University of Basrah
College of Nursing

Mothers' Knowledge Regarding Febrile Convulsion in Children in Basrah City

A Research project
Was Submitted to the Counsel of the College of Nursing at the University of Basrah as Partial Fulfillment of the Requirements for the Degree of Bachelors in Nursing Science

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بِسْمِ اللَّـهِ الرَّحْمَـٰنِ الرَّحِيمِ

﴿ يَا أَيُّهَا الَّذِينَ آمَنُوا إِذَا قِيلَ لَكُمْ تَفَسَّحُوا فِي الْمَجَالِسِ فَافْسَحُوا يَفْسَحِ اللَّهُ لَكُمْ ۖ وَإِذَا قِيلَ انْشُزُوا فَانْشُزُوا يَرْفَعِ اللَّهُ الَّذِينَ آمَنُوا مِنْكُمْ وَالَّذِينَ أُوتُوا الْعِلْمَ دَرَجَاتٍ ۚ وَاللَّهُ بِمَا تَعْمَلُونَ خَبِيرٌ ﴾

سورة المجادلة – الآية رقم ١١

صدق الله الْعَلِيُّ الْعَظِيمُ

الْإِهْدَاءُ

الَّى والِدِيّ وَكُلُّ افِّرادِ اسِرَتِي الحَبيبَةِ ، اَلَّذِينَ كَانُوا بِمَثَابَةِ العَضدِ وَاَلْسَنَدِ لِي فِي مَسِيرَتِي الدِراسيةِ . .

الَّى جَميع اصْدِقَائِي ، اَلَّذِينَ هُوْنِواْ عَلي الصعابِ . .

وَلَا يَنْبَغِي اَنْ انْسَى أسَاتِذَتِي مِمَّنْ كَانَ لَهُمْ الدَّوْرُ الاكْبَرُ فِي اسْتِكْمالِ البَحْثِ مِنْ خِلالِ مَدَي بِالْمَعْلُومَاتِ القيمَةِ . .

أهْدِي لَكُمْ بَحْثُ تَخَرُّجِي . . . .

Supervisor's support

I certify that this project of research

"**Mothers' Knowledge Regarding Febrile Convulsion in Children in Basrah City**"

Was prepared under my supervision at the College of Nursing, the University of Basra as partial fulfillment of the requirements for the degree of bachelors in nursing sciences

Assist. Proff. Hajar Salem Issa

Supervisor

University of Basrah

Nursing college

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Abstract

Backgroung: Febrile convulsion is the most common seizure in children worldwide. Between 1 and 4% of children develop febrile convulsion.

Goals of the project: The study aimed at finding out mothers' knowledge regarding febrile convulsion in children.

Methodology: A descriptive cross-sectional study was carried to mothers' knowledge regarding febrile convulsion in children in basrah city during the period January,20 to February 20, 2022.

The sample of the study involving (149) mothers, an was collected through the use of a questionnaire format and means of an interview.

The search was conducted in a group of Basrah hospitals (Al-Basrah hospital for women and children, Basrah Children Hospital, Basrah General Hospital) the hospitals were selected by lottery.

Data were analyzed using SPSS version 26, and the data is expressed in (Percentage, Frequency, and Mean of score)

Conclusions: The study showed that, 39 % of mothers had weak knowledge regarding febrile convulsion in children, 52 % of mothers had medium, 9 % of mothers had good knowledge regarding febrile convulsion in children.

The research also reveals that there was an association between a mother's practical experience with her child with febrile convulsion and her knowledge level.

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Chapter one

Introduction

1-1 Introduction

Only healthy citizens lead the country in a successful manner to achieve the nation's progress. Hence the children should not suffer from any disease. The main primary symptom in any infection is fever and most of the mothers do not know that this fever can lead to convulsions and irreversible brain damage. [1]

Febrile convulsion is a common type of acute convulsion occurred in children within one episode of high fever. It usually happens when the body temperature is above 38.4C°. Febrile convulsion is divided into two types, simple and complex febrile convulsions. Simple seizure is usually defined based on the following criteria: 1) Takes less than 10–15 minutes and 2) generalized tonic-clonic, tonic, clonic or atonic. Complex seizure is defined based on one or more of the following features: 1) a focal onset or showing a focal deficit during a seizure attack, 2) a duration longer than 15 minutes and 3) occurs more than once during the first 24 hours.[2]

Many infections in children cause fevers. Studies show that febrile seizures, which are usually caused by infections in children are the single most common seizure type and occur in two to five percent of children younger than age five years with a peak incidence in the second year of life.[3][4][5]

In some children, the fever triggers a convulsion. It is usually related to a fast rise in temperature, not the actual height of the temperature. Febrile convulsions are also called fever fits, or febrile seizures. Febrile convulsions are common. They are not the same as epilepsy. About 1 in 25 children will have a febrile convulsion. Febrile convulsions occur between the ages of 6 months and 5 years. They are less common after the age of 5 years. The tendency to febrile convulsions runs in families.[1]

Every mother should be aware to control the rise of temperature without looking into the pathological cause of fever, controlling the pathological cause becomes secondary which should

be controlled by administering prescribed antibiotics to the children. But the primary concept is to reduce the fever and prevent the occurrence of febrile convulsions, thereby the complications of hyperpyrexia could be prevented and early recovery could be made possible.[1]

1-2 Important of the project

Mothers have been known to play a vital role in the care of children. Since children within the age bracket for febrile convulsion spend most of their daytime hours with their mothers, this implies that a convulsing child may likely be first attended to by the mother, thus adequate knowledge by the mothers is imperative.

