

A Study to Determine the Effectiveness of an Awareness Programme on Knowledge Regarding Home Care of Child with Epilepsy Among Anganwadi Workers in Rural Areas of Balod, (C.G)

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Abstract: The findings of the study revealed that in the pre-test 33 (55%) anganwadi workers had average knowledge and 20 (33.33%) had poor knowledge and 7 (11.67%) had good knowledge regarding home care of child with epilepsy. Where as in post-test 31(51.67%) were having good knowledge and only 29 (48.33%) had average knowledge regarding home care of child with epilepsy. The findings of effectiveness of self-structured awareness programme on knowledge revealed that there was significant difference in pre-test and post-test knowledge scores among anganwadi workers as calculated “t” value (19.97) was greater than table value (3.47) at $P < 0.001$ level of significance. The above findings indicate that self-structured awareness programme was effective in improving the knowledge of anganwadi workers regarding home care of child with epilepsy. The findings of association of pre-test knowledge regarding home care of child with epilepsy among anganwadi workers with socio-demographic variables revealed that in relation to age (in years), number of years working as an anganwadi worker, previous knowledge regarding home care of child with epilepsy there was significant association at 0.05 and 0.02 level of significance. Hence hypothesis (H₂) was accepted regarding the above socio-demographic variables as the chi square values 17.94, 16.94, 8.34 was greater than table values (12.59, 12.59, 7.82) at 0.05 and 0.02 level of significance.

Keywords: Anganwadi workers, knowledge, home care of child with epilepsy.

1. Introduction

Children comprise one third of our population and all of our future and their health is our foundation. The childhood period is also a vital period because many of the health problems will arise from this period and most of the studies reveal that many children are suffering from one or the other diseases. Our responsibility is to maintain certain specific biological and psychological needs to ensure the survival and healthy development of the child, future adult and also to maintain optimum health of the children to enjoy their childhood. But

unfortunately, children are at risk of diseases, the reason may be many. One of such disease is epilepsy which threatens life of the child.

Epilepsy affects all age groups, but for children a variety of issues exists that can affect one's childhood. Some epilepsy ends after childhood, some forms of epilepsy are associated only with conditions of childhood that cease once a child grows up. Approximately 70% of children who suffer epilepsy during their childhood eventually outgrow. There are also some seizures, such as febrile seizures, that have one-time occurrence during childhood and do not result in permanent epilepsy.

2. Need of the Study

In India, there are 30 million people affected by epilepsy in 2004. About one in two hundred school children are affected with epilepsy, about one person in twenty has a seizure of some type during life, and in the population at large about one in 200 has epilepsy. Most of those who develop idiopathic epilepsy do so before the age of 20 years. The general systemic conditions in which seizures most commonly occur in children is due to hypoxia or high fever. As the understanding of its physical and social burden has increased, it has moved higher up in the world health agenda. Many parents still have a negative attitude about epilepsy. Some of them feel it is contagious. Hence during the episodes of seizures the children are not given any assistance or care. The availability of antiepileptic drugs and the prolonged medical care needed by children with epilepsy justify the careful planning of a social program or this public health problem.

The anganwadi workers if trained can identify children with epilepsy and refer them for prompt treatment. They are the ideal personnel who will be in the position to identify there disorders early and reduce the risk.

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3. Objectives

- To assess the socio-demographic variables of anganwadi workers in rural areas of Balod (C.G.).
- To assess the pre-test knowledge scores regarding home care of child with epilepsy among anganwadi workers in rural areas of Balod (C.G.).
- To assess the post-test knowledge scores regarding home care of child with epilepsy among anganwadi workers in rural areas of Balod (C.G.).
- To evaluate the effectiveness of an awareness programme on knowledge regarding home care of child with epilepsy among anganwadi workers in rural areas of Balod (C.G.).
- To find out association between pre-test knowledge scores regarding home care of child with epilepsy with selected socio-demographic variables among anganwadi workers in rural areas of Balod (C.G.).

4. Hypothesis

H1- There will be significant difference between pre-test and post-test knowledge scores regarding home care of child with epilepsy among anganwadi workers in rural areas of Balod (C.G.).

