

**KNOWLEDGE, ATTITUDE AND PRACTICES OF CARETAKERS TOWARDS
PREVENTION OF FEBRILE CONVULSIONS IN CHILDREN UNDER FIVE AT
MITYANA REGIONAL REFERRAL HOSPITAL**

BY

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**AN UNDERGRADUATE RESEARCH DISSERTATION SUBMITTED TO THE
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UNIVERSITY**

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DECLARATION

I hereby declare, that this research dissertation is my original work and has never been presented to any University or institution for a scholarly award.

Signature.....

Ntabadde Phiona

Date.....

APPROVAL

I hereby verify that this research dissertation entitled knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five at Mityana Regional Referral Hospital has been produced under my supervision.

Signature.....

Date.....

Mrs. Situma Elizabeth

Supervisor

DEDICATION

This research dissertation is dedicated to my son Kigozi Patrice Vianne and my parents and my siblings.

ACKNOWLEDGEMENT

I thank the Lord Jesus Christ for the life, knowledge, good health and grace bestowed unto me through which I have been able to develop this dissertation.

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LIST OF ABBREVIATIONS

MOH	-	Ministry of Health
UK	-	United Kingdom
USA	-	United States of America
WHO	-	World Health Organization

DEFINITION OF TERMS

Antipyretics: These are medications with fever reducing properties.

Attitude: This is a tendency to react positively or negatively towards a certain idea, object, person, or situation.

Knowledge: These are facts, information, and skills attained through experience or education either as the theoretical or practical understanding of a topic.

Practices: This is the actual application or use of an idea, belief, or method, as opposed to theories relating to it.

ABSTRACT

Background of study

Children under five years belong to a susceptible group who needs special attention and care during health and illness, which imposes equal responsibility to the mothers and medical personnel (UNICEF, 2008).

A febrile convulsion is the sudden increase of body temperature resulting in loss of consciousness, stiffing of the body, jerky movements of the extremities and twitching of the face (Pina-Garza et al, 2013).

Objective: To assess knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital

Methods: The research was a descriptive cross-sectional study because the sample of the population was assessed at a single point in time and there was no need for follow-up of the respondents at the end the study. The sample size was 207 respondents.

Results: a majority (47.8%) of the respondents were between 21-29 years of age, 18.8% were aged 30 – 39 years and 6.8% of the respondents were aged 50 years above.

73.9% of the respondents knew what febrile convulsions are while 85.5% of the respondents confirmed that they are aware that febrile convulsion can be prevented among children of under-five.

Results show that 94.7% of the respondents said that febrile convulsions are not good therefore they should be prevented while 91.8% of the respondents rated modern medicines to be very useful in the prevention of febrile convulsions which implied positive attitude.

On practices of the respondents, 23.2% of the respondents believed that rushing the child to the hospital is the best were of preventing febrile convulsions, 18.8% stated that giving temperature reducing drugs can prevent febrile convulsions, 15.9% tepid sponge with warm water, 15.7% reported giving herbal medicines, 14.0% of the respondents reported giving fluids to the child while 9.1% used cold water for tepid sponging the children with fever and 3.2% reported leaving the child at home.

Conclusion: The knowledge of the respondents was high with majority of the respondents having adequate knowledge on prevention of febrile convulsions. The care takers had adequate information on prevention of febrile convulsions.

The respondents had a positive attitude towards prevention of febrile convulsions in children under five years.

The respondents had poor practices towards prevention of febrile convulsions in children under five years.

Recommendations

Health facilities need to conduct routine and continuous health education talks for the care takers on prevention febrile convulsions so as to have constant reminders.

There is need for further research studies to investigate the factors influencing the prevention of febrile convulsion among children aged five years among the care givers. This will generate information on what motivates care takers to comply with prevention measure.

CHAPTER ONE: INTRODUCTION

This chapter consists of the Study background, Statement of problem, Objectives of study, Research questions about the knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five at Mityana Regional Referral Hospital, Significance of the study and Conceptual framework.

1.1 Background of study

Children under five years belong to a susceptible group who needs special attention and care during health and illness, which imposes equal responsibility to the mothers and medical personnel (UNICEF, 2008). World Health Organization (WHO, 2011) has estimated that more than 10 million children under five of age die each year in developing countries and seven in ten of these deaths are due to acute respiratory infection mostly Pneumonia, diarrhea, measles, malaria, or malnutrition, or combination of all these. Almost all of these diseases are signaled by rise in body temperature of the children which is called fever and, if the fever is not managed on time, it triggers a condition known as ‘febrile seizures’ or ‘febrile convulsion’ (Reference Library of selected Material IMCI, 2009).

Fever in children is one of the most common manifestations of an illness, which makes the parents seek medical attention early (Sarathy PA., 2009). According to WHO (2009), fever maybe caused by multiple causes including infection, vaccines, biologic agents, tissue injury, malignancy, drugs, autoimmune diseases, granulomatous diseases, metabolic disorders such as gout and also genetic disorders. Furthermore, all these insults results in the production of endogenous pyrogens, which alter the temperature set point in the anterior hypothalamus leading to elevation in body temperature.

A fever in a child means the child is fighting an infection in the body and is defined as an elevation of body temperature in response to pathological stimulus (Ghai, 2010). American College of Emergency physicians (ACEP) published a clinical policy that the rectal temperature should be more than or equal to 38⁰C (100.4⁰F) to consider a child febrile and fever above 41.5⁰C (106.7⁰F) warrants an aggressive antipyretic therapy because of risk of irreversible organ damage. Fever also increases the risk of febrile convulsion (Gupta P, 2007).

A febrile convulsion is the sudden increase of body temperature resulting in loss of consciousness, stiffing of the body, jerky movements of the extremities and twitching of the face (Pina-Garza et al, 2013).

Febrile convulsion occurs in young children and most common in age group of six months to five years due to sudden rise of body temperature (Friedman et al, 2006). There are two types of febrile convulsions that is to say simple febrile convulsion which last less than 15 minutes and do not occur again during the infection and complex febrile convulsion that occur in several episodes during the infection and may last longer than 15 minutes. Out of this two to three-quarters of all febrile convulsions are simple febrile convulsions (Gupta P, 2007).

The mothers are the main persons who constantly take care of the children and they are the first persons to notice the children are ill and first thing they do is to check for fever but fever is either often neglected or inappropriately managed due to lots of misconceptions in various communities and leading to febrile convulsions (Maslove et al, 2009). Although febrile convulsions are mostly benign with excellent outcome but parents experiences are frightening and stressful situations leading to development of high level of anxiety when children suffer from febrile convulsions therefore it is felt that raising awareness about the disorder allaying parental fears and anxieties, and addressing their concerns about recurrence and long term consequences of febrile convulsion will be useful (Karande S, 2007).

Knowledge, attitude and practices of care takers play an important role in the prevention of febrile convulsions in children under five (Hockenberry et al, 2016).

Globally according to the knowledge, attitude and practice study conducted on the mothers regarding care of the children in febrile conditions in Vanivilas children's hospital, India, it was revealed that the mothers were lacking knowledge on managing children with fever and had many false beliefs and misconception about fever (Lalitha, 2004).

According to the study conducted by Arash et al, (2013) in Iran on 88 mothers to determine the effect of educational program on knowledge, attitude and practice of mothers regarding prevention of febrile seizure in children revealed that respondents had increased knowledge, but with low attitude and practices.