1-4 Goals of the project

This study aims to assess the mother's basic information about febrile convulsion.

Chapter two

Literature review

2- Literature review

2-1 Background of Febrile Convulsion

Febrile seizures are generally defined as seizures occurring in children typically 6 months to 5 years of age in association with a fever greater than 38°C (100.4°F), who do not have evidence of an intracranial cause (e.g. infection, head trauma, and epilepsy), another definable cause of seizure (e.g. electrolyte imbalance, hypoglycemia, drug use, or drug withdrawal), or a history of an afebrile seizure.[6]

2-2 Etiology and pathogenesis

The cause of febrile seizures is multifactorial. It is generally believed that febrile seizures result from a vulnerability of the developing central nervous system (CNS) to the effects of fever, in combination with an underlying genetic predisposition and environmental factors.[13] Febrile seizure is an age-dependent response of the immature brain to fever. During the maturation process, there is an enhanced neuronal excitability that predisposes the child to febrile seizures. As such, febrile seizures occur mainly in children before the age of 3 years when the seizure threshold is low.[8

2-3 Clinical manifestations

In most cases, febrile seizures occur within first day of the fever. Seizures occurring ≥3 days after the onset of a fever should be suspect. At the time of a seizure, the majority of children have a temperature of ≥39°C.[9] Febrile seizures can be classified as either simple or complex based on duration, physical characteristics, and recurrence patterns.[10] Simple febrile seizures account for about 80–85% of all febrile seizures.[11][12][13]. Loss of consciousness at the time of seizure is a constant feature. Foaming at the mouth, difficult breathing, pallor, or cyanosis may also occur.[14]

2-4 Complications

Febrile seizures can be extremely frightening and emotionally traumatic for parents. The condition can cause undue anxiety and panic to parents who may be under the impression that their child might die during the seizure and brain damage is inevitable if their child is going to survive.[15][16]

It is the seizure type that defines risk of future epilepsy. Children with simple febrile seizures have a slightly higher risk of subsequent epilepsy of around 1% compared with the incidence in the general population of approximately 0.5%.[17][18]

Encephalopathy is rarely a complication with febrile seizures.[19] Recent evidence shows that missense mutations in sodium channel SCN1A and SCN2A genes may predispose children to severe febrile seizures.[20]

It is generally believed that children with simple febrile seizures are not at increased risk for the later development of a neurologic deficit, and their intelligence and cognitive function are not affected.[21]

Children with febrile seizures have higher risk for atopic diseases such as allergic rhinitis and asthma.[22][23]

2-5 Previous studies

In 2013 , a group of researchers(Jihan Alifa Syahida* Faculty of Medicine Universitas Padjadjaran*, Nelly Amalia Risan* Department of Child Health Faculty of Medicine Universitas Padjadjaran* , Vita Murniati Tarawan * Department of Physiology Faculty of Medicine, Universitas Padjadjaran*) Carried out Knowledge and Attitude on Febrile Seizure among Mothers with Under-Five Children. This study aimed to identify the knowledge and attitude on febrile seizure among mothers of under five children. The

Method was a descriptive community-based survey comprised of 96 mothers with under 5 children who were chosen through randomization. This survey was, conducted in Hegarmanah Village, Jatinangor, West Java, Indonesia in October 2013. Data were collected using a questionnaire and analyzed using frequency analysis. The results found that 59 respondents (61%) considered that high fever in their children will result in seizure and 63 mothers (65%) stated that this condition was a life-threatening situation which could lead to brain damage (50%) and paralysis (50%). There were some respondents who would manage seizure by shaking (27%) or holding the child tightly during seizure (22%) and putting spoon into the children mouth (59%). 60 respondents (62.5%) prevented febrile seizure by giving them coffee. So conclusion was knowledge and attitude regarding febrile seizure is good, but the knowledge and attitude towards the outcome and what to do during febrile seizures occasion are still poor.[33]

In 2014, A group of researchers(Binita, Paudel, Gayatri Rana and Milan Lopchan)in School of Nursing, Chitwan Medical College, Bharatpur, Chitwan, Nepal carried out Mothers Knowledge And Attitude Regarding Febrile Convulsion In Children. This study aimed to finding out mothers knowledge and attitude regarding febrile convulsion in children. A descriptive cross sectional research design were used in which 126 mothers, mother of children who are from 6 month to 5 years attending pediatric OPD of Chitwan Medical College- teaching hospital, Bharatpur- 10, Chitwan were interviewed by using semi-structured interview schedule. Data were analyzed by using IBM SPSS version20. The study showed that, 29.4% of respondents were having high knowledge regarding febrile convulsion in children, 53.2 % of respondents having medium and 17.5% of respondents having low knowledge regarding febrile convulsion in children. There was significant low knowledge regarding predisposing factors of febrile convulsion than other factors of febrile convulsion among respondents. There was no association between demographic variables and knowledge level of mothers on febrile convulsion. None of the respondents were having unfavorable attitude regarding febrile convulsion in children, 25.4%

mothers having favorable attitude and 74.6% mothers having neutral attitude towards febrile convulsion in children. The study also reveals that there was significance association between ages of mother (0.000) and number of children (0.009) and attitude regarding febrile convulsion in children. There was positive correlation between knowledge and attitude of mothers regarding febrile convulsion in children.[24]

