Mother's Awareness regarding Epileptic Children

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Abstract

Background: Epilepsy is a common condition that affects the brain and causes frequent sudden seizures so that the mothers awareness play important role to manage the children with epilepsy. **Aim:** this study aim to assess mothers' awareness regarding their epileptic children. **Design:** A descriptive design was used to conduct this study. **Settings:** The study was conducted at the epileptic outpatient clinic at Ain Shams University Hospital. **Subject:** Convenient sample was used in this study, from epileptic outpatient clinic at Ain Shams University. **Sample size:** The epileptic children visit Ain Shams outpatient clinic in year 2018 are 4320, the investigator will take 10% of them (440) case. **Tools of data collection:** One tool was used in this study: 1st tool: An Interviewing questionnaire: included the following parts. Socio demographic characteristics of mothers and children. School achievements. Epileptic Childs' Past and current medical history. Epileptic Child regarding family history. Knowledge of studied mothers. Reported Practice. Finally, Mothers' attitude. **Results:** 65 % of the mothers were unsatisfactory knowledge regarding Epilepsy, also, 40% of the studied sample had adequate done reported practice regarding to prevent epileptic seizure. Furthermore, 40% of them had negative attitude regarding epilepsy. **Conclusion:** less than two-thirds of them possessed unsatisfactory knowledge, while over half of them demonstrated inadequate practices related to the care of epileptic children. Conversely, more than half of them displayed a positive attitude. The study indicates a highly significant relationship between mothers' age, marital status, level of education, occupation, family income, and their total knowledge, practice, and attitude. Additionally, a positive correlation was identified between mothers' overall knowledge, completed practices, and attitudes regarding epileptic children. **Recommendations:** Develop and implement targeted educational programs aimed at enhancing mothers' knowledge about epilepsy, focusing on its meaning, causes, symptoms, and preventative measures.

Keywords: *Awareness, Children, Epileptic, Mother*

INTRODUCTION:

Epilepsy is a common chronic neurological disorder that affects people of all ages. In children, epilepsy is among the most prevalent neurological conditions in the developing years. The unpredictability of seizure recurrence characterized by its episodic nature causes disruption in the child's normal routine activities. The associated psychological, social, behavioral, and academic difficulties and cultural factors create a significant impact on the lives of patients and their families (**Al-Thaqafy et al., 2023**).

Pediatric epilepsy occurs when a child experiences two or more seizures. Seizures are abrupt electrical surges in the brain, resulting in altered behavior, movements, or sensations. They can be categorized into two main types: provoked and unprovoked. Provoked seizures stem from various conditions like abnormal blood

sugar levels, head trauma, infections, or exceptionally high blood pressure. Additionally, strokes, kidney or liver failure, and severe fevers may trigger seizures, though such occurrences are exceedingly rare. Unprovoked seizures, on the other hand, lack an immediate, identifiable cause **(Kinkar et al., 2020).**

Globally, more than 11 million children aged less than 15 years have active epilepsy. In 2017, more than 291 million children aged less than 20 had epilepsy and intellectual disabilities, of which 95% lived in low- and middle-income countries. In addition, more than 90% of epileptic cases in Sub-Saharan countries have been reported in children and adolescents aged < 20 years. In many parts of the world, patients with epilepsy suffer from stigma and discrimination, which can influence their quality of life and even discourage them from seeking treatment. In some communities, the nature of disease is not well understood, and therefore epilepsy may be considered as a spiritual or contagious disease. Moreover, some people believe that epileptic seizures are associated with divine retribution. Knowledge regarding epilepsy is inversely related to perception of stigma. The stigma can become problematic in terms of education, employment, and marriage. Poor knowledge about epilepsy and negative attitudes towards patients with epilepsy can affect measures taken to treat the disease (Biset et al., 2024).

Seizures are the most common pediatric neurological emergency. Adequate education is important for their proper identification, intervention, and management. Mothers' behavior during an acute seizure is influenced by their knowledge and experience. Although mothers generally feel informed about epilepsy and its management, many still have significant misconceptions and misinformation. Such misconceptions should be identified and corrected for optimal care and management (Elmohalem et al., 2020).