In Africa, a study conducted by U. M. Chukwuocha et al, (2013) in eastern Nigeria on Prevalent and practices and outcome among 100 mothers of febrile children revealed out that the knowledge of the mothers was high in relation to the attitude and practices.

In Uganda according to Kiryabwire (2010), a neurosurgeon at Mulago hospital says that children suffer the most bouts of febrile convulsions caused by fever and while seizures are a common occurrence in Uganda a vast majority of the afflicted shy away from seeking medical attention.

In view of this background, this study was conducted in Mityana Regional Referral Hospital with the aim of assessing knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five years.

1.2 Problem statement

Febrile convulsions are quite common and they cause a lot of fear among care takers, watching a child having convulsions and care takers may think a child is dying, though most of the convulsions are benign (Jones et al, 2007). Convulsions also known as seizures occur at home, and as a result care takers are the first to be involved in their prevention therefore their knowledge, attitudes and practices are determinant prognostic factors (WHO, 2009).

However care takers knowledge on seizures is lacking, and as a result when faced with the dramatic manifestations of seizures, care takers are frightened and therefore tend to perform inappropriate first aid gestures resulting in increased morbidity and mortality among children under five years (Anigilaje et al, 2013 and Emmanuel et al, 2013).

According to the Ministry of Health Uganda, 75% of children presented with febrile convulsions and malaria while 76.3% presented with a febrile convulsion and pneumonia (MOH, 2006). Furthermore this febrile convulsion especially complex convulsion result to complications such as brain damage, epilepsy, mental retardation, decreased IQ or learning difficulties and death.

The government through the Ministry of health has provided treated mosquito nets to the care takers to prevent malaria which would result in to fever that can complicate to febrile convulsions if not treated. Furthermore Health education on prevention of febrile convulsion among the children under five years has also been done during antenatal and immunization

visits. Despite the efforts in place by the government, febrile convulsions are not well prevented. This study therefore assessed the knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital.

1.3 Objectives of the study

1.3.1 General objective

To assess knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital

1.3.2 Specific objectives

1. To assess the knowledge of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital.
2. To determine the attitude of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital.
3. To establish the practices of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital.

1.4 Research questions

1. What is the knowledge of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital?
2. What is the attitude of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital?
3. What are the practices of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital?

1.5 Significance of the study

This study shall provide the care takers with the valuable information they need in prevention of febrile convulsion that will increase their understanding.

This study shall change the mother's attitude towards the prevention of febrile convulsions in children under five.

This study shall also enable policy makers gain better insight on the knowledge, attitude and practices of the care takers towards prevention of febrile convulsions in children under five and will able them evaluate on-going or completed programmes on prevention of febrile convulsions.

The information obtained from this study will be of importance in updating reports on towards prevention of febrile convulsions in children under five by the ministry of health.

This study shall also act as the guideline and source of information for other nursing researchers.

This study shall increase knowledge needs on the already known facts about prevention of febrile convulsions in children under five.

1.6 A Conceptual framework

The conceptual frame work below shows the relationship between the independent and dependant variables. The dependent variable was prevention of febrile convulsions and the independent variables are the Knowledge, attitude and practices of care takers.

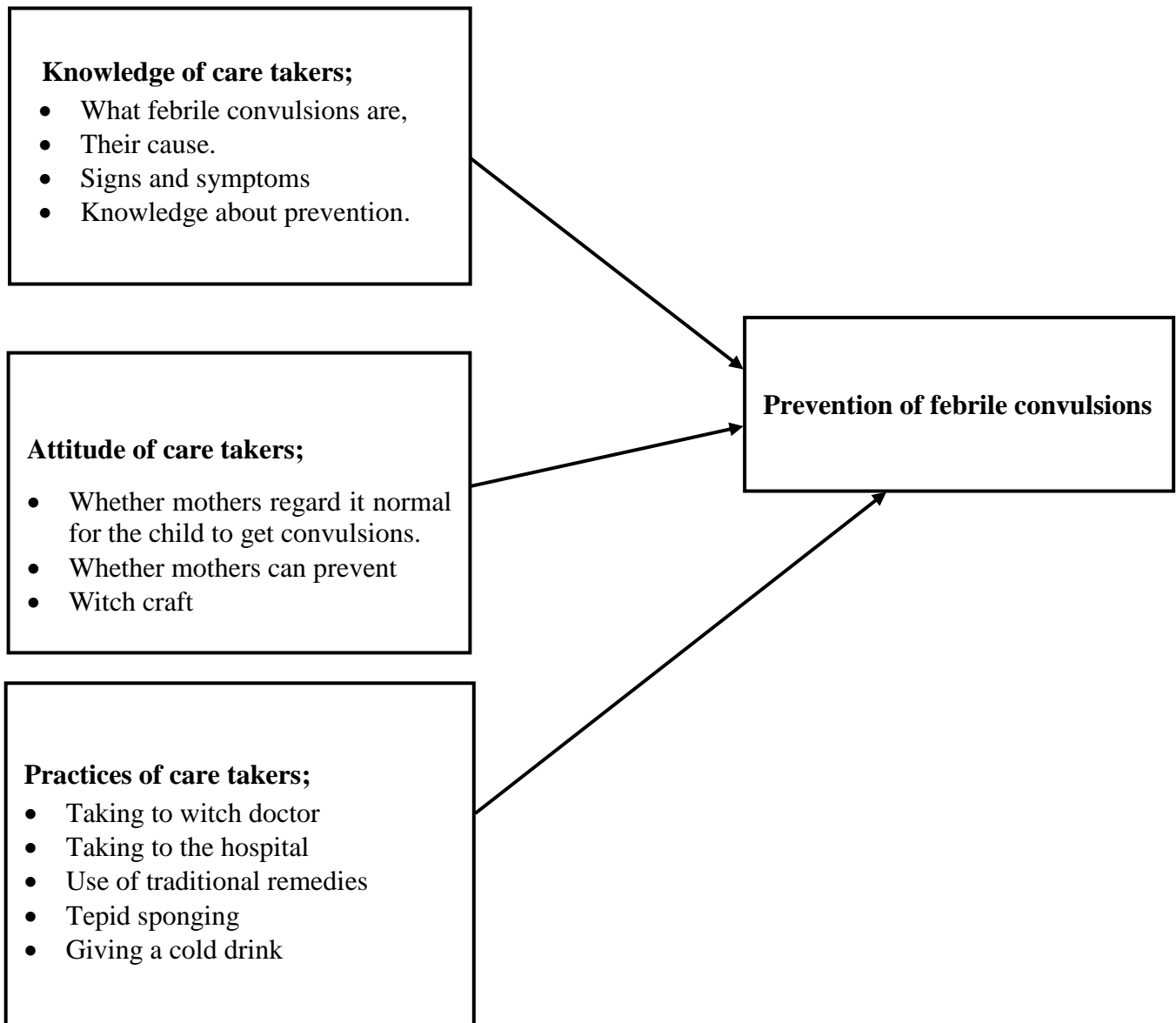


Figure 1: A conceptual frame work

CHAPTER TWO: LITERATURE REVIEW

2.0. Introduction

This chapter discusses the research findings of other researchers on knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five years. This involved examining literature from significant sources such as text books, magazines, journals, dissertations, and use of data bases like PubMed, and google scholar. These are discussed as per the objectives of the research study.