In 2014, A group of researchers (MARYAM ROSTAMI GHADI , Department of Nursing, Sari Bu-Ali Sina Therapeutic and Education Center, Mazandaran University of Medical Sciences, Sari, Iran and AZIN CHAKERI , Department of Nursing,Garmsar Branch, Islamic azad university, Garmsar, Iran carried out Knowledge, Attitudes and Home Management Practices of Mothers of Children with Febrile Seizures among Aged Less Than 6 Years. This study aimed to explore knowledge, beliefs and practices related to immediate home management among mothers of children with febrile seizures. The Method was a descriptive- analytical comparative study which includes 156 mothers who referred to "17- Shahrivar" health care center and neurology clinic in Rasht city and attended in the study. 78 patients were in the recurrence group and 78 patients were in the non-recurrence group. Data were collected through a questionnaire consisting of knowledge, attitude and home management questions, and finally, the data were analyzed using descriptive statistics and analytical statistics (independent t-test, Spearman and Pearson correlation coefficient). The results found that the majority of the units in the group with and without recurrence were male. The mean score of knowledge in children' mothers without recurrence was higher than children' mothers with recurrence ($p < 0.023$). The majority of mothers in both groups had a positive attitude .None of the mothers in both groups performed well. So the conclusion in this study, mothers knowledge level is low which, in its turn, is effective in the treatment and recurrence trend of seizure. This issue highlights the necessity of educating mothers through medical centers and mass media.[25]

In 2016, in ho Ghana, a group of researchers at University of Health and Allied Sciences carried out a study about Mothers' knowledge, beliefs and practices regarding febrile convulsions and home management, this study investigated mothers' knowledge, beliefs and practices regarding febrile convulsion and how it is being managed in homes among women with children under five years (0-5). This study aimed to assess parents' knowledge, beliefs and practices regarding home management of fever and febrile convulsion among children under five years. The Method was a cross-sectional descriptive study was conducted among 50 women with children with the diagnosis of febrile seizures. Data was collected by the researcher using structured questionnaires. The results found that the majority, 35 (70%)of the mothers were able to describe febrile convulsions as a sickness in children which is exhibited by the child twitching or fitting, with eyes wide opened. Only 25 (50%) of the mothers indicated that febrile convulsion is caused by high fever (high body temperature) but could not specify the number of degrees Celsius due to high illiteracy rates amongst women in Ghana. The results also showed that, a substantial number 27 (48%) of the mothers had the belief that febrile convulsion is normally caused by witchcraft and evil spirits while 8 (16%) of the respondents hold beliefs that a sore in the child's abdomen can cause convulsions. Regarding the home management of febrile convulsions most of the women indicated that tepid sponging the child, bathing the child with cold water; putting spoon in child's mouth and using traditional herbal preparation to rub all over the child's body or it into the child's nostrils. The study concluded that even though majority of mothers have good knowledge about febrile convulsion and its first aid interventions at home, a good number of mothers still have negative beliefs regarding the cause of the condition.[26]

In 2017, a group of researchers [Dr.Mkpouto Udeme AKPAN, Dr. Echey IJEZIE; both authors are attached with Department of Paediatrics, University of Uyo Teaching Hospital, P.M.B. 1136, Uyo,

Akwa-Ibom State, Nigeria] Carried out Knowledge of febrile convulsion among mothers attending the paediatric clinic of university of Uyo teaching hospital, Nigeria. This study aimed to determine the knowledge, attitude of mothers, and home management of febrile convulsion in Uyo. The Method was a fourteenth items questionnaire bordering on knowledge, attitudes, and home management of febrile convulsion was completed by mothers who brought their children to the Children's Outpatient Clinic of the University of Uyo Teaching Hospital, Uyo. The results of the one hundred and sixty-five respondents, 154 (93.4%) were married, 162 (98.2%) were Christians and 110 (66.7%) had tertiary education. The majority (84.2%) knew that febrile convulsion occurs as a result of fever, 25 (15.2%) believed that febrile convulsion is caused by evil, spirit, and 5 (3.0%) by black magic. Significantly more mothers whose children had febrile convulsion believed that febrile convulsion is caused by an evil spirit (p=0.04). Various treatments agreed by respondents include application of palm oil on the body - 23(13.9%), rushing the child to the hospital -153(92.7%), insertion of a spoon into the mouth–51(30.9%), installation of onions juice into the eyes –19(11.5%), cow's urine concoction -4(2.4%). Mothers with children with febrile convulsion preferred the application of palm oil on the body during seizure episodes (p=0.03). So Conclusion: There is good knowledge of febrile convulsion among mothers attending the pediatric clinic of the University of Uyo teaching hospital. Public health education on this subject should be intensified to cater to the mothers with poor knowledge of the cause, treatment, and prevention of febrile convulsion.[27]

Chapter three

Methodology

3- Methodology

3-1 Design of the study:

To achieve the objective of this study, a descriptive cross-sectional design has been carried to Mothers' Knowledge Regarding Febrile Convulsion in Children in Basrah City during the period January,20 to February,20, 2022.

