The Experiences of Mother in Taking Care for Toddlers with Febrile Seizures

Jathu Dwi Wahyuni and Yenny Sianturi
Health Polytechnics Jakarta III, Jl. Arteri JORR, Bekasi, Indonesia

Keywords: Febrile Seizures, Toddlers, Mother.

Abstract: Background: Febrile seizures on toddlers usually happened at home. It is usually handled by mother and family by took the children to the hospital as they did not know how to handle their children with febrile seizures. Objective: To explore mothers' experiences in taking care of toddlers with febrile seizures in East Jakarta. Methods: The data were collected by in-depth interview. In-depth interviews about the mother experiences in taking care of toddlers with febrile seizures were conducted with 6 mothers. Interviews were recorded using digital voice recorder and conducted in 2016. The researcher finding some key words, and combining the key words become themes. Data validity was doing by clarification the results of interview to all participants. The data were analyzed using the Collaizi approach. Results: Four themes emerged: the family's psychological responses, febrile seizures handling, obstacles in treating infants with febrile seizures and the prevention of febrile seizures. Conclusion: The febrile seizures could be handling at home and health services. The barriers in taking care of children with seizure were cost of the treatment and the fear of recurrent seizure. The strategies in preventing febrile seizures included maintaining a healthy environment and providing health food supplements, medication.

1 INTRODUCTION

Child health problems are one of the main problems in the health sector that currently occur in Indonesia (Hidayat, 2006). The degree of child health reflects the health status of the nation, because children as the next generation of the nation have capabilities that can be developed in continuing the nation's development. Based on these reasons, child health problems are prioritized in planning or planning for national development (Hidayat, 2006). Infant morbidity is the second indicator in determining the degree of health of children, because the value of health is a reflection of the weak endurance of infants and toddlers. The morbidity can also be affected by nutritional status, guaranteed health services for children, child health protection, children's social factors, and mother's education. And one of the most common diseases suffered by children is febrile convulsions or seizures (Hidayat, 2006).

In the United States and Europe the prevalence of febrile seizures ranges from 2.2% - 5.0%. In Asia the prevalence of febrile seizures has doubled compared to Europe and America. In Japan the incidence of febrile seizures ranged from 8.3% - 9.9%, even in Guam the incidence of febrile seizures reached 14% (Kharis, 2010). The incidence of febrile seizures in Indonesia was reported to reach 2.0 - 4.0% in 2005-2006. Central Java Province 2.0-3.0% and 2005 - 2006 Roesmani Semarang hospital for cases reached 2.0% in 2004 - 2006 more often in boys (Maryatongo, 2007). From the results of previous studies it was found that febrile seizures were more common in boys than in girls, with a ratio that ranged from 1.4: 1.0 and 1.2: 1.0, and research by Lumbantobing University of Indonesia's medical faculty received 297 children with 165 febrile seizures are boys and 132 girls. Comparison of boys and girls is 1.2: 1.0 (Lumbantobing, 2007). Seizures usually occur within 24 hours. First, when a fever has a short duration with seizures, it can be tonic, clonic, focal or akinetic. Generally, febrile seizures stop on their own, as soon as a febrile seizure stops, the child will be awake and conscious without any neurological abnormalities (Fuadi, 2010). Fifty-six percent of caregivers were very worried about the potential harm of fever in their children when their children had fever and ninety-one percent of caregivers believed that a fever could cause harmful effects (Crocetti M, Moghbeli N, 2001). Knowledge

Wahyuni, J. and Sianturi, Y.
The Experiences of Mother in Taking Care for Toddlers with Febrile Seizures.
DOI: 10.5220/0008203701000103
In *Proceedings of the 1st International Conference of Indonesian National Nurses Association (ICINNA 2018)*, pages 100-103
ISBN: 978-989-758-406-0

of febrile seizures and their handling by mothers and families who have a toddler with febrile seizures needs to be explored so that family needs can be determined in treating toddlers with febrile seizures and the incidence of febrile seizures can be prevented. Qualitative research with descriptive phenomenology method can be done to find out the experience of parents specifically for mothers in caring for toddlers with febrile seizures because it involves direct exploration, analysis and description of certain phenomena.

2 METHODS

2.1 Methods

This research is a qualitative research with descriptive phenomenological method which aims to obtain an overview of the experience of mothers who care for children with febrile seizures. This research used Collaizi's approach, with two times in depth interview and clarification to the participants. Data were collected from September to November 2016.

2.2 Location

The place for selecting participant is conducted in the East Jakarta area.

2.3 Participants

The inclusion criteria of the participants are mothers who directly care for their children who had febrile seizures, with the age of children under five who had febrile seizures, mothers who are able to share their experiences in caring for children with febrile seizures, mothers who are able to speak Indonesian well and cooperative, and mothers who are available and fully involved in the research and signed the consent form as a participant.