2.1 Knowledge of care takers on the prevention of febrile convulsions in children under five years.

Having a good understanding on what febrile convulsions are, how they present, what causes them and how they occur is very much important in prevention of febrile convulsions in children under five years therefore care takers ought to be more knowledgeable (Black et al., 2016). A study done in Taiwan to assess the knowledge, attitudes and concerns of 126 mothers of consecutive children presenting with febrile convulsion revealed high levels of knowledge in that 46% of the respondents recognized the convulsion while 39% of the respondents took convulsion as death (Yeh et al., 2017).

A qualitative study done in New York to determine the knowledge of 24 parents on the consequences and management of fever in children, the respondents stated fever as temperatures ranging from 100 to 101 degrees Fahrenheit and consequences of fever as convulsions, dehydration and death which indicated high levels of knowledge regarding prevention of febrile convulsions (Erichsen D and Ali M, 2010).

According to the descriptive study conducted in Hegarmanah Village, west Jova in Indonesia to determine the knowledge and attitude of mothers on febrile convulsions in children under five years, it was found out that 61% of the respondents knew that high temperatures in their children result in convulsions, 65% reported that febrile seizures are life-threatening condition which can result in to brain damage while 50% reported that this could lead to paralysis (Alifa et al., 2016). This study indicated high level of knowledge in regard to prevention of febrile convulsions.

A cross sectional study conducted on 92 mothers at the paediatric neurology clinics of King Abdulaziz University Hospital in Saudi Arabia to determine the maternal knowledge of acute seizures showed that 41% of the respondents saw a child having seizure, 26% of the mothers were not knowledgeable about prevention of febrile convulsions and 35% reported waiting for 15 minutes before taking the child to the emergency department (Asiri et al., 2015).

A study done to assess the knowledge, attitude, and practices of 140 parents of children with febrile convulsions in a tertiary care centre in India revealed that 59.3% of the respondents could not recognize a convulsion, 90.7% never intervened before taking the child to hospital, 90% of the respondents reported death as the effect of convulsions and 34.3% reported insomnia, 32.9% reported anorexia, while 20% reported crying and epilepsy as the effect of convulsions which indicated low level of knowledge in regard to prevention of febrile convulsions (Parmar et al, 2011).

In a cross sectional study done to assess the knowledge, attitudes and beliefs of 419 parents regarding the management of fever in children in Jordan, 37% of the parents used rectal route for temperature measurement while 50% administered medication and only 10% grounded their calculation of dose on weight and the rest of the parents who administered medication made estimates of the dosage (Athamneh et al., 2014). This study therefore indicated high levels of knowledge in regard to prevention of febrile convulsions.

A qualitative study done to establish the experiences of the mothers regarding febrile convulsions in their children revealed perceived threat, seeking solution, and difference in adaptation and the mothers in general were having good knowledge about prevention of febrile convulsions (Sajadi and Khosravi 2017).

According to a cross-sectional study done in Ireland to determine the knowledge, attitudes and beliefs of 121 parents on fever, it was revealed that 63.1% of the parents were able to define fever and 64.6% alternated two fever-reducing drugs when handling a child with fever which indicated high level of knowledge on prevention of febrile convulsions (Kelly et al., 2017).

In Africa, according to the study done in the department of Paediatrics, University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria to assess the knowledge and perception of

151 mothers about fever and its management in children, it was revealed that 74.8% of the mothers knew fever as hotness of the body, 47% of the mothers stated malaria as the commonest cause of fever in children and 67.7% of the mothers reported convulsion as a complication of fever which therefore indicated high levels of knowledge in regard to prevention of febrile convulsions (Balafama et al., 2011).

In another study conducted to assess the knowledge, attitude and practices of febrile convulsion among 165 mothers attending the paediatric clinic of university of Uyo teaching hospital, Nigeria, it was found out that the mothers had good knowledge on prevention of febrile convulsions in that 84.2% of the respondents knew that febrile convulsion happen because of fever and 92.7% reported taking the child to the hospital (AKPAN and IJEZIE, 2017).

According to another descriptive study done to establish the effect of cultural Insight of Malaria on determinants of treatment and preventive pathways on 2,052 mothers and other caregivers of children from southwest Nigeria, it was found out that majority of the respondents never knew that malaria can complicate in to convulsions which indicated low level of knowledge of respondents in regard to prevention of febrile convulsions (Falade et al., 2005).

A cross-sectional study conducted in pediatric emergency unit at Kenyatta National Hospital in Kenya to assess the knowledge and practices of caregivers about fever in children under five years showed that 47.6% of the respondents knew the definition of fever, 95.2% of the respondents reported infection as the cause of fever, 77.6% of the caregivers reported brain damage as the complication of fever while 65.6% reported convulsions which therefore indicated high levels of knowledge in regard to prevention of febrile convulsions (Onyango et al., 2011).

In Uganda, according to the study done to determine the knowledge, attitude and practices of mothers towards febrile convulsions in children under five years in Kampala, 40% of the respondents knew malaria as possible cause of fever which can complicate to febrile convulsions which therefore indicated high levels of knowledge in regard to prevention of febrile convulsions (Lubanga et al., 2012).

2.2 Attitude of care takers on the prevention of febrile convulsions in children under five years

Care takers tend to fear and are concerned when their children develop fever and most of them inappropriately manage it (Alifa et al., 2016). According to the study done in Italy, the concerns and the negative attitude of the mothers were absolutely linked to lack of information regarding causes of fever, and its complication as well as low levels education of the mothers (Impicciatore et al., 2013).

In another study done to assess knowledge, concerns, attitudes and practices of 126 mothers towards febrile convulsion at Mofid Children's Hospital in Iran, it was revealed that 46% of the mothers believed that febrile convulsions are abnormal in the child therefore they would prevent them (Kolahi et al., 2009).

A cross-sectional study done among 402 parents at primary health care clinics in the Nablus region of Palestine showed that 53.2% of the respondents believed febrile convulsions are not normal in the child therefore they were focused on preventing them at home (Sa'ed et al., 2013).

In Africa, a study conducted to assess the knowledge, attitude and practices on febrile convulsion among 165 mothers attending the paediatric clinic of university of Uyo teaching hospital, Nigeria, revealed that 15.2% of the respondents believed that febrile convulsion happen as a result of evil spirits while 3.0% black magic therefore they cannot easily be prevented (AKPAN and IJEZIE, 2017).

According to another descriptive study done to establish the effect of cultural Insight of the causes, signs and symptoms, complications, and severity of childhood malaria on determinants of treatment and preventive pathways on 2,052 mothers and other caregivers of children from southwest Nigeria, it was found out that respondents believed that febrile convulsions are not complication of malaria but rather witch craft therefore it is very hard to prevent them and that in order to prevent them one ought also to be spiritually linked to the gods (Falade et al., 2005).

In Uganda, according to the study done to determine the knowledge, attitude and practices of mothers towards febrile convulsions in children under five years, the respondents had believes that febrile convulsions are as a result of witchcraft and very complicated to prevent so they

chose visiting witch doctors other than the hospital which indicated a negative attitude towards prevention of febrile convulsions (Lubanga et al., 2012).

2.3 Practices of care takers on the prevention of febrile convulsions in children under five years.

A cross-sectional study done among 402 parents at primary health care clinics in the Nablus region of Palestine showed that 49.8% of the respondents reported that they used cold sponges to reduce fever at home in order to prevent febrile convulsions while 34.8% of parents used antipyretics (Sa'ed et al., 2013).

According to the study that was done on 326 parents from 11 emergency departments in southern Taiwan to determine knowledge, attitudes, concerns, and practices of parents on febrile convulsions, it was found out that 44% of the care takers were much troubled because of more occurrences of episodes of fever so they often measured the body temperature of their children and 80% of the respondents rushed the child to a hospital (Huang et al., 2002).