The sample was collected through the use of questionnaire format and means of an interview.

3-2 The instrument and setting of the study:

We adopted an assessment tool to assess Mothers' Knowledge Regarding Febrile Convulsion in Children in Basrah City.

A structured questionnaire was used to interview mothers.

On children, the search was conducted on a group of Basrah hospitals (Al-Basrah hospital for women and children, Basrah Children Hospital, Basrah General Hospital) the hospitals were selected by lottery.

A questionnaire was made to study the Mothers' Knowledge Regarding Febrile Convulsion in Children, after completing the questionnaire was distributed and presented to a panel of experts.

The data were collected by questionnaire means of an interview with mothers form on the subject. Research Study Tool (Questionnaire): The questionnaire consists of:

Part one: The first section is demographic characteristics of the study consisted of (5) items, which include the age of mothers, Family residence, number of children, mother education, mother occupation.

Part 2: In the second part, there were some questions about mothers information Regarding Febrile Convulsion consisted of (8) items, which include.

Part 3: The third part was including mothers' knowledge regarding ferbrile convulsion ,consisted of (8) items

The questionnaire ordered in a three and four-point scale (the choices differ from one question to another)

3-3 Sample of the study

The sample of the study consists (149) mothers at Basrah hospitals to participate in the study.

3-4 Statistical analysis

Data were analyzed using SPSS version 26 , and the data is expressed in

1-Percentage

2-Frequency

3-Mean of score

Chapter four

Results & Discussion

4-1 Results of the Study

4-1-1 Distribution of the Variables Related Demographic Characteristics N= 149 mothers

Table 4.1.1 : descriptive statistics of Demographic Variables

Demographic Variables	Variables Classes	F	Percent
Living	City center	65	44 %
	District area	84	56 %
	total	149	100 %
Age	Less than 20	9	6 %
	20 – 30	61	41 %
	30 – 40	49	33 %
	More than 40	30	20 %
	total	149	100 %
Number of child	One	16	11 %
	Two	28	19 %
	Three	32	21 %
	More than 3	73	49.0
	total	149	100 %
Education level	No certificate	20	13 %
	Primary	49	33 %
	Secondary	43	29 %
	High school	12	8 %
	college	25	17 %
	total	149	100 %
Job	Housewife	117	79 %
	Private business	6	4 %
	Employee	26	17 %
	total	149	100 %

Table (4-1-1) :According to this table, the majority of mothers were ranged from 20- 30 age. Most of the mothers live in district areas. (49 %) of mothers have More than 3 children, regarding to the Education level the most (33 %) of sample were primary school degree, the majority of mothers job was housewife.

4-1-2 Distribution of the Variables Related information Characteristics N= 149 mothers

Table 4.1.2 : descriptive statistics of Demographic Variables

Information questions	Variables Classes	F	Percent
Has your child had Febrile convulsion before؟	Yes	42	28 %
	No	97	65 %
	More than once	8	6 %
	I do not know	2	1 %
	total	149	100 %
Has anyone in the family ever had Febrile convulsion؟	Yes	50	33 %
	No	98	66 %
	more than one person	1	1 %
	I do not know	0	0 %
	total	149	100 %
Do you have information on Febrile convulsion ؟	Yes	59	39 %
	No	22	15 %
	limited information	67	45 %
	I'm not sure	1	1 %
	total	149	100 %
What is the source of the information؟	self-information	31	21 %
	hands-on experience	70	47 %
	other sources	30	20 %
	I don't have information	18	12 %
	total	149	100 %
What do you use to measure your child's temperature؟	Hand	104	70 %
	mercury thermometer	17	11 %
	electronic thermometer	26	17 %
	other	2	2 %
	total	149	100 %
Any site used to check your child's temperature؟	the mouth	7	5 %
	front	105	70 %
	under the armpit	34	23 %
	anus	3	2 %
	total	149	100 %
What do you give your child when he has a fever to reduce his temperature؟	Acetaminophen	49	33 %
	NSAIDs	68	46 %
	aspirin	12	8 %
	other	20	13 %
	total	149	100 %
At what temperature do you take your child to the hospital or doctor؟	mild temperature	0	0 %
	medium temperature	20	13 %
	intense temperature	92	62 %
	With certain symptoms occur	37	25 %
	total	149	100 %

4-1-3 Distribution of the Assessment of knowledge about the Febrile convulsion N= 149 mothers

