significant as the calculated chi-squares values are higher than the tabulated value. Therefore, the Ho_2 null hypothesis rejected.

5. Discussion

The present study has been under taken to assess the knowledge and attitude among parents of epileptic children regarding epilepsy in SCPM Multispecialty Hospital, Gonda. The finding of the study was discussed in the terms of objectives and hypotheses stated for the study. Descriptive design was adapted to elicit knowledge and attitude on epilepsy.

Similar studies were found, in that a study was conducted to obtain baseline data for a community-adapted epilepsy education program. A pretested, semi-structured, 35-items questionnaire was the investigational tool. It was used to evaluate the knowledge of the basic facts about epilepsy among parents in this cross-sectional study. The questionnaire allowed parents to express their opinions by means of free answers. In this study, the majority of respondents had never been informed about epilepsy and therefore gave evasive answers to many questions. Few of the respondents considered epilepsy as contagious. Only 47 parents (47%) in the primary schools had knowledge of the initial procedures to help a child in seizure, presenting reasonable answers, compared to 64 (64%) parents in the secondary school children.[4] In our study also most of the samples had no knowledge on epilepsy. Another similar study was conducted to by Mr.Narges (2016). This cross-sectional survey was conducted using a self-administered questionnaire completed by close family members of people with epilepsy at the outpatient clinic of a medical university. The questionnaire included 25 items that determined the demographics and information on the level of knowledge and attitudes about epilepsy. The 124 participants had an average age of 36.88 ± 10.68 years. The mean knowledge score was 10.32 ± 2.25 (range: 4 to 15). 87.1% of respondents answered that epilepsy is a brain disorder, 39 (31.5%) said epilepsy is inherited. As a whole, 62 (50%) had good knowledge about the disease. The mean score of attitudes was 7.25 ± 1.54 (range: 2 to 10). 83.9% of respondents believed that a person with epilepsy can get married and get pregnant (76.6%). Overall, 109 (87.9%) had poor attitudes. This study also concluded that the parents not having good knowledge and attitude towards epilepsy.[5] In our study also the result shows that the most of them having poor attitude towards epilepsy. So, we need to educate the parents about epilepsy and its care, to take care of the epileptic children.

6. Ethical Consideration

Written permission was taken from SCPM hospital. Written Informed consent was taken from each study samples.

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