

## HEALTH EDUCATION FOR PARENTS CONCERNING THE FIRST MANAGEMENT OF EMERGENCY FEVER SEIZURES IN CHILDREN

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### ABSTRACT

Febrile seizures are an emergency case that can occur at home and are often experienced by children under five years of age (toddlers). Knowledge parents are correct about the first treatment of seizures and fever at home is needed so that parents can do it proper handling. This Community Service Program aims to provide health education to improve parents' knowledge about first-hand emergency treatment of seizure fever in children. The method used in this community service activity is health education for 15 parents with toddlers. Data analysis used the Wilcoxon test. Analysis results showed an increase in knowledge among parents about first-hand emergency treatment seizure fever in children from 13 people (86.7%) with poor knowledge and 2 people (13.3%) with sufficient expertise to 15 people (100%) with good knowledge (p-value 0.000 and mean rank 8.00). Next is required ongoing education regarding the first handling of emergency cases that can occur or be experienced at home/ community, as well as evaluation continued. Community service activity programs must be developed using training methods given to parents or local cadres.

Keywords: Seizures, Education, Management, Children

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### INTRODUCTION

Febrile seizures are a disease that is often experienced by children, especially those under five years of age (toddlers). As many as 20% of children in the world are taken to the emergency room because they have fever and febrile seizures (Wuni et al., 2021). Meanwhile, as many as 4-10% of toddlers have to be hospitalized due to febrile seizures (Srinivasa et al., 2018). Based on data from the Indonesian Doctors Association, around 2.5% of toddlers experienced febrile seizures in 2017 (Abidah & Novianti, 2021). Febrile seizures are caused by high body temperature in children. Febrile seizures generally occur within 12 hours after the appearance of symptoms of high fever, which are characterized by decreased consciousness, closed teeth, eyeballs appearing to point upside down, foaming at the mouth and other symptoms. In more severe cases, it can be accompanied by symptoms of epilepsy and even death (Chen et al., 2021).

Parental understanding is essential because parents are the people closest to children. Parents' misunderstandings about febrile seizures contribute to a decrease in the

quality of life of families or children who suffer from febrile seizures (Kızılay et al., 2017).

Lack of parental knowledge or parental misunderstanding can cause parental panic and mistakes in treating children who experience febrile seizures. Therefore, parental knowledge about febrile seizures is essential, especially regarding when seizures can occur, characteristics or signs and symptoms, and treatment and prevention of febrile seizures.

Febrile seizures are an emergency case that can occur at home. If febrile seizures are not treated properly, they can result in other emergency conditions such as aspiration of foreign objects or airway obstruction, injury, and even shock due to the fever and seizures experienced. Meanwhile, based on the initial survey conducted by researchers, it was found of the 5 parents who have toddlers, 3 parents do not know the appropriate first treatment for children with seizure fever. Knowledge about seizure fever can affect its behaviour. Parents first treat children who experience seizure fever at home. Therefore, one effort is to improve parents' knowledge through education about the first treatment for children with

seizure fever. This Community Service Program aims to provide health education to enhance parents' knowledge about first-hand emergency treatment of seizure fever in children.

## METHOD

The method used in this community service activity is health education for parents in Banjarmasin. The activities include pre-tests, implementation of health education regarding the first treatment for children with febrile seizures, post-tests, and the provision of leaflets. Education is carried out for parents who have family members with children under five. The variable measured from this community service activity is the participants' knowledge before and after health education regarding the first treatment of emergency febrile seizures in children. Data analysis used the Wilcoxon test to compare ordinal variables (knowledge) pre and post after being given treatment (Hidayat, 2021).

## RESULTS & DISCUSSION

### Parents' Attitudes Regarding Febrile Seizures

This community service activity was carried out for 15 parents who had toddlers. The activity went smoothly according to plan. All participants participated in activities from the beginning until the end.

Figure 1. Implementation of Education regarding First Treatment for Fever Seizures in Child

Knowledge of parents before education about handling the First Emergency seizure fever in the child can seen in Table 1.

Table 1. Distribution Frequency Knowledge Parents about Handling First Emergency Seizures Fever on Child

Knowledge	Frequency (f)	Percentage (%)
Not enough	13	86,7
Enough	2	13,3
Good	0	0

Table 1 shows that most parents' knowledge before being educated about The first emergency treatment for febrile seizures in children 13 people (86.7%) with knowledge not enough, And 2 people

(13.3%) with knowledge of Enough.

Knowledge of parents after education about handling the First Emergency seizure fever in the child can seen in Table 2.