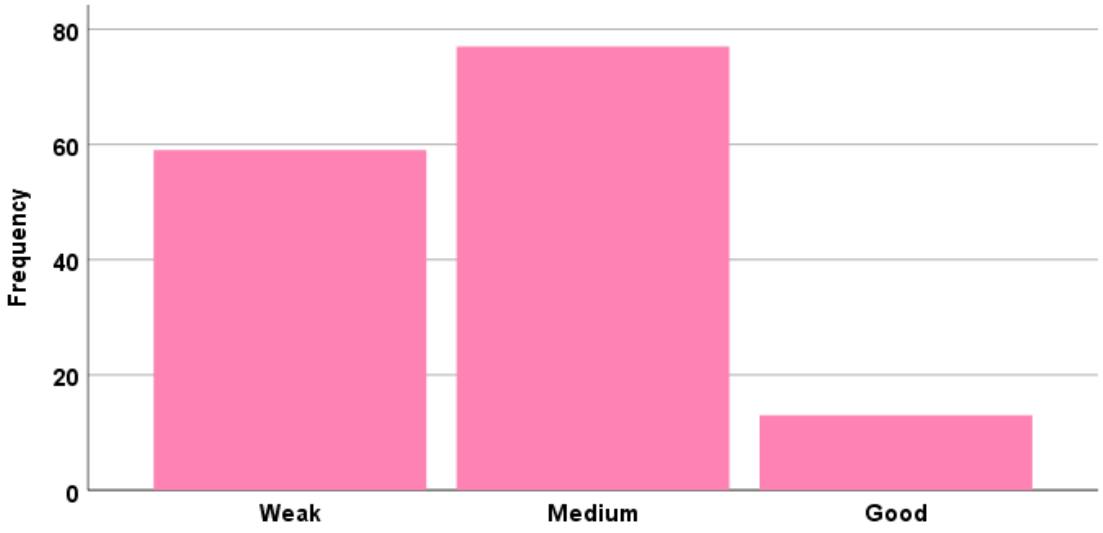
Table 4.1.3 : Assessment of knowledge						
Questions	**N**	**Min**	**Max**	**Mean Score**	**Sd.**	**Ass.**
At what age do you think your child is at risk of developing Febrile convulsion?	149	0	1	0.56	0.498	Medium
Children who are fully vaccinated cannot develop febrile convulsions?	149	0	1	0.45	0.499	Medium
Fever caused by a child receiving vaccinations may cause a febrile convulsion?	149	0	1	0.30	0.461	Weak
There are other pathological causes of febrile convulsion?	149	0	1	0.30	0.461	Weak
Febrile seizures mean the child has epilepsy?	149	0	1	0.37	0.484	Medium
Medicines used for fever prevent febrile convulsions	149	0	1	0.30	0.458	Weak
Children who develop Febrile convulsion suffer in the future from defects in mental abilities, intelligence, or academic achievement	149	0	1	0.39	0.489	Medium
Do you know how long a Febrile convulsion takes?	149	0	1	0.48	0.501	Medium

*Weak = (0 – 0.33), medium = (0.34 – 0.67), good = (0.68 – 1)Mean Score

Mean Score assessment for sample						
Statistics	N	Min	Max	Mean Score	Sd.	Ass.
Knowledge	149	0.00	0.88	0.39	0.220	Medium

*Medium = (0.34 – 0.67) Mean Score

Overall assessment of knowledge about Febrile convulsion			
Mean Score	F	%	Ass.
0 – 0.33	59	39 %	Weak
0.34 – 0.67	77	52 %	Medium
0.68 - 1	13	9 %	Good
Total	149	100 %	



This figure showes that, 39 % of mothers had weak knowledge regarding febrile convulsion in children, 52 % of mothers had medium, 9 % of mothers were having good knowledge regarding febrile convulsion in children.

4-1-4 The relationship of knowledge about Febrile convulsion with information Characteristics, 149

Table 4.1,4,1 Relationship of knowledge of the Febrile convulsion with information (Q6)							
The child was previously injured	knowledge of Febrile convulsion			Total	Significant		
	Weak	Medium	Good		X2	P – value	Sig.
Yes	5	28	9	42	27.70	0.00	S
No	49	44	4	97			
More than once	3	5	0	8			
I do not know	2	0	0	2			
Total	59	77	13	149			

*S = Significant

Table 4,1,4,2 Relationship of knowledge of the Febrile convulsion with information (Q7)							
One of the family was injured	knowledge of Febrile convulsion			Total	Significant		
	Weak	Medium	Good		X^2	P – value	Sig.
Yes	13	32	5	50	7.07	0.132	Ns
No	46	44	8	98			
more than one person	0	1	0	1			
I do not know	0	0	0	0			
Total	59	77	13	149			

*Ns = non - Significant

Table 4.1,4,3 Relationship of knowledge of the Febrile convulsion with information (Q8)							
Information about Febrile convulsion	knowledge of Febrile convulsion			Total	Significant		
	Weak	Medium	Good		X^2	P – value	Sig.
Yes	15	36	8	59	12.01	0.044	S
No	12	10	0	22			
limited information	31	31	5	67			
I'm not sure	1	0	0	1			
Total	59	77	13	149			

*S = Significant

4-2 Discussion

The study show that mothers had adequate knowledge of febrile convulsion as majority of the mothers described febrile convulsion as a sickness in children, and it is associated with high temperature.

