A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING HOME CARE OF EPILEPSY AMONG FAMILY MEMBERS OF CLIENT WITH EPILEPSY IN SELECTED HOSPITALS AT AMRITSAR, PUNJAB.

Santosh kumari, **Jicy shahji, ***Manpreet kaur garcha, * Ramesh kumari**

** Lecturer Mai Bhago college of Nursing, Tarn Taran, Punjab, India.*
*** Asst. professor, Mai Bhago college of Nursing, Tarn Taran, Punjab, India.*
**** Asst. professor, Mai Bhago College of nursing, Tarn Taran, Punjab, India.*
***** Principal, Mai Bhago College of nursing, Tarn Taran, Punjab, India.*

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ABSTRACT

Epilepsy is one of the oldest diseases known to human beings. Epilepsy is the general systemic conditions that affect people of all ages, in which seizures most commonly occur in children due to hypoxia or high fever. Males have higher risk than females for developing epilepsy. Overall it is the most common serious brain disorder worldwide with no age, racial, social class, national or geographic boundaries. The sample size for the study was consisting of 60 samples in selected hospitals at Amritsar. Purposive sampling technique was used to select the sample. A self administered closed ended structured knowledge questionnaire tool was used for the collection of data. It's concluded that the structured teaching programme was proved effective to increase the knowledge home care of epilepsy among family members.

***Key words**: Structured Teaching Programme, Knowledge, Home care of epileptic clients.*

About Author:

The author Ms Santosh Kumari is Lecturer at Mai Bhago College of Nursing, Tarn Taran, Punjab, India.

The author Manpreet Kaur Garcha is Asst. Professor at Mai Bhago College of Nursing, Tarn Taran, Punjab, India.

The author Jicy Shahji Asst. Professor at Mai Bhago College of Nursing, Tarn Taran, Punjab, India.

The author Ms Ramesh Kumari is Principal at Mai Bhago College of Nursing, Tarn Taran, Punjab, India.

INTRODUCTION

The word epilepsy is derived from the Greek word "epilepsia[1] which means "to seizure" or "to attack. Epilepsy is one of the oldest diseases known to human beings. It was described in detail by Hippocrates (450 BC) in his book about epilepsy. In the Bible it's also illustrated to be known to the roman before the birth of Lord Jesus.[2]In India, there are 30 million people affected by epilepsy in 2004 and economic burden due to epilepsy to the nation isRs.13.500 million. According to this report there are only 400 Neurologists in India i.e., 1 Neurologist for 13.500 persons with epilepsy. Most of those who develop idiopathic epilepsy do so before the age of 20 years. As the understanding of its physical and social burden has increased, it has moved higher up in the world health agenda

Epilepsy is the general systemic condition that affects people of all ages; Overall It is the most common serious brain disorder worldwide with no age, racial, social class, national or geographicboundaries[3]. Epilepsy is considered as a dangerous disease that is chronic and difficult to treat. The best preventive measure is to comply strictly with the drug regimen as prescribed. Seizures cannot be prevented by lifestyle changes alone, but people can make behavioural changes that improve their lives and give them a sense of control [4] In most cases, there is no known cause for epileptic seizures, but specific events or conditions may trigger them and should be avoided. Inadequate or fragmented sleep can set off seizures in many people. Using sleep hygiene or other methods to improve sleep may be helpful. Food allergies may provoke seizures in adult who also have migraine headaches, hyperactive behaviours, and abdominal pains. Alcohol and smoking patients should avoid exposure to flashing or strobe lights.[5]

Psychotherapy like Relaxation techniques also helps epileptic patients which include diaphragmatic rhythmic breathing, biofeedback, and meditation techniques. They may be helpful in reducing anxiety in people who have positive experiences with them. Weight-bearing exercise helps maintain bone density, which can be reduced by many of the medications, particularly the older ones. Exercise can also help to prevent weight gain, which is a problem with some drugs[6]

The impact of epilepsy is not only on the person with epilepsy but also the family and indirectly community are affected. The burden of epilepsy could be due to: physical hazards of epilepsy due to the unpredictability of the seizures, social exclusion because of negative attitudes of others towards people with epilepsy, stigma as children with epilepsy may be banned from school, adults may be barred from marriage and employment is often denied, even when seizures would not render unsuitable or unsafe.[7]

The family must be instructed in what to do when a seizure occurs, including first aid. Patients and their families should be encouraged to talk about the condition which will help to dispel misconception and relieve anxieties.[8]

A study to conducted study on alcohol consumption and epilepsy among 105 populations. The purpose of this research was to analyze and quantify the association between alcohol consumption and epilepsy. The study results show a strong and consistent association between alcohol consumption and epilepsy and there was a dose-response relationship between the amount of alcohol consumed daily and the probability of the onset of epilepsy. Acc to the result of this Individuals who consume an average of four, six, and eight drinks daily had relative risks of 1.81, 2.44 and 3.27 respectively, compared to non-drinkers.[9]

