

Original Research

Counseling on Family Health Tasks in Preventing Febrile Seizures in Children

Muhammad Qasim^{1*}, Helmi Juwita¹¹Department of Nursing, STIKES Amanah Makassar, Indonesia

Article InfoArticle History:
Received: 22-07-2024
Revised: 26-07-2024
Accepted: 27-07-2024*Corresponding Author:
Muhammad Qasim
Department of Nursing,
STIKES Amanah
Makassar
Email:
qasimwelonqe@gmail.com**Abstract****Background:** Febrile seizures are fevers that usually attack children aged 6 months to 5 years with a relatively high recurrence rate and are the most frightening experience for parents. In preventing febrile seizures in children, it is necessary to have counseling on family health tasks. Family tasks in the health sector are highly expected in the family environment with the hope of taking care of the family's health properly.**Objective:** This study aims to determine the effect of counseling family health tasks in preventing febrile seizures in children.**Methods:** This study uses a quasi-experimental design with a pre-post test design approach. The sampling technique used purposive sampling technique. The sample in this study amounted to 44 people. The research instrument used a research questionnaire based on Friedman's theory. Data analysis used the McNemar test.**Results:** respondents' knowledge increased after counseling on Family Health Tasks in Preventing Febrile Seizures in Children with the McNemar test result value with $p = 0.001$ when compared to the value of $\alpha = 0.05$, then $p < \alpha$. This shows that there is an influence of Counseling on Family Health Tasks in Preventing Febrile Seizures in Children.**Conclusion:** There is an influence of family health task counseling in preventing febrile seizures in children on family knowledge before and after counseling.**Keywords:** Counseling; Family Health Tasks; Febrile Seizures.

Introduction

Febrile seizures are one of the most common seizure disorders in children under 5 years of age and one of the biggest obstacles for parents to take their children to emergency services. If febrile seizures can be resolved, then febrile seizures do not occur repeatedly, if febrile seizures are not resolved, febrile seizures will definitely recur and can cause permanent brain damage and trigger death (1). Febrile seizures are caused by an increase in body temperature ($>38^{\circ}\text{C}$), without being accompanied by other causes or diseases that trigger seizures such as central nervous system infections, electrolyte disorders, trauma, or epilepsy. Recurrence of febrile seizures is influenced by various risk factors, one of which is a history of seizures in the family (2). Febrile seizures begin during a febrile event or episode that occurs without a central nervous system infection which usually attacks children aged 6 months to 5 years with a relatively high recurrence rate and is the most frightening experience for parents.

Types of febrile seizures consist of simple febrile seizures which account for 80% of all febrile seizures and complex febrile seizures(3,4). Febrile seizures are generally considered by health professionals to be a condition that can heal on its own with a generally benign nature. However, this condition often causes pediatric consultation, and its treatment can vary depending on the clinical context.

In the United States, febrile seizures affect children around 2-5%. In Japan, febrile seizures affect children around 6-9%(5). Meanwhile, in Indonesia, the incidence of febrile seizures was reported to be 5% in 2021(6,7). In Indonesia, it often occurs when fever is not handled properly by the family, such as not immediately giving the child when a febrile seizure occurs, and as a family, taking their child to a shaman so that there is often a delay for officers in handling which continues to febrile seizures. Various factors that influence family behavior in handling febrile seizures include knowledge(8).

The family's task in the health sector is highly expected in the family environment with the hope of proper family health care. This is because the family is the closest unit in family members who are in pain. Family tasks in the field of health, namely the ability of families to recognize health problems, make the right decisions, care for family members who experience health problems or modify the environment and use of health services in hospitals or health centers. Empirically, it can be said that the health of family members and the quality of family life are very related or things that need to be considered(9).

From the description above, it shows that the family is a system because the family has members including father, mother and child or all individuals who live in the household. Family members interact with each other, interrelate and interdependence to achieve common goals. The family is an open system so that it can be influenced by its system, namely the community environment and vice versa as a subsystem of the environment (society) the family can influence society (supra system). Therefore, researchers are interested in conducting research on counseling family health tasks in preventing febrile seizures in children. This study aims to determine the effect of counseling family health tasks in preventing febrile seizures in children in Bacu-Bacu Hamlet, Lalabata Village, Barru Regency.

Methods

Study Design

This study uses a quasi-experimental design with a pre-post test design approach. This study was conducted in Bacu-Bacu Hamlet, Lalabata Village, Barru Regency on May 8-31, 2024.

Samples/Participants

The sampling technique used purposive sampling technique. The sample in this study amounted to 44 people.

Data Collection

This study was conducted in Bacu-Bacu Hamlet, Lalabata Village, Barru Regency on May 8-31, 2024.