The study revealed that (40%) of the respondents believed only fever is the cause of febrile convulsion. This is in contrast with a study by Nyaledzigbor et al in Ghana reported that majority (70%) of the mothers believed that febrile convulsion occurs as a result of high fever only.[22] According to other studies, seizure most commonly occurs when children have risk factors such as upper respiratory infection and acute otitis media, parental history of febrile convulsion, neonatal hospitalization >30 days, and delayed development. [28][29]

As many as 71 mothers (47%) believed that febrile convulsion meant epilepsy. This result is higher than that of a study done by Jihan Alifa in 2013 in Indonesia, that 23 mothers (24%) have the same opinion. Febrile convulsion is different from epilepsy but epilepsy can be a complication of febrile convulsion when there are several risk factors. The risk factors are family history of epilepsy, any atypical appearance during seizure or afterwards, first febrile convulsion occurs before the age of 9 months, delayed development according to age milestone or any previous neurologic impairment. Epilepsy incidence is 9% in children experiencing simple febrile convulsion with risk factors but only 1% in children without risk factors. There are 15–70% risks of seizure recurrence during the first two years after the first seizure. This risk will increase in children less than 18 month of age, have low grade fever and short duration before the seizure onset, and family history of febrile convulsion.[30]

More than 35% of participants agreed that children with previous febrile convulsion will have impaired mental abilities and intelligence. These findings are similar to a study in Indonesia which revealed more than 50% of Mothers agreed on the same.[24] However, there is no intelligent quotient (IQ; intelligence quotient) difference in children with a history of convulsion from their siblings. British cohort study reported

a similar result in the prognosis of children with convulsion compared to other children without the condition.[31] Other retrospective study revealed that any neurological deficit in a few cases occurs only in long-lasted and frequent seizures.[32]

The finding indicated that there was a significant relationship between mothers' knowledge and having a child with febrile convulsion, where the finding showed that there is a positive correlation for mothers who had a child with febrile convulsion, as (67%) of them had medium knowledge and (21%) of them had Good knowledge, while mothers whose family history had a child with epilepsy, there is no positive correlation.

Chapter five

Conclusion & Recommendations

5-1 Conclusion

According to the results of this study, the overall level of knowledge regarding febrile convulsion was medium among mothers. Knowledge of febrile convulsion was good in domain like meaning, it was medium in a domain like complication and it was poor in a domain like causes and risk factors. The research also reveals that there was no association between socio-demographic variables and the knowledge level of mothers, but there was an association between a mother's practical experience with her child with febrile convulsion and her knowledge level.

Although the overall knowledge convulsion is medium among mothers, it can be upgraded by distributing pamphlets on febrile convulsion and also providing health education to the mothers.

5-2 Recommendations

- Education programs is required for mothers on fever control and prevention of febrile convulsion through mass media.
- Public health education on febrile convulsion and what to do during convulsive episodes should be intensified

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Appendices

Appendix (A)

Questionnaire

Mothers' Knowledge Regarding Febrile Convulsion in Children in Basrah City

Demographic information:

☐more than 40	☐30-40	☐20-30	☐ less than 20	Mother's age
☐ City center		☐ District area		housing
☐ More than 3	☐ Three	☐ Two	☐ One	Number of children
☐ college	☐ High school	☐ Secondary	☐ Primary	☐ No certificate	Educational level
☐ Employee	☐ Private business	☐ Housewife		Job

Information hub:

Has your child had Febrile convulsion before?

☐ I do not know ☐ More than once ☐ No ☐ Yes

Has anyone in the family ever had Febrile convulsion?

☐ I do not know ☐ more than one person ☐ No ☐ Yes

Do you have information on Febrile convulsion ?

☐ I do not know ☐ limited information ☐ No ☐ Yes

What is the source of the information?

☐ I don't have ☐ other sources ☐ hands-on experience ☐ self-information

What do you use to measure your child's temperature؟

☐ I do not know ☐ I do not know ☐ I do not know ☐ I do not know

Any site used to check your child's temperature؟

☐ anus ☐ under the armpit ☐ front ☐ the mouth

What do you give your child when he has a fever to reduce his temperature؟

☐ other ☐ aspirin ☐ nsaids ☐ Acetaminophen

At what temperature do you take your child to the hospital or doctor؟

☐ With certain symptoms occur ☐ intense heat ☐ medium heat ☐ mild heat

Mothers' knowledge hub:

At what age do you think your child is at risk of developing Febrile convulsion?

☐ I don't know ☐ school age ☐ Pre-school age ☐ Less than 6 months

Children who are fully vaccinated cannot develop febrile convulsions?

☐ Increases the risk ☐ I don't know ☐ No ☐ yes

Fever caused by a child receiving vaccinations may cause a febrile convulsion?

☐ In certain vaccines ☐ I don't know ☐ No ☐ yes

There are other pathological causes of febrile convulsion?

☐ I don't know ☐ In unsatisfactory reasons ☐ No ☐ yes

Febrile seizures mean the child has epilepsy?

☐ I don't know ☐ No ☐ yes

Medicines used for fever prevent febrile convulsions?

☐ I don't know ☐ No ☐ yes

Children who develop refractory epilepsy suffer in the future from defects in mental abilities, intelligence, or academic achievement

☐ I don't know ☐ No ☐ yes

Does she know how long the seizure takes?