A study carried out among 401 care takers in Australia to assess their knowledge, attitude and practices towards febrile convulsions revealed that 87.8% of the care takers administered antipyretic to their feverish children, 52.5% monitored their body temperatures, 49.0% gave fluids to their children and 43.8% put on their children light clothes with the aim to reducing fever to prevent febrile convulsions (Walsh et al., 2008).

A cross-sectional study done to assess the caregivers knowledge, attitude and practice on febrile convulsions in two urban hospital-based pediatric clinics in Baltimore, Maryland on 340 caregivers showed out that majority of the caregivers often checked temperatures of their children during febrile illnesses at home and gave antipyretics or started sponging more often for possible temperatures in order to prevent febrile convulsions (Crocetti et al., 2011).

A descriptive study done in Hegarmanah Village, west Jova in Indonesia to determine the knowledge and attitude of mothers on febrile convulsions in children under five years showed that 27% of the respondents reported checking temperatures of their children at home, 59% gave temperature reducing drugs while 62.5% reported tepid sponging their children with fever with the aim of reducing fever to prevent febrile convulsions (Alifa et al., 2016).

In Africa, a cohort study conducted at the university college hospital, Ibadan, Nigeria to determine the prevention of febrile seizures in 147 children under five whereby 83 were males and 64 were females, it was found out that 10.2% of the children were given Herbal preparation, and the respondents were taking their children to the herbalists instead of the hospital in order to prevent febrile convulsions (Jarrett et al., 2012).

According to the study done in the department of Paediatrics, University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria to assess the knowledge and perception of 151 mothers about fever and its management in children, it was revealed that 76.2% of the respondents reported touching their children's forehead in order to determine their body temperature while 13.9% used thermometer and 70.7% of the respondents reported giving paracetamol to their children to manage fever in order to prevent febrile convulsions (Balafama et al., 2011).

In another study done to assess the knowledge, attitude and practices of febrile convulsion among 165 mothers attending the paediatric clinic of university of Uyo teaching hospital, Nigeria, it was revealed that 13.9% of the respondents reported applying palm oil on the child's body whenever the child had a fever to prevent febrile convulsions, while 92.7% reported taking the child to the hospital (AKPAN and IJEZIE, 2017).

A cross-sectional study conducted in pediatric emergency unit at Kenyatta National Hospital in Kenya to assess the knowledge and practices of caregivers about fever in children under five years revealed that 97.2% of the respondents used medication for treatment of fever at home to prevent febrile convulsions (Onyango et al., 2011).

In Uganda, according to the study done to determine the knowledge, attitude and practices of mothers towards febrile convulsions in children under five years in Kampala, 90% of the respondents reported giving their children treatment such as antipyretics, antibiotics, and antimalarial at home before taking them to the hospital in order to prevent febrile convulsions (Lubanga et al., 2012).

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter presents the methodology that were used to obtain the data to the research questions. It consists of study design, data sources, study population, sample size determination, sampling procedure, study variables, eligibility criteria, data collection techniques and plan for data analysis, ethical issues and quality control issues and plan for dissemination of results.

3.1 Study design

The research was a descriptive cross-sectional study because the sample of the population was assessed at a single point in time and there was no need for follow-up of the respondents at the end the study.

3.2 Study area

This study was done in Mityana Regional Referral Hospital. This hospital is among the 13 public regional referral hospitals; it is located in Mityana district in the central part of Uganda about 69 kilometres (43 mi) west of Mulago National Referral Hospital, the largest hospital in the country. Mityana Hospital is a public hospital, funded by the Ministry of Health of Uganda and general care in the hospital is free. It was opened in 1940 and has, until 2013 been in a dilapidated state, with crumbling buildings and antiquated or non-existent equipment. In December 2013, the Government of Uganda, using funds borrowed from the World Bank, began an update and renovation of the institution. Those renovations concluded in 2015. It offers both general and specialized services maternal and child health care, dental care, medical, radiography, surgical, Ear Nose and Throat, HIV testing and counseling, and mental health services. This hospital was selected because it is among the regional hospitals with paediatric wing and many children present with febrile convulsions.

3.3 Sources of data

a) **Primary:** The main source of data was through interview of the care takers in Mityana Regional Referral Hospital.

b) **Secondary data:** This data was obtained from reports from Mityana Regional Referral Hospital.

3.4 Study population

3.4.1 Target population: All the care takers attending Mityana Regional Referral Hospital.

3.4.2 Exact population: All the care takers in Mityana Regional Referral Hospital who were available during the time of study.

3.5 Eligibility Criteria

3.5.1 Inclusion Criteria

- i) All care takers who attend maternal child health clinic and paediatric out patient in Mityana Regional Referral Hospital.
- ii) The care takers that were available during the period of study.
- iii) The care takers who consented and accepted to respond to the study.

3.5.2 Exclusion Criteria

- i) All the care takers who are mentally ill.
- ii) All the care takers who refused to consent.

3.6 Sample size calculation.

The sample size was determined using the Keish and Leislle formula.

$$n = \frac{z^2 p (q)}{e^2}$$

Where n is the sample size

Z is the standard normal deviation at 95% confidence level which has a constant figure of 1.96

P is the proportion of care takers assumed to know about febrile convulsions (16%=0.16) (MOH, 2012).

(1-p) also known sometimes as (q) which is 1- 0.16

e is the standard acceptable error margin of 5% also equivalent to 0.05

Substituting the figures in to the formula $n = Z^2 p (1-p) / e^2$

$$n = 1.96 \times 1.96 \times 0.16 \times 0.84 / 0.05 \times 0.05$$

$$n = 207$$

Sample size = **207** respondents.

3.7 Sampling procedures

Simple random sampling was used to select the respondents to the study. Boxes were used containing papers with codes 0 and 1 where by the care takers were made to pick the papers at random without replacement and the care takers who picked 0 did not participate in the study and the one who picked 1 participated in the study and this made each respondent to have an equal chance of being selected without bias. Focus group discussion were used to obtain qualitative data from specific respondents this therefore employed purposive method (non-probability) of sampling in the selection of respondents. There were three groups for the discussion and one focus group discussion came from each department. The departments that will be covered are young child clinic, paediatric out patients and paediatric in patient's wards. The sample size were divided among three departments and respondents were randomly sampled depending on the number of children in each department.

3.8 Study variables

3.8.1 Dependent variables: Prevention of febrile convulsions.

3.8.2 Independent variables;

Knowledge of care takers; what febrile convulsions are, their cause, signs and symptoms and

knowledge about prevention.

Attitude of care takers; whether mothers regard it normal for the child to get convulsions, whether mothers can prevent and witch craft.

Practices of care takers; Taking to witch doctor, taking to the hospital, and use of traditional remedies.

3.9 Data collection techniques

Two (02) research assistants with a health background were recruited and trained on tools to be used, how to obtain consent and preserve the quality of data to be collected. The respondents were given questionnaires to fill in. Data was collected in a period of five days for about six hours daily to allow coverage of the participants and interviewer - administered questionnaires were given to the selected participants to fill in a period of 10 minutes before they were collected and checked for completion.

3.10 Data collection tools

Data collection from the respondents was done using interviewer - administered questionnaire on knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five years, and focus group discussion guide were used to obtain qualitative data. The questionnaire were divided into three sections in accordance to the objectives.