Data Analysis

Data analysis used SPSS version 29 with the McNemar test.

Ethical Considerations

Before the study was conducted, informed consent was given to respondents.

Results

Table 1. The Characteristics of the Respondents

Characteristics respondents		f (n)	%
Gender	Male	10	22,7
	Female	34	77,3
	Total	44	100,0
Age	25-30 years	1	2,3
	31-35 years	5	11,4
	36-40 years	19	43,2
	41-45 years	11	25,0
	46-50 years	7	15,9
	>50 years	1	2,2
	Total	44	100,0
Education	Elementary school	9	20,5
	Junior high school	8	18,2
	High school	23	52,3
	University	4	9,0
	Total	44	100,0

(Source: SPSS processed data, 2024)

Table 2. Knowledge Pre test and Pos test Counseling on Family Health Tasks in Preventing Febrile Seizures in Children

Knowledge		f (n)	%	<i>p</i>
Pre test	Good	2	4,5	0,001
	Less	42	95,5	
	Total	44	100,0	
Post test	Good	41	93,2	
	Less	3	6,8	
	Total	44	100,0	

(McNemar test)

Table 1 shows that most respondents were female (77.3%), most were aged 36-40 years (43.2%) and most had high school education (52.3%). As in table 2, respondents' knowledge increased after counseling on Family Health Tasks in Preventing Febrile Seizures in Children with the McNemar test result value with $p = 0.001$ when compared to the value of $\alpha = 0.05$, then $p < \alpha$. This shows that there is an influence of Counseling on Family Health Tasks in Preventing Febrile Seizures in Children.

Discussion

Previous studies explain that the higher the family's knowledge and understanding of health, the better the family's perspective on the concept of health and illness, which ultimately improves the level of health(10). This is also explained in other studies which state that the knowledge factor is an indirect factor that plays an important role in determining the level of public health.

The family is an effective and efficient media and channel for improving health and preventing disease, so the lower the family's ability to carry out family health tasks, the more difficult it is for the family to overcome health problems experienced by family members (11,12). The implementation of family health care tasks is closely related to efforts to prevent febrile seizures in children carried out by their families. So that family tasks in the health sector are very important with the implementation of good family health care tasks so that it will prevent the recurrence of febrile seizures in children.

The results of the study showed that after health education was carried out, knowledge increased, this was because family experience was related to the age and education of the family. This means that the older a person is, the wider the experience gained. Likewise, education, the higher the family's education, the greater the ability to receive education on preventing febrile seizures provided.

In this case, families must be able to utilize health facilities in the community, including community health centers and integrated health posts so that children's health, especially fever, can be controlled. Often, the family's ability to reach health care facilities is an obstacle for families to take their children to health services. The importance of the family's task in utilizing health services so that families get information about handling diseases such as fever and seizures by health workers.

Knowledge is very important for each individual so that it will affect family behavior in handling febrile seizures in children. This is because the higher a person's level of knowledge, the more they understand about something, including febrile seizures. Similarly, behavior can be a trigger for how someone does their job, so good knowledge affects the family's behavior itself in handling febrile seizures in children (13).

Family support has a close relationship in improving the quality of life for members who experience febrile seizures. The family's ability to recognize and carry out health care tasks is related to the family's health status, in this case the family also plays a role in providing psychological support in order to increase the enthusiasm and motivation of their sick family members to behave healthily. On the other hand, family empowerment is needed to continue to maintain and care for their sick family members, both those with infectious diseases or non-infectious diseases.

The mindset of families at the research location is influenced by the level of education in the family, so that families will take action according to the capacity they know and the potential they have in the family. Family health conditions are a pressure that must be faced by families. So it takes knowledge to be able to form good coping mechanisms and strategies in adapting to problems or when a family member is sick. The importance of increasing understanding and good problem-solving mechanisms is a manifestation of the implementation of good family health tasks, in this case the researcher hopes that the level of family independence can be achieved optimally.

Increasing understanding through educational activities for families is very important for families to support monitoring and support for their family members, especially the prevention of febrile seizures. As is well known, the role and support of the family are important things that can influence the behavior of individuals in their families. This is in line with previous research that safe and effective management strategies must include health education for correct first aid and protocols for timely and correct emergency care by parents/pre-hospital teams/emergency doctors (14).

As obtained from the results of the study that good knowledge and awareness of the family affect the capacity to prevent febrile seizures in their family members, so that recognizing problems, decision making, ability to care, modify the environment and utilize health services can increase. By having adequate family knowledge about family health tasks, families can prepare and implement real plans and actions to provide disease prevention efforts and appropriate health care to their family members. The better the family's knowledge about family health tasks, the better the efforts to prevent febrile seizures given to their children will be so that the problem of febrile seizures in members will be easier to overcome(15).

