

THE EFFECTIVENESS OF HEALTH EDUCATION ABOUT FEVER SEIZURES ON PARENTS' ATTITUDES IN HANDS OF EMERGENCIES OF FEBRILE SEIZURES IN CHILDREN

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ABSTRACT

Background: The first treatment for febrile seizures in children is significant. Excessive worry and anxiety can be caused by parents' lack of education or knowledge about the incidence of febrile seizures in children. This shows that additional education is needed regarding the attitude of parents in handling emergency febrile seizures in children. **Aim:** The aim is to determine the effectiveness of health education about febrile seizures on parents' attitudes in handling emergency febrile seizures in children in Banjarmasin. **Method:** This Research uses a pre-experimental design with a one-group pre-test post-test design approach. This study's population consisted of parents with children under 5 years old, and the sample size was 20 respondents. The sampling technique used in this Research is saturated sampling. The data collection tool used in this Research was a questionnaire regarding parents' attitudes in handling emergency febrile seizures in children. **Result:** The results of data analysis using the Wilcoxon Sign Rank Test with a significance level of $\alpha = 0.05$ resulted in a p-value of 0.000, which means health education is effective on parents' attitudes in handling emergency febrile seizures in children. **Conclusion:** In this study, emotionality is one thing that influences parents' attitudes in handling emergency febrile seizures in children. It is hoped that reasonable parental confidence and emotional level can improve parental attitudes in handling emergency febrile seizures in children.

Keywords: Fever Seizures, Emergencies, Febrile Seizures

INTRODUCTION

Fever is one of the triggers that can cause febrile seizures. Febrile seizures are seizures that occur in 2 – 5% of children under 5 years of age, with the most frequent occurrence in the second year (Seinfeld, 2013). This incident occurs when the body experiences a temperature increase between 38- 38.9°C, caused by tissue infection extracranial such as tonsillitis, acute otitis media and bronchitis (Rahayu, 2014). According to the World Health Organization (WHO) (2012), 80% of cases of febrile seizures cause epilepsy, especially in poor countries (Andretty, 2015). Seizures occur, and fever dominantly occurs in children under 5 years, by 2-5%.

Excessive worry and anxiety can be caused because parents' education or knowledge is still lacking regarding the incidence of febrile seizures in children. Most parents think that fever is an illness, so when it has been reduced, the parents will feel happy and get rid of the anxiety they are experiencing. This desire to relieve stress is what sometimes makes doctors

prescribe fever-reducing medication even though it is not necessary (Sodikin, 2012 in Kastiano, 2016).

Based on previous Research, giving Health education influences parents' treatment, knowledge, attitudes and management practices for febrile seizures in children who experience febrile seizures. However, providing education regarding parental attitudes in the emergency management of febrile seizures has not previously been studied, especially for the general public, who still have very little health education regarding how parents behave in handling Emergency seizure fever in children.

This shows that additional education is needed regarding the attitude of parents in handling emergency febrile seizures in children by providing child care at home through family-centred care. It is hoped that parents can carry out child care at home by assessing, monitoring and providing first aid to children who experience febrile seizures (Chiappini et al., 2012).

Through health education, new information or knowledge can be obtained. Health education aims as a factor that can change behaviour (Setiawati, 2008). Providing health education on febrile convulsions to parents is expected to increase information regarding management and initial actions in handling emergency febrile convulsions in children (Rahayu, 2014).

Based on the conditions above, the author is interested in researching the effectiveness of health education about febrile seizures on parents' attitudes in handling emergency febrile seizures in children in Banjarmasin.

METHOD

The design study used in this research is pre-experimental, using a one-group pre-test and post-test design approach. The population in this study were all parents with children under the age of 5 years, as many as 55 people. The number of samples in this study was 20 respondents. Sampling in this study used a *saturated sampling technique*.

Data collection tools include: The questionnaire consists of 20 statements using a *Likert scale* with the answer options strongly agree (SS) score of 5, agree (S) score of 4, not enough agree (KS) score of 3, No agree (TS) score 2, strongly disagree (STS) score 1. In explaining the lowest and highest scores, the researcher multiplied the lowest scores, namely 1, with the score highest, that is, 5 with the number of statements being 10 so that the score range in the parental attitude questionnaire in handling emergencies seizure fever is 10 -50. This questionnaire has been tested for validity using *face validity* by 2 experts in their fields. The data analysis used in this Research is the *Wilcoxon Sign Rank Test*.

RESULT

Table 1. Characteristics respondents in Banjarmasin (n=20)

Characteristics	f	%
Age		
23	1	5
25	2	10
27	1	5
28	1	5
29	5	25
30	1	5
31	2	10
32	2	10
33	1	5
36	1	5
37	1	5
38	1	5
39	1	5
Education		

Elementary School	2	10
Junior High School	1	5
Senior High School	12	60
PT	5	25
Work		
Private	5	25
Self-employed	4	20
Housewife	11	55

Based on the description of the table above, it shows that characteristics of research subjects based on age in part 5 people (25.0%) at the age of 29 years, based on education part big that is 12 people (60%) have a high school education, and most are housewives (55%) by occupation.