3.11 Data management

The principle researcher supervised the whole process of data collection. Data that collected from the study was checked for completeness and was kept under key and lock to ensure that no unauthorized person would gain access to it. Data was then entered into SPSS software where it was cleaned and analyzed.

3.12 Data analysis

Data on knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital was analyzed and conclusions were made. Each questionnaire was checked entirely for legibility, mistakes and any missing data to ensure privacy. The data was further analyzed using statistical computer

packages such as SPSS version 20.0, Microsoft excel where by tables, pie charts and percentages were generated.

3.13 Quality control issues

The researcher trained two assistants on data collection exercise and data quality management before data was collected. Data collection tools were checked and verified by the principle investigator for clarity to avoid collecting mistakes. The pretest of the data collection tool was done on 15 care takers attending China – Uganda friendship Hospital Naguru. This was to ensure clarity, validity, sequencing and insight on how much time would be required to administer each instrument and changes were made according to the results from the pre-test. Pronounced care was taken when coding, entering, verifying and cleaning data.

3.14 Ethical consideration

A complete research proposal was submitted to the supervisor for approval and an introduction letter was obtained from the University. Permission to conduct the study was sought from the relevant authorities in Mityana district. All participants were required to sign informed consent forms prior to answering the questionnaire. Participant's confidentiality was maintained, they took part in the study anonymously, and no names were put on the questionnaires and the answered questionnaires were kept under a lock and key.

3.15. Plan for dissemination.

The results from the study are taken to IHSU to fulfil requirements for the ward of the bachelor's degree in nursing science and to be kept in the library as reference for other researchers.

The results from the study will also be taken to Mityana regional referral hospital to enable the hospital administrators' to evaluate hospital projects.

CHAPTER FOUR: PRESENTATION OF RESULTS

4.0 Introduction

This chapter presents the finding of the study and they are presented basing on the specific objectives considering the demographic characteristics of the respondents.

4.1 Demographic Characteristics of the respondents

Table 1 showing the demographic characteristics of the respondents

Demographic	Category	Frequency	Percentage
Gender	Male	49	23.7
	Female	158	76.3
	Total	207	100
Age	< 20 years	26	12.6
	21 - 29 years	99	47.8
	30 - 39 years	39	18.8
	40 - 49 years	29	14
	>50 years	14	6.8
	Total	207	100
Marital status	Married	154	74.4
	Single	44	21.3
	Divorced	6	2.9
	Widowed	3	1.4
	Total	207	100
Education	Primary	74	35.7
	Secondary	116	56
	Tertiary / University	17	8.2
	Total	207	100
Religion	Catholic	83	40.1
	Anglican	48	23.2
	Born again	26	12.6
	Muslim	45	21.7
	Others	5	2.4
Total	207	100	
Occupation	Teacher	14	6.8
	Business person	57	27.5
	Peasant	109	52.7
	Civil servant	15	7.2
	Any other state	12	5.8
	Total	207	100
No. of children	1-5	170	82.1
	6-10	34	16.4
	More than 10	3	1.4
	Total	207	100

As seen in table 1 above, a majority of the respondents are female (76.3%) and only 23.7% are male.

In regards to the age of the respondents, a majority (47.8%) of the respondents were between 21-29 years of age, 18.8% were aged 30 – 39 years and 6.8% of the respondents were aged 50 years above.

In regard to the marital status of the respondents, 74.4% of the respondents were married, 21.3% were singles while 2.9% were divorced.

All the respondents' at least had attended some sort of education with 56.0% stopped at secondary level, 35.7% primary and only 8.2% tertiary.

A majority (40.1%) of the respondents were Catholics followed by Anglican who were 23.2% while the least (12.6%) were the born again.

As indicated by the results, 52.7% of the respondents were peasants while 27.5% were business persons. Very few (5.8%) were employed in others sectors.

As regard the number of children, 82.1% of the respondents had between 1-5 children, 16.4% had between 6-10 children while those with more than 10 children accounted for only 1.4%.

4.2 Knowledge of care takers regarding prevention of febrile convulsions

Table 2 below show the Knowledge of care takers regarding prevention of febrile convulsions

Knowledge about febrile convulsions	Response	Frequency	Percentage
Do you know the meaning of febrile convulsions	Yes	153	73.9
	No	54	26.1
	Total	207	100
If yes	Correct	113	73.9
	Incorrect	40	26.1
	Total	153	100
Do you know that febrile convulsions can be prevented?	Yes	177	85.5
	No	30	14.5
	Total	207	100
Febrile convulsions are a complication of fever	True	186	89.9
	False	21	10.1
	Total	207	100
Fever is caused by infection, teething, drugs, and weather change	True	136	65.7
	False	71	34.3
	Total	207	100
Witch craft is the main cause of fever in children	True	30	14.5
	False	177	85.5
	Total	207	100
Dehydration, brain damage and death are not the complications of fever	True	91	44
	False	116	56
	Total	207	100
Febrile convulsions can be prevented with modern medicines	True	177	85.5
	False	30	14.5
	Total	207	100
Touching the patient's skin and using thermometer are ways of measuring temperature	True	189	91.3
	False	18	8.7
	Total	207	100

As regard knowledge on febrile convulsions, respondents were asked whether they know what febrile convulsions are, 73.9% acknowledged that they know. Also 85.5% of the respondents confirmed that they are aware that febrile convulsion can be prevented among children of under-five.

The respondents were asked questions regarding febrile convulsions such as febrile convulsions are a complication of fever and the respondents were to answer either true or false. 89.9% of the respondents agreed that febrile convulsions are a complication of fever.

Concerning the cause of febrile convulsions, 65.7% of the respondents agreed that fever is caused by infection, drugs and change of weather while 85.5% of the study participants accepted that it is false that witch craft is the main cause of fever in children.

Regarding the complications of fever, 56% of the respondents agreed that it is false that dehydration, brain damage and death are not the complications of fever while 44% accepted that they are true.

85.5% of the respondents agreed that febrile convulsions can be prevented with modern medications and 91.3% agreed that touching the patient's skin and using thermometer are ways of measuring temperature.

In conclusion therefore, the respondents were more knowledgeable about febrile convulsions as evidenced by the results.

4.3 Attitude of the care givers regarding prevention of febrile convulsions

Table 3 shows attitude of the care givers regarding prevention of febrile convulsions

Attitude	Category	Frequency	Percentage
Do you think febrile convulsions are good	Yes	11	5.3
	No	196	94.7
	Total	207	100
Do you think febrile convulsions should be prevented	Yes	180	87
	No	27	13
	Total	207	100
How do you perceive the risk of a child getting febrile convulsions if fever is not well prevented	No risk	12	5.8
	Moderate risk	12	5.8
	Very much risk	183	88.4
	Total	207	100
Does witch craft cause febrile convulsions	Yes	53	25.6
	No	154	74.4
	Total	207	100
How would you rate modern medicine in the prevention of febrile convulsions	Useless	9	4.3
	Useful	8	3.9
	Very useful	190	91.8
	Total	207	100

As indicated by the results in table 5, a majority of the respondents have positive attitude towards prevention of febrile convulsions. Results show that 94.7% of the respondents said that febrile convulsions are not good, 87.0% agreed that febrile convulsions should be prevented, 88.4% perceived that it is very risky of a child getting febrile convulsions if fever is not well prevented and 74.4% rejected that febrile convulsions cannot be caused by witchcraft.

91.8% of the respondents rated modern medicines to be very useful in the prevention of febrile convulsions while 4.3% stated that they are useless.

