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Home Management practices of mothers on febrile convulsion in Adidome Government Hospital, Volta Region.

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Abstract

Background: Febrile convulsion, a common paediatric emergency is of a great concern to mothers due to its frightening presentation. The care rendered at home is important to the total outcome of each convulsive event. This study assessed the home management practices of mothers on febrile convulsion in the Adidome Government Hospital.

Methods: The study employed a quantitative descriptive cross-sectional design. Using a convenient sampling method and a pretested questionnaire, a total of 148 mothers with children aged between one and five were recruited at the paediatric ward of the Adidome Government Hospital to participate in this study. Data was analysed using IBM SPSS statistical software for data analysis (version 22.0) and was presented using descriptive statistics.

Results: The results showed that majority of mothers (87.2%) have an idea on febrile convulsion with 62.8% indicating fever as the main cause. Others (32.4%) believe that febrile convulsion is a spiritual disease, with 31.8% of them preferring to manage the condition at home. The study identified that the various home management practices is a function of their knowledge, perceptions and personal experiences.

Conclusion: Healthcare providers and managers should incorporate education on early detection and prevention of febrile convulsion into the routine child welfare and quality improvement agenda in their health facilities.

Key words: Convulsion, Seizure, Fever, Epilepsy, Home management

Introduction

Febrile convulsion or febrile seizure is one of the commonest neurological conditions in emergency paediatric practice occurring among children under the age of five years [1]. Between 2% and 4% of children will have febrile convulsion, and about 4% of cases arise before age 6 months, 90% between 6 months and 3 years and the other 6% over three years while about 2% to 5% of children will experience at least one febrile convulsion

before the age of 5 years [2]. Most often, febrile seizures present as simple [3] or complex; when the duration is prolonged or it occurs subsequently after the first episode [4]. However, between 9% and 35% of all first febrile seizures are complex [5]. Children with simple febrile seizures encounter little risk of morbidity and mortality and have no link with any identifiable brain damage [4].

Differentiation of febrile seizures from acute symptomatic seizures secondary to central nervous system infection or seizures triggered by fever in children with epilepsy is essential, even as it is usually misconstrued as epilepsy and cause extreme anxiety to both families and caretakers [6]. Nonetheless, there is a possible risk of developing epilepsy in the future, if there is a recurrence of febrile seizure subsequently after the first episode [7]. A study conducted in Ibadan, Nigeria, identified harmful traditional practices to be the most common intervention [8]. In that cohort study, majority (40.1%) of the children received at least one form of intervention believed to be capable of aborting the seizure during the attack at home [8]. Herbal preparations were the most common form of pre-hospital treatment, given in 10.2% of the cases. Other forms of pre-hospital interventions given were application of substances to the eyes (6.1%), incisions on the body (2%) and burns inflicted on the feet and buttocks (1.4%) [8]. Various interventions are usually employed by caregivers in managing the incidence of febrile convulsions. In a paper which aimed at assessing the methods employed by caregivers in the management of febrile conditions of their children among 100 women in parts of Eastern Nigeria, that the interventions of mothers included administration of home-made drug (32%) or herbal preparation, tepid sponging (4%), stripping the baby naked (16%) and taking baby/child to hospital (48%) [9].

Febrile convulsion constitutes one of the conditions that call for immediate hospital admission of children in Ghana [10]. In a study conducted in the Volta Regional hospital, Ho, among 50 women with children diagnosed of febrile seizures, it was discovered that majority (70%) of mothers were able to describe febrile convulsion and 25 (50%) of mothers indicated febrile convulsion is caused by high body temperature but could not specify the number of degrees due to high level of illiteracy among women in Ghana [11]. In the same study, 54% of the mothers had the belief that febrile convulsion is normally caused by witchcraft and evil spirits while 16% of the respondents hold beliefs that a sore in the child's abdomen could cause convulsions [11]. Several interventions are instituted when the child has febrile convulsion in Ghana. These interventions include the administration of cow's urine, herbal concoction, application of substances to the eyes and mouth such as palm oil, kerosene, eucalyptus oil etc [12]. Some make incisions on the child's body while others inflict burns in an effort to rouse the unconscious child [12]. Studies on home management also show that medication, decision making and preventions of childhood illnesses are affected by some facts such as social, cultural and intra-household relations [13]. The possible effects of these actions indicate that, the care provided for children is a reflection of the mothers' capability of taking charge of the difficulties associated with existing complexities [14].

