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Research Article

**PARENTAL KNOWLEDGE, ATTITUDE AND PRACTICES
REGARDING FEBRILE CONVULSION IN TABUK CITY,
SAUDI ARABIA**

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Abstract:

Background: Febrile convulsion is a common condition can traumatize the parents. Its a benign convulsive disorder in children under 5-year-old. In our study we assess the level of parent's knowledge, attitude and practices regarding febrile convulsion.

Methodology: This is a cross-sectional study in the Tabuk region

between January and May 2021, A self-administered electronic questionnaire translated from English into Arabic was

distributed among parents. The questionnaire is four sections. The first one basic demographic

data, and the other three sections were questions to measure knowledge, assess attitude, and practices concerning FC. All statistical analyses were carried out using Statistical Package for Social Sciences Version 20

Results: total parents in our study was 406, 19% (79N) of them their child had previous history of Febrile Convulsion, Only 38% had thermometer at home. the situation during child seizure was convulsion 64.5% then by loss of consciousness 12% and constant crying 7.5% . regarding most common age of first episode is 6-12 month 55% (44N) . the most concern issues was fear of death (69.6%), followed by fear of epilepsy (18.9%), brain damage (11.3%). Unfortunately, The most common action was take the child to hospital (74.6%) then wake them up (16,4) . (91.8%) think the fever can cause convulsion,

Conclusions: A higher level of understanding regarding practices was shown among higher socioeconomic and higher educational status. The knowledge was suboptimal

Key words: Tabuk , febrile convulsion , parents

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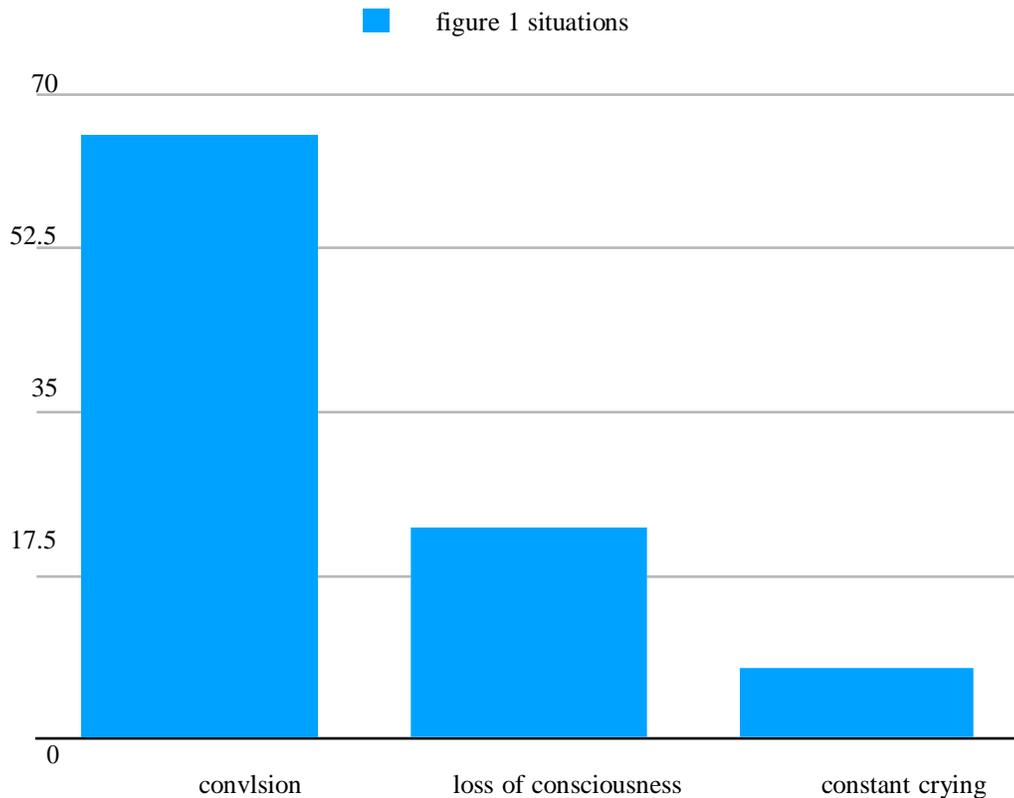
INTRODUCTION:

febrile convulsion, is a seizure associated with a high body temperature but without any serious underlying health issue.[1] Febrile seizures occur in 2% to 5% of all children and, as such, make up the most common convulsive event in children younger than 60 months [2]. The peak incidence of disease is at 18 months [3],but most of febrile convulsions are benign rarely have FSscased brain damage [4] .The occurrence of a child’s first (initial) febrile seizure has been associated with first- or second-degree relative with history of febrile and afebrile seizure [5] Parental anxiety and apprehension are related to inadequate knowledge of fever and febrile seizure [6] One of the most common causes of hospital admissions [7] , In this study boys were 67 (61.9%). This predominance may be explained that boys are predisposed to infection as they have an XY chromosome and in general condition X chromosome is strongly related to the production of immunoglobulin [8]

in north west of Saudi Arabia between January and May 2021 Using convenience sampling, a self-administered electronic paper questionnaire translated from English into Arabic was distributed among parents. This consisted of four sections. Section 1 on residence, number of children, level of education, and job. Section 2 measured FC's level of knowledge, Section 3 tested parents' attitudes toward FC, and Section 4 surveyed parent practices, Parents with children under 5 years of age and willing to participate in the study were included. Parents with children above 5 years of age or who did not reside in the Tabuk region were excluded Febrile seizures were diagnosed as seizures associated with a temperature of 38°C or higher, ruling out central nervous system infection and other metabolic causes. Children less than 6 months, more than 5 years, with prior afebrile seizure history or any other cause of convulsion were not included in the study. Children with history of neonatal convulsion, neurological abnormality, developmental delay were excluded from study.