4.4. Practices of care givers regarding prevention of febrile convulsions

Table 4: Practices of care givers regarding prevention of febrile convulsions

Practices of the care takers	Response	Frequency	Percentage
Witch doctors prevent febrile convulsions	Strongly agree	51	24.6
	Agree	39	18.8
	Disagree	15	7.2
	Strongly disagree	102	49.3
	Total	207	100
Every child with fever should be taken to the hospital doctor	Strongly agree	133	64.3
	Agree	42	20.3
	Disagree	6	2.9
	Strongly disagree	26	12.6
	Total	207	100
Traditional medicines do not prevent febrile convulsions	Strongly agree	95	45.9
	Agree	20	9.7
	Disagree	45	21.7
	Strongly disagree	47	22.7
	Total	207	100
What do you think should be done to prevent febrile convulsions among children under the age of five	Correct	65	31.4
	Incorrect	116	56.0
	No response	26	12.6
	Total	207	100

According to table 7, 49.3% of the respondents strongly disagreed that witch doctors prevent febrile convulsions while 24.6% strongly agreed that witch doctors prevent febrile convulsions.

64.3% of the respondents strongly agreed that every child with fever should be taken to the hospital doctor while 2.9 disagreed with this statement.

45.9% of the study participants strongly agreed that traditional medicines do not prevent febrile convulsions while 22.7% strongly disagreed.

When respondents were asked what they thought should be done to prevent febrile convulsions among children under the age of five, 56.0% of the respondents gave response which are medically incorrect which implied that they did not know what to do while only 31.4% knew what to do because they gave medically correct responses. 12.6% of the respondents had no idea.

4.3.1. Ways of preventing febrile convulsions

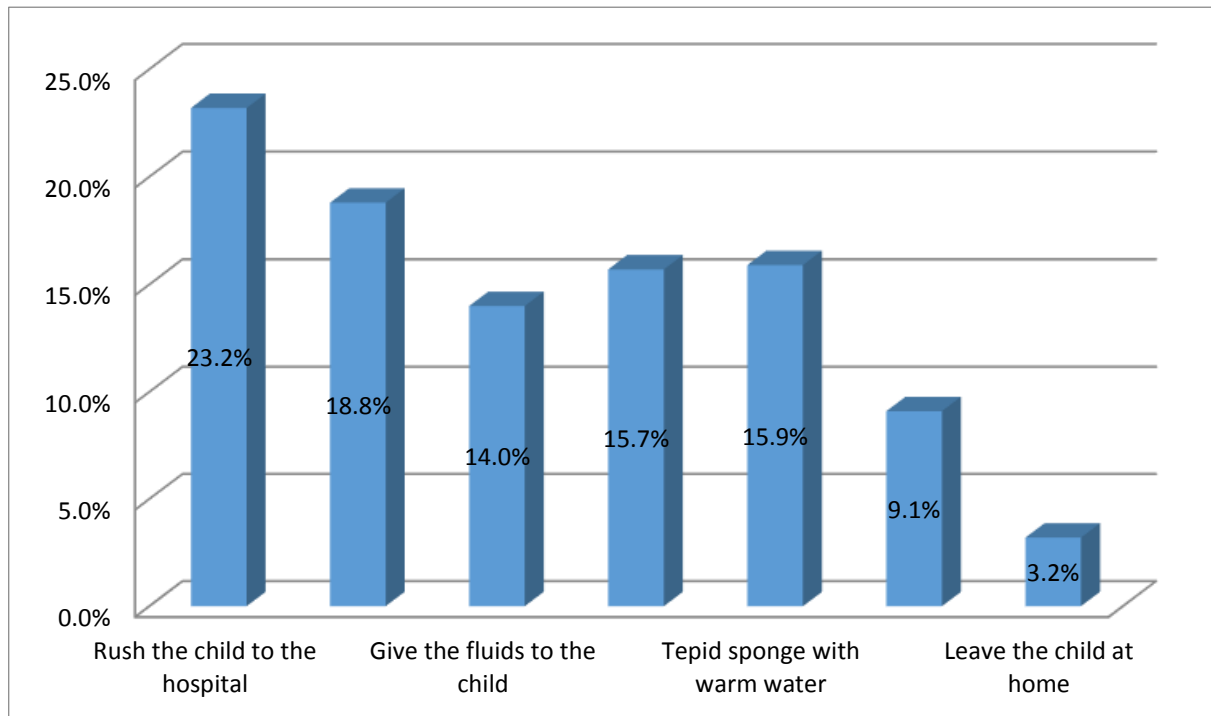


Figure 2: Ways of preventing febrile convulsions

Among the various ways of preventing febrile convulsions among the under-fives, 23.2% of the respondents believed that rushing the child to the hospital is the best way of preventing febrile convulsions, 18.8% stated that giving temperature reducing drugs can prevent febrile convulsions, 15.9% tepid sponge with warm water, 15.7% reported giving herbal medicines, 14.0% of the respondents reported giving fluids to the child while 9.1% used cold water for tepid sponging the children with fever and 3.2% reported leaving the child at home.

CHAPTER FIVE: DISCUSSION OF RESULTS

5.0. Introduction.

This chapter attempts to discuss the results of the study on knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital. To enrich the discussion, some of the literature has been used here.

5.1. Knowledge of care takers on the prevention of febrile convulsions in children under five years.

According to the finding of the study, 73.9% of the respondents knew what febrile convulsions are. This is because febrile convulsion is a common condition in children. The findings of the study are in line with those in study conducted to assess the knowledge, attitude and practices of febrile convulsion among 165 mothers attending the paediatric clinic of university of Uyo teaching hospital, Nigeria, which found out majority of the respondents were more knowledgeable about what febrile convulsions are (AKPAN and IJEZIE, 2017).

Majority (85.5%) of the respondents in the study confirmed that they are aware that febrile convulsion can be prevented among children of under-five. This may be as a result that most children with fever when treated get well and they do not develop convulsions. This is in agreement with the findings of a cross sectional study done to assess the knowledge, attitudes and beliefs of 419 parents regarding the management of fever in children in Jordan which revealed that respondents were knowledgeable in regard to prevention of febrile convulsions (Athamneh et al., 2014).

Results indicate that 89.9% of the respondents were more knowledgeable when asked that febrile convulsions are a complication of fever. This however is in line with the descriptive study conducted in Hegarmanah Village, west Jova in Indonesia to determine the knowledge and attitude of mothers on febrile convulsions in children under five years which revealed that majority of the respondents knew that fever can complicate to a convulsions (Alifa et al., 2016).

According to the findings of the study 65.7% of the study participants stated that it is true fever is caused by infection, teething, drugs, and weather change and of which if fever is not well treated, it would complicate in to febrile convulsions. This however is in line with the findings of the study done in the department of Paediatrics in University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria to assess the knowledge and perception of 151 mothers about fever and its management in children which showed that mothers were so much knowledgeable about the causes of fever which would complicate in to a convulsion (Balafama et al., 2011).

However the findings of this study are in disagreement with those in another descriptive study done to establish the effect of cultural Insight of Malaria on determinants of treatment and preventive pathways on mothers and other caregivers of children from southwest Nigeria that found out that majority of the respondents never knew that malaria can complicate in to convulsions which indicated low level of knowledge of respondents in regard to prevention of febrile convulsions (Falade et al., 2005).