Febrile seizures, can be anxiety provoking, when witnessed by parents or caretakers [3]. Therefore, the home management of febrile convulsion is of a great concern to most mothers irrespective of their level of awareness. The presence of anxiety, coupled with ignorance, forms the basis for the various interventions rendered by parents or caretakers in the presence of a seizure episode [15]. Majority of parents who have gross

misconceptions about febrile convulsion often take inappropriate or even harmful actions in an attempt to control the convulsions [16]. It is believed that their social attitudes and behaviour owing to their level of education, age, occupation and religious background contribute immensely to the high morbidity and unfavourable prognosis of febrile seizures in the developing countries [17].

Mothers' knowledge about the condition plays a vital role to determine the prognosis of a seizure episode- especially one with sudden onset. It is paramount for mothers with these children to have some insight on how to keep the condition under control before medical attention is sought. However, inadequate education on febrile convulsion has over the years festered a lot of negative perceptions and practices towards the management of febrile convulsion among mothers. Therefore, to promote and enhance the proper management of febrile convulsion among parents, it is imperative to ascertain their level of awareness concerning the condition, as well as identify the various home management practices of mothers. This paper therefore assessed the knowledge and home management practices of mothers on febrile convulsion, in Adidome Government Hospital, Volta region.

Methods and Materials

Study design

We used a descriptive cross-sectional design as data was collected from participants only once and no further follow up of participants was done.

Setting

The study was conducted at the Adidome Government Hospital which is one of the highest referral hospitals located in the district capital of the Central Tongu district of the Volta Region of Ghana. The hospital has a bed capacity of 111 and provides primary health care services as well (Hospital Reports, 2016). The Hospital has six wards specifically for health services, and generally has a staff strength of five (5) Medical Officers, among whom one (1) is a Specialised surgeon, two (2) casual House-officers, 3 Physician Assistants, 48 professional Nurses, 17 midwives, 6 Community health Nurses, 26 Health Assistants and 32 Enrolled Nurses [18].

Population

The research population comprised caregivers of children aged one (1) to thirteen (13) years who were admitted into the paediatric ward from November 2017 to March 2018. Consenting mothers or caretakers of children admitted in the paediatric unit of the hospital were made to respond to a questionnaire. All the caregivers engaged for this study were women.

Sample size

A sample of 148 women were selected using convenience sampling method in the Adidome Government Hospital's Paediatric ward.

Data collection

Trained research assistants were used to collect data. They administered the questionnaire to each respondent and recorded responses as accurately as possible on the questionnaire. Items in the questionnaire were both closed-ended and open-ended. Information on socio-demographic indices of the respondents and their knowledge on home management practices on febrile convulsion were collected. Questions were read out to consenting respondents and their responses were ticked appropriately. Those who could read and write were allowed to answer the questions on their own and assisted when needed.

Data analysis

The data was entered into a Microsoft Excel Spreadsheet and cleaned and subsequently exported to SPSS (version 22.0) for the data analysis. Data was analysed in to simple descriptive statistics.

Ethical Considerations

Ethical approval obtained from the Research and Ethics Committee of the University of Health and Allied Health Sciences – Institute of Health Research (UHAS.REC/A.5[24]17-18). Upon approval from the Ethics Review Board, permission was sort from Health Service Administrators and Nurse Managers of the Adidome Government Hospital to conduct the study in the facility. Informed consent was also sought from mothers before they voluntarily participated in the study. The participants were informed of their right to participate or withdraw from the study without any repercussions. Full disclosure of information to participants was made and their confidentiality and privacy were maintained.

Results

For a total of 148 mothers, 108 (73%) were married, 21 (14.2%) single and 10 (6.8%) divorced as 9 (6.1%) were widows. Also, 138 (93.2%) Ewes 7 (4.7%) Akans, 2(1.4%) were Gas and other ethnic groups was 1 (0.7%). Christians were 134 (90.5%) while Muslims were 6 (4.1%) with 8(5.4%) being Traditional African Religion believers. Most (70, 47.3%) lived in Adidiome as 68 (45.9%) lived in other adjourning communities. A total of 122 (82%) of respondents have had formal education at least up to the primary school level as 26 (17.6%) respondents never had formal education.