H2 -There will be a significant association between pre-test knowledge scores regarding home care of child with epilepsy with selected socio demographic variables among anganwadi workers in rural areas of Balod (C.G.).

5. Methodology

The selection of research approach is the basic procedure for the conduction of research enquiry. A research approach tells us so as to what data to collect and how to analyze it. It also suggests possible conclusions to be drawn from the data. In view of the nature of the problem selected for the study and the objectives to be accomplished, an evaluative research approach was considered to assess the knowledge regarding home care of child with epilepsy among anganwadi workers in rural areas of Balod (C.G.).

6. Results

In the present study, analysis of socio-demographic data depicts that out of 60 anganwadi workers who are working in rural anganwadis of Balod district (C.G) in the present study,

n=18(30%) belonged to the age group 25-31 years, n=17(28.33%) in 18-24 years, n=13 (21.67%) in 32-38 years, n=12 (20%) subjects were of the 39-45 years. The findings regarding marital status indicates that majority of the subjects were n= 35 (58.33%) were single, n=15 (25%) was married, n= 6 (10%) were divorcee and only n=4 (6.67%) were widows. The finding regarding religion indicates that majority of anganwadi workers n=55 (91.67%) were Hindus, 3 (5%) were Muslims and only 2 (4.5%) were Christians. As per level of education n=8 (30%), n=17 (28.33%), n= 13 (21.66%) and n=12 (20%) subjects had high school, middle school, higher secondary school education and graduation respectively. With respect of monthly income depicts that majority of the anganwadi workers n= 50 (83.33%) were having monthly income of Rs.6000-8000 whereas only n= 10 (16.67%) were having monthly income of Rs.9000-11000. Distribution of subjects according to length of service as an anganwadi worker depicts that majority of the subjects n=35 (58.33%) were having <5 years' experience, n= 15 (25%) had 5-9 years n=6 (10%) had 10-14 years and only n=4(6.67%) had 15 years and above experience as an anganwadi worker. In relation to source of information indicates that majority of the anganwadi workers n= 24 (40%) had knowledge from health professionals, n=17 (28.33%) from mass media, n=12 (20%) from family / friends and only n=7 (11.67%) anganwadi workers had knowledge from internet regarding home care of child with epilepsy. According to previous knowledge regarding home care of child with epilepsy indicates that majority of anganwadi workers n= 45 (75%) had no previous knowledge whereas only n=15 (25%) anganwadi workers had previous knowledge regarding home care of child with epilepsy.

Table 1 represents that the maximum increase in knowledge scores was in area of general information i.e; 54.44% (pre-test) to 80.56% (post-test) whereas in the area of management increase in knowledge was 48.39% (pre-test) to 77.52% (post-test) and minimum increase was in the area of causes, signs and symptoms, diagnostic evaluation from 51.7% (pre-test) to 76.7% (post-test).

Table 2 reveals that in pre-test, 33 (55%) had average knowledge, 20 (33.33%) had poor knowledge and only 7 (11.67%) had good knowledge regarding home care of child with epilepsy.

Whereas in post-test 31 (51.67%) had good knowledge and

Table 1

Area wise analysis of knowledge scores regarding home care of child with epilepsy among anganwadi workers

Area wise analysis.	PRE-TEST					POST-TEST			
	Max score	Mean	Mean %	SD	CV	Mean	Mean %	SD	CV
General information regarding epilepsy.	9	4.9	54.44	1.51	30.82	7.25	80.56%	1.55	21.38
Causes, signs and symptoms, diagnostic evaluation.	10	5.17	51.7	1.81	35.01	7.67	76.7%	1.91	24.9
Management	23	11.13	48.39	4.02	36.12	17.83	77.52%	4.26	23.89
Total	42	21.2	50.48	6.58	31.04	32.75	77.98	7.2	21.98

Table 2

Overall analysis of pre-test and post-test knowledge scores regarding home care of child with epilepsy among anganwadi workers

Criterion	Pre-Test Knowledge Scores		Post-Test Knowledge Scores	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Good	7	11.67	31	51.67
Average	33	55	29	48.33
Poor	20	33.33	0	0
Total	60	100	60	100