☐ limited knowledge ☐ No ☐ yes

Appendix (A)

إســـــتـبـيان:

معارف الامهات حول الصرع الحراري عند الاطفال في مدينة البصرة

المعلومات الديموغرافية:

عمر الام	☐اقل من٢٠	☐٢٠-٣٠	☐٣٠-٤٠	☐اكثر من٤٠
السكن	☐ مركز	☐ اطراف		
عدد الاطفال	☐ واحد	☐ اثنين	☐ ثلاثة	☐ اكثر من ٣
المستوى التعليمي	☐ امية	☐ ابتدائية	☐ متوسطة	☐ اعدادية	☐ كلية
الوظيفة	☐ ربة منزل	☐ مشروع خاص	☐ موظفة		

محور المعلومات:

هل طفلك اصيب بالصرع الحراري من قبل؟

☐ نعم ☐ لا ☐ اكثر من مرة ☐ لا اعلم

هل سبق واصيب احد من العائلة بالصرع الحراري؟

☐ نعم ☐ لا ☐ اكثر من شخص ☐ لا اعلم

هل لديك معلومات عن الصرع الحراري؟

☐ نعم ☐ لا ☐ معلومات محدودة ☐ لستً متأكدة

ما مصدر المعلومات؟

☐ اطلاع ذاتي ☐ تجربة عملية ☐ مصادر اخرى ☐ ليس لدي معلومات

ماذا تستخدمين لقياس درجة حرارة طفلك؟

☐ اليد ☐ محرار زئبقي ☐ محرار الكتروني ☐ اخرى

اي مكان تستخدمين لفحص حرارة طفلك؟

☐ الفم ☐ الجبهة ☐ تحت الابط ☐ فتحة الشرج

ماذا تعطين طفلك عند اصابته بالحمى لخفض حرارته؟

☐ الأسيتامينوفين ☐ NSAIDs ☐ اسبرين ☐ اخرى

عند اي حرارة تذهبين بطفلك الى المستشفى او الطبيب؟

☐ حرارة خفيفة ☐ حرارة متوسطة ☐ حرارة شديدة ☐ بحدوث اعراض معينة

محور معارف الامهات:

في اي فترة عمرية طفلك معرض لخطر الاصابة بالصرع الحراري؟

☐ اقل من ٦ شهور ☐ عمر ماقبل المدرسة ☐ بعمر المدرسة ☐ لا اعلم

الاطفال الذين يتلقون لقاحاتهم بشكل كامل لا يمكن ان يصابون بالصرع الحراري ؟

☐ نعم ☐ لا ☐ لا اعلم ☐ يزيد من خطر الاصابة

الحمى الناتجة من تلقي اللقاحات للطفل من الممكن ان تسبب الصرع الحراري ؟

☐ نعم ☐ لا ☐ لا اعلم ☐ في لقاحات معينة

هناك اسباب مرضية اخرى للصرع الحراري؟

☐ نعم ☐ لا ☐ في اسباب غير مرضية ☐ لا اعلم

نوبات الصرع الحراري تعني ان الطفل مصاب بمرض الصرع؟

☐ نعم ☐ لا ☐ لا اعلم

الادوية التي تستخدم لخفض الحمى تمنع حدوث نوبة الصرع الحراري؟

☐ نعم ☐ لا ☐ لا اعلم

الاطفال الذين لديهم اصابة سابقة بالصرع الحراري يعانون من خلل في القدرات العقلية او الذكاء او التحصيل الدراسي؟

☐ نعم ☐ لا ☐ لا اعلم

هل تعرفين كم تستغرق نوبة الصرع الحراري ؟

☐ تعرف ☐ لا تعرف ☐ معرفة محدودة

Appendix (B)

جمهورية العراق
وزارة الصحة
دائرة صحة البصرة
مكتب المدير العام
مركز التدريب والتنمية البشرية
شعبة ادارة المعرفة/البحوث

العدد : ٦١
التاريخ : ٢٠٢٢/١/٩

الى/ م. البصرة التعليمي
م. البصرة التخصصي للاطفال
م.البصرة للنسائية والاطفال

م/ تسهيل مهمة

درست لجنة البحوث في دائرة صحة البصرة مشروع البحث ذي الرقم(٥٣٣) المعنون:
(معارف الامهات حول الصرع الحراري عند الاطفال في مدينة البصرة) والمقدم من الباحثة (علياء ابراهيم والطالبة ضحى طالب عبد علي)كلية التمريض- جامعة البصرة . في دائرة صحة البصرة
بتاريخ ٢٠٢٢/١/١٣ وقررت:

"الموافقة على تنفيذ مشروع البحث بصيغته المقدمة ولأمانع من تنفيذه في مؤسسات الدائرة."

لتفضلكم بالاطلاع وتسهيل مهمة الباحث لا جراء بحثة مع التقدير....

