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Assessment of knowledge and belief towards prevention of childhood convulsion among women attending infant welfare clinic in selected primary healthcare centers, Ibadan north local government area

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Abstract

Childhood convulsion is one of the most common neurological disorders contributing to high mortality and morbidity rate among children. This study assessed the level of knowledge and belief towards prevention of childhood convulsion among women attending infant welfare clinics in selected primary health care centers, Ibadan north local government area.

This study adopted a descriptive survey design and a multi-stage sampling technique was used to select one hundred and fifty-one mothers and data was collected with a structured questionnaire. Two research questions were raised and two hypotheses were formulated and tested at the level of 0.05 significance. Hypothesis one was tested using student chi-square while the second was tested using PPMC. Data was collated, collected, and analyzed using Statistical Package for The Social Sciences (SPSS) 25.

The results from the study revealed that the majority of the participants had above average knowledge of childhood convulsion 102(67.5%) $x^2 = 82.475^a$; p=0.001< .05), there is a significant relationship between respondents' knowledge and their belief on childhood convulsion (r = .334; p=0.000 < .05), that there is a significant relationship between respondents' knowledge and preventive practices on childhood convulsion among women attending infant welfare clinic at selected PHC (r = .210; p=0.000 < .05).

The majority of the participants demonstrated a high level of knowledge on the causes of and preventive practices towards childhood convulsion but misconceptions about orthodox medication persist, it is therefore recommended that health providers educate mothers on alarming signs and symptoms, care, and proper home management of childhood convulsion.

Keywords: Belief; Childhood convulsion; Knowledge; Mother; Prevention

1. Introduction

Infantile convulsion is a convulsion that occurs in young children. It is a seizure occurring in childhood after one month of age, associated with a febrile illness not caused by an infection of the Central Nervous System as described by the International League Against Epilepsy (ILAE). Laino, Mencaroni and Esposito, (2018). Opined that children with

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convulsions account for as many as 20% of pediatric emergency department visits. Between 1% and 4% of children have convulsions and 4% arise before the age of six months, 90% between the ages of 6 months and 3 years, and between 2% and 5% of children experience at least one convulsion before the age of 5 years. In Europe and the United States, between 2% and 4% of all children come up with convulsions before the age of 5. In Nigeria, the cumulative incidence of convulsion in children ranges from 10-18%, and the majority of convulsion is simple (70-75%) and complex convulsion (9-35%).

The condition is usually associated with an outstanding prognosis and normal cognitive outcome resulting in excessive fear and apprehension by the parents, especially the mothers (Srinvasa, Anjum, Patel, Harish, and Bhavya, 2018). Similarly, Mohammed, et.al, (2016) found that this condition led to seizure that occurs suddenly and it is commonly associated with fever which can lead to anxiety and worry in most parents, especially mothers.

However, first aid precautions should be a necessity for mothers to be aware of how to keep the condition under control before seeking medical attention to prevent complications.

Improper knowledge on the prevention of childhood convulsion has led many to practice various unorthodox remedies such as the use of palm oil, human or cow's urine, kerosene, cutting off the body with a razor, latrine odour, carbon oxide smoke, etc. (Nyaledzighor, Adatara, Kuug & Dyiedzorm, 2016). If the problem of improper knowledge persists as a result of wrong beliefs and wrong prevention practices by women definitely, complications and even death of children may be unavoidable which increases child mortality and morbidity rate in the country (Sajadi, 2017).

However, for women to have good preventive practices, proper knowledge, good and adequate information about the prevention and management of childhood convulsions must be ensured. This prompted the researcher to assess the level of knowledge, and belief towards prevention of childhood convulsion among women attending infant welfare clinics at selected primary health centers, Ibadan-North Local Government-Area

Objectives

The specific objectives of the study are to:

- Assess the level of knowledge towards prevention of childhood convulsion among women attending infant welfare clinics at selected primary health centers, Ibadan-North Local Government-Area.
- Identify beliefs on prevention of childhood convulsion among women attending infant welfare clinics at selected primary health centers, Ibadan-North Local Government-Area.
- Determine if there is a significant relationship between the level of knowledge of childhood convulsion and women's level of education
- Determine if there is a significant relationship between knowledge and belief of childhood convulsion among women attending infant welfare clinics at selected primary health centers, Ibadan-North Local Government-Area.