Knowledge of febrile convulsion

Some respondents (129, 87.2%) indicated that febrile convulsion is a muscular twitching with eyes open as 11 (7.4%) indicated that febrile convulsion is same as epilepsy and 8 (5.4%) indicated they did not know exactly what it is.

On first source of knowledge on febrile convulsion, 57(38.5%) indicated they were first hand witnesses of febrile convulsion, 47 (31.8%) stated that they heard about febrile convulsion from their friends, 10 (6.8%) indicated they knew about it from the hospital and 8 (5.5%) indicated they knew about febrile convulsion through Radio/television. Other sources were literature (6, 4.1%) and 26 (17.6%) other means such as their parents, families, internet etc.

One hundred and six 106 (71.6%) respondents indicated that febrile convulsion occurs only in children. Out of the 148 respondents, 39 (26.4%) stated that febrile convulsion does not only occur in children. Also, 56 (37.8%) indicated that febrile convulsion occurs in children less than 5 years where as 83 (56.1%) stated it occurs in children at any age. The remaining 9 (6.1%) of the respondents stated it occurs only in new-borns.

On the causes of febrile convulsion; 48 (32.6%) said febrile convulsion is caused by spiritual attacks from enemies while 9 (6.1%) claimed it could be demon possession. Others 93 (62.8%) were also of the view that fever was the cause of febrile convulsion. Scorching sun (0.7%) was also identified as a cause while 6 (4.1%) did not know what the cause was. Also 6 (4.1%) identified other causes such as sore in stomach, not breast-feeding child, feeding child with too much pepper, etc. Further, 134 (90.5%) of respondents claimed febrile convulsion is fatal while 2 (1.4%) claimed febrile convulsion is a non-fatal condition. On the other hand, 12 respondents representing (8.1%) did not know whether or not febrile convulsion is fatal.

Perception on what predisposes children to febrile convulsion

This section examined the perception mothers have on what predisposes children to febrile convulsion. Respondents were asked some risk factors of febrile convulsion, if febrile convulsion is a hereditary disease, whether an infection can predispose child and also whether immunization can arrest or predispose child to febrile.

On the cause of convulsion, 90 (60.8%) stated that malaria is a common risk factor, 14 (9.5%) indicated malnutrition while maternal smoking and drinking formed (1.4%); 37 (25.0%) however did not know the risk factors. Also 42(28.4%) respondents indicated that febrile convulsion is hereditary. Again, 58 (39.2%) respondents were certain that infection can predispose a child to febrile convulsion and 33 (22.2%) indicated that febrile convulsion can occur as a result of immunisation.

Home management practices of febrile convulsion

Some (101, 68.2%) respondents stated it is not advisable to manage febrile convulsion at home while 47 (31.8%) indicated febrile convulsion is best managed at home. Yet,120(81%), 13(8.8%) and 15(10.1%) respondents stated the hospital, herbalist and spiritualist respectively as their first place of contact following a febrile seizure.

Respondents employed varied interventions during a seizure episode. Some of these included: hold the child down (40, 27.0%), put a metallic spoon into the mouth (17, 11.5%), roll child to side (11, 7.4%), restrict movement (30, 20.3%) and strip child naked (5, 3.4%). Others (55, 37.5%) gave other specific interventions such as applying a mixture of onion and honey on child's body (smearing child's body with slimy fluids of snails, putting pepper in fire, calling out child's name loudly, applying residue of meals from cooking pot on child's body, tying child's arm with special beads, applying charcoal on body, making small incisions on child's body, take child to refuse dump, bath child with ash as well as press child's chest firmly.

Interventions employed after a seizure episode are tepid sponge child (99, 66.9%), give oral medication (35, 23.6%), strip child naked (3, 2.0%), ensure enough rest (35, 23.6%), give special concoction (20, 13.5%) some (8, 5.4%) also gave other specific interventions such as a man carrying child on shoulder, apply boiled herbs on body, calling a spiritualist, and sending child to the hospital. Majority (83, 56.0%) were certain that their interventions always worked.

To curtail fever, the data showed that majority (136, 91.9%) would bath the child while 45(30.4%) give the child antipyretics. Also 5(3.4%) indicated smearing of local herbal preparations in the form of a cream while 2 (1.4%) administered an enema to the child. 7 respondents gave other specific approaches such as steam inhalation and administering specially prepared concoctions.