Mothers play a pivotal role in interpreting the diagnosis of epilepsy which lay the groundwork for the child's understanding of the illness and its significance. Mothers frequently take on the role of the primary caregiver for children with epilepsy. This involves managing medication schedules, attending medical appointments, and ensuring that the child's overall health needs are met. The day-to-day care may include monitoring for seizures, administering medications, and addressing any immediate needs during and after seizures (Akbas & Kartal, 2022).

In the realm of assessing mothers' awareness concerning epileptic children, the nurse's role is pivotal and multifaceted. It encompasses education dissemination tailored to individual needs, dispelling myths, and addressing misconceptions surrounding epilepsy. The nurse provides emotional support and counseling to assist mothers in coping with the emotional challenges associated with their child's condition, while also empowering them with knowledge and skills to effectively manage seizures. Acting as a liaison between mothers and healthcare providers, the nurse facilitates open communication and collaboration, ensuring mothers receive the necessary medical care and support services. Additionally, the nurse educates mothers on safety measures to prevent accidents during seizures, offers continued follow-up, and ongoing support to address emerging concerns, ultimately fostering an environment of understanding, support, and effective management(Biset et al., 2024).

Aim of the study:

This study aim to assess mother's awareness regarding epileptic children through:

1-Assess awareness of epileptic children mothers.

2-Assess mothers' reported practices toward epilepsy.

Research questions:

1. What is the mother's awareness regarding Epilepsy?

2. What is the mother's reported practice regarding Epilepsy?

3. Is there a relation between the studied sample Sociodemographic characteristics& Mother's awareness and reported practice?

SUBJECTS AND METHOD:

Research Design

A descriptive design was used to conduct this study.

Study Settings

The study was conducted at the epileptic outpatient clinic at Ain Shams University Hospital.

Subject:

Convenient sample was used in this study, from epileptic outpatient clinic at Ain Shams University, through the following criteria:

Sample size:

The epileptic children visit Ain Shams outpatient clinic in year 2018 are 4320, the investigator will take 10% of them (440) case.

Tools of data collection:

1st tool: An Interviewing questionnaire:

It was designed by the investigator after reviewing related literature to collect the required data. It was written in simple Arabic language:

Part I: Socio demographic characteristics of mothers such as age, educational level, occupation, marital status, residence, and income. Total question (6).

Part II: Characteristics of children such as age, gender, child order, number of children, level of education Total questions (5).

Part III: Knowledge of studied mothers: Meaning of epilepsy, Causes of epilepsy, Symptoms of epilepsy, Exciting factors that help the seizure of epilepsy, stages in which epilepsy occurs, tests that confirm the incidence of epilepsy, treatment of epilepsy, period required for treatment, risk to the child as a result of seizures, seizures that need to be returned immediately to the doctor or the nearest ambulance center, Problems of the child with epilepsy, Source of your information about epilepsy Total questions (12). It was adapted from Elmohalem and others (**Akbas et al., 2022)**

Scoring system:

The answers were formulated as Correct & complete, Correct & incomplete, and Wrong or don't know the answer. Two points were awarded for each correct & complete. One point was awarded for each correct & incomplete answer; Wrong or don't know answer took zero. The total scores were 180 scores. The total knowledge scores were classified into satisfactory andunsatisfactory knowledge. Satisfactory if percent score was ≥ 60% or more. Unsatisfactory if the percent score is ≤ 60%.

Part IV: Reported Practice: It included 20 items distributed on five domains as prevent epileptic Seizure before seizures (3 items), prevent epileptic Seizure at beginning the seizures (4 items), prevent epileptic Seizure during the seizure (4 items), prevent epileptic Seizure after the seizure (5 items), and child complains from febrile convulsion (4 items). It was adapted from Kinkar and others **(Kinkar et al., 2020).**

Scoring system:

The answers were formulated as One grade for done and 0 for not done. The total scores were 20 scores. Adequate done practice if the percent score was ≥ 60% or more. Not Adequate done practice if the percent score was ≤ 60%.