1.1. Research Questions.

The following research questions will be answered:

- What is the level of knowledge towards prevention of childhood convulsion among women attending infant welfare clinics at selected primary health centers, Ibadan-North Local Government-Area
- What is the belief of women attending infant welfare clinics on prevention of childhood convulsion at selected primary health centers, Ibadan-North Local Government Area.

1.2. Hypotheses

Ho1: There is no significant relationship between the level of knowledge of childhood convulsion and women's level of education

Ho2: There is no significant relationship between knowledge and belief of childhood convulsion among women attending infant welfare clinics at selected primary health centers, Ibadan-North Local Government-Area.

2. Literature review

Convulsion is a condition in which the muscles contracts and diminishes rapidly and causes uncontrolled shaking of the body. (Malhotra, Srivastava, Sharma & Bhattacharjee, 2018). Febrile convulsions are the most frequently encountered childhood convulsion and they occur commonly between the ages of 6 months and 6 years, with a peak occurrence in children aged 18 months (Alexandria, Anthony, Cannon, Prosad, 2018). Studies demonstrated that there is a slight male predominance, by definition, febrile convulsion occurs in children aged 3 months to 5 years (Tejani, 2018).

A febrile convulsion is seen in about 5% of children, and it was estimated 460 out of 100,000 children under 4 years old. In North America and Europe, it was estimated about 3 to 5% and in Asian children up to 14%., numerous studies have been conducted in several parts of Nigeria ranging between 8.05% in Jos and 21.5% in Enugu. Studies in Nigeria have revealed that malaria is the commonest cause of fever which ultimately leads to convulsion. The mortality rate of children with febrile convulsion ranges from 0.64 to 75% (Fuadi, Bahtera&Wijayahadi, 2016), children with simple febrile seizures do not have improved mortality risk.

In Egypt, the incidence of febrile convulsions is 5% with a peak occurrence at 18 months and twice as common in boys and girls. And about 2-7% of children will progress into epilepsy during the adolescent age (Shafie, El-Hawy, & Barseem, 2018). There is no guaranteed way to prevent convulsion. But mothers mentioned numerous ways by which febrile convulsions could be prevented at home. Based on the literature, a majority (60%) of parents indicated that febrile convulsion can be prevented by reducing fever in children by tepid sponging, while (44%) of them mentioned giving paracetamol syrup to the child having fever to prevent convulsion. However, (20%) of mothers believe that giving some mixtures (concoctions) or herbs to a child who has fever can prevent convulsion (Nyaledzighor, Adatara, Kuug&Dyiedzorm, 2016). Improper knowledge of the management of infantile convulsion by mothers has resulted in panic which has led to the usage of various remedies such as the use of kerosene, cow urine, palm oil, etc. for the treatment of convulsion (Ogundare, 2019). The majority of children with febrile seizures do not require hospitalization (Leung, Hon & Leung, 2018). Usually, children outgrow seizures by 6 years of age and mothers should be reassured of the benign nature of the children and how the treatment is somewhat unnecessary (Leung, Hon & Leung, 2018).

2.1. Knowledge of mothers on prevention of childhood convulsion

In Nigeria, women do not have the knowledge and skill required to prevent childhood convulsion. Most mothers have good knowledge of the delineation of convulsion in children. About 70% of mothers described convulsion as a sickness in children in which the child experiences twitching or fitting, and 30% of them describes it as a sickness associated with high temperature, an extreme case of malaria, whereby the child is unconscious with eyes wide open. Mothers also mentioned various signs and symptoms of convulsion to include clenching of teeth and vomiting stiffening of the arm, loss of consciousness, and twitching of the face or an extremity. Giving of the right information can help increase the mother's knowledge about convulsions. Well-informed mothers manage convulsion better when it occurs (Nyaledzighor, et al 2016).