2.4 Ethical Clearence

Ethical clearence of this study were obtained from Ethical Committee Health Polytechnic Jakarta III.

3 RESULT

Participants in this study were 6 mothers who treated toddlers with febrile seizures. Their age varies from age 31 to 42 years. The education level of all participants is high school, and all participants are housewives. The toddlers who have experienced seizures have varied ages, between 1 year to under 5 years, with the sex of 2 males and 4 females. Another characteristic encountered was the experience of caring for a child with febrile seizures, only one participant had experience treating a child with a previous febrile seizure.

After the data were analyzed using the Collaizi approach, 4 themes were found as a result of this study.

3.1 The First Theme is Psychological Responses in Categories of Panic, Confusion and Stress

"Panic... panic... I grab a spoon then, but still not strong, then I just use a cloth... at the end my hand becomes a victim, basically the feeling is already mixed, it's panic...panic"(P1).

"I was confused and stressed especially when the doctor said my child had a brain disorder and I was more confused because my child had malnutrition and was easily infected and eventually had seizures and now Dengue Fever. "(P3).

3.2 The Second Theme is the Action Taken in Handling Febrile Seizures

There were obtained sub-themes of handling by the family and sub-themes of treatment by health workers. In the sub-theme of handling carried out by the family when the child experiences a seizure are all different, in which identified as using a spoon, giving a massage and bringing the child to a clinic or hospital. The following is the participant's statement that supports this sub-theme, namely:

"Panic... panic... then I take a spoon, but still not strong" (P1)

"... because people tend to not having enough knowledge to understand, seizures have never been experience so I'll just give my child a regular squeeze, holding hand, the usual hands therapy, palms, feet.."(P5)
"I wake up the father, say if G is having seizures. We both then directly hurried ourselves to ride the motorbike to Haji hospital"(P2)

"Alhamdulillah, it is directly handled, the drugs inserted through the buttocks...and my child is asleep, infused... thank God," (P1)

"yeah... got the drugs injected through the infusion like that..."(P2)

3.3 The Third Theme is the Obstacle in Treating Toddlers with Febrile Seizures

It's obtained a sub-theme of problems in care. Some of the things that the participants mentioned about the problem in treatment were the problem of recurrent seizures and costs.

"Yes, it's just worrying.. so once he got warmed up, we're going to be in hurry" (P5)

"Yeah, now if he got warmed up even just a tad bit, it's best for me to give him some medications, I'm afraid his temperature will be high again." (P6)

"Obstacles encountered are cost issues, my child is not yet a member of Social Insurance Administration Organization " (P4)

"The obstacles encountered are financing problems, we don't have a identity card but we've got a Family Card, hence we're not yet a insurassurance participant "(P3)

3.4 The Fourth Theme is How to Overcome Obstacles in the Care of Toddlers with Febrile Seizures

In this theme the sub-themes of prevention of febrile seizures such as providing drugs, giving supplements, providing nutritious food, providing a clean environment and direct to health services during recurrent seizures.

"Yeah, we check up on food, but we still don't know since we don't know every snacks he might've eaten out there" (P1)

"We got medications or drugs prepared all settled in home, in the past we lacked a lot of experience since it was our first child, but now we are prepared. if the seizures occurred, we got the medications ready"(P2)

4 DISCUSSION

In the event of febrile seizures in toddlers, the participants used signs in a similar respon among participants, panicked, cried continuously, took a spoon, confused about what to do, only held the legs and arms of the children, or simply gave some massages. Conditions like this that are the same as those which occur in the psychological are irrational decisions in the provision of care for sick children (Lagerløv P, Loeb M, Slettevoll J, Lingjaerde OC, 2006).

Signs and symptoms of febrile seizures usually occur in the first 24 hours of fever or the first day of fever. The child will look strange for a few moments, then stiffen, squeeze and roll his eyes. Children are not responsive for some time, breathing will be disrupted, and the skin will appear darker than usual. After a seizure, the child will return to normal soon (Dokter Indonesia Online, 2009). Febrile seizures are seizures that occur in an increase in body temperature (rectal temperature above 38◦C) caused by an extracranial process (Budiman, 2006). Data obtained from participants found that children with febrile seizures have signs such as body fever, hands clenched and eyes glaring upwards. This condition is in accordance with the theories mentioned above and showed that the participants had knowledge about sign and symtoms of febrile seizures.

Handling seizures carried out by the family varies according to what is obtained from the participants, some bring to health services, some are carried out by the family themselves. Handling based on the theory is to put the child on the floor or bed and keep it away from hard or sharp objects and free the airway, keep the head to one side so that saliva or vomiting can flow out of the mouth and do not put anything in the child's mouth (Dokter Indonesia Online, 2009). There were participants who took care of them by putting a spoon in their child's mouth when their child was having a seizure. This is probably caused because the information obtained from the participant's environment; if the child has a seizure, place the spoon to hold his tongue. In theory, the child's tongue will not be swallowed by a child who has a seizure. But it seems that this information was not received by the public.