Part X: Mothers' attitude: It included 9 items as thinking the epilepsy is barrier to marriage, thinking the epilepsy is barrier to work, thinking that epileptic children is acceptable to others…etc.

Scoring system:

The instrument consisted of an equal number of positively and negatively worded statements with response options of agree, uncertain, and disagree. Agree answer scored (3), Neutral answer scored (2) and Disagree answer scored (1). The total scores were 27 scores then distributed to Positive if the percent score was ≥ 60% or more (16: 27 scores) and Negative if the percent score was ≤ 60% (zero: 15 scores).

Validity:

The validity of the tool was tested through five experts from the Faculty of Nursing - Helwan University (3 experts in community health nursing and 2 experts in pediatric nursing) to review the relevance of the tools for clarity, relevance, comprehensiveness, understanding, and applicability.

Reliability:

Reliability analysis by measuring of internal consistency of the tool through Cronbach's Alpha test for Knowledge was 0.826, Attitude was 0.783 also Cronbach's Alpha test for Practice was 0.931

Ethical Considerations:

The research approval was obtained from the Ethics of Scientific Research Committee - Faculty of Nursing - Helwan University. The investigator was clarified the objectives and aim of the study to mothers included in the study before starting. Oral consent was obtained from the mothers before inclusion in the study; a clear and simple explanation was given according to their level of understanding. They secured that all the gathered data was confidential and used for research purpose only. The investigator was assuring maintaining anonymity and confidentiality of subjects' data included in the study. The mothers were informed that allowed to choose to participate or not in the study and have the right to withdrawal from the study at any time.

Fieldwork:

Data were collected through six months, from the beginning of March 2023 to the end of August 2023. The investigator firstly met with the mothers at the previously mentioned settings, explained the purpose of the study after introducing herself. Then, individual interviewing was done after obtaining mothers consent to participate. The investigator was visiting the study setting 2days / week (Monday and Wednesday) at (9AM -12PM). The questionnaire was filled by mothers which take 15-30 minutes and the checklist was filled within 20-30 minutes. The aim and the process of the study was explained to the studied mothers and collected by using the previously mentioned tools.

Statistical Analysis:

Data collected from the studied sample was revised, coded and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 24. Data were presented using descriptive statistics in the form of frequencies, percentages. Chi-square test (X^2) was used for comparisons between qualitative variables. Spearman correlation measures the strength and direction of association between three ranked variables.

Categorical variable were expressed as numbers and percentages, while continuous variable were expressed as (mean±SD). Pearson correlation was done to measure correlation between quantitative variables. For all tests, a two –tailed P-value $\leq$ 0.05 was considered statistically, P-value $\leq$ 0.05 was considered statistically significant, P-value $\leq$ 0.01 was considered highly statistically significant. While p- value > 0.05 was considered not significant.

RESULTS:

Table (1): Frequency Distribution of Mothers Regarding Socio-demographic Characteristics (No=440)

Item	No.	%
Age:		
20< 25 years	255	**57.9**
25< 30 years	120	27.3
>30 years	65	14.8
Mean ± SD　　　23.08±6.08		
Mothers Level of education:		
Illiterate	5	1.1
Read and write	8	1.8
Basic Education	55	12.5
Secondary Education or Diploma	305	**69.3**
University education	67	15.3
Occupation		
Housewife	68	15.5
Working	372	**84.5**
Marital status		
Married	370	**84.1**

Divorced	60	13.6
Widow	10	2.3
Monthly income		
Inadequate	285	**64.8**
Adequate	145	32.9
Adequate and saved	10	2.3

Table (1): Shows that, 57.9% of mothers' their age were between 20 < 25 years, the mean age was 23.08 ±6.08. 69.3 of the mothers had secondary education or diploma. Moreover, 84.5 of them had working. 84.1 of the mothers were married. And, 64.8 of them were inadequate monthly income.