A study to conducted on low dietary calcium intake among 362 patients with epilepsy in South India. The objective of the study was to assess the dietary pattern with special reference to calcium and related minerals in people with epilepsy on anti epileptic drugs. The study result shows that dietary consumption of calcium of all the patients was far below the recommended daily dietary allowance (RDA) by Indian Council of Medical Research. Low dietary calcium could have a confounding effect on patients with epilepsy on anti epileptic drugs in all age groups.[10]

A study to conducted on about awareness and knowledge of epilepsy among students in a Malaysian university. A survey was conducted within the main campus of the university students are require to answer a series of question on awareness knowledge and epilepsy, over a one week period 289 students completed the self administered questionnaire In results it was found that 86.5% of the students heard or read about epilepsy, while 55.6% had observed an epileptic seizure. Only 30.7% said that a knew the cause of epilepsy, and 5.3% thought epilepsy is caused by evil spirits. 66.9% of the responding are considering that it is hereditary. 4.9% thought it was contagious. The conclusions of this study indicate that awareness and knowledge and epilepsy among the students need to be improved.[11]

A study was conducted on increasing efficacy and knowledge through a seizure education program for special education teachers. This intervention study was designed to address the knowledge and self efficiency of 28

special needs educators on seizure management. The intervention resulted in increased knowledge, skills, and self efficacy related to seizure management and their ability to interact supportively with families[12]

The Purpose of the study is to test the effectiveness of STP regarding home care of epilepsy among family members of client with epilepsy. This is achieved by comparing the pre and post test knowledge scores in experiment and control group obtained by the subjects under study. The study also includes obtaining answers to research hypothesis.

A Quasi experimental research study with research design of pre-test and post-test with experimental and control group (No randomization). The sample size for the study was consisting of 60 patients in Civil hospitals of Amritsar. Samples were selected with Purposive sampling technique.

Part I: Demographic variables: It comprise of demographic variables such as age, gender, education ,type of family residence area ,occupation,

Part II: Self administered structured knowledge questionnaires: It comprise of self administered structured knowledge questionnaire regarding home care of epilepsy.

Analysis

Section A:Frequency and Percentage Distribution of Demographic Characteristics of epileptic clients

S. No	Demographical variables	Experimental group		Control group	
		Pre test	Post test	Pretest	Post test
1.	**Age**				
a.	20-30	10	33.3%	2	6.7%
b.	31-40	8	26.7%	22	73.3%
c.	41-50	9	30%	6	20%
d.	51&above	3	10%	0	0%
2.	**Gender**				
a.	Male	10	33.3%	21	70%
b.	Female	20	66.7%	09	30%
3.	**Type of family**				
a.	Joint	10	33.3%	13	43.3%
b.	Nuclear	20	66.7%	17	56.7%
4.	**Education**				
a.	Illiterate	5	16.7%	4	13.3%
b.	Primary	10	33.3%	3	10%
c.	Secondary	8	26.7%	5	16.7%
d.	Higher Secondary	4	13.3%	13	43.3%
e.	Graduate & above	3	10%	5	16.7%
5.	**Residence**				
a.	Urban	12	40%	16	53.3%
b.	Rural	18	60%	14	46.7%
6.	**Occupation**				
a.	Employed	16	53.3%	17	56.7%
b.	Unemployed	14	46.7%	13	43.3%

The result indicates the higher percentage of subjects (33.3%) belongs to age group 20-30 years and 41-50 years of age indicates (30%). About 26.7% were belongs to age group 31 – 40 years and 10% belongs to age above 50 years. It can be seen that majority of respondents 66.7% were females, where 33.3% were males .In type of family majority of subjects 66.7% were from nuclear family where 33.3% were from joint family .In relation to educational level majority of subjects 33.3% were primary pass, 26.7% were secondary pass 16.6%

were illiterate and 10% were higher graduation .In relation to residence 60% patients were from rural area, where 40% were from urban area. The result indicates that 53.3% patients were employed and 46.7 % were unemployed.

Section B: Frequency and percentage distribution of knowledge of samples in pre-test and post test in experimental group.

Experimental group

Level of knowledge	Pre test		Post test	
	Frequency (f)	Percentage (%)	Frequency(f)	Percentage (%)
Low	11	36.7%	0	0%
Moderate	17	56.7%	10	33.3%
High	2	6.6%	20	66.7%

The result shows that in pre test 56.7% of subjects had moderate knowledge regarding home care of epilepsy and 36.7% of subjects had low knowledge and 6.6% had high knowledge regarding home care of epilepsy.

In the post test 66.6% of subjects had high knowledge and 33.3% had moderate knowledge and 0% had low knowledge regarding home care of epilepsy.