2.2. Beliefs of mothers on prevention of childhood convulsion

Regarding the beliefs of mothers on convulsions, some mothers believe that in later years, convulsions can develop into epilepsy while some believe that if one child has convulsions then his/her siblings will have it (Sajadi & Khosravi, 2016). Findings showed that mothers who believed in indigenous practices employed interventions such as applying a mixture of onion and honey on their child`s body, rubbing a child`s body with slimy fluids of snails, putting pepper in fire, calling out the child`s name at the top of your voice (loudly), spread over residue of meals from a cooking pot on child`s body, binding child`s arm with special beads, rubbing charcoal on the body, making small openings on child`s body, taking the child to the garbage dump, bathing child with ash and many more during a febrile convulsion (Kennedy, Percival, Kennedy & Roberta, 2019).

2.3. Empirical Review

Nyaledzigbor, Adatara, Kuug, and Abosti, (2016) conducted a study on mothers` knowledge, beliefs, and practices regarding febrile convulsion and home management, it was discovered that mothers` whose children have suffered from febrile convulsion have adequate knowledge regarding the causes, signs, and symptoms of febrile convulsion, however, harmful beliefs persist amidst mothers who attribute the cause of febrile convulsion in children to supernatural forces. Results showed that a considerable number 27(48%) of the mothers had the belief that febrile convulsion is caused normally by witchcraft and evil spirits while 8 (16%) of the respondents holds beliefs that a sore in the child's abdomen causes convulsion

Shibeeb and Altufaily, (2019) conducted a study on parental knowledge, and practice regarding febrile seizures in their children, the study revealed that parental knowledge regarding febrile seizures was significantly associated with maternal education, urban resistance, and the mother's age. Kennedy, Percival, Konlan, and Amoah (2019), conducted a study on home management practices of mothers on febrile convulsion, the study revealed that febrile convulsion is a non-threatening situation with an excellent prognosis and normal cognitive effect but is connected with anxiety and apprehension by mothers.

Syahida, Risan, and Tarawan, (2016) conducted a study on knowledge and attitude on febrile seizures among mothers with under-five children and the study revealed that the knowledge and attitude regarding febrile seizures are good, but the knowledge and attitude concerning the result and what to do during febrile seizures occasion are still poor.

In a study by Chiabi, Nguefack, Monkam, Enoh, Dongmo, Bilo'O, & Mbonda, (2018), it was found that the perception and behaviour of parents towards seizures are often influenced by education, most parents try to stop seizures at home, 87.1% of the mothers made their children drink cow urine concoctions, 61.2% of mothers inserted their hands or a spoon into the mouth of the convulsing child.

2.4. Theoretical framework

The Health Belief Model (HBM) is one of the first theories of health behaviour. It was developed in the early 1950s by social scientists in the U.S. (Behavioural Change Models, n.d.). There are six concepts of HBM, the first four were established as the original views of HBM, and the last two were further added as research about the HBM evolved (Behavioural Change Models, n.d.).

The Health Belief model posits that people will take action to prevent illness if they regard themselves as susceptible to a condition. It considers how much a mother knows her child that is prone to convulsion if they believe it would have potentially serious consequences if they believe that a particular course of action available to them would reduce the susceptibility or severity or lead to positive or negative outcomes. Prevention will be unavoidable (Jones, Jensen, Scherr, Brown, Christy & Weaver, 2015).

Applying the theory to knowledge, and beliefs towards prevention of childhood convulsion among women. The Health Belief Model views health behaviour as a function of an individual's demographical characteristics, knowledge, beliefs, and prevention. According to this model, Individual knowledge and belief such as convulsions are associated with twitching and clinching and convulsion being caused by evil spirits are likely to affect the prevention of or the mismanagement of childhood convulsions. Promoting actions such as changing individual personal beliefs about convulsion is necessary for the health belief model. Families' community, peers, and healthcare workers play an important role in interpersonal influence, and this can lead to either an increase or decrease, negative or positive commitment to health-promoting behaviours. In this model, changing a behaviour, knowledge, or belief includes; weighing the benefits against the perceived cost and barriers to change.