Table 2. Characteristics of Child Respondents in Banjarmasin

Characteristics	f	%
Type Sex		
Man	9	45
Woman	11	55
Age Child		
1 year	7	35
2 years	8	40
3 years	3	15
4 years	2	10

Based on the table described above, shows the characteristics of the respondents' children based on gender. Most of the 11 people (55%) are girls, and based on age, most of the 8 people (40%) are 2 years old.

Table 3. Distribution Frequency Parental Attitudes About Seizures Fever Before Giving Health Education in Banjarmasin (n=20)

Attitude Person Old Before Provided Education Health	n	%
Good	0	0
Enough	20	100
Not enough	0	0
Median (Range): 31 (8)		

Based on the description table 3 shows the frequency distribution of parental attitudes regarding febrile convulsions in emergency management of febrile convulsions in children before being given health education in Banjarmasin. All 20 respondents (100%) had attitudes in the sufficient category, with a median of 31 and a range of 8.

Table 4. Distribution Frequency Parental Attitudes About Seizures Fever After Administration Education Health in Banjarmasin (n=20)

Attitude Person Old After Provided Education Health	n	(%)
Good	20	100
Enough	0	0
Not enough	0	0

Based on the description in Table 4, the frequency distribution of attitudes person old about seizure fever in handling Emergency seizure fever in children after being given health education in Banjarmasin; all 20 respondents (100%) had attitudes in the excellent category, with a median of 48 and a range of 7.

Table 5. Results Effectiveness Health Education About Seizures Fever Against Parental Attitude.

Wilcoxon test Sign Rank Test	Results
Negative Ranks	0
Positive Ranks	20
Ties	0
P value	0,000

The Wilcoxon Sign Rank Test statistical analysis showed hostile ranks of 0, this indicates that after being given health education, none of the respondents experienced a decrease in attitude scores. Meanwhile, the positive rank result was 20, and this indicates that after being given health education, all respondents experienced an increase in attitude scores. Ties 0 indicates that there were no respondents whose scores remained the same before and after being given health education. From the results, The Wilcoxon sign rank test statistic showed that $p = 0.000 < \alpha 0.05$. This shows that health education about febrile convulsions effectively affects mothers' attitudes in handling emergency febrile convulsions in children in Banjarmasin.

DISCUSSION

Parents' attitudes regarding febrile convulsions before being given health education. The study results show that the frequency distribution of parents' attitudes towards the treatment of Emergency seizure fever on the child before given health education has an attitude in the sufficient category. This is because before being given health education, the majority of respondents who answered agreed with the statement to always be with the child and observe how the child's seizures look (90%). After the seizure is over and the child is calmer, immediately measure the body temperature. Child (90%) and statement if the temperature of the child's body exceeds 38.5°C and seizures progress for more than 5 minutes bring it immediately child to the house closest illness (70%). However, from the results obtained, there were still parents who answered that they did not agree or even strongly disagreed with simple things such as the statement Always be calm when a child has a seizure who answered strongly disagree. When the child has a seizure, immediately loosen the child's

clothes, especially on the neck of those who answered disagree and on the transfer statement object sharp around the child when the child experiences spasms to avoid additional injuries that answer disagree.

According to Notoatmodjo (2012), attitude is a closed response or reaction to an object that cannot be seen directly but can only be interpreted from closed behaviour. Attitude is still included in a closed reaction because attitude is the readiness to react to an object in a particular environment. The three components of attitude that will help form a complete attitude (*total attitude*) include thoughts, beliefs and emotions. Attitude measurement can be measured directly or indirectly. Directly measuring attitudes can be asked directly about your opinion or response to a particular object. Attitudes will be realized if there is an action. A facility is needed to turn an attitude into a real action, which is a supporting factor in acting.

According to the researcher's opinion by being linked with a result from questionnaire a person old in handling an Emergency febrile seizure before being given health education is still largely capable of handling an Emergency seizure fever child. Person old Still thinks that if their child has a febrile seizure in the House, person old will immediately take the child to a health worker without providing the child with the slightest help. This may be due to the mother's mind only thinking about how to keep her child safe without thinking about when the person parents do not provide proper treatment. Matter other, Which Possibly caused beliefs and emotional levels of parents, where people Parents feel very anxious and panicked when their child has a febrile seizure. The anxiety experienced by parents may be due to the mother's lack of knowledge in handling emergency febrile seizures in children during *pre-hospital care*. If parents are wrong in handling the emergency of a febrile seizure in a child at home, it will cause additional injuries to the child, which will increase the work of staff in treating the child when they are taken to health services.

The results of this study strengthen the research of of Susilowati (2014). Results Research shows that respondents in the management of fever in parents with febrile seizures in children is only in the high category before being given health education attitudes. According to Research conducted by Kohali and Tahmoorezadeh (2009), this is caused by high levels of parental anxiety for their children when their children experience seizures. The results of this research are in line with Those of Marwan (2017).

