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Research Article

ASSESS THE PREVALENCE RATE AND RISK FACTORS OF TRADITIONAL PRACTICES USED BY PARENTS REGARDING MANAGEMENT OF FEBRILE CONVULSION AMONG UNDER FIVE CHILDREN – LITERATURE REVIEW

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ABSTRACT

The Researcher aims to assess the prevalence rate and risk factors of traditional practices of the mothers regarding febrile convulsion among under five children. Multiple databases were searched focusing on prevalence rate and risk factors of traditional practices. It was concluded through this literature review that there are many traditional practices which are been followed by the parents.

INTRODUCTION

A febrile convulsion also known as a fever fit or febrile seizure is a convulsion associated with a significant rise in body temperature. This most commonly occur in children between the ages of 6 months to 6 years and are twice as common in boys as in girls .It affects up to 1 in 20 children between the ages of one and four but can affect children between six months and about five years old[1]. The clinical manifestation for febrile convulsions is Breathing difficulty, Contraction of the muscles of the face, limbs, and trunk, Fever (usually higher than 102°F), illness, involuntary moaning, crying, and/or passing of urine, shaking, twitching, vomiting[2]. It was concluded that the traditional practices which were used by the parents were not appropriate and was proved as scientifically invalid as it harms the child.

The literature reviewed was obtained through different database includes CINHAL (Cumulative index TO Nursing & Allied Health Literature), MEDLINE (Medical Literature Analysis & Retrieval System Online), PubMed, Science Direct, SpringerLink, ProQuest & Google scholar.

MATERIAL METHODS AND FINDINGS

The study is headed mainly on prevalence rate, risk factor of traditional practices used by parents regarding management of febrile convulsion among under five children.

A cross-sectional study was conducted by Emmanuel AdemolaAnigilaje and OmolaraOlufunmilayoAnigilaje on Childhood Convulsion: Inquiry about the Concerns and Home Management among Mothers in Tegbesun, a Per urban Community in Ilorin, Nigeria in the year 2012. The sample size comprising 500 mothers interviewed using a structured questionnaire. Sampling method was systematic random sampling. The Result was Fear of death was the commonest concern 90% among mothers. For a witnessed convulsion, the majority took the child to the hospital, 82.8%. Cow's urine concoction 87.1% was the most common item administered to a convulsing child. Putting the hand and/or a spoon into the mouth of the convulsing child was the commonest unwholesome practice 61.2%. None of the subjects safely put the convulsing child on his/her side due to lack of proper knowledge it happened. Conclusion for the study was Maternal

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concerns are precursors of mismanagement of childhood convulsions, and health education was undertaken at the end of the study [3].

A comparative study was conducted on the knowledge, attitude and practice (KAP) of home management of febrile convulsion (FC), mothers in the community, focus group discussions (FGD) were conducted in two communities, Uselu (urban) and Evbuomodu village (rural), both in Edo State, Southern Nigeria in the year 2001. Twenty percent of urban and twenty-two percent of rural mothers use urine (human and or cow's) for treating FC at home. Other home remedies include kerosene, fuel and crude oil. Mass enlightenment campaign for the community, especially the rural, against use of harmful traditional remedies to treat FC at home is strongly advised[4].

A cross sectional study was conducted on uses of crude oil as traditional medicine: survey of mothers in a rural clinic in south Nigeria by pauldienve, alexanderakani, kalamaweiitmi *et al.* study was done on 420 mothers of attending Bethesda clinic and result was there was of significant association between marital status and use of crude oil as traditional medicine. The proposition of mothers sing crude oil was significantly higher among those whose occupation was fishing. The most common use of crude oil was for febrile convulsion[5].

A quasi-experimental study was done on Using women advocacy groups to enhance knowledge and home management of febrile convulsion amongst mothers in a rural community of Sokoto State, Nigeria by Oche Mansur OcheandOloche Ben Onankpa in the year 2015 at North Western Nigeria A one in three samples of fifty mothers that met the eligibility criteria where selected using systematic random sampling. Structured interviewer administered questionnaire with close and open-ended questions was administered to obtain data at pre- and post intervention. The ages of the mothers ranged from 18-47 with a mean age of 33 ± 7.14years. The perceived causes of febrile convulsion included fever (28%), witch craft (80%) with majority (98%) of the mothers administering traditional medications. And the conclusion was although inadequate knowledge and inappropriate home practices about FC were rampant in the study community, using community members to teach and sensitize the mothers on FC improved their knowledge base significantly. The use of effective educational intervention programmes and parental support groups will go a long way in reducing the incidence of FC among children in our communities[6].

A cohort study was done on pre-hospital management of febrile seizures in children seen at the university college hospital, ibadan, nigeria by jarrett oo[1], fatunde oj[2], osinusi k[1], lagunju ia[1].A total of 147 children, 83 males and 64 females with febrile seizures were studied. Harmful traditional practices were found to be common in the cohort studied. Fifty-nine (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. Herbal preparation was the most common form of pre-hospital treatment, given in 15 (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%). None of the children received rectal diazepam or buccal midazolam as home remedy for seizures. there was a statistically significant relationship between harmful cultural practices and the socio-economic class of the caregivers (p=0.008).conclusions pre-hospital treatment of childhood seizures in ibadan comprises mainly harmful traditional practices. there is a need for appropriate health education to reduce the morbidity and mortality associated with febrile seizures in the locality [7].