Table 2. Distribution Frequency Knowledge Parent about Handling First Emergency Seizures Fever on Child

Knowledge	Frequency (f)	Percent age (%)
Not enough	0	0
Enough	0	0
Good	15	100

Table 2 shows that all parents (100%) have good knowledge after being given education about handling the First Emergency seizure fever in children.

The difference in knowledge parents before And after education about handling the First Emergency seizure fever in the child can seen in Table 3

Table 3. Analysis Difference Knowledge Parents Before and After Education about Handling First Emergency Seizures Fever on Child

Variable	Me an	element ary school	Me an Rank	Z	p-value
Knowled ge pre-test	5.67	1,496	8.00	-3,690	0,000
Knowled ge post-test	18,20	1,474			

Table 3 shows that *the p-value is 0.000 (<0.05)*, which means that education influences Parental knowledge about the first treatment of emergency febrile seizures in children. *The mean rank* value of 8.00 shows that the average increase in knowledge before and after education is as extensive as 8.00.

A febrile seizure is a seizure that occurs due to an increase in body temperature above 38 °C caused by extracranial processes, without central nervous system infection, without presence of electrolyte or metabolic disorders, as well as no history of seizures without fever previously (Ismet, 2017). Febrile seizures are often experienced by children aged 6 months to 5 years. At toddler age, the brain is still very vulnerable to high and sudden increases in body temperature, with the peak incidence occurring at 18 months and can disappear

at the age of 6 years (Ngastiyah, 2015).



Febrile seizures are divided into two, namely simple febrile seizures (occurring with a duration of less than 15 minutes and only once in 24 hours) and complex febrile seizures (occurring during more than 15 minutes and repeats within 24 hours) (Astika et al., 2022). Recurrent febrile seizures and complexes can result in language development disorders, memory disorders, And influence intelligence (Patel et al., 2015).



The first treatment for febrile seizures in children at home is: 1) Lay the child on his back in a flat and soft place, safe and far from dangerous objects, 2) Avoid doing actions that can cause injury, namely restraining the movement of a child who is having a seizure, 3) Use a pillow or other support to support the sufferer's head. 4) Do not insert objects into the child's mouth during a seizure. 5) Loosen tight clothing, especially around the area of the child's neck. 6) Turn the child on his side. Positioning on his side can prevent aspiration in the patient's respiratory tract or lungs if vomiting. 6) Ask someone else to call an ambulance or help medical And accompany the child during the seizure until the seizure stops or the officer comes. If Seizure fever is the Wrong emergency that often happens to children in the House handling First. Which appropriate contribution Is positive for children's health and quality of life? On the other hand, wrong handling can cause children to experience complications or subsequent emergency conditions such as injury, aspiration of objects or shock. Wrong One-factor influencing handling: The parent's knowledge appropriates that. Correct knowledge is obtained through good health

education, formal or informal. A person's knowledge can be obtained through formal education or from other sources of information such as electronic media, TV, interviews, newspapers, magazines, or counselling (Darmayanti & Fadhillah, 2017).

Based on the results of the analysis, as many as 13 parents (86.7%) had insufficient knowledge regarding the first emergency treatment of febrile seizures in children. Mostly, parents carry out the first treatment by restraining or holding the child's extremities, which can risk giving rise to injury or putting the spoon in between the child. After education, There was an increase in parental knowledge; 15 parents (100%) had good knowledge. Results This study by Abidah et al. shows an enhancement of parental knowledge about febrile seizures after health education (Abidah & Novianti, 2021). Health education has increased mothers' knowledge and attitudes about preventing seizure fever in children (Najimi et al., 2013). Education health increases knowledge And parents' attitudes in caring for children with seizures (Soundari et al., 2014). Education or education health helps improve parents' understanding of handling seizures so that it can positively impact parental behaviour in providing appropriate first treatment in emergency conditions of febrile seizures in children. With this, the quality of life can be maintained, and further complications or other emergency conditions due to this treatment can be avoided.

## CONCLUSION

Based on the results of Community Service activities, it can concluded that enhanced knowledge among parents about handling First Emergency Seizure Fever in 13 people (86.7%) with insufficient expertise and 2 people (13.3%) with sufficient knowledge to 15 people (100%) with good knowledge. The analysis results show that education influences the enhancement of parents' knowledge about handling first emergency seizure fever in children.

## SUGGESTION

Based on the results of the analysis activity's devotion to the public, a writer can provide advice regarding ongoing education regarding first-hand case management emergencies that can occur or be experienced at home/community and follow-up evaluations after the activity. Development program activity devotion to the public with method training must be done to parents or cadre local.

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