- PERCEIVED SUSPETIBILITTY: - Health belief models predict that mothers who identify their children as being prone to childhood convulsion will engage in practices or behaviours to help prevent the convulsion.
- PERCEIVED SEVERITY: According to the Health belief model, women who think convulsion is major will engage in activities that will reduce the severity or occurrence of convulsion.
- PERCEIVED BENEFITS: Women who believe that action will help reduce the susceptibility or seriousness of convulsion will engage in activities or behaviours regardless of the effectiveness of the action.
- PERCEIVED BARRIER: This refers to the obstacles preventing women from performing of those actions contributing to the wellbeing of the convulsed child.
- CUE OF ACTION- This refers to the stimulus needed by women to trigger the decision-making process so that they can accept the recommended health action for the management of convulsion.
- SELF-EFFICACY: - It has to do with training women to be confident in the proper management, prevention, and treatment of convulsions.

3. Material and methods

3.1. Research Design

A descriptive survey design was used to assess the knowledge, beliefs, and prevention of childhood convulsion among women attending infant welfare clinics at selected primary health care centers, Ibadan-North Local Government-Area.

3.2. Population

The population for this study consists of women attending infant welfare clinics at selected primary health care centers in Ibadan-North Local Government

3.3. Sampling technique

The multi-stage sampling procedure was used to select one hundred and fifty-one women for this study

3.4. Instrumentation

A structured questionnaire was used as an instrument for data collection viz; demographic variable, knowledge, beliefs, and prevention of childhood convulsion

Data were collated and analyzed using IBM-SPSS (Statistical Package for The Social Sciences) version 25. Descriptive statistics of frequency counts, simple percentages, and mean and standard deviation were used to summarize and present the results. A Pearson Correlation was used to test the relationship between knowledge of causes of convulsion and the belief of convulsion at a 0.05 significant level.

3.5. Procedure for data collection

A letter of introduction was obtained from the School of Nursing, Babcock University which was taken to the management of the selected primary health centers at Ibadan-North to obtain approval to carry out the study. Respondents were informed about the purpose, course, and benefit of participating in the study. Consent was obtained and respondents were given questionnaires to fill.

4. Results

Table 1 Demographic Characteristics of Respondents

Variable		**(n)**	**(%)**
Age	20-24yrs	30	19.9
	25-29yrs	40	26.5
	30-34yrs	60	39.7
	35yrs and above	21	13.9
	Total	**151**	**100.0**
	Mean age =32years; SD= ±0.96		
Marital status	Married	131	86.8
	Divorced	15	9.9
	Widowed	5	3.3
	Total	**151**	**100**
Educational Qualification	No formal education	12	7.9
	Primary	13	8.6
	Junior High school	11	7.3
	Senior high School	49	32.5
	Tertiary	66	43.7
	Total	**151**	**100**
Parity	None	64	42.4
	1-3	65	43.0

	4-6	11	7.3
	Above 6	11	7.3
	Total	**151**	**100.0**
Religion	Christianity	62	41.1
	Islam	89	58.9
	Total	**151**	**100**
Occupation	house-wife	27	17.9
	Trader	62	41.1
	Teaching	17	11.3
	fashion designer	45	29.8
	Total	**151**	**100.0**

Table 1. Reveal the age spectrum of the participant across the selected setting between 20 years to ≥ 35 years with a mean age of 32 years. Many participants were aged 30 to 34 years 60(39.7%), while the least group of participants (aged 35 and above) was 21(13.9%). In addition, married participants were predominantly represented in this study 131(86.8%) compared with those who were divorced 15(9.9%), and widowed 5(3.3%); hence, this implies that the findings of this study were mainly influenced by married participants. On the other hand, many of the respondents had tertiary education 66(43.7%), while the least of the participant had no formal education 12(7.9%) which implied that the majority were literate to understand the study. Furthermore, the highest number of the participants had one to three children 65(43%) while the least of the participants had more than six children 11(7.3%). With regards to religion, most of the participants were Muslim 89(58.9%) while less than average was Christian 62(41.1%). More of the participants are involved in trading 62(41.1%), followed by those who engage in fashion designing 45(29.8%) while the least of the participants were engaged in the teaching profession 17(11.3%).