Discussion

Febrile convulsion is a benign condition with an excellent prognosis and normal cognitive outcome but is associated with a great of anxiety and apprehension by mothers [19]. Majority of our mothers had awareness on febrile convulsion as a higher percentage of them were first-hand witnesses (38.5%) of an affected child. Srinivasa et al (2018) reported that a high proportion of parents recognised convulsion [19]. Others had information about febrile convulsion through friends (31.8%) and hospital (6.8%). Abdulla Mohammed (2015) found that the most reported source of information about febrile seizures was "health workers" at 47.6% followed by "relatives" at 30.5% and "mass media" at 15.5%. This implies that although most mothers have a background about febrile seizure, hospitals do pre-inform mothers about febrile convulsion and its related complications [17].

Most mothers (62.8%) described febrile convulsion as a twitching muscle experience with eyes widely-open and attributed the cause to fever. Nyaledzigbor et al, (2016) stated that most mothers have adequate knowledge on febrile convulsion indicating it as a sickness in children which is exhibited by twitching or fitting and associated with high temperature [11]. Also, Abdulla Mohammed (2015) also indicated that although 84.5% of the mothers knew that fever can cause convulsions, 89.1% knew

higher body temperature increases the risk of febrile convulsion [17]. In addition, Syahida, Risan, Tarawan, (2016) revealed that most mothers believed that high fever always leads to seizures [20]. However, a significant number of mothers also attributed the cause to spirituality [20]. Also Anigilaje & Anigilaje (2013) found that subjects attributed febrile convulsion to angry gods and evil spirit (49.0%) [21] as corroborated by Nyaledzigbor et al, (2016) who reported that 30% of parents stated that febrile convulsion is caused by supernatural spirit [11]. Our findings also showed few 11(7.4%) mothers believed that febrile convulsion meant epilepsy. This result is similar to that of a study done by Syahida, Risan, & Tarawan, (2016) which indicate 23(24%) mothers have the same opinion [20].

Even though a majority of mothers stated that febrile convulsion occurs only in children, a significant number of them did not know it mostly affects children under five years. Most mothers indicated febrile convulsion to be a fatal condition. Srinivasa et al. (2018) in their study showed a higher proportion of parents who thought their children may die due to febrile convulsion [19].

Perceptions have a great influence on practices. The findings indicated that majority of the mothers perceived malaria as a common risk factor of febrile convulsion. However, others indicated maternal smoking and drinking as a risk factor to febrile convulsion. Syahida, Risan, & Tarawan. (2016) showed that poor environment in pregnancy also contributes to the development of febrile convulsion [20]. Majority of mothers (52.7%) also indicated that febrile convulsion cannot be passed on from family members and hence not hereditary. Syahida, Risan & Tarawan, (2016) revealed that more than half of mothers still considered that genetic factors do not play a role in febrile convulsion [20]. Another study depicted that there is genetic factor that contributed to febrile seizure. Also, quite a large number of mothers opinionated that infections could result to febrile convulsion. Regarding responses to child immunization, a greater percentage (45.9%) of the mothers were with the misinformation that febrile convulsion is unlikely to occur after immunization. Risks of initial febrile convulsion have also been studied after receipt of paediatric vaccines such as Diphtheria-tetanus-whole cell pertussis and measles, mumps and rubella [15] .

In most African countries including Ghana, the beliefs system of parents greatly influences their health seeking behaviour for their sick children [11]. Majority of mothers (68.2%) indicated it was not advisable to manage febrile convulsion at home. Most of the mothers would take their children to hospital for treatment following a seizure episode. Srinivasa et.al (2018) indicated that a high percentage of parents did not carry any intervention before sending the child to hospital during a febrile convulsive episode [19]. All mothers agreed to take their children to the physician while experiencing febrile seizure [20].

Meanwhile a significant percentage of mothers (31.8%) preferred to manage the condition at home. Mothers would give one intervention or other in case a child was afflicted of febrile convulsion. Some of these interventions included holding the child down, placing spoon in child's mouth; rolling child to side, restricting movement, striping child naked. The findings support studies in Ghana (Nyaledzigbor et al., 2016), which showed that some mothers give various first aid/pre-hospital treatment or interventions during or after a seizure at home and these actions included tepid sponging, bathing the child with cold water, putting spoon in the child's mouth and using traditional herbal preparation [11]. Syahida, Risan, & Tarawan, (2016) also did indicate in their study that most mothers would insert

spoon into child mouth to prevent tongue-biting which is rather harmful for children [20].