المرفقات:
قرار لجنة البحوث المرقم ١٣١/ ٢٠٢٢

دائرة صحة البصرة
مكتب المدير العام
قسم التدريب والتنمية البشرية

الطبيبة الاختصاص
د. رجاء احمد محمود
مديرة مركز التدريب والتنمية البشرية
٢٠٢٢/ ١ /

نسخة منه الى:
مركز التدريب والتنمية البشرية /مع الاوليات

وزارة الصحة
دائرة صحة البصرة
مركز التدريب والتنمية البشرية
لجنة البحوث

رقم القرار ٢٠٢٢/١٦١
تاريخ القرار ١٣ /١/ ٢٠٢٢

قرار لجنة البحوث

درست لجنة البحوث في دائرة صحة البصرة مشروع البحث ذي الرقم(٥٣٣) المعنون:
(معارف الامهات حول الصرع الحراري عند الاطفال في مدينة البصرة) والمقدم من الباحثة (علياء ابراهيم والطالبة ضحى طالب عبد علي)كلية التمريض- جامعة البصرة . في دائرة صحة البصرة
بتاريخ ٢٠٢٢/١/١٣ وقررت:

"الموافقة على تنفيذ مشروع البحث بصيغته المقدمة ولأمانع من تنفيذه في مؤسسات الدائرة."

دائرة صحة البصرة
مكتب المدير العام
قسم التدريب والتنمية البشرية

الطبيب الاختصاص
د. علي كاظم قاسم
مقرر لجنة البحوث / دائرة صحة البصرة
٢٠٢٢ /١ / ٢٠

دائرة صحة البصرة
مركز التدريب والتنمية البشرية
لجنة البحوث

المرفقات :
لا يوجد

الملاحظات:
- تم تخويل رئيس لجنة البحوث او مقرر اللجنة للتوقيع على هذا القرار استنادا الى النظام الداخلي للجنة البحوث .
- الموافقة تعني ان مشروع البحث قد استوفى المعايير الأخلاقية والعلمية لإجراء بحث والمعتمدة في وزارة الصحة، اما التنفيذ فيعتمد على التزام الباحث بتعليمات المؤسسة الصحية التي سينفذ فيها البحث. وعلى الباحث التواصل مع مسئول البحوث في المؤسسة الصحية التي يجرى بها البحث واطلاعه على مجريات البحث بشكل دوري ولحين انتهاء البحث.

Appendix (C)

قائمة الخبراء				
ت	اسم الخبير	الشهادة	التخصص	مكان العمل
١	أ.م. د سجاد سالم عيسى	الدكتوراه	طب الاسرة	كلية التمريض
٢	أ.م. د سميرة محمد ابراهيم	الدكتوراه	طب مجتمع	كلية التمريض
٣	م.د. عـــــادل علــي	الدكتوراه	طب اطفال	كلية التمريض
٤	م.د. فــراس عبدالقادر	ماجستير	طب الاسرة	كلية التمريض
٥	م.م كاظم جواد	ماجستير	تمريض اطفال	كلية التمريض

الخلاصة

التشنج الحموي هو النوبة الأكثر شيوعًا عند الأطفال في جميع أنحاء العالم. يصاب ما بين ١ و ٤٪ من الأطفال بالتشنج الحموي.

اهداف المشروع: هدفت الدراسة إلى معرفة معارف الأمهات فيما يتعلق بالتشنج الحموي عند الأطفال.

الطرق او الاساليب: أجريت دراسة مقطعية وصفية لمعرفة الأمهات فيما يتعلق بالتشنج الحموي عند الأطفال في مدينة البصرة خلال الفترة من ٢٠ يناير إلى ٢٠ فبراير ٢٠٢٢.

تكونت عينة الدراسة من (١٤٩) أم ، وتم جمعهن من خلال استخدام استمارة الاستبيان ووسائل المقابلة.

وأجري البحث في مجموعة من مستشفيات البصرة (مستشفى البصرة للنسائية والأطفال ، مستشفى البصرة التخصصي للأطفال ، مستشفى البصرة العام) تم اختيار المستشفيات بالقرعة.

تم تحليل البيانات باستخدام الإصدار ٢٦ من SPSS ، وتم التعبير عن البيانات بـ (النسبة المئوية ، التكرار ، متوسط الدرجة)

أهم النتائج: أظهرت الدراسة أن ٣٩٪ من الأمهات لديهن معرفة ضعيفة بالتشنج الحموي عند الأطفال ، و ٥٢٪ من الأمهات لديهن متوسط ، و ٩٪ من الأمهات لديهن معرفة جيدة بشأن التشنج الحموي عند الأطفال.

يكشف البحث أيضًا عن وجود علاقة بين الخبرة العملية للأم مع طفلها المصاب بالتشنج الحموي ومستوى معرفتها..

توصيات:

- مطلوب برامج تثقيفية للأمهات حول السيطرة على الحمى والوقاية من التشنج الحموي من خلال وسائل الإعلام.

- التثقيف الصحي العام حول التشنج الحموي وما يجب القيام به خلال النوبات المتشنجة يجب تكثيفها.

جامعة البصرة
كلية التمريض

معارف الامهات حول الصرع الحراري عند الاطفال في مدينة البصرة

كجزء من متطلبات بحث مقدم الى كلية التمريض/ جامعة البصرة لنيل شهادة البكالوريوس في التمريض العام

مقدم من:

علياء إبراهيم عبدالرزاق

ضُحى طالب عبدعلي

بأشراف

أ.م هاجر سالم عيسى

المرحلة الرابعة ٢٠٢١- ٢٠٢٢