4.1. Research question one

4.1.1. What is the level of knowledge of childhood convulsion among women attending infant welfare clinics at selected primary health centers in, Ibadan-North Local Government Area.

Table 2 Level of knowledge towards prevention of childhood convulsion among women

Levels of knowledge	Category of Scores	Frequency	percentage	Mean ±SD
Above average	14 -19	102	67.5 %	14.0 ±2.97
Average	9-13	45	29.8%	
Below average	4-8	4	2.6%	
Total		151	100	

Minimum score= 4; Maximum score= 19

Table 2 Reveals the level of knowledge among women attending infant welfare clinics at selected primary health centers on childhood convulsion. The result shows that the majority of the participants had above-average knowledge on the prevention of childhood convulsion 102(67.5%), few had average knowledge 45(29.8%) while the least of the participants had below-average knowledge 4(2.6%). However, the means score of the participants' knowledge was 14.0±2.97 which can be categorized as above-average knowledge. This implies that the majority of the women attending the infant welfare clinic at selected PHC, Ibadan North L.G. possess high knowledge of childhood convulsion.

4.2. Research question two

4.2.1. What is the belief childhood convulsion among women attending infant welfare clinics at selected primary health centers, Ibadan-North Local Government-Area

Note: The questionnaire was developed with a 5-point Likert scale of 5=strongly Agree 4= Agree 3=Undecided 2=Strongly Disagree and 1= Disagree. However, to enhance the interpretation of the results, the scale was recorded as follows: Strongly Agree and Agree were combined to Agree with a score of 3; undecided =2; while Strongly Disagree and Disagree were combined to Disagree with a score of 1.

Table 3 The belief of childhood convulsion among women attending infant welfare clinic at selected PHC Ibadan North LGA

		Agree 3	**Undecided 2**	**Disagree 1**	**Mean; SD**	**AVM**
1.	Childhood convulsion is best treated with orthodox medication	110(72.8%)	-	41(27.2%)	2.45; ±0.89	AVERAGE MEAN =2.12
2.	Palm oil application on the body is a home remedy for childhood convulsion	67(44.4%)	-	84(55.6%)	1.88; ±0.99	
3.	Cow's urine concoction is the treatment for childhood convulsion	49(32.5%)	-	102(67.5%)	1.64; ±0.93	
4.	Onions should be instilled into the eyes of a convulsing child	78(51.7%)	-	73(48.3%)	2.03; ±1.00	
5.	The child's body should be rubbed with slimy fluids of snails or charcoal	42(27.8%)	1(0.7%)	108(71.5%)	1.56; ±0.89	
6.	Residue of meals from the cooking pot should be spread over the child 'body	35(23.2%)	1(0.7%)	115(76.2%)	1.47; ±0.84	
7.	Convulsing children should be rushed to the nearby hospital	135(89.4%)	1(0.7%)	15(9.9%)	2.79; ±0.60	
8.	A spoon should be inserted into the mouth of the convulsing child to prevent the child from biting the tongue	110(72.8%)		41(27.2%)	2.45; ±2.45	
9.	Making small openings in child' body	69(45.7%)		82(54.3%)	1.91; ±0.99	
10.	Convulsing children should be placed on a smooth and safe surface.	124(82.1%)	1(0.7%)	26(17.2%)	2.64; ±0.75	
11.	Convulsing children should be placed in a lateral position	112(74.2%)		39(25.8%)	2.48; ±0.87	
12	Average mean=2.12					