A study was conducted on childhood febrile seizures (benin city experience) by obi jo[1], ejeherina, alakijawat University of Benin Teaching Hospital in Benin City, Nigeria. 1046 children were admitted over the course of the study conducted January-September, 1988. 202 were sample size .Seven of the 202 patients with febrile convulsions died, five from aspiration pneumonia and two from tetanus following traditional treatment. 5% of patients with febrile convulsions were younger than 5 months or older than 5 years. The male: female ratio was 1.3:1. 140 children had a family history of febrile convulsion; in 55% the relative was a close family member. The authors point out that the number of families with a positive history of febrile. Observed morbidity and mortality could be attributed to the socio cultural background of this community which practices modes of therapy which are often detrimental to patient health [8].

A study was done on knowledge, attitude and practice (KAP) of home management of febrile convulsion (FC), by mothers in the community, focus group discussions (FGD) were conducted in two communities, Uselu (urban) and Evbuomodu village (rural), both in Edo State, Southern Nigeria by Ofovwe GE[1], Ibadin OM, Ofovwe EC, Okolo AA. The study was conducted between December 2000 and February 2001. Our findings show that 71% of urban mothers compared to 25% of rural mothers attributed the cause of FC to fever (chi(2)=24.17: p<0.001). Seventy-five percent of mothers from rural community and 28.6% of urban mothers attributed the cause to witchcraft and/or evil spirits. Twenty-five percent of rural mothers also attributed abnormality of the spleen as a cause of FC. All the mothers, both urban and rural, were not directly involved in the management of the convulsive episode due to panic and confusion. Ninety-two percent of urban and all the rural mothers permitted the use of traditional medicine while 7.1% of urban mothers employed prayers during convulsion. Twenty percent of urban and twenty-two percent of rural mothers use urine (human and or cow's) for treating FC at home. Other home remedies include kerosene, fuel and crude oil. Mass enlightenment campaign for the community, especially the rural, against use of harmful traditional remedies to treat FC at home is strongly advised [9].

A study was done on Parental responses to first and recurrent febrile convulsions. Parental responses to first and recurrent febrile convulsions by Huang MC, Liu CC, Huang CC, Thomas K in southern Taiwan. A questionnaire was mailed to 326 FC parents from 11 emergency departments in southern Taiwan. A total of 109 first- and 107 recurrent-FC parents responded 1-3 months after the FC. Parents were concerned about further attacks in the night, fever episodes, and frequently measured the child's body temperature. During the first episode, objects were inserted into the child's mouth and they were rushed to a hospital. One third lowered the child's body temperature, and

15% positioned the children on their side. For subsequent seizures, 80% anticipated rushing the child to a hospital, and 44% would put objects into the child's mouth. In comparison, although the recurrent-FC parents had higher scores in knowledge and attitudes than the first-FC parents, low knowledge scores (40% correct) were seen in both groups. No significant differences were found on parental concerns, performed/anticipated first aid for FC[10].

A study was done on Effects of educational intervention on changing parental practices for recurrent febrile convulsions in Taiwan by Huang MC, Liu CC, Chi YC, Thomas K, Huang CC. Nonequivalent comparison group design was used The 326 parents voluntarily chosen. Parents who attended the educational program demonstrated significant improvements in the recommended practices, particularly in protecting the convulsing child (8.3 vs. 36.1%; p=0.02 by McNemar) and placing the child on his or her side (19.4 vs. 47.2%; p=0.01). Nonrecommended practices including rushing the convulsing child to the hospital (88.9 vs. 30.6%; $p < 0.01$) and putting protective devices in the child's mouth (38.9 vs. 8.3%; $p < 0.01$) significantly decreased. By generalized estimating equation analyses, the types of interventions are the single significant factor influencing parental practice changes from initial to recurrent FCs. Conclusion was most parents used inappropriate practices for their child's initial FC. Compared with the mailed pamphlet, the educational program had significant improvements in recommended and nonrecommended practices from initial to recurrent FCs[11].

A study was conducted on Knowledge, attitude and practices of parents of children with febrile convulsion by RC Parmar, DR Sahu, SB Bavdekar at Mumbai in the year 2001 where size was140 parents of consecutive children presenting with febrile convulsion were enrolled and study was based on a tertiary care centre carried over a period of one year. 59.3%mothers could not recognise the convulsion, 90.7% did not carry out any intervention prior to getting the child to the hospital. The commonest immediate effect of the convulsion on the parents was fear of death 90% followed by insomnia 34.3%, anorexia 32.9%, crying 20% and fear of epilepsy 20%. Fear of brain damage, fear of recurrence parents did not know the fact that the convulsion can occur due to fever. The long-term concerns included fear of epilepsy 45.7% and future recurrence 19.3% in the affected child. For 40% of the parents every subsequent episode of fever was like a nightmare. Only (15%) had thermometer at home and (20%) knew the normal range of body temperature. Correct preventive measures were known only to (29.2%).conclusion is that the parents did not have knowledge regarding febrile convulsions and are having wrong perception of the disease [12.]

CONCLUSION

Researcher assessedthe prevalence rate and risk factors of traditional practices of the mothers regarding febrile convulsion among under five childrenthat the effect of standing position and sitting crossed leg position on blood pressure strengthens the findings as blood pressure gets little changed while standing.

Source of Funding

No separate funding was received for this study.

Ethical Clearance

The ethical clearance obtained from our institute.

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