Frequency and percentage distribution of knowledge of samples in pre-test and post test in control group

Level of knowledge	Pre test		Post test	
	Frequency (f)	Percentage (%)	Frequency(f)	Percentage (%)
Low	21	70%	11	36.7%
Moderate	9	30%	19	63.3%
High	0	0%	0	0%

The result shows that in pre test 70% of subjects had low knowledge and 30% of subjects had moderate knowledge regarding home care of epilepsy.

In the post test 63.3% of patients had moderate knowledge and 36.7% had low knowledge regarding home care of epilepsy.

Section C: Comparison pre test and post test knowledge scores regarding home care of epilepsy among family members of client with epilepsy in experimental and control group.

Experimental group: N=60

Variable	Mean	Standard Deviation	't' test value	Table value
Pre test	**13.2**	**2.4**	**11.3**	**2.05**
Post test	**20.1**	**3.7**		

df=29

The result shows that mean score of pre test and post test of knowledge of family members of clients with epilepsy regarding home care of epilepsy is 13.2 (SD $\pm$ 2.4) and 20.1 (SD $\pm$ 3.7) respectively. Post test mean score was higher than the pre test mean scores the 't' test value is 11.3 which was significant at 0.05 level

Control group: N=30

Variable	Mean	Standard Deviation	't' test value	Table value
Pre test	**9.6**	**1.75**	**1.6**	**2.05**
Post test	**9.8**	**1.78**		

df = 29

The result shows that mean score of pre test and post test level of knowledge regarding home care of epilepsy among family members of client with epilepsy 9.6 (SD $\pm$ 1.75) and 9.8 (SD $\pm$ 1.78) respectively. Post test mean scores is more than pre test mean scores so the 't' test value is 1.6 which is less than tabulated value, so result is non significant at 0.05 level.

Section D: Association of post test knowledge scores regarding home care of epilepsy among family members of client with epilepsy with their demographic variables in experimental group.

S.No	Demographic variables	Low		Moderate		High		Chi 2	Table value
		F	%age	F	%age	F	%age		
1	**Age :**								
	20-30	0	0%	2	6.7%	8	26.7%		12.59
	31-40	0	0%	3	10%	5	16.6%	4.22	
	41-50	0	0%	3	10%	6	20%	(NS)	
	51&above	0	0%	2	6.7%	1	3.3%		
2.	**Sex**								
	Male	0	0%	2	6.7%	10	33.3%	3.01	5.99
	Female	0	0%	8	26.7%	10	33.3%	(NS)	
3.	**Type of family**								
	Joint	0	0%	6	20%	4	13.3%	3.34	12.59
	Nuclear	0	0%	4	13.3%	16	53.4%	(NS)	
4.	**Education**								
	Illiterate	0	0%	4	13.3%	0	0%		
	Primary	0	0%	3	10%	0	0%	24.6	
	secondary	0	0%	3	10%	2	6.7%	(S)*	15.5
	higher secondary	0	0%	0	0%	13	43.3%		
	Graduate and above	0	0%	0	0%	5	16.7%		
5.	**Residence**								
	Urban	0	0%	2	6.7%	13	43.3%	6.03	
	Rural	0	0%	8	26.7%	7	23.3%	(S)*	5.99
6.	**Occupation**								
	Employed	0	0%	8	26.7%	8	26.7.%	11.6%	5.99
	Unemployed	0	0%	2	6.6%	12	40%	(S)*	

(S)*=Significant (NS) =Non Significant F = Frequency P= Percentage

df= Degree of freedom

The result showed that the chi square values were calculated to find out the association between the post test scores of knowledge regarding epilepsy among family members of clients with epilepsy with age (4.22), associated with sex(3.01), associated with type of family (3.34), associated with education(24.6), associated with area of residence (6.03), associated with occupation (11.3).

There was a significant association found between post test scores of family members of clients with education (24.6), residence (6.03), occupation (11.3) at the ($p \geq 0.05$)

However no association found between post test knowledge scores with age sex and type of family.

Conclusion

As good health is very important for each individual and self care strategies can help the clients to restore the health and prevent from life threatening conditions. Home care knowledge and practice will improve the health status of epileptic clients. Family members must use this knowledge and self care strategies to maintain the optimal level of health.

The main intervention for promotion of health and prevention of complication among family member is enhancing the knowledge of clients regarding home care of epilepsy.

The result of study shown that mean score of pre test and post test of knowledge of family members of clients with epilepsy regarding home care of epilepsy is 13.2 (SD $\pm$ 2.4) and 20.1 (SD $\pm$ 3.7) respectively. Post test mean score was higher than the pre test mean scores the't' test value was 11.3 which was significant at 0.05 level

The results of control group shown that the mean score of pre test and post test level of knowledge regarding home care of epilepsy among family members of client with epilepsy was 9.6 (SD $\pm$ 1.75) and 9.8 (SD $\pm$ 1.78) respectively. Post test mean scores is more than pre test mean scores so the 't' test value is 1.6 which is less than tabulated value, so result is non significant at the 0.05 level.

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