Table (2): Frequency Distribution of child regarding demographic - Characteristics (No=440)

Item	No.	%
Age		
5 < 10 years	330	**75.0**
>10 years	110	25.0
Mean ± SD 8.05±7.9		
Child order between siblings		
First	106	24.1
Second	120	27.3
Third	129	**29.3**
Fourth or more	85	19.3
No. of child's siblings		
1:2	235	**53.4**
3:4	150	34.1
5:6	55	12.5
Child level education		
Nursery	176	**40.0**
Primary	132	30.0
Preparatory	66	15.0
Not enrolled in school	66	15.0

Table (2) : shows that, 75.0% of them their age were between5 < 10 years , the mean of age was 8.05 ± 7.9 years, 29.3% of the child order between siblings was third children and 53.4% of them the number of child's 1:2 siblings and 40.0% of child's were nursery .
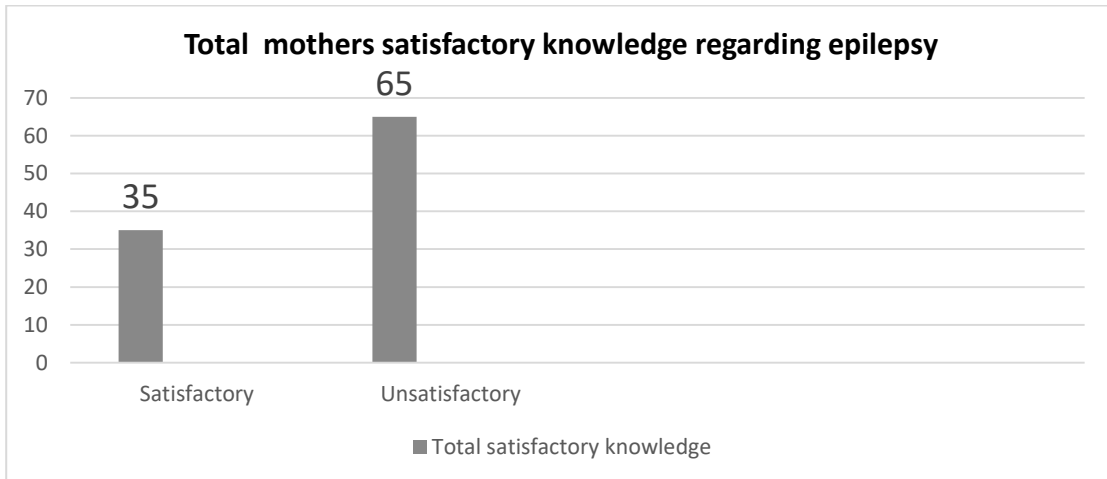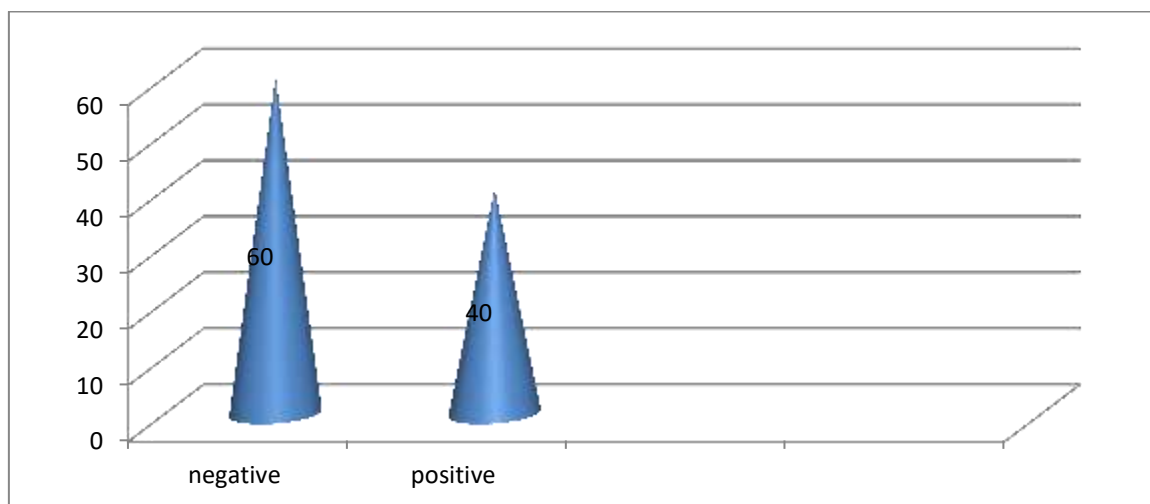
Figure (3): Frequency Distribution of mothers' total knowledge regarding Epilepsy (No=440).