Conclusion

There is an influence of family health task counseling in preventing febrile seizures in children on family knowledge before and after counseling. The activity of providing education through family health task counseling in the form of families being able to recognize health problems, being able to make decisions, being able to care for sick family members, being able to modify a healthy environment and utilizing health services. This can support monitoring and support for their family members, especially in preventing febrile seizures.

References

1. Perdana SW. Penanganan Kejang Demam Pada Anak. *J Penelit Perawat Prof* [Internet]. 2019;4(2):699–706. Available from: <http://jurnal.globalhealthsciencegroup.com/index.php/JPPP/article/view/959/696>
2. Ayu P, Nandari P, Agung A, Lely O, Budiapsari PI. Hubungan Berulangnya Kejang Demam pada Anak Dengan Riwayat Kejang di Keluarga. *e-Journal AMJ (Aesculapius Med Journal)*. 2021;1(1):32–7.
3. Sarosa GI. *Buku Ajar Neonatologi. Ikat Dr Anak Indones*. 2014;226–50.
4. Arief RF. Penatalaksanaan Kejang Demam. *Cermin Dunia Kedokteran-232* [Internet]. 2015;42(9):658–9. Available from: <http://jurnal.untad.ac.id/jurnal/index.php/HealthyTadulako/article/download/8333/6614>
5. Ferretti A, Riva A, Fabrizio A, Bruni O, Capovilla G, Foadelli T, et al. Best practices for the management of febrile seizures in children. *Ital J Pediatr*. 2024;50(1):1–12.
6. Widiyanto Widiyanto, Mariani Mariani, Marfuah Marfuah. Pengaruh Pendidikan Kesehatan Tentang Kejang Demam Terhadap Peningkatan Keterampilan Ibu Dalam Memberikan Pertolongan Pertama Pada Anak Kejang Demam Di Desa Blukon Kabupaten Lumajang. *J Rumpun Ilmu Kesehat*. 2023;3(3):330–40.
7. Fitriah N, Kalsum U, Rahman G. Pengaruh Edukasi Kejang Demam Dengan Media Video Terhadap Pengetahuan Dan Keterampilan Penanganan Kejang Demam Pada Ibu Balita Di Wilayah Kerja Upt Puskesmas Bumi Rahayu. *Aspiration Heal J*. 2023;1(1):164–72.
8. Wiharjo AO. 24. Hubungan Tingkat Pengetahuan Orangtua Pertolongan Pertama Kejang Demam Pada Anak Usia Balita Di Ruang Aster Rsud Kota Bogor. *J Ilm Wijaya* [Internet]. 2019;11(2):59–70. Available from: <https://doi.org/10.46508/jiw.v11i2.57>
9. Qasim M. Penyuluhan Tugas Keluarga Di Bidang Kesehatan. 2022;3(3):2199–204. Available from: <https://journal.universitaspahlawan.ac.id/index.php/cdj/article/view/13838>
10. Putra ID, Hasana U. Analisis Hubungan Sikap dan Pengetahuan Keluarga dengan Penerapan Program Indonesia Sehat dengan Pendekatan Keluarga. *J Endur*. 2020;5(1):13.
11. Hayati AN, Pawenang ET. Analisis Spasial Kesehatan Lingkungan dan Perilaku di Masa Pandemi Untuk Penentuan Zona Kerentanan dan Risiko. *Indones J Public Heal Nutr* [Internet]. 2021;1(2):164–71. Available from: <http://journal.unnes.ac.id/sju/index.php/IJPHN>
12. Nora R. Studi Fenomenologi: Pengalaman Keluarga Matrilineal Dalam Merawat Klien Perilaku Kekerasan Di Kota Padang. *J Endur*. 2018;3(3):422.
13. Suryagustina S, Prinawati P, Indrawan I. Hubungan Pengetahuan dengan Perilaku Keluarga dalam Penanganan Kejang Demam pada Anak: Literature Review. *Ahmar Metastasis Heal J*. 2022;2(2):52–62.
14. Jain S, Santhosh A. Febrile Seizures: Evidence for Evolution of an Operational Strategy from an Armed Forces Referral Hospital. *Pediatr Heal Med Ther*. 2021;Volume 12:151–9.
15. Nuryani N, Nasriati R, Verawati M. Hubungan Pengetahuan Keluarga Tentang Kejang Demam Dengan Perilaku Penanganan Kejang Demam Sebelum Dibawa Ke Rumah Sakit. *Heal Sci J*. 2020;4(1):59.