Table 3
Effectiveness of self-structured awareness programme on knowledge regarding home care of child with epilepsy among anganwadi workers

Knowledge	Max scores	Mean + SD	Gain %	Critical value	Paired t value (DF = 59)	Significance
Pre-test	42	21.2 +6.58	27.5	3.47	19.97	P<0.001
Post-test	42	32.75 + 7.2				

Table 4
Chi-square analysis to find out the association between pre-test knowledge scores regarding home care of child with epilepsy among anganwadi workers with socio-demographic variables

S. No.	Socio-demographic variables	Chi square Value	Df	Critical value	Significance
1.	Age (in years)	17.94	6	12.59	P<0.05 S
2.	Marital status	10.64	6	12.59	P>0.05 NS
3.	Religion	2.19	4	9.49	P>0.05 NS
4.	Level of education	8.79	6	12.59	P>0.01 NS
5.	Monthly income (Rs.)	0.88	2	5.99	P>0.05 NS
6.	Length of service as an anganwadi worker	16.94	6	12.59	P<0.05 S
7.	Source of information	5.13	6	12.59	P>0.05 NS
8.	Previous knowledge regarding home care of child with epilepsy	8.34	2	7.82	P<0.02 S

29 (48.33%) had average knowledge regarding home care of child with epilepsy.

Table 3 reveals that there was significant difference in pre-test and post-test knowledge scores among anganwadi workers regarding home care of child with epilepsy as calculated “t” value (19.97) was greater than table value (3.47) at P< 0.001 level of significance. The above findings indicate that self-structured awareness programme was effective in improving the knowledge of anganwadi workers regarding home care of child with epilepsy.

Table 4 revealed that there was significant association of knowledge regarding home care of child with epilepsy among anganwadi workers with socio- demographic variables i.e; age, length of service as an anganwadi worker and previous knowledge regarding epilepsy as the chi-square values 17.94, 16.94, 8.34 were greater than the table values 12.59, 12.59, 7.82 at 0.05 and 0.02 level of significance respectively. Hence hypothesis (H2) was accepted related to variables i.e. age, length of service as an anganwadi worker, previous knowledge regarding home care of child with epilepsy.

Whereas hypothesis (H2) was rejected regarding socio-demographic variables i.e; marital status, religion, level of education, source of information, monthly income (Rs.) as the chi square values i.e; 10.64, 2.19, 0.88, 5.13, 8.34 and 8.79 were less than table values 12.59, 9.49, 12.59, 12.59, 5.99 at 0.05, 0.02 and 0.01 level of significance respectively.

7. Discussion

In the present study 60 anganwadi workers evaluated, reveals that there was significant difference in pre-test and post-test knowledge scores among anganwadi workers regarding home care of child with epilepsy as calculated “t” value (19.97) was greater than table value (3.47) at P < 0.001 level of significance. The above findings indicate that self-structured awareness programme was effective in improving the knowledge of anganwadi workers regarding home care of child with epilepsy.

The finding of the present study supported by following conducted by Shivane Katre (2012) to assess the effectiveness of planned teaching programme for the care of seizure child among 61 mothers at rural area. The study result showed that there was a significant improvement in knowledge and practice after teaching programme. The study results concluded that

structured educational intervention was effective in improving knowledge and practice of mother.

8. Conclusion

The primary aim of the study was to determine the effectiveness of an awareness programme on knowledge regarding home care of child with epilepsy among anganwadi workers in rural areas of Balod (C.G.)”. An evaluative approach and quasi experimental research design was under taken for the present study, purposive sampling was used to select 60 anganwadi workers attending anganwadi centres of Balod district (C.G.).

9. Recommendations

In the light of the study, the investigator proposes the following recommendations for future research.

- A similar study can be undertaken with larger sample size to create awareness among anganwadi workers and to generalize the study findings.
- Comparative study can be done to assess the knowledge of anganwadi workers regarding home care of child with epilepsy in urban and rural areas.
- A quasi-experimental study can be conducted with control group for the effective comparison.

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