Figure (3): Shows that , 65.0% of the mothers were unsatisfactory knowledge . While 35.0 % of the mothers were satisfactory knowledge regarding Epilepsy.
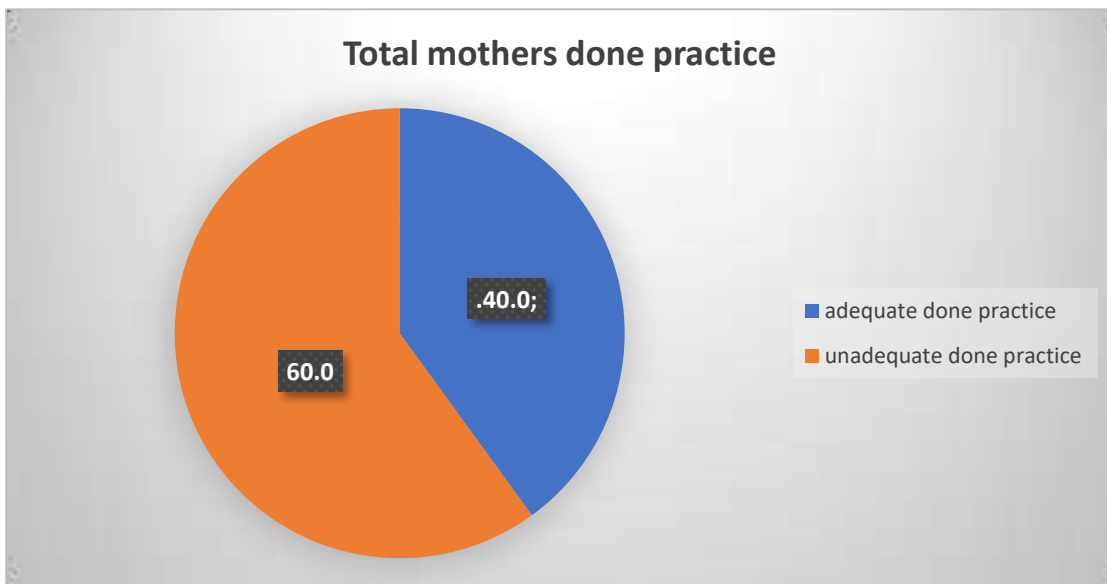
Figure (4): Frequency Distribution of mothers' total done practice regarding Epilepsy (No=440).

Figure (4): shows that, 40% of the studied sample had adequate done practice regarding to prevent epileptic seizure. While 60% of them had inadequate total mothers' done practice.

Figure (5): Frequency Distribution of mothers' total attitude regarding Epilepsy (No=440).

Figure (5): shows that, 40% of the studied sample had negative attitude regarding epilepsy .While 60% of them had positive attitude regarding epilepsy

Table (3): Relation between mothers total score knowledge and socio- demographic characteristic (n=440)

Demographic characteristics	Total satisfactory knowledge				χ^2	P
	Unsatisfactory (n= 286)		Satisfactory (n=154)			
	No	%	No	%		
Age					25.12	0.001*
20< 25 years	175	61.2	80	51.9		
25 < 30 years	80	27.9	40	25.9		
> 30 years	31	10.9	34	22.2		
Marital status:					22.72	0.001*
Married	250	87.4	120	77.9		
Divorced	31	10.8	29	18.8		
Widow	5	1.8	5	3.3		
Mothers level of education:					22.99	0.001*
don't read or write	3	1.1	2	1.2		
Read and write	5	1.7	3	1.9		
Basic education	40	13.9	15	9.8		
Secondary education or diploma	205	71.7	100	64.9		
University education or more	33	11.6	34	22.2		
Occupation :					25.45	0.001*
Housewife	35	12.2	33	21.4		
Working	251	87.8	121	78.6		
Family income					22.22	0.001*
Not enough	230	80.4	55	35.8		
Enough	50	17.5	95	61.7		
Enough and saved	6	2.1	4	2.5		