Table 3: Reveal the belief of the participants on the prevention of childhood convulsion among women attending welfare clinic PHC. This result shows that most of the participants concurred that childhood convulsion is best treated with orthodox medication (72.8%), onions should be instilled into the eyes of a convulsing child (51.7%), convulsing children should be rushed to the nearby hospital (89.4%), a spoon should be inserted into the mouth of the convulsing child to prevent the child from biting the tongue (72.8%), convulsing children should be placed on a smooth and safe surface (83.1%) and convulsing children should be placed in a lateral position (74.2%).

However, most of the participants disagreed that palm oil application on the body is a home remedy for childhood convulsion (55.6%), Cow's urine concoction is the treatment for childhood convulsion (67.5%), child's body should be rubbed with slimy fluids of snails or charcoal (71.5%), the residue of meals from the cooking pot should be spread over child body (76.2%).

Therefore, this study implies that most participants believe that using an orthodox medication, onions, rushing to a nearby hospital for proper care, spoon insertion to avoid tongue biting and lateral positioning of a convulsed child is the best way of treating childhood convulsion and against this, misconception like application of palm oil, using cows' urine concoction, rubbing with snails or charcoal fluids are wrong beliefs towards prevention of childhood convulsion.

Table 4 Prevailing socio-demographic factors predicting women's level of knowledge towards preventing childhood convulsion

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	12.056a	6	2.009	1.546	0.171	0.083
Intercept	66.648	1	66.648	51.289	0.000	0.332
Age	.405	1	.405	0.311	0.578	0.003
Family residence	1.213	1	1.213	0.933	0.336	0.009
Marital status	2.144	1	2.144	1.650	002	0.016
Level of education	5.811	1	5.811	4.472	0.37	0.042
Religion	1.364	1	1.364	1.050	0.308	0.010
Occupation	1.395	1	1.395	1.074	0.303	0.010
Error	133.844	103	1.299			
Total	8859.000	110				
Corrected Total	145.900	109				

a. R Squared = .083 (Adjusted R Squared = 0.029)

The above table shows the predictors of the level of knowledge based on socio-demographic factors. The level of significance for the predictors is less than 0.05 and the Eta square shows the effect or predictors size. From table 6; the most predicting factors out of the socio-demographic factor was level of education with an Eta size of 0.042, p-value of 0.037, followed by marital status with Eta size of 0.016 while the least predictors were age with an eta size of 0.003, with a p-value of 0.578.

The composite effects of socio-demographic factors on the level of knowledge towards prevention of childhood convulsion is 0.029 which implies that socio-demographic factors predicted knowledge of women by 3%.

4.3. Test of hypothesis

Hypothesis 1: H_0 = There is no significant relationship between the level of knowledge of childhood convulsion and women's level of education

Table 5 Relationship between the level of knowledge and level of education of women attending welfare clinics

Level of education	Levels of Knowledge							Remark
	Low 4-8	Average 9-13	High ≥14	Total	d.f	X^2-value	p-value	
No formal Education	-	3(1.9%)	9(5.9%)	12(7.9%)	48	82.475[a]	0.001	Significant
Primary education	-	6(3.9%)	7(4.6%)	13(8.6%)				
Junior Secondary education	-	1 (1.0%)	10(6.6%)	11(7.3%)				
Senior secondary education	2(1.3%)	12(7.9%)	35(23%)	49(32.5%)				
Tertiary education	2(1.2%)	23(15.2%)	41(27.1%)	66(43.7%)				
Total	**4(2.5%)**	**45(29.8%)**	**102(67.5%)**	**151(100%)**				

Table 5: Summarizes a significant relationship between the level of knowledge and level of education of women attending welfare clinics (x2 = 82.475a; p=0.001< .05). Since P-value (0.001< 0.05). This proves the rejection of the null hypothesis which stated no significant relationship between the level of knowledge and level of education among women attending welfare clinics at selected PHC, Ibadan North LGA. This implies an increase in the level of education will contribute to an increase in the level of knowledge of women attending welfare clinics at the selected PHC.