The results of the study also indicate that 56% of the respondents disagreed that dehydration, brain damage and death are not the complications of fever. The respondents knew that they are a complication of fever. This study however agrees with the descriptive study conducted in Hegarmanah Village, west Jova in Indonesia to determine the knowledge and attitude of mothers on febrile convulsions in children under five years (Alifa et al., 2016).

The results indicate that 85.5% of the respondents agreed that febrile convulsions can be prevented with modern medicines. The findings of this study are in agreement with those in a cross sectional study done to assess the knowledge, attitudes and beliefs of 419 parents regarding the management of fever in children in Jordan which found out that majority of the parents used rectal route for temperature measurement which therefore indicated high levels of knowledge in regard to prevention of febrile convulsions (Athamneh et al., 2014).

Further still according to a cross-sectional study done in Ireland to determine the knowledge, attitudes and beliefs of 121 parents on fever, it was revealed that majority of the study participants alternated two fever-reducing drugs when handling a child with fever which indicated high level of knowledge on prevention of febrile convulsions (Kelly et al., 2017).

5.2. Attitude of care takers on the prevention of febrile convulsions in children under five years.

A majority (94.7%) of the respondents have positive attitude towards prevention of febrile convulsions in that they agreed that febrile convulsions are not good. The findings of this study are in agreement with those in the study done to assess knowledge, concerns, attitudes and practices of 126 mothers towards febrile convulsion at Mofid Children's Hospital in Iran which revealed that majority of the mothers believed that febrile convulsions are abnormal in the child therefore they would prevent them (Kolahi et al., 2009).

Furthermore this study agrees with a cross-sectional study done among 402 parents at primary health care clinics in the Nablus region of Palestine which showed that majority of the respondents believed febrile convulsions are not normal in the child therefore they were focused on preventing them at home (Sa'ed et al., 2013).

Basing on this study, 87.0% of the respondents agreed that febrile convulsions should be prevented which is in line with the findings of the study done to assess knowledge, concerns, attitudes and practices of 126 mothers towards febrile convulsion at Mofid Children's Hospital in Iran which revealed that majority of the mothers believed that febrile convulsions are abnormal in the child therefore they would prevent them (Kolahi et al., 2009).

Furthermore this study agrees with a cross-sectional study done among 402 parents at primary health care clinics in the Nablus region of Palestine which showed that majority of the respondents believed febrile convulsions are not normal in the child therefore they were focused on preventing them at home (Sa'ed et al., 2013).

In this study, 74.4% of the respondents stated that febrile convulsions cannot be caused by witchcraft and therefore can be prevented. This however disagrees with findings of the study conducted to assess the knowledge, attitude and practices on febrile convulsion among 165 mothers attending the paediatric clinic of university of Uyo teaching hospital, Nigeria which revealed that few of the respondents believed that febrile convulsion happen as a result of evil spirits while very few black magic therefore they cannot easily be prevented (AKPAN and IJEZIE, 2017).

However, the findings of this study are in disagreement with those of the study done in Uganda to determine the knowledge, attitude and practices of mothers towards febrile convulsions in children under five years whereby the respondents had believes that febrile convulsions are as a result of witchcraft and very complicated to prevent so they chose visiting witch doctors other than the hospital which indicated a negative attitude towards prevention of febrile convulsions (Lubanga et al., 2012).

Further still, according to another descriptive study done to establish the effect of cultural Insight of the causes, signs and symptoms, complications, and severity of childhood malaria on determinants of treatment and preventive pathways on mothers and other caregivers of children from southwest Nigeria, it was found out that respondents believed that febrile convulsions are not complication of malaria but rather witch craft therefore it is very hard to prevent them and that in order to prevent them one ought also to be spiritually linked to the gods (Falade et al., 2005).

5.3. Practices of care takers on the prevention of febrile convulsions in children under five years.

According to the study, 23.2% of the respondents stated rushing the child to the hospital as the best way of preventing febrile convulsions among children under five. The findings of the study are disagreement with those in study conducted to assess the knowledge, attitude and practices of febrile convulsion among 165 mothers attending the paediatric clinic of university of Uyo teaching hospital, Nigeria, which found out that the mothers had good practices on prevention of febrile convulsions in that majority reported taking the child to the hospital (AKPAN and IJEZIE, 2017).

In this study, 18.8% of the respondents stated giving temperature reducing drugs to their children with fever in an attempt to prevent febrile convulsions. This however disagrees with the findings of the study carried out among 401 care takers in Australia to assess their knowledge, attitude and practices towards febrile convulsions which revealed that majority of the care takers administered antipyretic to their feverish children to prevent febrile convulsions (Walsh et al., 2008).

Furthermore this study agrees with a cross-sectional study done to assess the caregivers knowledge, attitude and practice on febrile convulsions in two urban hospital-based pediatric clinics in Baltimore, Maryland on 340 caregivers which showed out that majority of the caregivers often checked temperatures of their children during febrile illnesses at home and gave antipyretics or started sponging more often for possible temperatures in order to prevent febrile convulsions (Crocetti et al., 2011).

A descriptive study done in Hegarmanah Village, west Jova in Indonesia to determine the knowledge and attitude of mothers on febrile convulsions in children under five years showed that many respondents gave temperature reducing drugs to their children with fever with the aim of reducing fever to prevent febrile convulsions (Alifa et al., 2016).

In this study, 15.9% of the respondents tepid sponged their children with fever using warm water in order to reduce on the body temperature. This findings disagree with the finding of the descriptive study done in Hegarmanah Village, west Jova in Indonesia to determine the knowledge and attitude of mothers on febrile convulsions in children under five years which showed that majority of the respondents were tepid sponging their children with fever with the aim of reducing fever to prevent febrile convulsions (Alifa et al., 2016).

According to the findings of this study, 15.7% of the respondents reported giving herbal medicines to prevent febrile convulsions. These findings are in line while those in the cohort study conducted at the university college hospital, Ibadan, Nigeria to determine the prevention of febrile seizures in 147 children under five whereby 83 were males and 64 were females which found out that few of the children were given Herbal preparation, and the respondents were taking their children to the herbalists instead of the hospital in order to prevent febrile convulsions (Jarrett et al., 2012).

Lesser proportion (9.1%) of the respondents used cold water for tepid sponging their children with fever. This however disagrees with the findings of the cross-sectional study done among 402 parents at primary health care clinics in the Nablus region of Palestine which showed that average of the respondents reported that they used cold sponges to reduce fever at home in order to prevent febrile convulsions (Sa'ed et al., 2013). The difference in the findings might have been because of the variations in the sample sizes.

Majority (45.9%) of the respondents strongly agreed that traditional medicines do not prevent febrile convulsions. This however disagrees with the findings of a cohort study conducted at the university college hospital, Ibadan, Nigeria to determine the prevention of febrile seizures in 147 children under five whereby few of the children were given Herbal preparation, and the respondents were taking their children to the herbalists instead of the hospital in order to prevent febrile convulsions (Jarrett et al., 2012).

The study findings indicate that 64.3% of the study participants strongly agreed that every child with fever should be taken to the hospital doctor. This findings agrees with those in a study done to assess the knowledge, attitude and practices of febrile convulsion among 165 mothers attending the paediatric clinic of university of Uyo teaching hospital, Nigeria, which revealed that majority reported taking the child to the hospital (AKPAN and IJEZIE, 2017).

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1. Introduction

This chapter draws the conclusions and recommendations from the findings of the study to assess knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital.

6.2. Conclusions

The knowledge of the respondents was high with majority of the respondents having adequate knowledge on prevention of febrile convulsions. The care takers had adequate information on prevention of febrile convulsions.