Others who also believed in indigenous practices employed interventions such as applying a mixture of onion and honey on child's body, smearing child's body with slimy fluids of snails, putting pepper in fire, calling out child's name loudly, applying residue of meals from cooking pot on child's body, tying child's arm with special beads, applying charcoal on body, making small incisions on child's body, taking child to refuse dump, bathing child with ash and many more during a febrile convulsion . These indigenous practices were adopted because most mothers believed they were very effective. Huang, et al. (2002) made similar observations in their study which reported parents often take inappropriate actions [16]. These indigenous practices however differ slightly from a research conducted by Jarrett, et al (2012) where cow urine mixture is usually employed [8]. Fifteen (25.4%) of the 59 received cow urine mixture while 9(15.3%) had substances applied to the eyes. The outcome may be due to cultural variation between the two settings.

The findings showed that in the management of fever, majority of the mothers would employ tepid sponging together with giving some form of antipyretics. This explained why most mothers would tepid sponge their child after a febrile convulsion episode. This confirms to a number of studies that have sought to determine the prevalence of antipyretic administration and temperature at which antipyretics are generally administered. Parents administer antipyretics for temperatures as low as 37.8°C to 38.2°C [22]. Finally, most mothers (53.4%) indicated that febrile convulsion is preventable. However, a significant number of the mothers (28.4%) were also clueless as to whether or not it is preventable.

Febrile convulsion and the way it's being managed at home over the years have been a great concern to many particularly health professionals. A greater number of mothers were aware of febrile convulsion as a condition in children. Majority of mothers indicated fever as a cause of febrile convulsion. A higher percentage of mothers attributed malaria as a precipitating factor of febrile convulsion. Majority of the mothers also were against the assertion that febrile convulsion is hereditary but were of notion that an infection can lead to convulsion. Although most mothers would take their children to the hospital for treatment of febrile convulsion, they also find their home management methods and indigenous practices very effective. Healthcare providers should educate mothers on the appropriate things to do in case a child experiences febrile convulsion. Mothers should also be advised against the use of unapproved methods of management of febrile convulsion to avoid complications. Mothers should be taught simple methods of checking temperature, during visits for immunization and general check-ups.

Conflict Of Interest

We herein declare that the authors to this manuscript had no conflict of interest in conception, planning, and designing of this study.

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Tables

Table 1: Demographic characteristics of study respondents

Variables	Parameter	Frequency(f)	Percent (%)
Age distribution	15-25	23	15.5
	26-30	26	17.6
	31-35	21	14.2
	36-40	42	28.4
	41-49	36	24.3
Marital status	Single	21	14.2
	Married	108	73.0
	Divorced	10	6.8
	Widow	9	6.1
Religion	Christianity	134	90.5
	Islamic	6	4.1
	Traditionalist	8	5.4
Distribution of education status	None	26	17.6
	Primary	19	12.8
	Junior high	60	40.5
	Secondary	25	16.9
	Tertiary	18	12.2
Place of employment	Government worker	15	10.1
	Self employed	110	74.3
	Unemployed	20	13.5
	Private worker	3	2.0
Ethnicity	Akan	7	4.7
	Ewe	138	93.2
	Ga	2	1.4

	Other	1	0.7
Place of residence	Adidome	70	47.3
	Nearby village	68	45.9
	Elsewhere	10	6.8

Table 2: Participant's perception on what predisposes children to febrile convulsion

Variables	Parameter	Frequency (n=148)	Percent (%)
Distribution of perceived risk factors	Maternal smoking and drinking	2	1.4
	Malnutrition	14	9.5
	Malaria	90	60.8
	I don't know	37	25.0
	Other	5	3.4
Perception of hereditary tendency	Yes	42	28.4
	No	78	52.7
	I don't know	28	18.9
Perception of infection as a cause of febrile convulsion	Yes	58	39.2
	No	50	33.8
	I don't know	40	27.0
Febrile convulsions occur after immunisation	Yes	33	22.3
	No	68	45.9
	I don't know	47	31.8
	Total	148	100.0