As for handling febrile seizures in health services, some participants said their children were given medication through suppositories, and some were handled by administering intravenous fluids. Initial treatment at the hospital is usually givenoxygen only when seizures still occur, if the seizure stops then it is unnecessary. In addition, it is also necessary to maintain water and electrolyte balance and maintain blood pressure balance (Dokter Indonesia Online, 2009).

Obstacles experienced by participants who have children with a history of febrile seizures include concerns about recurrent febrile seizures and cost problems. This is as stated by Gunawan, et al (2008), that 20-50% of children with febrile seizures will experience recurrent seizures of febrile seizures (Gunawan, W., Kari, K., & Soetjiningsih,
2008). There were also participants who said their children had febrile seizures up to nine times since the first febrile seizure up to the last few months. The funding problem presented by participants, this is related to health insurance that is not yet owned by participants, where participants who convey this matter are transferred people who have not had time to administer documents for health insurance.

The information on how to overcome obstacles in the care of children with febrile seizures are obtained such as providing drugs, giving supplements, providing nutritious food, providing a clean environment and directly to health services when recurrent seizures occur. This is in line with information that febrile seizure incident was most frequently associated with a sudden increase in the body temperature in 53.40% (Gontko-Romanowska K, Żaba Z, Panieński P, Steinborn B, Szemień M, Łukasik-Głębocka M, Ratajczak K, Chrobak A, Mitkowska J, 2017). It is important for parents who have toddlers with febrile seizures to keep their children from various infections by maintaining a healthy body and environment, providing nutritious food, and additional supplements.

5 CONCLUSIONS

The incidence of febrile seizures in toddlers often makes families, especially mothers, react differently physically and psychologically. For the treatment of seizures, it can be done at home or in health services. Some obstacles that are felt by families with toddlers who have febrile seizures include concerns about recurrent seizures and cost constraints. Ways to overcome obstacles include maintaining a healthy environment, providing nutritious food, supplementation and prepared medication.

ACKNOWLEDGEMENTS

The authors thank to the participants. This study was supported by Health Polytechnic Jakarta III funding by letter number HK.02.04/III.1/02857/2016 about Determination of beginner research proposals, Health Polytechnic Jakarta III.

REFERENCES

Budiman. (2006). *Faktor Risiko Kejang Demam Berulang*. Jakarta: EGC.

Crocetti M, Moghbeli N, S. J. (2001). Fever phobia revisited: have parental misconceptions about fever changed in 20 years? *Pediatrics*, *107*(6), 1241–1246. Retrieved from http://pediatrics.aappublications.org/content/107/6/1241.long

Dokter Indonesia Online. (2009). Kejang Demam Pada Anak. *Jurnal Pediatri*. Retrieved from https://jurnalpediatri.com/2009/07/17/kejang-demam-pada-anak

Fuadi. (2010). *Faktor Risiko Bangkitan Kejang Demam pada Anak*. Diponegoro University. Retrieved from http://eprints.undip.ac.id/29064/

Gontko-Romanowska K, Żaba Z, Panieński P, Steinborn B, Szemień M, Łukasik-Głębocka M, Ratajczak K, Chrobak A, Mitkowska J, G. J. (2017). The assessment of risk factors for febrile seizures in children. *Neurol Neurochir Pol*, *51*(6), 454–458. https://doi.org/10.1016/j.pjnns.2017.07.011

Gunawan, W., Kari, K., & Soetjiningsih, S. (2008). Knowledge, attitude, and practices of parents with children of first time and recurrent febrile seizures. *Paediatrica Indonesiana*, *48*(4). https://doi.org/https://doi.org/10.14238/pi48.4.2008.193-8

Hidayat, A. A. A. (2006). *Asuhan Keperawatan Anak II*. Jakarta: Salemba Medika.

Kharis, A. (2010). *Defisiensi Besi Dengan Parameter STfR Sebagai Faktor Resiko Bangkitan Kejang Demam*. Universitas Diponegoro.Semarang.

Lagerløv P, Loeb M, Slettevoll J, Lingjaerde OC, F. A. (2006). Severity of illness and the use of paracetamol in febrile preschool children; a case simulation study of parents' assessments. *Family Practice*, *23*(6), 618–623. Retrieved from https://academic.oup.com/fampra/article/23/6/618/556083

Lumbantobing. (2007). *Kejang Demam (Febrile Convulsions)*. FKUI. Jakarta.

Maryatongo. (2007). *Asuhan Keperawatan Anak S dengan Kejang Demam di Ruang Luqman RS Roesmani Semarang*. Semarang. Retrieved from http://digilib.unimus.ac.id