The respondents had a positive attitude towards prevention of febrile convulsions in children under five years.

The respondents had poor practices towards prevention of febrile convulsions in children under five years.

6.3. Recommendations.

Health facilities need to conduct routine and continuous health education talks for the care takers on prevention febrile convulsions so as to have constant reminders.

There is need for further research studies to investigate the factors influencing the prevention of febrile convulsion among children aged five years among the care givers. This will generate information on what motivates care takers to comply with prevention measures.

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APPENDIX I: CONSENT FORM

Research description

The main purpose of this study is to assess knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital.

This study will provide the care takers with the valuable information they need in prevention of febrile convulsion that will increase their understanding. This study will also enable policy makers gain better insight on the knowledge, attitude and practices of the care takers towards prevention of febrile convulsions in children under five and will able them evaluate on-going or completed programmes on prevention of febrile convulsions.

I am **Ntabadde Phiona**, a student of **International Health Sciences University** carrying out a study on above topic. You have been selected to take part in this study. All the information you give is very valuable and will be treated with maximum confidentiality. Do not write your name on this paper. So please feel free to respond to the questions as genuinely as possible and you are free to withdraw from the study at any time. Thank you.

CONSENT

I certify that, to the best of my knowledge, I have read and understood the contents above and I freely participate in the study.

Respondent

Sign.....

Date.....

APPENDIX II: QUESTIONNAIRE

Questionnaire on the knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital.

Part 1: Socio Demographic factors of the respondents.

1. Gender of the respondent (Tick one)

A) Male B) Female

2. What is your age? (Tick one)

A) <20 years B) 21 – 29 years C) 30 – 39 years
D) 40 – 49 years E) 50 years and above

3. What is your marital status?

A) Married B) Single C) Divorced D) Widowed

4. What is your level of education?

A) Primary level B) Secondary level
C) Tertiary / university level D) Never went to school at all

5. What is your Religion?

A) Catholic B) Anglican C) Born again
D) Muslim E) Others

6. What is your occupation?

A) Teacher B) Business Man C) Peasant
D) Civil servant E) Any other state

7. How many children do you have?

A) 1 – 5 B) 6 – 10 C) More than 10

Part 2: Knowledge of care takers towards prevention of febrile convulsions.

1. Do you know the meaning of febrile convulsions?

A) Yes B) No

2. If yes, what are febrile convulsions?

A) Fever B) A complication of high body temperature

Part 4: practices of care takers towards prevention of febrile convulsions.

1. Witch doctors prevent febrile convulsions.

- a) Strongly agree b) Agree c) Disagree d) strongly disagree

2. Every child with fever should be taken to the hospital doctor?

- a) Strongly agree b) Agree c) Disagree d) strongly disagree

3. Traditional medicines do not prevent febrile convulsions.

- a) Strongly agree b) Agree c) Disagree d) strongly disagree

4. Which of the following should be done to prevent febrile convulsions? Tick all that apply.

- A) Rush the child to a hospital B) Give temperature reducing drugs
C) Give fluids to the child D) Give herbal medications
E) Tepid sponge with warm water F) Tepid sponge with cold water.
G) Leave the child at home

5. What do you think should be done to prevent febrile convulsions among children under the age of five?

.....
.....
.....

Thank you for participating in this study and for your valuable time

APPENDIX III: FOCUS GROUP DISCUSSION GUIDE

Dear respondent, I am **Ntabadde Phiona**, a student from International Health Sciences University. I am carrying out a research study to assess knowledge, attitude and practices of care takers towards prevention of febrile convulsions in children under five years at Mityana Regional Referral Hospital as the partial fulfillment of the requirement of academic for award of the Bachelor of Science in Nursing. This questionnaire is intended to facilitate the above study and the information you give for this study will be kept with optimum confidentiality so feel free to participate in the study. Thank you.

I certify that, to the best of my knowledge, I have read and understood the contents above and I freely participate in the study.

Respondent

Sign..... Date.....

QUESTIONS

1. Knowledge towards prevention of febrile convulsions.

- a) What do you know about febrile convulsions?
- b) What causes febrile convulsions?
- c) How do you detect febrile convulsions?
- d) How do you prevent febrile convulsions?

2. Attitude towards prevention of febrile convulsions.

- a) What are your thoughts when your child has fever?
- b) Are you concerned about fever?

c) Has this changed as your child grew older?

d) How has it changed?

e) What influenced the change?

3. Practices towards prevention of febrile convulsions.

a) How do you manage fever in your child at home?

b) What influences your management of fever?

c) What do you do to prevent febrile convulsions in your children?

Thank you for participating in this study and for your valuable time

APPENDIX III: INTRODUCTORY LETTER



making a difference in health care

Office of the Dean, School of Nursing

Kampala, 16th May 2018

TO THE MEDICAL
SUPERINTENDENT MITYANA
GENERAL HOSPITAL:

*forwarded to the
medical superintendent
for action.
Nkugwa Hamet
PNO.
4th/06/2018.*

Dear Sir/Madam,

RE: ASSISTANCE FOR RESEARCH

Greetings from International Health Sciences University.

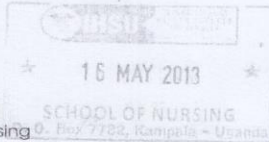
This is to introduce to you **Ntbadde Phionah** Reg. No. **2014-BNS-FT-022** who is a student of our University. As part of the requirements for the award of a Bachelors degree in Nursing of our University, the student is required to carry out research.

The topic of research is: **Knowledge, attitude and practice of caretakers towards prevention of febrile convulsions in children under five at Mityana Regional Referral Hospital.**

This therefore is to kindly request you to render the student assistance as may be necessary for the research.

I, and indeed the entire University are grateful in advance for all assistance that will be accorded to our student.

Sincerely Yours,



Ms. Agwang Agnes
Dean, School of Nursing

The International Health Sciences University
P.O. Box 7782 Kampala - Uganda
(+256) 0312 307400 email: aagwang@ihsu.ac.ug
web: www.ihsu.ac.ug

APPENDIX IV: CORRESPONDENCE LETTER

Telephone Contacts:
District Chairperson: 0772 512509
Chief Administrative Officer: 0772 427209
IN ANY CORRESPONDENCE ON **CR/307/01/No/12**
THIS SUBJECT PLEASE QUOTE:.....



P.O. Box 332
MITYANA - UGANDA

MITYANA DISTRICT LOCAL GOVERNMENT 4th June, 2018

Date:.....

Ntabadde Phionah
International Health Science University
P.O. Box 7782
Kampala Uganda

*Attention: 1/1/C paediatric ward
2/1/C MCH
3/1/C OPD
Please assist the bearer
M/S 06/06/18*

Thru: The Medical Superintendent.
Mityana General Hospital

ACADEMIC RESEARCH

This is to inform you that you have been offered an opportunity to conduct research on Knowledge, Attitude and practice of caretakers towards prevention of febrile convulsion in children under five at Mityana general hospital for a period of one week, with effect from 5th June, 2018 to 11th June, 2018.

During the period of voluntary service you will be attached to Mityana General Hospital under the supervision of Senior Hospital Administrator.

Your attention is drawn to section J-f of the Uganda Government Standing Orders and Circular Standing Instruction No.3 of 2011, relating to academic research in the Public Service.


Kawooya Richard

For: Chief Administrative Officer

MITYANA DISTRICT LOCAL GOVERNMENT