Studies show that if you have a fever not handled well by parents, such as giving warm compresses, not giving fever-reducing medicine,

or even bringing their children to a traditional healer. Hence, it often happens that hospital service staff are late in providing emergency treatment for febrile seizures in children. This is reinforced by research conducted by Susilowati (2014), which states that attitudes are activities or activities that can be seen in everyday life and that received high and low categories in the research.

Person Old About Seizures Fever Before Being Given Health Education Results study shows the frequency distribution of parental attitudes in handling Emergency seizure fever in children after being given behavioural health education in the high category. After given education health, respondents who answered agree and strongly agree were the most likely to the statement Always be calm when dealing with children who have seizures answered in the affirmative (55%) and in the statement If the child's body temperature exceeds 38.5°C and the seizure lasts more than 5 minutes, immediately take the child to the nearest hospital. Answered strongly agree (90%). However, after being given health education, there are still many parents who answer in agreement with the statement always be calm when dealing with a child having a seizure.

According to Setiawati (2008), health education is something effort or business which is used to help influence other people, starting from individuals, groups, families and communities to create healthy living behaviour. Health education is an education practice. Education is a teaching and learning process in which there is a process of growth, development or change for the better. The teaching and learning process can be done anywhere, anytime and with anyone. **Process Study** It is said to be successful if someone has experienced a change in themselves, from not knowing to knowing, from not being able to do something to doing the job well. The same is true with health education, where health education is a learning process carried out by individuals, groups and communities to understand health problems and be able to do so to deal with these health problems (Notoadmotjo, 2011).

According to the opinion of Researchers the results of the questionnaire were linked to the parents' attitudes towards handling Emergency seizure fever after being given health education, which has increased from not knowing to knowing about how to treat children who experience febrile seizures. Some parents consider seizure fever to be something that threatens a child's life so that when a child experiences a seizure, parents cannot think about what needs to be done to their child. This is possible This is because the mother's knowledge about treating febrile seizures is still lacking. After being given health education about febrile seizures, parents understand what it is about, Which Which must given to their child when they are having a seizure without having to be too

worried and immediately take the child to the hospital while the child is still having a seizure. After being given health education about febrile seizures, parents become more understanding about how to manage the emergency management of febrile seizures in children.

The results of this Research strengthen the Research conducted by Fauzia (2012). Studies show that most respondents agreed that febrile seizures were a severe problem and needed immediate help. Part of big respondents agree that measuring a child's body temperature when they have a fever is the right way to prevent febrile seizures in children. According to Taslim (2013), knowledge is one factor that influences behavior The mother's attitude in handling febrile seizures. This is supported by Research conducted by Yusuf (2014), which states that attitudes can be influenced by the information obtained. The information obtained can be well received by respondents depending on the content, source and method of delivery information so that respondents can easily understand and practice. Matter This also related to Research conducted by Susilowati (2014), which stated that after being given health education, many respondents said that when children experienced febrile seizures at home, it was not only the responsibility of medical personnel only, but also the responsibility of parents. Results study This is in line with Research by Sukarsih and Yektingsih (2013),, which states that the majority of parents who do not work have a lot of time at home to supervise and pay attention to their children, especially in handling emergency febrile seizures in children, so that person old No panic If a a child suddenly had a febrile seizure. The Effectiveness of Health Education About Febrile Seizures on Parents' Attitudes in Handling Emergency Febrile Seizures in Children

were obtained based on analysis using the *Wilcoxon Sign Rank Test statistical test* $p=0.000 < \alpha 0.05$ demonstrated that health education about febrile seizures was effective to attitude person old in handling Emergency seizure fever in children in Banjarmasin.

The research results obtained are following the theory of Notoatmodjo (2011). Health education is a process of improving health status by motivating targets so that they can behave following healThe delivery of material and health education methods greatly influenced the significant differences in average parental attitudes in this study. When health education is provided, not only are the material providers active, but the respondents are also active in providing questions and answers regarding the emergency management of febrile seizures in children. Parents' attitudes regarding emergency management of febrile seizures in children in Banjarmasin.

Method This research uses the lecture method. This method is used to see the background of targets from various education levels. The lecture method can help interact with parents in conveying or asking about how to handle emergency febrile seizures in children. The research results show that health education about febrile seizures in children is effective in terms of parents' attitudes in handling emergency febrile seizures in children in Banjarmasin. Treatment of febrile seizures aims to prevent injury, reduce body temperature and infection (ENA, 2018). Parents usually don't know about the additional injuries that will occur to their children if they don't know how to treat a child who has a febrile seizure properly. After providing health education about febrile seizures, parent become aware of the worst impact that will happen to their children if they cannot handle it or are late in providing help. Susilowati's Research (2014) shows that providing health education to parent children influences parents' attitudes in handling febrile seizures in children.

CONCLUSION

From the results of the Research, it can be concluded as follows: Attitude person elderly in emergency management of febrile seizures before being given overall health education (100%) have the attitude in the sufficient category. The attitude of parents in handling emergency febrile seizures after being given overall health education (100%) is in the excellent category. The statistical test results of the *Wilcoxon Sign Rank Test* showed that $p = 0.000 < \alpha 0.05$ shows that health education about febrile seizures is effective on parents' attitudes in handling emergency febrile seizures in children.

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