SUBJECTS AND METHODS:

This is a cross-sectional study in the Tabuk region



sociodemographic characteristics gathered information about the parental status, age, nationality, city.

RESULTS:

406 questionnaires were analysed , (the mothers: 87.1% vs. fathers: 14.7 %) , the prevalence of children with a previous history of febrile convulsion was 79% , (58.7 % boys vs 41.3 % girls) and the most common age group at first seizure was 6-12 months (55,6%). (86.1%). had a 1-time episode of seizure Regarding the parents , The most common age group was 20-29 years old(49%) and 30-39 years old (36.9%), with 38% of them had 2-3 children , and 34% had 4-6 children . father's education (61.6%) were college degrees or higher, and the rest (38.3%) had secondary or below. Regarding mother education, (58,7%) were college degrees or higher , and the remaining had secondary education or below (40.7%). Table 1 resents the socio- demographic.

In Figure 1, the most frequently situation during child seizure was convulsion (64.5%), followed by loss of consciousness (22.7%), constant crying (7.5%) and lethargy ordrowsy is (5%).

The main concern during child seizure,it was found that death during a seizure was the most common concern of parents (69.6%), followed by epilepsy (18.9%) and Brain damage (11.3%). Regarding action taking during seizure, the most frequently action was taken was “taking the child to the hospital” (74.6%), followed by “awake up the child

” (16.4%) and “tring to decrease the temperature” (11.3%).

All parents (91.8%) had correct knowledge that fever can lead to convulsions, and most of them were knowledgeable that children were more susceptible to develop FC. Regarding risk of developing FC decreases with increasing age, 93.8 % agreed to it. We learned that only 7.6% disagreed that FC is considered as a life-threatening condition and that FC can affect a child's mental development. Unfortunatly , more than half of them (56.4%) were not aware that FC is equivalent to epilepsy. Only (7.8%) believe that the FC is related to family history. In comparison, 75.5% don't believe that anti-epilepsy medication is necessary for all people with FC. Regarding attitude assessment, a little half of them (52.3%) had a positive attitude to help a person with FC. When asked if the chance of developing FC may increase at night, 71.1% of them were agreed. Moreover, approximately 74.2 % of them believe that FC can occur suddenly. When we asked if having one febrile seizure increase the chance of having another one, half of them (58.3%) were agreed. When we asked if a person who had previously experienced FC should be given more attention and special care, only 10.5 % of parents provided an affirmative response. Concerning participants' practices toward FC, we have learned that the most commonly known approach for the person who was having febrile seizures was to remain calm during the attack (75.3%), followed by putting the person on his side (24.6%). (72.2 %) had a thermometer at home .

Table 1 :

Study variables	%
Related to child	
Father	14.7
Mother	87.1
Age group	
<20 years	0.4
20-29 years	49
30-39 years	36.9
40-50 years	10
> 50 years	3.4
Number of children	
1	17
2-3	38
4-6	34
> 6	23
Father education	
Secondary or below	38
College or higher	61
Mother education	
Secondary or below	40.7
College or higher	59.3

Distribution of participants' response regarding their knowledge related to febrile convulsion

Does febrile convulsion improve with age?	Yes 93.8 % N 381 No 6.1 % . N 25
Is computed tomography necessary for every child with febrile convulsions?	Yes 13.5% N55 No 86.4 % . N 351

Table 2 :

Distribution of participants' response regarding their knowledge related to febrile convulsion	
Fever can cause seizure ?	Yes 91.8% N 373 No 8.12 % N33
Is febrile convulsion equivalent to epilepsy?	Yes 56.4% N 229 No 43.5%. N 177
Is febrile convulsion attack a life-threatening event?	Yes 7.6% N 31 No 92.3% N 375
Are anticonvulsant drugs required for every child with febrile convulsion?	Yes 20.6%. N 84 No 79.3%. N406
More attention and care are needed for children with febrile convulsions?	Yes 10.5% N 43 No 89.4%. N 363
Is febrile convulsion related to family history?	Yes 7.8% N 32 No 91% N 374

DISCUSSION:

Febrile convulsions are the most common symptomatic seizure disorder in childhood, in Saudi Arabia there is limited study regarding Parental knowledge, attitude and practices, in our study only (7.8%) believe that the FC is related to family history while in Babylon Teaching Hospital, Al Iraq reported that 34% of mothers in Iraq considered the family history of convulsion is a factor that increases the risk of FS(9)

The most common age group was 20-29 years old (49%) of participate parents comparing with study done in university of UYO was age from 30-39 is most common (10).

75.5% don't believe that anti-epilepsy medication is necessary for all people with FC , comparing with study was done at Alqassim , Saudi Arabia was 36% (11).

During attacks of fit was not surprising that fear of death is the most common concern (69.6%), , and take the child to hospital is most common action (74.6%).

Regarding the fate of FS, 93.9% of parents in our study believed that it will improve with age;

70% in Babylon Teaching Hospital, Al Iraq (12)

Conclusions: A higher level of understanding regarding practices was shown among higher socioeconomic and higher educational status. The knowledge was suboptimal

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