Table (3): Shows that, there was highly satirically significant relation between mothers' age, marital status, mothers' level of education, occupation, family income and their total knowledge. Where, (p-<.0.001)

Table (4): Relation between mothers total done practice and demographic characteristic   (n=440)

Demographic characteristics	Total done practice				χ^2	P
	Inadequate done practice (n=264)		Adequate done practice (n= 176)			
	No	%	No	%		
Age					21.18	0.001*
20<25 years	140	53.1	115	65.3		
25 < 30 years	90	34.1	30	17.1		
> 30 years	34	12.8	31	17.6		
Marital status:					25.82	0.001*
Married	220	83.4	150	85.2		
Divorced	38	14.3	22	12.5		
Widow	6	2.3	4	2.3		
Mothers level of education:					23.88	0.001*
don't read or write	3	1.1	2	1.1		
Read and write	5	1.8	3	1.7		
Basic Education	40	15.2	15	8.5		
Secondary education or diploma	186	70.5	119	67.6		
University education or more	30	11.4	37	21.1		
Occupation :					24.66	0.001*
Housewife	35	13.2	33	18.7		
Working	229	86.8	143	81,3		
Family income					21.39	0.001*
Not enough	200	75.8	85	48.2		
Enough	58	21.9	87	49.4		
Enough and saved	6	2.3	4	2.4		

Table (4): Shows that, there was highly statically significant relation between mothers' age, marital status, mothers' level of education, occupation, family income and their total done practice. Where, (p--<0.001.

Table (5): Relation between mothers' total attitude and socio- demographic characteristic (n=440)

Demographic characteristics	Total attitude				χ^2	P
	Positive (n= 176)		Negative (n=264)			
	No	%	No	%		
Age					23.19	0.001*
20<25 years	86	48.8	169	64.1		
25-< 30 years	60	34.1	60	22.7		
> 30 years	30	17.1	35	13.2		
Marital status:					21.44	0.001*
Married	130	73.8	240	90.9		
Divorced	40	22.8	20	7.6		
Widow	6	3.4	4	1.5		

Mothers level of education:						
don't read or write.	2	1.1	3	1.1		
Read and write.	4	2.2	4	1.5		
Basic education	26	14.8	29	10.9	**19.98**	**0.001***
Secondary education or diploma	114	64.8	191	72.4		
University education or more	30	17.1	37	14.1		
Occupation:						
Housewife	30	17.1	38	14.3	**23.49**	**0.001***
Working	146	82.9	226	85.7		
Family income						
Not enough	110	62.5	175	66.3	**24.21**	**0.001***
Enough	64	36.4	81	30.6		
Enough and saved	2	1.1	8	3.1		

Table (5): Shows that, there was highly satirically significant relation between mothers' age, marital status, mothers' level of education, occupation, family income and their total attitude. Where, (p-<.0.001)

Table (6): relation between, mothers total knowledge, total done practice and attitude regarding to epileptic children (n=440)

Variable	**Total practice** $(n=440)$	
	r	**P value**
Total knowledge	**0.38**	**<0.001****
Total attitude	**0.99**	**<0.001****

R = Correlation Coefficient

Table (6): illustrates that, there was positive relation between mothers total knowledge , total done practice and total attitude regarding to epileptic children with statistical significance difference between mothers knowledge, practice and attitude regarding to epileptic children (p<0.001).

