Febrile convulsions (FC) is a common disorder, occurring in 2–4% of young children. They occur in susceptible children between the age of 3 months and 5 years if their body temperature rises to above 38°C. Although the prognosis of FC is good, most parents witnessing their child’s first febrile seizure think the child is going to die. This horrific feeling is not preventable by knowledge about FC. However knowing the nature of the disorder, parents can console...
themselves when the child has a seizure and this will help them to provide the needed care. In this study we have tried to examine the extent of mothers’ knowledge about FC, their attitudes towards them and how they behave when faced with them. The study was done in Madina Maternity and Children’s Hospital which is a referral centre in the North Western Region of the Kingdom of Saudi Arabia with annual paediatrics admissions of about 8000 infants and children.

Material and Methods

All infants and children between the age of 6 months and 6 years, admitted with FC were considered for enrolment in this study in 1992. The exclusion criteria were: neurological illness or abnormality, meningitis, encephalitis, head trauma, hyponatraemia, hypernatraemia, hypomagnesaemia, high blood pressure and previous afebrile seizure. Patients were admitted with female attendants and a questionnaire was filled for each of these attendants. Questions asked on admission included: literacy of informant, her relation to the patient, duration of seizure and its repetitiveness, family history of seizure disorder and what was done at home to help the convulsing child. Other questions asked both on admission and upon discharge were about the informant’s prior knowledge about the nature of FC and the source of that knowledge, the reaction and attitude towards the convulsing child and whether there were any taboos or legends attached to that.

During hospital stay mothers were given structured verbal information for an average of 10 minutes about FC by the treating doctors who also answered questions and tried to rectify deficiencies in the mothers’ knowledge and demystify their wrong concepts about FC. Statistical analysis was done using the χ² test.

Discussion

The contribution of FC to hospital admissions in our series is comparable with the prevalence figures of 2–4% in the literature. The limited knowledge of mothers about FC was gained from practical experience of witnessing someone convulsing; and since most of our patients (76.5%) were convulsing for the first time this chance of attending a convulsion was scarce. Many of these mothers were taken by surprise seeing their children convulsing, which is why they did not know what to do. Mothers benefited from the verbal health education message they received in hospital and as Table 1 illustrates, even illiterate mothers could raise their level of knowledge about the subject significantly (p < 0.001). In our setting the verbal message is probably better than the written one because it reduces misinterpretation of the message having it read to parents by a third party. Also, the verbal message enables parents to ask explanatory questions. However, it was difficult for some mothers to accept our advice on the use of tepid sponging for antipyresis. They thought that it caused chest infection. Some mothers needed more than one session to explain to them about the problem and this illustrates the importance of repeating the health education message to these mothers who are preoccupied with the danger of death to the child who has just convulsed. It is of note here that most of the superstition and legend attached to FC was conceived by illiterate mothers and some of that was mistakenly referred to religious understanding; or the work of Satan. Cautery is commonly performed on children in the Saudi community for different illnesses including seizures, but interestingly it was not done for our patients. This might be due to the acute and surprising nature of the FC which did not allow time for preparing for cautery.

Mothers’ reactions in our study are understandable given the background of the extent of illiteracy among them. In fact these reactions
are to a great extent shared between them and other groups studied in other communities. Therefore it is imperative to counsel parents whose children develop FC. The information offered should aim at providing facts about the problem and how to deal with the convulsing child. In our study we have shown that this information could be given verbally but it should take more than one session and more than one family member should preferably be involved.

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References