Hypothesis H02: There is no significant relationship between knowledge and belief of childhood convulsion among women attending infant welfare clinics at selected primary health centers, Ibadan-North Local Government-Area.

Table 6 Relationship between participants' knowledge and women's belief on childhood convulsion among women attending infant welfare clinic

		Belief on childhood	**Remarks**
Knowledge	Pearson correlation	0.210**	Reject null hypothesis
	Sig. (2-tailed)	0.010	
	N	151	

*. Correlation is significant at the 0.05 level (2-tailed).

The results in Table 6 revealed a significant relationship between the respondent's knowledge of childhood convulsion and women's belief in childhood convulsion (r = .210; p=0.000 < .05). The hypothesis which stated that "There will be no significant relationship between respondent knowledge and Belief of women attending welfare clinic on childhood convulsion is hereby rejected by this finding. This implies a significant relationship between respondents' knowledge and their belief in the prevention of childhood convulsion in the welfare clinic at selected PHC, Ibadan North LGA.

5. Discussion

The result showed that the majority of the women attending the infant welfare clinic at selected PHC, Ibadan North L.G A had high knowledge of childhood convulsion. This result correlates with a study led by Nyaledzigbor, et al (2016) who discovered that mothers whose children have suffered from febrile convulsions have adequate knowledge regarding the causes, signs, and symptoms of febrile convulsions. This might be a result of their maternal experience and level of education.

This study further found that most participants believed that using an orthodox medication, onions, rushing to a nearby hospital for proper care, spoon insertion to avoid tongue bitting and lateral positioning of a convulsed child are the best ways of treating childhood convulsion but negate the following means of preventing practices like application of palm oil on the convulsed child, using cows' urine concoction, rubbing with snails or charcoal fluids are means a treatment for childhood convulsion. This might be a piece of improper information. This result aligned with the study conducted by (Nyaledzighor, et al, 2016) who found that Improper knowledge has led to the use of various unorthodox remedies such as the use of palm oil, human or cow's urine, kerosene, cutting off the body with a razor. Indifferently, Ogundare, (2019) discover that improper knowledge of the management of infantile convulsion by mothers has resulted in panic which has led to the usage of various remedies such as the use of kerosene, cow urine, palm oil, etc. for the treatment of convulsion. Moreso, this study further indicates a significant relationship between the level of knowledge and the level of education of women attending welfare clinics. This might be a result of their level of education. However, this result corroborates with a study directed by Shibeeb and Altufaily (2019,) who revealed that parental knowledge regarding febrile seizures was significantly associated with maternal education, urban resistance, and the mother's age. Similarly, giving the right information can help increase the mother's knowledge about convulsions. Well-informed mothers manage convulsion better when it occurs (Nyaledzighor, Adatara, Kuug&Dziedzorm, 2016).

6. Conclusion

The majority of the participants had demonstrated high knowledge of the causes and the prevention of childhood convulsion but misconception about orthodox medication persist. This calls for urgent attention to prevent a harmful effect on the convulsed child. Therefore, to avoid this, proper information must be disseminated to the infant mothers on how to properly control childhood convulsion

Recommendation

- Proper orientation must be given to mothers on the effect of unorthodox remedies on their infants.
- Proper education should be organized for mothers with infants on how to manage and control childhood convulsions.
- Right information should be given to infant mothers on how to monitor childhood convulsion
- Special awareness should be created for infant mothers on the proper way of preventing it.

Compliance with ethical standards

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Disclosure of conflict of interest

All authors contributed positively to the writing of this manuscript and there no conflict of interest as agreed to the content of this research.

Statement of ethical approval

Ethical approval was sought for and gotten from Babcock University Health and Ethical Committee (BUHREC) and from the Ibadan North LGA.

Statement of informed consent

Informed consent was obtained from all individuals respondents included in the study

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