DISCUSSION

Epilepsy is a worldwide problem that affects approximately 70 million people of all ages. Nearly 90% of home are living in low- and middle-income countries (LMIC), where it remains a major public health problem, not only because of its health implications but also for its social, cultural, psychological and economic correlations **(Sassonker-Joseph et al.,2021)**

Results of the current study revealed that the mothers age was 20< 25 years, and the mean age was 23.08±6.8 years. About more than two thirds of them can secondary education or diploma. This result was supported with **ELsayed et al., (2022)** the study conducted in Egypt about Parents Awareness Regarding their Epileptic Children in Minia University Maternal and Children Hospital and reported that Parents age was ranged from 20< 25 years, and 47% of them had secondary/technical education. While this result was contrasted with **Kinkar et al.,(2020)** the study conducted in Saudi Arabia about Parental knowledge, attitudes, and behaviors toward their epileptic children at King Abdulaziz University Hospital: cross-sectional study and found that the average parental age was 40.3 years (SD 8.4; age range: 24-63 years). And (47.0%) parents received a college education,

The study finding indicated that, the majority of mothers working. Also, the majority of them wear married, more than two thirds of them the monthly income was inadequate and the majority of mothers live in urban   areas. This result agree with **Zainy &Mohammed.,(2020)** who study the psychological burden among parents of children with epilepsy at the middle Euphrates center for neurosciences in al-najaf governorate and

reported that the studied parents were married and highly percentage of them from urban area. While disagree with **Kiyak et al.,(2021)** identified the attitudes toward epilepsy, health fatalism, and the factors affecting these in individuals living in Artvin, showed that more than one third were unemployed and one third low income. The investigator point of view, the standard of living is very high in Egypt, so most mothers were working to meet the needs of the family.

Results of the current study revealed that, the child age was 5 > 10 years, and the mean age was 8.05±7.9 years, about more than one quarters of them the child was the third arrangement among his siblings and about two fifth of child they were still in the nursery. This result agree with **Yang et al., (2021)** The study conducted in China about Attitudes toward epilepsy among parents of children with epilepsy in Southern China and found that the child was the third arrangement among his siblings. While disagree in relation to age, 28.21% of the studied child age was from 7: 13 years.

Concerning to total satisfactory mothers knowledge about epilepsy, the current study revealed that, more than two thirds of them had unsatisfactory knowledge about epilepsy and one thirds of them had satisfactory knowledge about epilepsy. This result was supported with **Rajab et al., (2021)** who applied study entitled assessed knowledge and attitudes toward epilepsy among Libyan people who live in Benghazi city, showed that more than half of participants did had satisfactory information about epilepsy, Furthermore, **Asnakew et al.,(2021)** assessed the knowledge and attitude of the community towards epilepsy in Northwest Ethiopia, showed that highly percentage of respondents had poor knowledge regarding epilepsy disease

According to investigator point of view, the current study revealed that the studied mothers lived rural areas, and had low income so there are lack of knowledge and awareness about disease. Additionally lack of media about disease

Concerning to the mothers total done practice, the current study revealed that, about two fifth of them had adequate total practice level regarding care of children with epilepsy. While, more than half of them had inadequate total mothers' practice regarding care of children with epilepsy. This finding in the same line with the study done in Egypt by **Elmohalem et al.,(2020)** presented that the level of practice was inadequate among most parents as most of them did not know how to deal with epileptic children with seizures, and most of them would avoid dealing with epileptic children. And this result was supported with **ELsayed et al., (2022)** who reported that 72.8 % of parents had poor practices score, 26.4% had fair practices score but 0.8% of parents had good practices score regarding care of children with epilepsy.

From the investigator point of view, most of the mothers had incorrect practices in dealing with the child during and after the seizure, so it is recommended to conduct training courses for mothers on how to deal with their epileptic children.

Concerning to the mothers total attitude regarding Epilepsy, the current study revealed that, two fifths of the studied mothers had negative attitude regarding epilepsy .While less than two thirds of them had positive attitude regarding epilepsy

This finding, in the same line with **Aljandeel et al.,(2021),** evaluated knowledge and attitudes towards epilepsy among families with people with epilepsy in Baghdad city, presented that the overall assessment level of attitudes towards epilepsy was mainly positive in more than two third of families and the study done in Ethiopia by **Dessalegn et al.,(2021)** who applied study entitled Knowledge, Attitude, and Practices of Parents and Guardians of Children with Epilepsy at Pediatric Neurology Clinic in a Tertiary Hospital in Ethiopia. And showed that the majority of the studied parents had a positive attitude. While, this finding contradicted to the study done in Egypt by **Elsakka et al.,(2021**) who applied study in Egypt about Knowledge, Skills, and Attitudes Towards Children with Epilepsy Among Egyptian Parents: A Comparative Cross-Sectional Study and showed more than two-thirds of parents showed a negative attitude score percentage,

Regarding to relation between total score knowledge and socio- demographic characteristic of the study sample , the current study revealed that , there was highly satirically significant relation between mothers' age, marital status, mothers' level of education, occupation, family income and their total knowledge. Where, (p-<.0.001). This result agree with study done in United kingdom by **Akbas &Kartal.,(2022)** in a study about An evaluation of the knowledge, attitudes, and behaviors of parents regarding epilepsy showed there was statistical significant relation between studied sample knowledge and age of caregivers and their educational level. Also,

the study done in king Abdulaziz university hospital in Jeddah Saudi Arabia by **Kinkar et al., (2020)** showed there was statistical significant relation between studied sample knowledge and educational level. From the investigator point of view, the higher the level of mother's education, the greater the knowledge about the disease among mothers.

Regarding to relation between total done practice and demographic characteristic of the study sample, the current study revealed that, there was highly statically significant relation between mothers' age, marital status, mothers' level of education, occupation, family income and their total practice. Where, (p--<0.001). This result was contrasted with **ELsayed et al., (2022)** who reported that there was no statistically significant relation between studied sample practices level and their socio- demographic characteristics. From the investigator point of view, the higher the level of education of the mother, the working mother, and the higher the level of income, the more practices she practices in dealing with their children.

As regard to relation between mothers' total attitude and socio- demographic characteristic, the current study result showed that there was highly satirically significant relation between mothers' age, marital status, mothers' level of education, occupation, family income and their total attitude. Where, (p-<.0.001) This result was support with study done in northeastern Turkey by **Kiyak et al.,(2021)** mentioned that there is a statistically significant association between the level of education and the attitude score percentage . While, in Nigeria, **Adewumi et al.,(2020)** assessed the community knowledge, awareness, and attitude towards people living with epilepsy (PLWE) in Lagos, showed that the factors associated with negative attitude towards PLWE include male gender, and low educational status.

Concerning to relation between, mothers total knowledge, total done practice and attitude regarding to epileptic children , the current study result showed that there was positive relation between mothers total knowledge , total done practice and total attitude regarding to epileptic children with statistical significance difference between mothers knowledge, practice and attitude regarding to epileptic children (p<0.001).

This result in the same line with the study done in Egypt by **Elsakka et al.,(2021),** showed that the better percentage of the level of knowledge was found to be a positive predictor to more positive parenteral attitude toward children with epilepsy .Also, in Iraq, **Aljandeel et al.,(2021)** showed a highly significant relationship between the knowledge and the attitudes among sample families towards epilepsy. According to the investigator point of view, many parents have significant misconceptions, positive attitudes, and poor parenting practices. These correlated with their educational levels and had significant implications on the medical management. Therefore, there is a need to improve the degree of knowledge, which will help in improving them.

CONCLUSION:

Based on the findings of the current study, it can be inferred that less than two-thirds of them possessed unsatisfactory knowledge, while over half of them demonstrated inadequate practices related to the care of epileptic children. Conversely, more than half of them displayed a positive attitude. The study indicates a highly significant relationship between mothers' age, marital status, level of education, occupation, family income, and their total knowledge, practice, and attitude. Additionally, a positive correlation was identified between mothers' overall knowledge, completed practices, and attitudes regarding epileptic children.

RECOMMENDATIONS:

Based on the findings of the study results, the following recommendations were advocated:

-Develop and implement targeted educational programs aimed at enhancing mothers' knowledge about epilepsy, focusing on its meaning, causes, symptoms, and preventative measures.

-Provide practical training sessions for mothers, emphasizing proper care practices during and after seizures.

-Interactive training can significantly improve mothers' confidence and competence in managing epilepsy-related situations.

-Launch community-wide awareness campaigns to reduce the stigma associated with epilepsy.

-Establish support services, such as counseling or support groups, to address the emotional and psychological challenges faced by mothers of children with epilepsy.

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